

## **Message from the President**

## **Making Connections: Touching the Future**

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As we proceed along into the new millennium, our thoughts are directed toward the future. What will nursing be like in the 21<sup>st</sup> century? What new thresholds will we cross? What challenges will we face? I believe that our connections with the past hold at least some of the answers. Let's take a moment to travel back in time. Imagine that it is the 1940s and you are a nurse working in a hospital. Surgeries are becoming more extensive and complicated and the need for more detailed postoperative care is increasing. Postoperative patients are being cared for in all nursing areas of the hospital. Medical and nursing staffs are at a minimum and most hospitals are not blessed with an abundance of equipment.

To combat these problems, it became necessary to introduce an area with specially prepared nurses to care for the fresh postoperative patient. This area became known as the Recovery Room (RR) and provided the ability to centralize patients, equipment and personnel for immediate and efficient postoperative treatment.

Now think of yourself as a nurse in the 1950s when many hospitals are realizing the necessity for larger, more efficient facilities. Older units are being remodeled and plans are being made for new hospital buildings. Equipment, such as respirators and blood pressure manometers, is being perfected and purchased by hospitals. Administrators are beginning to look at staffing needs and nurses are searching for education specific to their specialty.

It is now 1960 and now most hospitals have recognized the criticality of these rooms and realized the need for close proximity to the operating room. There are changes in anesthesia techniques and medications and an increased awareness of common postanesthesia complications. Again, nurses continue to seek educational opportunities.

During this decade the Florida Society of Anesthesiologists and Dr. Franklin B. McKechnie became very supportive of recovery room nurses and began sponsoring annual seminars. The Florida Association of Recovery Room Nurses was established in 1969.

Now, consider yourself a nurse in the 1970s when hospitals and Recovery Rooms are becoming more modernized. Biomedical technology is advancing and computers are coming into use. Plastic and disposable items are becoming popular. Bed capacity has increased markedly. With the increase in recovery room beds you are seeing increases in nursing staff, and in many instances, an increase in the number of hours the RR is open for patient care. Nursing schools are beginning to include postanesthesia care in the clinical rotations. The American Society of Anesthesiologists (ASA) has begun to sponsor educational seminars for postanesthesia nurses.

Imagine now that it's 1979 and you are one of nineteen recovery room nurses from across the United States connecting with the ASA to discuss the future of postanesthesia nursing and to develop a national recovery room association. I can only applaud the incredible vision of Ina Pipkin, Hallie Ennis, Marie Darcy and ASPAN's other founding members as they worked countless hours to formulate bylaws, develop committees, and incorporate the organization of the American Society of Post Anesthesia Nurses. They were able to envision the future and lead us to where we are today.

The work of this steering committee resulted in the foundation of ASPAN in 1980 with the mission to unite recovery room nurses, provide educational programs specific to postanesthesia care and develop standards of practice. ASPAN's first national conference was held in St. Louis, Missouri, in 1982.

During this same time many exciting things were happening in our units. Technology continued to advance. More and more surgeries were being performed on an outpatient basis. Freestanding surgery centers began to grow and flourish. In 1985 ASPAN's first *Standards of PostAnesthesia Nursing Practice* were published and became instrumental in the evolution of risk management programs. In 1989 ASPAN's Board of Directors recognized the emerging specialty of ambulatory surgery nursing and formally voted to include this specialty in all aspects of the Society. Now we have traveled into the 1990s. There have been tremendous changes in healthcare. Legislative bodies are molding the shape of healthcare and work places are being restructured and redesigned. There has been a dramatic shift from inpatient to outpatient care. The inpatients that remain are more acutely ill and require more intensive nursing care than ever before. Our scope of practice has expanded to include not only the immediate postanesthesia phase, but also preadmission testing, preoperative holding, conscious sedation monitoring, Phase II & III recovery and office based postanesthesia care.

ASPAN flourished in the 1990s and voted to change our name to the American Society of PeriAnesthesia Nurses to reflect our broadening membership base. By the end of the decade membership soared to over 12,000 with forty components.

We collaborated with AORN, ASA, AANA, AACN, ANA and other specialty organizations. Recovery room nursing evolved from nurses who "only took blood pressures," to a specialty area requiring well-educated, highly skilled, flexible nurses who are dedicated to quality, individualized patient care.

As we look to the future, we need to realize that our connections to the past are vital and by preserving these connections we give depth to the present. Connectedness provides us with motivation and desire to achieve future goals. So what kind of future can we imagine? Our specialty will continue to grow and change to meet the demands of the healthcare system. Population growth and an aging population mean an expanding need for chronic and acute care services. While there is a growing demand for healthcare, the public is resisting the attempt of managed care to limit services. The need for registered nurses will rise due to the acuity level of patients, the complex technology, retiring nurses and nurses leaving the specialty. Fewer students are enrolling in nursing schools. We need to promote nursing, making the profession more appealing so it will attract the best and brightest. Each one of us needs to be a voice for the nursing profession and a mentor to nursing students.

ASPAN will continue to help us meet the challenge of maintaining our knowledge and our competence through education and continual learning. We know that the explosion of information technology is broadening out opportunities for professional education. We must promote the benefits of being certified in our specialty. Besides the personal and professional rewards one obtains from certification, there are benefits to our institutions and our patients. The CPAN and/or CAPA credentials are validation of our commitment to excellence in perianesthesia nursing practice. We need our connection with the consumers who are seeking more information about their health care before they enter the care continuum. ASPAN will maintain a web site for patients affording them the opportunity to access reliable information. We need to incorporate professional standards and best practices into our work settings. ASPAN makes that connection with perianesthesia nurses from all across the country and from around the world.

As the transformation of health care continues, there will be ongoing changes in legislation, regulatory agencies and health care delivery systems. Nurses need to be abreast of these changes and embrace the opportunities to become involved in political activities at the local, state, and national level. ASPAN will be the connection that perianesthesia nurses need to affect the future of nursing and of health care in America.

We need to incorporate nursing research into our practice. ASPAN will support evidence-based practice and is dedicated to providing a foundation for perianesthesia research and evaluation of patient outcomes. Patients will be requesting alternative and adjunctive therapies for health care in the future. ASPAN will work to investigate the efficacy and value of these concepts in the perianesthesia environment. Last, but not least, we need involvement in our professional organizations. Membership in our specialty nursing organization benefits our patients and us. It gives us opportunities to grow, learn and truly make a difference in the lives of those we care for. The future of our profession and our practice begins with us and our involvement. The prospects for the future bring great excitement for nursing. Almost one hundred fifty years ago, Florence Nightingale said, "Unless we nurses are making progress every year, every month, every week, nursing will go backwards. No system shall endure which does not march." Thirty years from now when ASPAN celebrates its 50<sup>th</sup> birthday, what will nurses say about us? Will they say we continued the progress? Did we march forward? Did we expand our knowledge base? Did we promote competence & flexibility? Did we advocate for safe patient care? Did we identify ethical dilemmas and bring them to resolution? Did we enhance compassion, competency and efficiency?

This is what I imagine for our future. As we celebrate ASPAN's 20<sup>th</sup> birthday I invite each of you to honor the past and imagine the future with me. Together we can make the connection between the future of nursing and OUR perianesthesia specialty.