

# Right Cert, Right Specialty: How Policy Sparked a Perianesthesia Certification Surge



Fina Michelle Meadows, MSNed, RN, CPAN, CAPA, NPD-BC; Alena Mascetta, MSN, RN, CPAN, CAPA  
 Rusela DeSilva, DNP, RN, PHN, NEA-BC, CPAN, CAPA; Anndre Lee “Ann” Deacon, MSN, RN, CPAN; Lillyann Rowe, DNP, RN, CNML, CPAN, CCRN  
 Rosalind Morris, MSN, RN, PHN, CPAN, CNML; Lawrence Roxas, MSN, RN, CPAN, CNML; Kimberly Wesley, MSN, RN, CNML, CPAN  
 Cedars Sinai Medical Center, Los Angeles

## Background Information

The perianesthesia unit at Cedars Sinai Medical Center comprises 5 pre-op/PACUs, the Overnight Stay Unit (OSU), and a PACU Core. From 2020-2022, the unit experienced a decline in CPAN/CAPA specialty certification rates, dropping to 51.8%. It was found that a significant number of perianesthesia nurses holding Clinical Nurse 3 (CN3) status maintained certification in areas not aligned with their current clinical practice, such as medical-surgical (CMSRN) or progressive care (PCCN) nursing. At the time, the clinical ladder policy allowed any nursing certification to satisfy CN3 requirements, regardless of specialty relevance, inadvertently disincentivizing certification in perianesthesia nursing.

## Objectives

To support CN3 nurses in maintaining their clinical ladder status while aligning certification with their current practice setting, and to increase the departmental CPAN/CAPA certification rate to 75% or higher.

## Process of Implementation

In collaboration with the organization’s Shared Leadership Council (SLC), hospital leadership, clinical educators, and frontline staff reached a consensus to revise the clinical ladder policy. The updated policy now requires that CN3 nurses hold specialty certification in the area of their current clinical practice to maintain CN3 status. Per policy guidelines, CN3 nurses that transition to new specialties of practice have one year from the date of eligibility to obtain the appropriate certification to maintain CN3 status. CN2s promoting to CN3 status must achieve certification in their specialty of practice prior to promotion.

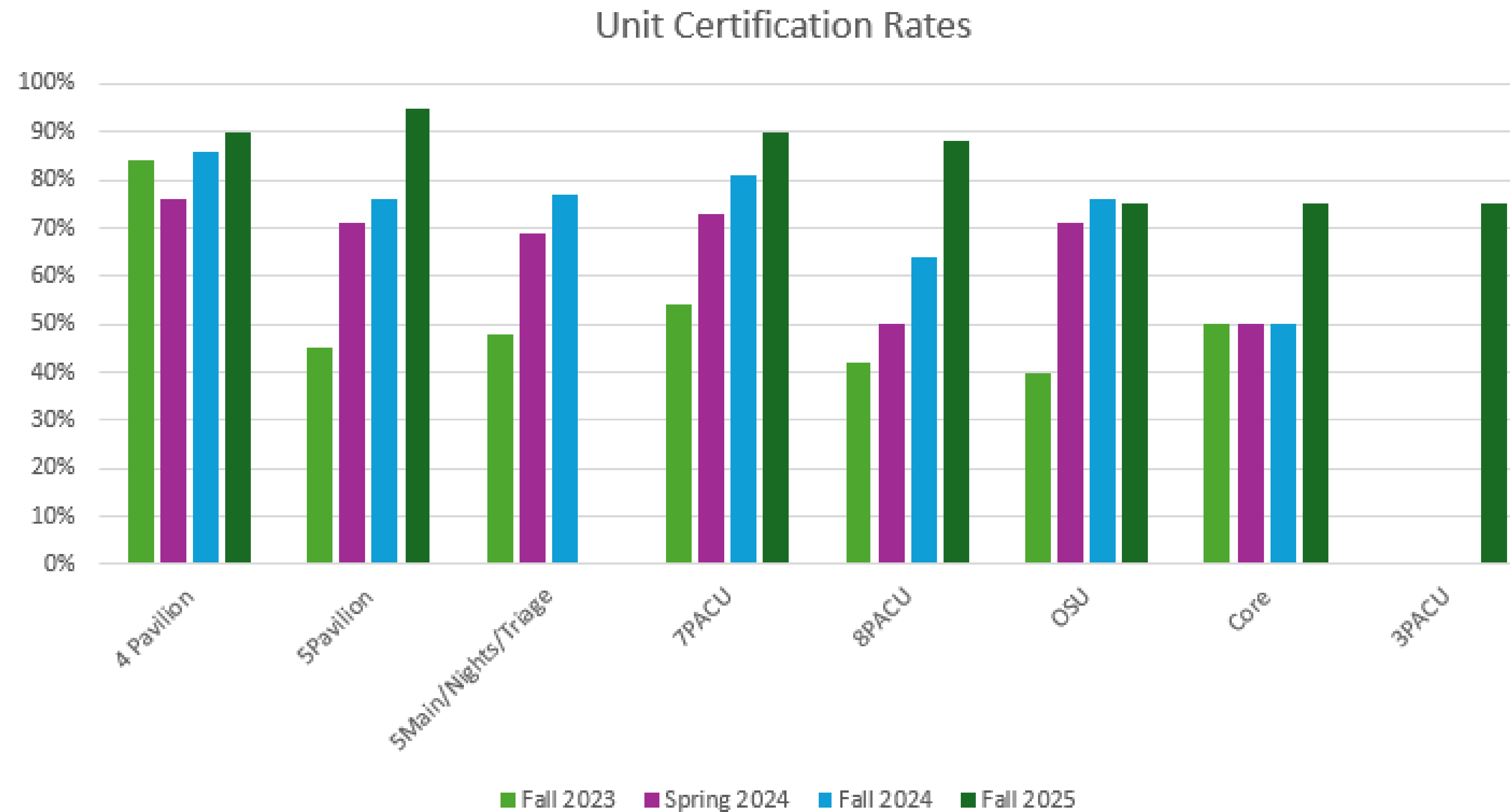


Figure 1  
Individual Unit CPAN/CAPA Certification Rates

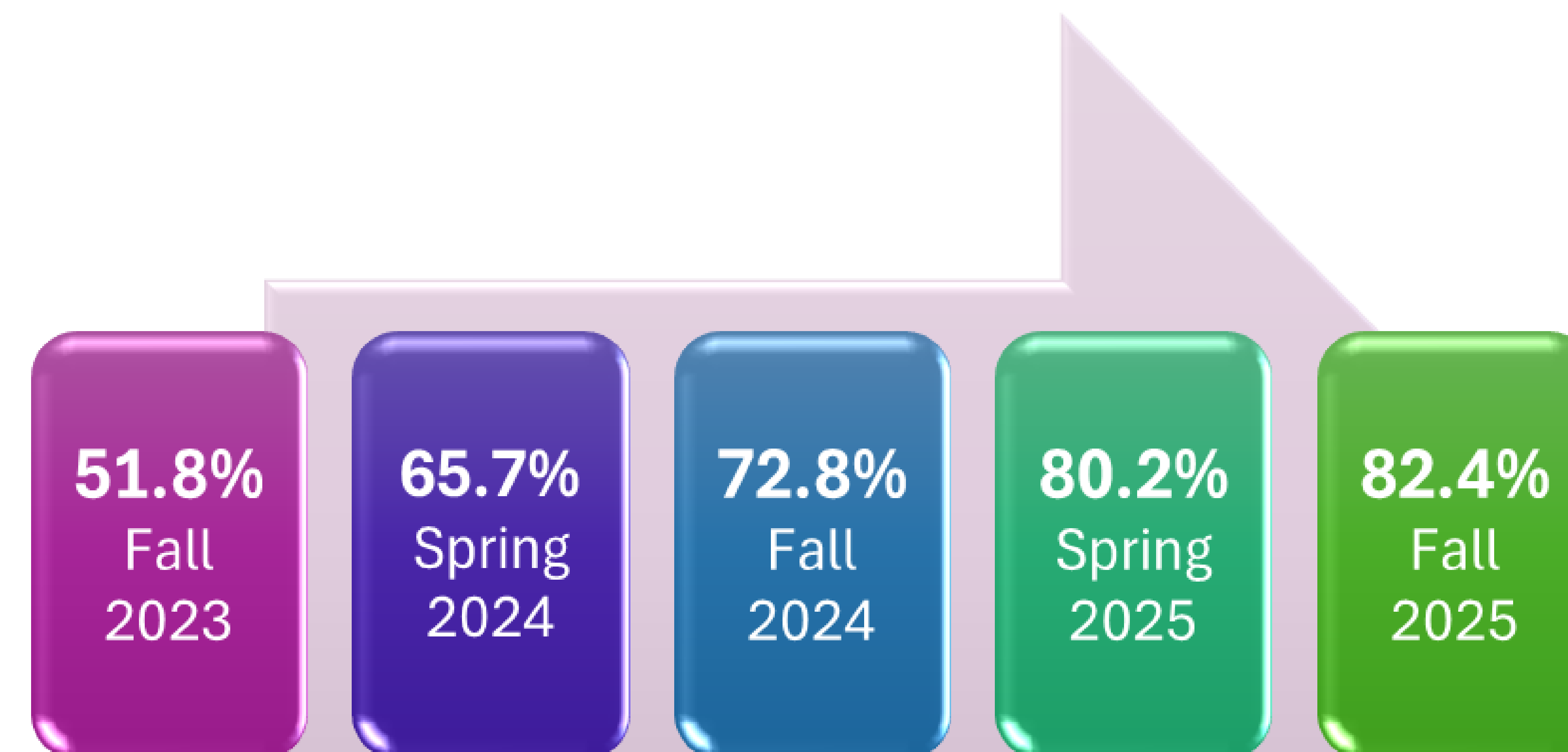


Figure 2  
Overall Department CPAN/CAPA Certification Rates

## Process of Implementation continued

To support this transition, PACU leadership met individually with all CN3 nurses who did not hold CPAN, CAPA, or CCRN certification to communicate the policy change and provide individualized deadlines for compliance.

In addition, PACU educators provided Perianesthesia Certification Review classes, shared study resources via Teams, and highlighted resources from ASPAN and ABPANC resources to support staff pursuing certification.

## Statement of Successful Practice

The department’s overall CPAN/CAPA certification rate increased from 51.8% in Fall 2023 to 82.4% at the end of Fall 2025 (fig. 2), with every practice area achieving a rate of 75% or greater (fig. 1). This improvement reflects the effectiveness of the policy change and the targeted support strategies. Of the CN3 nurses impacted, only two did not maintain their CN3 status—one of whom chose not to pursue certification.

## Implications for Advancing the Practice of Perianesthesia Nursing

CPAN/CAPA certification serves as a nationally recognized validation of a perianesthesia nurse’s specialized knowledge and clinical expertise. Achieving certification not only enhances professional credibility but also fosters confidence among employers, colleagues, and patients. Integrating specialty-specific certification requirements into clinical ladder policies can serve as a powerful incentive, promoting certification pursuit and ultimately advancing the quality and professionalism of perianesthesia nursing practice.