



Newsletter of the American Society  
of PeriAnesthesia Nurses

# Breathline

Volume 24, Number 1

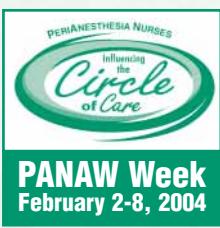
January/February 2004

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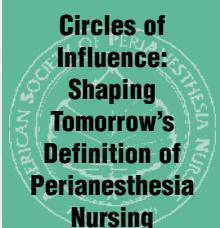
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**PANAW Week**  
**February 2-8, 2004**

**ASPN National Conference**



**April 18-22, 2004**  
**Philadelphia, PA**

[www.aspan.org](http://www.aspan.org)

## Volunteer: Create Your Opportunity to Influence

*ASPN Vision: Shaping the future of perianesthesia nursing through shared knowledge, innovation and passion*

Think about this. In a rural town with no fulltime firefighters, who mans the fire station and responds in a time of crisis? Who sings in the choir or shows you to your seat in church? Who enables Habitat for Humanity to fulfill its vision to build decent and affordable housing for families in need? You are correct, volunteers. Individuals with a passion for a vision and the desire to influence the outcome of a mission are those who take on a challenge and commit to selfless participation in any number of activities. This participation provides the opportunity to become influential. The breadth of influence may vary dependent upon the degree of involvement but, consider this fact, every effort effects the whole.

Each and every one of you has influence at the bedside and is a leader in everything you do on a daily basis. Many of you are the advocate for those patients being prepared for the anesthesia experience. These patients look to you for reassurance and guidance about what they need to know to actively participate in and share responsibility for their care; to affirm that they will come through the experience safely and in good hands. Others of you advocate for



**Sandra Barnes,  
MS, RN, CPAN**  
**ASPAN President 2003-2004**

those patients recovering from anesthesia. These are the individuals who often cannot speak for themselves and rely on your expertise and caring to see them through the intrusion of anesthesia with constant vigilance. You move them through Phase II and discharge them with the tools needed for care at home. Your expertise and caring remain just a phone call away. You are influencing care at every level.

Along the perianesthesia care continuum, you make a significant difference in many lives and influence the outcomes of care delivery and patient satisfaction. Your influence expands beyond boundaries you cannot define because of the ever changing atmosphere of healthcare today. You have the responsibility to recognize the significance of your practice and your participation in patient care. You have the responsibility to recognize your individual ability to change, improve, advance, direct, develop, expand, affect, and, yes, even

revolutionize perianesthesia care delivery. Who is better positioned to volunteer and share the passion to drive ASPAN into the future?

*ASPAN's Mission: The American Society of PeriAnesthesia Nurses advances nursing practice through education, research and standards.*

Our Mission is driven by the vision and the work is accomplished through the dedicated efforts of our volunteers who serve on committees, strategic work teams, and as elected leaders. I encourage you to consider active participation in your component and the society, and to begin spreading the word of the importance and significance of organizational involvement. Volunteers are critical to continue ASPAN's journey as the great organization it has grown to be.

The work of the organization cannot be done in isolation. Bringing together all volunteers, committed to what it is that makes each of you unique, will complete the product and advance toward living our vision. Each of you has the ability to meet the challenge and take advantage of this opportunity to grow, network and make a difference for your colleagues. Members, just like you, who are willing to take a risk, are finding they have more to offer than they ever realized. Involvement forces

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*continued from page 1*

you to expand your circle of influence and comfort and to discover things about yourself you never dreamed imaginable.<sup>1</sup> I say **go for it**. Right now make up your mind to say yes rather than how? and let your voice be heard and have your influence be felt.<sup>2</sup> Volunteers are critical to continue ASPAN's journey toward defining the future of perianesthesia nursing.

Expanding your circles of influence, creating ripples, and effecting change are easily within your grasp. Think about your feeling of pride and personal satisfaction as you become more involved and recognize your own accomplishments. Your efforts

will benefit your practice, the work environment for your colleagues and our specialty of perianesthesia nursing. You will have a truly stronger influence by a commitment to ASPAN and your component. Do not miss this chance to revitalize your interest and commitment to component health and ASPAN's future.

Let's get going and make the most of this opportunity. Volunteer! 

#### REFERENCES

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2. Block, P: The Answer to How is Yes. San Francisco, CA, Berrett-Koehler Publishers, Inc. 2002



While in Philadelphia plan a trip to City Hall. It is located on Broad and Market Sts. Topped by a 37-ft bronze statue of William Penn, City Hall was Philadelphia's tallest building until 1987; you can study the trappings of government and also get a panoramic view of the city here. With 642 rooms, it is the largest city hall in the country and the tallest masonry-bearing building in the world (no steel structure supports it). Designed by architect John McArthur Jr., the building took 30 years to build (from 1871 to 1900) and cost taxpayers more than \$23 million. The result has been called a "Victorian wedding cake of Renaissance styles." Placed around the facade are hundreds of statues by Alexander Milne Calder, who also designed the statue of William Penn at the top. Many of the magnificent interiors – splendidly decorated with mahogany paneling, gold-leaf ceilings, and marble pillars – are patterned after the Second Empire salons of part of the Louvre in Paris. On a tour each weekday at 12:30, you can see the mayor's ornate reception room, Conversation Hall, the Supreme Court of Pennsylvania, and the City Council chambers (Room 400). To top off your visit, take the elevator from the 7th floor up the tower to the observation deck at the foot of William Penn's statue for a 30-mile view of the city and surroundings. The elevator holds only six people per trip and runs every 15 minutes. The least crowded time is early morning.

[www.geocities.com/Athens/Delphi/2115](http://www.geocities.com/Athens/Delphi/2115)

## ASPN Breathline

Published by the American Society of PeriAnesthesia Nurses

Indexed in the Cumulative Index to Nursing Allied Health Literature (CINAHL)

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Deadlines for inclusion in Breathline:

Issue ..... Deadline

January ..... November 1

March ..... January 1

May ..... March 1

July ..... May 1

September ..... July 1

November ..... September 1

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# Healthcare Quality Measurements and Public Reporting

Gena Near, BSN, RN, CPAN, Governmental Affairs Committee Chair

Since the 1999 Institute of Medicine (IOM) report, *To Err Is Human*, public awareness of healthcare quality and medical errors has been highly visible. Tommy G. Thompson, Secretary of Health and Human Services (HHS), made the following statement on the U.S. House of Representatives passage of the Patient Safety Bill: "We applaud the House of Representatives for passing legislation creating new patient safety organizations. Under the bill, providers would voluntarily submit information regarding medical errors to these organizations, which would then be able to analyze patterns of errors and identify needed systems changes. By creating a system that will encourage physicians and providers to freely share information about adverse events, this bill will enable us to develop and implement new procedures and techniques to protect patients and prevent correctible errors."

Those who support public reporting think that it improves the decision-making capacity of consumers, employers, and other purchasers. They believe that it equips providers with benchmarks and performance targets

and motivates performance improvement and patient safety initiatives. On the other hand, providers often say that with public reporting, measures are usually poorly constructed and that the data is flawed. They also claim that "we are different" and that consumers won't understand. So, who is right? That is a good question.

Results from one study done in Wisconsin suggest that making the performance information public stimulates quality improvement. Dr. Lucian Leape of the Harvard School of Public Health, co-author of the 1999 IOM national report on medical errors said he fears (negatively framed) public report cards could discourage improvements or mislead consumers. He stated, "It's a variant of the shaming approach to child behavior. And I just think shaming is a bad idea. It's not a good idea for school children and it's not a good idea for hospitals either."

The American Hospital Association (AHA), the Federation of American Hospitals (FAH), and the Association of American Medical Colleges (AAMC) have launched a national voluntary initiative to collect and report hospital quality performance information. This is

to make information about hospital performance accessible to the public and to inform and invigorate efforts to improve quality. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the National Quality Forum (NQF), the Centers for Medicare and Medicaid Services (CMS), and the Agency for Healthcare Research and Quality (AHRQ) support this initiative as the beginning of an ongoing effort to make hospital performance information more accessible to the public, payers, and providers of care.

So, what is our part in all of this? First of all, we should be involved in professional associations. This will help us gain visibility. Our ability to affect public reporting and patient safety will increase with our numbers. Next, we need to educate our organizations' staff, physicians, patients, and communities about public data and its interpretation. And finally, we need to educate and communicate with legislators, regulatory bodies, and accrediting agencies about the importance of doing this right. Let your voices be heard! 

## Artificial Nails in the Perianesthesia Area: Building an Evidence Based Practice

Dina A. Krenzischek, MAS, RN, CPAN



**H**istorically, nails started as natural with no enhancements. Different shades of colors multiplied and those simple nails became colorful. Artificial nails, acrylic and designs came into existence. Sooner or later those beautiful nails with enhancements became the trend and reached the clinical areas. The question is: Are those beautiful nails safe to have in the clinical area?

There has been research and inquiry into the safety of artificial nails in the clinical area. Although there may be more findings, this article focuses on three research studies and one expert opinion. The research defined health care workers (HCWs) as those individuals who provide hands-on patient contact.

A study was undertaken to determine differences in microflora on the nails of health care workers (HCWs) wearing artificial nails compared with HCWs with natural nails and then to assess the effect on those microflora of hand cleansing with antimicrobial soap or alcohol-based gel. The findings showed that, before cleansing, the artificial nails had 86% pathogens: gram-negative bacilli, staphylococcus aureus or yeast compared to 35% in the natural nails. Significantly, more HCWs with artificial nails than controls had pathogens remaining after hand cleansing with soap or gel. The study concluded that artificial acrylic fingernails could contribute to the transmission of pathogens and their use by HCWs should be discouraged<sup>1</sup>.

The second study in a Neonatal Intensive Care Unit (NICU) illustrated epidemiological evidence demonstrating an association between acquiring *P. aeruginosa*

and exposure to two nurses with long or artificial nails. Genetic and environmental evidence supported the same association, but did not prove a possible role for long or artificial fingernails in the colonization of HCWs hands with *P. aeruginosa*. It was recommended to require short natural fingernails in the NICU to reduce the incidence of hospital-acquired infections<sup>2</sup>.

The third study determined the differences in the identity and quantity of microbial flora from HCWs wearing artificial nails compared with control HCWs with native nails. The findings demonstrated that more organisms (staphylococcus aureus, gram negative-bacilli, enterococci, and yeast) were found on the surface of artificial nails than natural nails, but there were no differences noted in the quantities of organisms isolated from the subungual areas. The investigators concluded that artificial fingernails were more likely to harbor pathogens, especially gram-negative bacilli and yeasts, than natural nails. The longer nails were likely to be found with a pathogen that was isolated. They further recommended that restricting artificial fingernails in certain healthcare settings appeared justified<sup>3</sup>.

The fourth evidence is an expert opinion and their statement that researchers have shown that the colony counts on artificial nails are greater than the colony counts on natural nails. Artificial nails have also linked to poor hand washing practices and more tears in gloves<sup>4</sup>.

Overall, these findings validate policies regarding the elimination of artificial fingernails in facilities that have been implemented. Evidence supports the policy on natural short fingernails. Policies are justified not to permit the use

of artificial nails or nail enhancements including, but not limited to acrylic overlays, wraps, tips, or attached decorations because of associated pathogens, such as gram-negative bacteria, *staphylococcus aureus*, enterococci, and yeast. In the post anesthesia care unit, our patients are vulnerable as we provide care to patients with endotracheal tubes and other tubes and invasive lines, care for their wounds, mix and prepare medications and IV fluids, etc. Our care requires frequent hands-on care with our patients and our support staff. It is imperative that we use these findings and their recommendations to influence change in our practice, thus lending credence to evidence-based criteria in the perianesthesia setting. 

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3. Hedderwick SA, McNeil SA, Lyons MJ, Kaufmann, CA: Pathogenic organisms associated with artificial fingernails worn by healthcare workers. *Infect Control Hosp Epidemiol* 21 (8): 505-9, 2000
4. Toles A, Artificial nails: Are they putting patients at risk? A review of the research. *Journal Pediatric Oncology Nurs* 19(5): 164-71, 2002

## Will Your Unit Be Inducted Into The ABPANC Leadership Circle?

Induction into the ABPANC Leadership Circle recognizes that 100% of all eligible Perianesthesia Registered Nurses in a specific unit have earned CPAN and/or CAPA certification in a given year. The Unit is awarded a beautiful perpetual plaque, which can be updated on a yearly basis, to recognize this outstanding achievement.

An application form must be completed in full and submitted to the ABPANC national office, postmarked no later than February 1st of each year. Once eligibility is verified, the individual contact noted on the application will be notified of the date of induction – usually held in conjunction with the ASPAN National Conference.

To remain in the ABPANC Leadership Circle, a unit must renew its application and documentation of 100% certified staff on a yearly basis.

Call or email the ABPANC National Office to request an application form or to ask questions – 800-6ABPANC or [abpanc@proexam.org!](mailto:abpanc@proexam.org) 

### ABPANC ADVOCACY AWARD – TELL US THE STORY!

Do you have a story to tell about a CPAN and/or CAPA certified colleague? A story that tells about a colleague who exemplifies leadership as a patient advocate? Visit [www.cpancapa.org](http://www.cpancapa.org) to find out details about the ABPANC Advocacy Award.

### Aren't you and your patients worth .21 cents a day for the next three years?

That's the cost of becoming CPAN or CAPA certified! At a time when investments lack a significant return, the investment return on becoming CPAN and/or CAPA certified is immeasurable! Invest in yourselves – make the investment on behalf of your patients!

## A New Year's Resolution – Seek CPAN or CAPA Certification!

With the New Year upon us come thoughts of New Year's Resolutions. Why not make one more resolution – to seek CPAN or CAPA certification in 2004?

In light of the nursing shortage, many institutions are recognizing certification as a tool to improve retention of highly qualified nurses. In addition, more and more institutions are also seeking the Magnet Designation through the ANCC Magnet Recognition Program ([www.ana.org](http://www.ana.org)). As noted on the Magnet Recognition Program website, "The Magnet Recognition Program was developed by the American Nurses Credentialing Center to recognize health care organizations that provide the very best in nursing care and uphold the tradition within nursing of professional nursing practice...recognizing quality patient care and nursing excellence." The number of certified

nurses in a facility is a quality indicator of excellence.

McClure and Hinshaw describe eight essentials of magnetism in their book, *Magnet Hospitals Revisited: Attraction and Retention of Professional Nurses* (ANA, 2002, pg. 45). The Eight Essential are factors seen as necessary to giving quality patient care. Certification is cited as an important element of the Support of Education Essential.

Excellence is also an organizational value for ABPANC. It is described as, "Promotion of excellence in perianesthesia patient care is the driving force behind ABPANC's existence, contributing to quality patient care."

Many CPAN and CAPA certified nurses report that certification is a criteria on Clinical Ladders and is a component addressed in employee evaluations. More and more perianesthesia nurses recog-

nize the value and importance of being CPAN and/or CAPA certified – a record 612 individuals registered for the November examination administrations!

Seeking CPAN/CAPA certification is a serious commitment of time, energy, and resources, but you will be rewarded in many, many ways. While the rewards may not always translate into extra dollars on your pay check, the sense of personal and professional pride experienced by those who become certified is said to be more important.

Nearly 6000 perianesthesia nurses hold the CPAN and/or CAPA credentials. You can too. Make another New Year's resolution now! Seek certification in perianesthesia nursing. CertificatioNOW! A benchmark of your commitment to your patients, to your colleagues, to the nursing profession, and to YOU. 

Register for exams given April 18, 2004

### Dates to Remember

- Special test site request postmark deadline – **1/20/04**
- Initial application postmark deadline – **2/9/04**
- Late application deadline (Must submit a \$50 late fee) – **2/16/04**

### Let Us Come To You! Request a Special Test Site!

Special tests sites may be arranged for a minimum of 10 candidates. Visit our web site at [www.cpancapa.org](http://www.cpancapa.org) or call 1-800-6ABPANC to find out how to set up a special test site.

### News Flash!

The CPAN and CAPA Candidate Handbook and Application is now available on line! Visit [www.cpancapa.org](http://www.cpancapa.org) to download some or all of the sections you need now! Hard copies are also available by contacting ABPANC.

### News Flash!

The ABPANC newsletter, CertificatioNOW, is now available on the website only – [www.cpancapa.org](http://www.cpancapa.org)! Don't wait! Log on now for the latest news!

### Breathline

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## Rx for the Nursing Shortage

### Authors:

Julie Schaffner and Patti-Ludwig-Beymer

### Publisher:

Health Administration Press

This text provides concise, up-to-date information on the current staffing crisis in this country. I found the book to be a quick read, with 278 pages. The sections are broken down into easy to access sections. The first part focuses on the current state of nursing. It is filled with research findings and implications for the profession.

I found both the recruitment and retention parts of the texts to be helpful. Both sections provide toolboxes for the nurse manager or nurse executive to consider. Although I doubt every manager

would embrace each one, they provide ideas in an environment that is screaming for attention: recruitment and retention of our nurses.

The leadership and management section provided some strategies for becoming a better leader and inspiring others. I thoroughly enjoyed reading the shared stories of facilities that had successfully completed work redesign, including tips of involving the staff in the process. And, as we continue to see more generations in the workplace, their inclusion of the use of informational technology was important to include. Having technology will be attractive to the younger nurses and should assist with recruitment and retention to facilities.

The authors did a wonderful job explaining the Magnet facil-

ties. I have talked to some nursing students who state they will be looking for Magnet designation and will choose where to work based on it. They provided information on the qualities of the Magnet facilities and why they work with nurses. Again I appreciated a real-life case study to read and see the results of a changed work environment.

This book would be beneficial to managers and staff alike, regardless of specialty. The nursing shortage affects every nurse and potential patient. The more we can learn about its causes and potential solutions, the sooner we can make a difference in our own units, facilities, and communities.

Reviewed by Jacqueline Ross,  
BSN, RN, CPAN 

## Membership

## What ASPAN Means to Me

Joyce Hillman-Peek, RN, CPAN, CAPA—Membership/Marketing Committee

When I joined ASPAN more than ten years ago, I had no idea what was in store. Initially I joined because I was taking the CPAN certification test at the National Conference in Cincinnati, Ohio. With that behind me, I went on to attend the conference offerings. I was amazed and delighted with the camaraderie that was evident throughout the week. I even ran into an old schoolmate that I had not seen in years. I watched the ASPAN officials who were on stage and thought that could never be me. I didn't think that those officials were approachable or available to assist the members. I now know that it is dedication to the organization that makes it possible for everyone to serve in some way either on the stage or behind the

scenes. I have come to know many of those ASPAN members who were serving on the Board at that time and not only found them very approachable, but also very interested in helping in any way.

Since that time, I have become involved in many aspects of our perianesthesia organization beginning in my local district, on the NCAPAN Board of Directors and, finally, involvement on several ASPAN committees. In the past I served on the Clinical Practice Committee and responded to questions from across the US. It was very interesting to see that other hospitals struggled with the same issues as my own hospital. Service on the Bylaws committee allowed me to review bylaws from other components and provide feedback to them. I have most

recently been serving on the Membership/Marketing Committee.

ASPA has provided an opportunity to network with other nurses from across the country. The wealth of information available is endless whether it comes from ASPAN itself or from the members I talk with. I have enjoyed attending and hosting educational offerings from ASPAN. As a member of our component Board of Directors, I feel that I have a network of friends across our state that I can call on anytime. ASPAN has provided a vehicle to promote perianesthesia to my peers, my employers and the community around me. It has been a most worthwhile adventure during my career as a perianesthesia nurse. 

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# Influence Your Circle of Care: Celebrate PANAW Week

Kim Kraft BSN, RN, CPAN—Chair Membership/Marketing Committee

**P**erianesthesia Nurses Influencing the Circle of Care, ASPAN's theme for PeriAnesthesia Nurse Awareness Week (PANAW) 2004, is not just a catch phrase for this year. Day in and day out, perianesthesia nurses are influencing the care their patients receive. It may be as simple as providing discharge instructions to an anxious parent leaving the surgery center with their child following a tonsillectomy or as in-depth as a project supporting evidence-based practices.

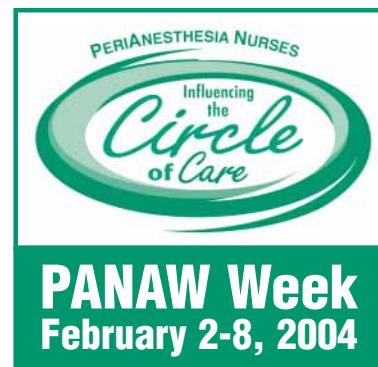
Perianesthesia nurses can influence patient care by using ASPAN's *Standards of Perianesthesia Nursing Practice* to support staffing ratios in all phases of the perianesthesia experience, to provide guidelines for thorough documentation and to provide a safe environment of care for all patients. It is even possible for the perianesthesia nurse to influence the care

provided to ALL patients receiving sedation, anesthesia and analgesia regardless of the practice setting such as the GI Lab, Interventional Radiology and the Cardiac Cath Lab, to list a few.

Perianesthesia nurses influence the circle of care by increasing their knowledge and skills to provide patients with current practices. By achieving CPAN or CAPA certification, they are demonstrating a commitment to their patients, families, employers and coworkers to remain at the leading edge of perianesthesia nursing.

The late Katharine Graham, one of the world's most powerful and influential women, was quoted as saying, "To love what you do and feel that it matters. How could anything be more fun?" PANAW is your opportunity to celebrate your passion for and commitment to perianesthesia nursing and have

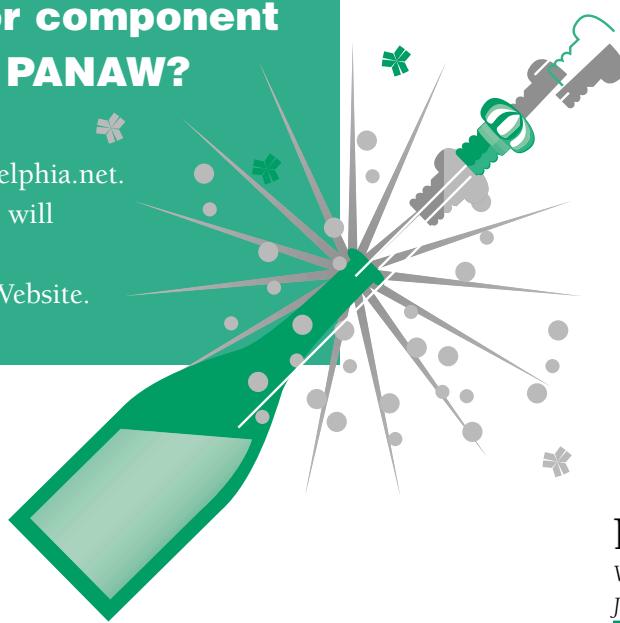
fun in the process! Many components have planned activities to kick off the week. Proclamations and press releases have been prepared. Individual units will be hosting open houses, luncheons and other activities to help celebrate perianesthesia nursing. If you haven't made your plans yet, there is still time! Enjoy the week and share your passion for perianesthesia nursing with your patients, families, coworkers and colleagues. 



## PANAW February 2-8 2004

### What is your unit or component doing to celebrate PANAW?

Send your plans to [jackieross@adelphia.net](mailto:jackieross@adelphia.net). Many of the stories of celebration will be shared in the coming issues of *Breathline* and/or on the ASPAN Website.



**Breathline**

Volume 24, Number 1  
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# ASPA<sup>N</sup> Candidate Slate



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**Stephanie Kassulke**  
RN, CPAN



**Maureen McLaughlin**  
BSN, RN, CPAN

## 2004-2005 Candidate Profiles: Your Input is Requested!

ASPAN's slate of candidates for the 2004-2005 year is impressive, and each candidate brings talent and skills to the role she is seeking to lead ASPAN in the coming year(s). ASPAN is excited once again to be utilizing Web technology to provide its members with all candidate qualifications and background information as well as what each candidate visualizes as her immediate and long-term goals and strategic priorities for ASPAN within the next two years.

Go to ASPAN's home page ([www.aspan.org](http://www.aspan.org)) and select the "Members" button on the top navigation bar. Click on "2004 Candidate Profiles". There you will be able to read and/or download the 2004-2005 Candidate

Profiles and submit feedback to your component.

Your component is looking for your input! Here's what you do:

- Review the 2004-2005 *Candidate Profiles*.
- Scroll to the bottom of the screen and click the box next to the candidate's name of your choice for each position.
- Select your component from the list of component names, and click on it to submit.
- Your input will be forwarded to your component representatives to assist them in casting their votes at the Representative Assembly meeting in Philadelphia, Pennsylvania
- Only one candidate selection submission per member will be accepted.

If you are not able to view the 2004-2005 Candidate Profiles on the Web, you may e-mail [aspan@aspan.org](mailto:aspan@aspan.org) and request the information be sent to you as a Word document (via e-mail or snail mail). Instructions on how to submit your candidate selection will accompany the packet.

Your input must be submitted no later than **February 29, 2004**. Don't delay! 



## **Preview to 2004 National Conference in Philadelphia: April 18–22, 2004**

There's still time to register for ASPAN's 23rd National Conference in Philadelphia. Make plans now to join us at the Philadelphia Marriott Hotel, April 18th – 22nd for a fantastic conference. There is something for everyone, so you won't want to miss out! Discover your own *Circles of Influence* and help us *Shape Tomorrow's Definition of Perianesthesia Nursing*, by attending the ASPAN National Conference in Philadelphia this April.

- Hear featured Keynote Speaker, Tim Porter O'Grady, EdD, PhD, FAAN, who will assist us to influence tomorrow's perianesthesia nursing practice.
- If you're a CPAN or CAPA, you will gain a fresh perspective on work and life, and develop your own comic vision, after hearing Tim Gard, CSP, at the Certification Breakfast Monday morning.

- Learn how perianesthesia nurses can communicate with the public, with award winning author and nursing advocate, Bernice Buresh.
- Have fun while networking at Component Night on Sunday evening and the President's Reception on Wednesday evening.
- Cruise the Delaware River on board the "Spirit of Philadelphia", while enjoying the ASPAN Foundation luncheon on Wednesday.
- Discover the best nursing practices for older adults as you explore "Imperatives in Aging for Perianesthesia Nursing."
- Participate in the 9th Annual ASPAN Foundation Dream Walk, retracing the steps of "Rocky" to the Philadelphia Museum of Art, first thing Sunday morning.
- Share wine and cheese with our vendors/exhibitors, at the Grand Opening of the Exhibit Hall on Monday evening.
- Choose from over 60 educational sessions, including daily sessions, workshops, a pre-conference focusing on bariatric issues, and a post-conference that bridges perianesthesia nursing with critical care.
- Greet old friends and meet new friends. Perhaps you'll be lucky enough to bump into Benjamin Franklin or strut with a Mummer!
- Experience Philadelphia with ASPAN.

### **BREATHLINE WILL BE ONLINE AT THE NATIONAL CONFERENCE.**

**A station will be set-up where attendees  
can go and log-on. Assistance with the process  
will be available.**

**Check out the PArtiCuUIArS for more information  
at the conference.**

## **Strands of Compassion**

Hope,  
The breathe of life,  
The lift that sustains  
The weary  
Through the dark  
Of night.

Courage,  
The feat of belief  
In the midst of doubt,  
The strength that carries  
The frail  
Through the storms  
Of day.

Kindness,  
The gift that blossoms,  
Reaping rewards  
Not always seen,  
A message softly spoken  
Into the heart  
Of another.

Hope,  
Courage,  
And kindness,  
The strands of compassion,  
The essentials required  
For today's multi-faceted  
Caregiver.

© 2003 Kristina S. Ibitayo,  
BSN, RN, CAPA

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Longview, TX 75602  
Work: 903-315-2767

## **CONGRATULATIONS TO THE 2003 ASPAN SCHOLARSHIP WINNERS!**

### **ASPA National Conference Attendance Scholarship \$500 each For the 2004 National Conference in Philadelphia, Pennsylvania**

Kathleen Davis, RN, CAPA  
Clackamas, OR

Mary Mulkay, RN, CPAN  
Fort Worth, TX

Ellen O'Brien, BS, RN, CPAN  
Clearwater, FL

Barbara Reap, MS, RN, CNA  
Ocean Ridge, FL

Judy Sargalis Sears, BSN, RN, CPAN  
Fairport, NY

### **MSN Scholarship \$1,000 each**

Joni Brady, BS, RN, CAPA  
Landstuhl, Germany

Donna Fulmer, BSN, RN, CPAN  
Canandaigua, NY

Rita Hall, BSN, RN  
Parma, OH

### **BSN Scholarship \$1,000 each**

Susan Carter, RN, CPAN, CAPA  
Oceanside, CA

Barbara Forshier, RN, CPAN  
Mahtomedi, MN

### **Nurse in Washington Internship (NIWI) Scholarship \$1,000 each**

Jeannie Mauser, BPS, RN, CPAN  
Lake Worth, FL

Kevin Ryan, RN  
Ballston Spa, NY

In an effort to provide timely information to our members, ASPAN now has **BREATHLINE ONLINE**. Log on to the ASPAN Website at [www.aspan.org](http://www.aspan.org). You will be provided directions on accessing the issue. You will be able to view and print the issue weeks before it would arrive to you in your mailbox.

Since this is a new offering, we are asking that members complete a survey so we can make adjustments as needed.

Our goal is to provide members **UP-TO-DATE INFORMATION** in a cost-effective manner.

We look forward to your comments.

## **Breathline**

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# Educational Offerings

**February 7, 2004** WIS PAN (Wisconsin Society of PeriAnesthesia Nurses) will hold its Winter Seminar in Madison, WI. For details and registration forms, go to [www.slingshottrally.com/wispan](http://www.slingshottrally.com/wispan).

**February 7, 2004** PANAC (PeriAnesthesia Nurses Association of California) will hold its Spring Seminar in Sacramento, CA, at UC Davis Cancer Center Auditorium. Contact PANAC, PO Box 86 Newcastle, CA 95658 or visit [www.panac.org](http://www.panac.org).

**March 20, 2004** PAPAN's On the Road Program: CPAN Review. Speaker: Linda Ziolkowski, MSN, RN, CPAN, APRN.

Grand View Hospital, 700 Lawn Avenue, Sellersville, PA 18560. Call Nancy Phillips for more information at 215-453-4813 or e-mail at [bazzynp@earthlink.net](mailto:bazzynp@earthlink.net).

**March 27, 2004** Oklahoma Society of PeriAnesthesia Nurses' annual spring conference will be held in Tulsa, OK. Speakers: Susan Goodwin, MS, RN, CNS, CPAN – CPAN Review; Barbara Hannah, EdD, MSN, RN, CPAN – CAPA Review; Betty Gibson, BSN, RN, CCRN, CPAN – Test-taking Strategies. For information, contact Susan Goodwin at [adegood@aol.com](mailto:adegood@aol.com).

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## 2003 ASPAN Fall Seminars

### January 24, 2004

CHERRY HILL, NJ

CPAN Review

### January 31, 2004

RENO, NV

Kid Stuff: Perianesthesia Care of the Pediatric Patient

### February 21, 2004

WHITE PLAINS, NY

CPAN Review

### February 21, 2004

MARION, IL

Protecting Your Practice

### February 22, 2004

WHITE PLAINS, NY

CAPA Review

### February 28, 2004

CHERRY HILL, NJ

CAPA Review

### February 28, 2004

BOSTON, MA

CAPA and CPAN Reviews

### March 13, 2004

ST. LOUIS, MO

Perianesthesia Nurse

Competence In Aging: A Holistic Model of Care

### March 20, 2004

PLATTSBURGH, NY

Vital Perianesthesia Issues and Complications

### April 24, 2004

OMAHA, NE

Perianesthesia Nurse

Competence in Aging: A Holistic Model of Care

### May 22, 2004

ITHACA, NY

PACU Core Curriculum Part II

### June 12, 2004

FISHKILL, NY

Vital Perianesthesia Issues and Complications

### Journal of PeriAnesthesia Nursing's Cover Contest

Do you have a winning or innovative idea of what your practice looks like on a daily basis? Something you envision as a true "portrait of your practice"? Are you an amateur photographer who has always wanted to see your ideas in print?

If so, the Editors of JoPAN are offering you an exciting photo opportunity! Consider sharing your talent and ideas by submitting your most creative photos that illustrate perianesthesia practice at its best. Your finest efforts will be considered for placement on the cover of JoPAN.

**Deadline for submission: March 15, 2004. For complete guidelines contact Chris Price, JoPAN Editorial Advisory Board, 4080 DuPont Pkwy, Townsend, DE 19734, or by e-mail: [pricetnp@msn.com](mailto:pricetnp@msn.com).**

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