



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 24, Number 6

November/December 2004

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**Celebrate
PeriAnesthesia Nurse
Awareness Week
February 7-13, 2005**

ASPN National Conference

**"Vision
in Action:
Values,
Power,
Unity,
Passion"**

**April 17-21, 2005
Chicago, IL**

www.aspan.org

VISION IN ACTION: The Power of Evidence-Based Practice

Scientific inquiry is a personal interest of mine. My interest was fostered by my parents and strongly influenced in both my school and workplace. Coming from a family of eleven children, our meeting discussions needed to be supported by justification and rationale. Our family was very competitive and everybody wanted to be a winner. In the end, we were required by our parents to come up with a consensus and the one who had the best evidence strongly influenced the rest. In addition, I was fortunate to complete my masters program at the Johns Hopkins University and work at the Johns Hopkins Hospital for more than 25 years. Both the university and the workplace consider research as routine phenomena. In talking to my professors or work colleagues, the words research, findings, evidence, research utilization, and outcomes are common terminology used on a daily basis. As a nurse manager, evidence-based practice is an expectation when developing a program, proposals, policies, protocols, budget related business, or simply brainstorming in a conversation.

From personal experience, I have seen positive outcomes that derived from the use of evidence-based practice, conduct of research, or research utilization. Like the majority of nurses, research was an intimidating process initially. I experienced the



**Dina A. Krenzischek,
MAS, RN, CPAN
ASPAN President 2004-2005**

common barriers, such as lack of confidence, knowledge, resource, time, funding, and much more. Interestingly, when one focuses and commits on a specific desired goal, the barriers become secondary and things start to happen. My favorite example was when I had to justify the change of the nurse staffing budget because our staffing did not meet the ASPAN standards. I realized that this was a monumental task to accomplish, given that the institution did not have standards or even understand the staffing budget process for our unit. The budget has historically been based on inpatient or ICU calculations, which perianesthesia nurses realize do not work in our units. Faced with this dilemma, I purposely put aside all my barriers and focused on what evidence I should present to change a more than 100 year old process in our institution. For one year, detailed data, which included patient volume and staffing hours, was collected, analyzed, and placed into a graph. A record of events/ outcomes as a

result of short staffing was collated. Reasons for resignation and causes of low morale were obtained. Frequency of PACU's inability to accept more patients from the operating room and costs related to this were collected. Comparative hospital settings were called to discuss issues related to short staffing. Published articles were reviewed and presented as references. National staffing guidelines were assessed, and the ASPAN Staffing Guideline became a key document as it was the only clear staffing guideline that was published. In addition, the clinical and budgetary interpretations of the ASPAN Staffing Guideline made it more meaningful in the implementation of our strategic budgetary plan. All of these were summarized over a period of two years for the final presentation to the Hospital Finance Committee and Vice President of Nursing. The two years of pain we endured in completing this project was worth every minute. Not only did we get what we wanted, but the results of the hospital's support far exceeded our expectations. Both clinical and professional roles were taken into consideration in the budget planning. I am truly grateful to our institution, which values evidence-based practice.

Nursing research and evaluation of data go back over almost a century. Florence Nightingale started the detailed observations

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President's Message

continued from page 1

during the Crimean War. She observed and recorded details about the environment (ventilation, temperature, cleanliness, purity of water, and diet) and linked these observations to patients' outcomes. She realized that a clean environment reduced mortality in soldiers. Since the 1920s nursing research evolved. Case studies and research findings were published in nursing research journals. Nursing continues to advance practice to the present. In 1986, the National Center for Nursing Research was established within the National Institute of Health and later became the National Institute of Nursing Research (NINR). In 2004, the NINR developed strategic goals, which included support for research opportunities, recognition of future areas of opportunities to advance research on high quality cost-effective care, and to contribute to the scientific base for nursing practice and dissemination of all these advances.

How do we advance our practice through research in our perianesthesia world? It is vital that our perianesthesia nursing practice is based on nursing research rather than tradition. A lot of our practices are ingrained in the daily practices, and sometimes we fail to question the rationale of the practice. We must start asking questions and find evidence to support our practice. We need to read nursing research articles, including practice findings, and then utilize these research findings at the bedside. Research is vital for developing policy, procedures, protocols, and standards of care. Use the standards and practice guidelines available from National Agencies like Agency for Health Care Research and Quality. ASPAN has developed two national guidelines on unplanned hypothermia and pain and comfort. Discuss your read-

ings and knowledge acquired with your colleagues for the purpose of changing practice. We can advance our perianesthesia nursing practice with these small steps that we take each day.

As ASPAN President, one of my interests is the creation of an Evidence-Based Practice Model. A Strategic Work Team was developed under the leadership of Myrna Mamaril (ASPA Director for Research) to address the conceptual model and define the implementation process. What difference will it make? We must strive to collaborate with the experts within our organization, as well as external experts. Our perianesthesia nursing practice, standards, education, and research committees, including other expert perianesthesia nurses, must work closer as partners in advancing our evidence-based practice to become recognized as leaders in perianesthesia nursing practice. For example, practice questions and standards must be answered and supported by evidence-based practice. Furthermore, the utilization of research findings and other evidences will provide a framework for our nursing approach. It guides the critical thinking process of reasoning and decision-making for perianesthesia nurses to practice in an organized manner. We have commenced on a long journey. We must continue to move forward....one step at a time. We must put our professional practice vision into action and challenge ourselves to start today. 

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Deadlines for inclusion in Breathline:

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MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1



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Give the Gift of Being the Best You Can Be

It's that time of year when we begin to think about buying gifts for the holidays. There's an intangible gift you might consider giving – one that benefits YOU, professionally and personally, and even more importantly, one that benefits your patients. This gift is even valuable to your colleagues! What is this gift wrapped in silver paper and topped with a nice purple bow? It's CPAN and CAPA certification! When you open the box you'll find all sorts of goodies –

- Sense of professional pride
- Sense of personal achievement
- A "step" beyond licensure
- Commitment to life-long learning
- Feeling of accomplishment
- A Mentor's "badge"
- A Leader's "badge"

No matter what you find in this remarkable gift, the greatest gift to all is being the best you can be! Happy Holidays from the ABPANC Board of Directors and Staff! 

Need CPAN and/or CAPA Practice Exams?

Call 800.6ABPANC to order or visit our website at www.cpancapa.org to receive an order form. There are 4 practice exams available for purchase. While two were designed for each of the exams – CPAN and CAPA – *all* questions would be helpful study tools.

Do you need a Certification Coach?

Contact ABPANC at 800.6ABPANC to find out if there is a Coach near you!

What Are We But Our Stories

Karen Niven, MSL, BSN, RN, CPAN – President, ABPANC

As I read this line in James Patterson's recent best seller, *Sam's Letters to Jennifer*, "What are we, but our stories?" (James Patterson, *Sam's Letters to Jennifer*, 2004) I realize that the periesthesia nursing profession is strengthened by our ability to tell our professional stories, particularly those stories told by CPAN and CAPA certified nurses. Stories told by certified nurses are about how we make a difference in the lives of our patients and their families. By telling these stories we make what we do everyday more personal, and we convey that personal connection to others. Our storytelling builds trust and understanding while encouraging learning on the part of the reader or listener. Storytelling communicates to both the head and the heart and many times unlocks the passion of what we do daily for those hearing our stories.

We also have the ability to share our stories and be recognized for the difference a certified nurse makes through the ABPANC Advocacy Award. It is these stories that really make what we do daily unique and rewarding. The stories about our award winners have been stories that move you to tears. They show the extra lengths, the above and beyond efforts our award winners have gone for their patients and their loved ones. They have left no stone unturned to meet their patients' needs. Such stories also convey the value of certification to supervisors, peers and other healthcare colleagues.

To learn more about the ABPANC Advocacy Award, visit the ABPANC website at www.cpancapa.org or call the ABPANC office at 800-6ABPANC. The postmark deadline for nominations is **February 1st**.

Telling stories about mentoring colleagues to be the best they can be and helping them take the next step beyond licensure inspires other certified colleagues to do the same. Telling inspiring stories of what becoming CPAN and/or CAPA certified means also motivates those not-yet certified colleagues. Storytelling helps others to study for the certification exams – we all learn better by working through case scenarios. Our stories also show how CPAN and CAPA certified nurses are truly advocates for patients and not afraid to take risks.

ABPANC tells a story through its vision - *Recognizing and respecting the unequaled excellence in the mark of the CPAN and CAPA credential, periesthesia nurses will seek it, managers will require it, employers will support it and the public will demand it!* The most impressive and touching story, however, will be when our patients ask – "are you a certified periesthesia nurse?" It is then that ABPANC's vision is realized. It is then that we know James Patterson was right. For you see, "What are we but our stories?" 

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Be a Champion – Be a Coach!

Can you champion the cause of CPAN and CAPA certification to others in your state? Can you coach others you work with as they prepare to take the CPAN and CAPA examinations? If so, contact ABPANC at abpanc@proexam.org to learn more about the new Certification Champion and Certification Coach programs!

CertificationNOW
Working together to fulfill our patient promise

Register for exams given April 17, 2005

Dates to Remember

- Special test site request postmark deadline – **1/31/05**
- Initial application postmark deadline – **2/14/05**
- Late application deadline (must submit a \$50 late fee) – **2/21/05**

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

Special test sites may be arranged for a minimum of 10 candidates. Visit our web site at www.cpancapa.org or call 800.6ABPANC to find out how to set up a special site.

Postmark deadline to request a special test site is 1/31/05.

News Flash!

The CPAN and CAPA Candidate Handbook and Application is now available online! Visit www.cpancapa.org to download some or all of the sections you need now! Hard copies are also available by contacting ABPANC.

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ASPN's Evidence-Based Practice Conceptual Model

Myrna Mamaril, MS, RN, CPAN, CAPA-ASPN Director for Research

The American Society of Peri-anesthesia Nurses (ASPN) Research Evidence-Based Practice (EBP) Team met June 25-27, 2004, in Baltimore, MD. The purpose of the meeting was to develop the official ASPN EBP Conceptual Framework that will provide a working template for future EBP research. ASPN's EBP Conceptual Model aligns with and supports ASPN's overall strategic direction. ASPN's EBP Team defined the following "Core Values":

Integrity, Ethical, Diverse, Passion, Rigorous, Outcome Oriented and Holistic as essential precepts. The EBP Core Purpose is 'to provide guidance and leadership to advance perianesthesia practice based on the best available evidence.' ASPN's first EBP research initiatives will focus on standards and nursing practice. Foremost, ASPN's Big Audacious Goal (BAG) is to be recognized by the healthcare community as the primary provider of EBP resources for perianesthesia related topics worldwide.

Defining and prioritizing our EBP research will be accomplished by a rigorous process that systematically reviews significant perianesthesia practice issues and questions, thereby ensuring the issues to be considered consistently reflect ASPN's strategic mission, vision and plan. Annual problem identification may come from a variety of avenues, such as the Clinical

Practice Committee, Specialty Practice Groups, Strategic Work Teams, ASPN Conference Center inquiries, ASPN leaders and members, ABPANC leaders and members, and other professional nursing or medical organizations. Likewise, problems may arise from accrediting and/or regulatory changes or changes in the healthcare environment. Next, these problems or questions are formulated into a request for proposal (RFP) as an EBP study to be considered for the ASPN EBP Project Initiative.

In the past ASPN has conducted a Delphi study, surveys and needs questionnaires as the means to prioritize research studies. Realizing, however, that significant issues or problems from external sources may surface unexpectedly, the ASPN EBP Team included flexibility into the prioritization process. Once the EBP proposal is submitted, the study will be evaluated and the investigators will be notified by ASPN BOD that the proposal is either declined or accepted.

Each year the President will collaborate with the Director for Research to appoint the EBP Steering Committee. This committee's responsibilities involve developing agenda EBP proposal items for the ASPN Board of Directors (BOD) to approve or reject for EBP projects. The EBP Steering Committee then assigns the EBP Strategic Query and Discovery (SQAD) Leader. Then, the team is subsequently identified and the project begins. The ASPN SQAD Team will review various sources of evidence. This research evidence may be the following in order of scientific rigor: Meta analysis, experimental, quasi-experimental, non-experimental, qualitative. Other sources of evidence may

include the following: national guidelines, consensus statements, expert opinion, internal data, continuous improvement, benchmarking information, website, telephone survey, and expert interviews. Once all "evidence" is collected, the ASPN rating tools, the critique form and summary form will be used to appraise and rate the evidence. ASPN will disseminate the EBP research findings and guidelines through multiple venues. The ASPN EBP Website will serve as the primary resource center. In addition, *Breathline, Journal of PeriAnesthesia Nursing*, conferences, seminars, poster presentations, news releases, listserves, blast e-mail alerts, national mailing lists, communication trees, and other appropriate methods of communications will serve as methods of research dissemination.

ASPN's "Vision in Action" is to promote a culture of EBP research for our nursing specialty organization. ASPN's goal is to educate perianesthesia nurses in using the EBP process in nursing practice. Helping staff nurses understand how to pose questions related to practice concerns will identify potential EBP problems. Educating staff in conducting electronic literature searches for current best practices reveals scientific evidence as well as expert opinions and other significant evidence. Learning the rigors of systematically appraising the evidence provides the basis for sound clinical decision making. Translating the EBP research findings into practice guidelines improves patient's outcomes. Finally, the ASPN EBP Conceptual Model will provide a working template for future EBP research and will promote ASPN's strategic direction.



ASPN's
Research Committee's
2004-2005 EBP Team
is composed of the
following members:

Myrna Mamaril, MS, RN, CPAN, CAPA
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Martha Clark, MSN, CPAN
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Vallire Hooper, MSN, RN, CPAN
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Jackie Ross, BSN, RN, CPAN
Lois Schick, MN, MBA, RN, CPAN, CAPA
Linda Wilson, PhD, RN, CPAN, CAPA, BC
Pamela Windle,
MS, RN, CNA, CPAN, CAPA
Linda Ziolkowski,
MSN, RN, CPAN, CAPA, APRN BC

Polypharmacy in Geriatric Population

Myrna Mamaril, MS, RN, CPAN, CAPA

According to the Hartford Institute for Geriatric Nursing, polypharmacy is a term used to describe the use of more than one chemical agent to effect a therapeutic endpoint.¹ Older adults use the greatest amount of prescription and nonprescription medicines than all other age groups.² It is estimated that these older adults spend over three billion dollars annually.¹ Misuse of these drugs is the fifth leading cause of death in the geriatric population.³ Consequently, polypharmacy may predispose anyone who is taking medications incorrectly, such as wrong dose, wrong time, and wrong purpose.

Normal physiologic aging changes that affect absorption include delayed gastric emptying, as well as decreased gastric emptying. These changes may postpone or alter the onset, as well as the peak action of medications. Other physiologic aging changes that affect drug distribution include: a higher percentage of body fat, a decrease in total body water, higher plasma concentrations, and a decrease plasma albumin concentration.³ Higher plasma concentrations may be responsible for the adverse effects of certain drugs. In addition, the plasma albumin concentration is instrumental in the protein binding of the medication at the cellular level. The decreased albumin creates a more free or active drug that is released causing an increased effect that may be potentially toxic. Finally, altered hepatic metabolism and decreased

renal excretion delays drug clearance in the elderly.

According to Seymour and Routledge, adverse drug reactions and side effects of polypharmacy are also recognized to increase risk of life threatening injuries in the aging adult. Certain classes of drugs, such as antibiotics, anticoagulants, digoxin, diuretics, hypoglycemic agents and NSAIDS, are responsible for the majority of adverse drug reactions⁴ that may commonly occur in older adults including:

- Many medications may have potentially dangerous side effects
- Polypharmacy increases the risk of drug interactions
- Falls may occur as a result of orthostatic hypotension
- Inappropriate dosages may be more likely in the elderly and are associated with confusion and disorientation.

Other side effects or conditions associated with polypharmacy are:

- Mental confusion
- Orthostatic hypotension
- Blurred vision
- Dry mouth
- Constipation
- Urinary retention

Benzodiazepines may have prolonged half-lives which prolong or extend the effects to as much as three to four days. In addition, older adults are more sensitive to opioids and other controlled substances. The general rule for dosing in the geriatric population is: "Start low and go slow."

Perianesthesia nurses need to know the different medications older adults are taking, as well as recognize the effects or potential side effects of polypharmacy. Furthermore, it is essential to determine the compliance of their self-administration and dosing techniques to properly assess and develop a preanesthesia as well as a postanesthesia educational plan of care. 

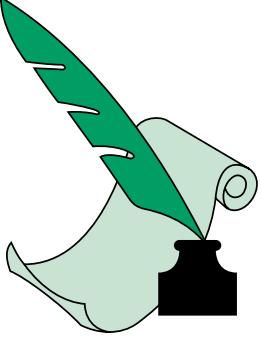
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Transitioning Clinical Nurses' Expanded Role to Legislative Action

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



It is very important for nurses to get involved in the political process. This involvement is another expanded role for the clinical nurse and gives us opportunities to influence social policy. We have the unique knowledge of health issues and need to share this with our legislators. Clinical nurses need to be a major participant in the policy-making process.

To be a participant in health policy, one first has to become informed about issues and then locate and support policymakers who believe in nursing causes. Believe it or not, the most effective lobbying comes from constituents like us. A legislator is very influenced by a voter who lives in their home district.

As I have written before, each nurse must decide how best to make a favorable impact with any given legislative interest item. The decision to send an email, write a personal letter, make a phone call, or visit in person is situational. Remember that most legislators have a great deal of respect for nurses and know little about nursing's role in today's health care delivery system.

Another important point to remember is that timing is everything. The key time to contact legislators is when an issue arises that may inspire an idea for a bill, when proposed legislation is introduced, when a piece of legislation travels through committees, and when the bill is being debated.

Of course, face-to-face meetings are the most effective methods of communicating with senators, representatives, or staff members. Although it can feel intimidating, you can make this productive, comfortable, and rewarding after careful preparation. The first thing to do is to contact your senator or represen-

tative's office and ask to speak with the appointment secretary. Explain who you are and the reason for the meeting. Just ask how you can arrange a meeting. It may be less intimidating and more effective if a group of peers go to the meeting. Be on time and keep your meeting brief and concise—15 minutes is a good time frame. Go ahead and prepare a one page "talking points" sheet to leave behind as a reference. Always be friendly, constructive, informed, and always tell the truth.

Be sure to follow up with a thank you note which includes a brief summary of the major points that you discussed.

Sending an email is also effective when delivering a message to legislators. Include your name and address and identify yourself as a nurse—place your credentials after your name. Limit only one issue per email. Again, clearly identify the issue or bills and use the bill number or title. The following is a sample letter/email:

Date

**The Honorable John D. Smith
United States House of Representatives
Washington, DC 20515**

Dear Representative Smith:

Opening Paragraph:

- State the object of your letter
- Use the bill number or name, if available
- Identify yourself and credentials

Body of letter:

- Explain the issue simply and factually at a level the senator or representative will understand
- Give examples how the bill affects the people with whom you work using your own experiences and be as specific as possible
- State your position on the bill or provision, whether you support it or oppose it
- Be polite--don't threaten
- Thank the senator or representative for their attention to the issue
- Let the senator or representative know you are a resource for more information

Sincerely,

**(Your name in writing with credentials)
Typed name and address**

All of the above points can be found in ASPAN's Publication Governmental Affairs: Primer for Political Action. This publication can be downloaded from ASPAN's Web site (www.aspan.org) at the Governmental Affairs page.

Finally, as I have said before, remember that politicians are just people and we work with people every day. It is our duty to communicate with them so they can make informed decisions. This is where clinical nurses should expand their roles to legislative action. 

Visions of Perianesthesia Nurses in Action: PANAW February 7-13, 2005

Stephanie Kassulke RN CPAN- Member, ASPAN Membership/Marketing Committee



PANAW

A quarter of a century, two and a half decades, twenty-five years, all of these time frames bring different visions to your mind, even if they represent the same space of time – 25 years. What was the vision of the ASPAN Founding Directors in 1980 when the first national conference was held? These visionaries foresaw the educational and networking needs of a quickly advancing specialty practice. This vision resulted in the formation of the American Society of Post Anesthesia Nurses (AS PAN), later the name changed to the American Society of PeriAnesthesia Nurses. From the birth of PACUs in the 1940s to present, we have seen increased technology, collaboration, accountability, and trend changes. The acuity of patients

going back to the floor has increased, patients going to critical care units are fewer, and we are seeing more surgeries being done on an outpatient basis.

AS PAN has lived the vision of increasing our knowledge, keeping pace with changes, and guiding our practice. Development of the *Standards of PeriAnesthesia Nursing Practice*, position statements, collaboration with other professional organizations, education at the national conferences, and publication our peer-reviewed journals are all means of putting our vision in action. Perianesthesia units across the country have experienced this change in technology and practice. We have lived the vision through this change. We have discovered that the standards we set affect other areas, such as

OB, critical care, or wherever a patient is recovered.

Now is the time to celebrate who we are, what we do, and how we have lived the vision of our Founding Directors. Celebrate your educational offerings, changes in practice, and who you are. How can you do this? Lobby displays, do you have pictures from over the years? It is always fun to see how you looked 10 years ago (or not!). Banners or posters posted around your facility, anything to inspire questions about our practice. Many of your peers do not understand perianesthesia nursing or what it means. Now is the time to educate. Have fun!

The question at the end of this week will be, "Did I show how I live the Vision?".

Big News! Perianesthesia Data Set in Development

The ASPAN Data Elements Team has completed the first phase in the development of a comprehensive set of perianesthesia data elements. These data elements will be more specific to the needs of perianesthesia nurses than what is currently available. ASPAN's Perianesthesia Data Elements (PDE) will include the Preanesthesia Phase and Postanesthesia Care Unit Phases I, II, III sets. They will have applications in the ambulatory surgery, office-based practice, and acute care settings. The timeline for the completion of this project is an aggressive Spring 2005.

The first meeting of the Data Elements Team took place August 13 –15, 2004 in Nashville, Tennessee. The Cerner Corporation, GE, and Surgical Information Systems gave presentations in regards to their companies, their products,

and reasons why ASPAN should partner with them. There is tremendous potential and marketability for the PDE, and all of these companies know it.

AS PAN's decision to create a set of perianesthesia data elements was based on the increasing demands by you, its members. It is imperative that these data elements are developed by perianesthesia nurses who are considered experts in all aspects of care in the perianesthesia settings. Therefore, the PDE will be developed by perianesthesia nurses for perianesthesia nurses.

The purpose of the PDE is to provide standardized documentation practice, education, outcome measures, and the ability to build additional hard data sets based on evidence-based practice. Once completed the PDE will be validated, piloted and researched by perianesthesia

nurses for clarity, usability and feasibility. They will then be submitted to the American Nurses Association's (ANA) Nursing Information and Data Set Evaluation Center (NIDSECSM). NIDSECSM has developed standards to evaluate four dimensions of nursing data sets and the systems that contain nomenclature,

clinical content, a clinical data repository, and a general system of characteristics. The NIDSECSM standards follow the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) model for evaluation, and ASPAN's goal is to obtain approval from NIDSECSM.



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ASPN's 2nd Quarterly Report: September 2004

Dina A. Krenzischek, MAS, RN, CPAN, ASPAN President 2004 – 2005

Core Mission

- To advance the unique specialty of perianesthesia nursing.

Core Values

- Be honest, truthful and fair
- Pride
- Respect
- Diversity
- Ethical
- Stewardship
- Mentoring
- Passion
- Family / community

Value Discipline

- ASPAN's image, reputation and identity of excellence must become that of eminent influence. The association will be branded as being the leading advocate and spokesperson for perianesthesia nursing.

Big Audacious Goal

- ASPAN will be recognized by the health care community worldwide as the leading association for perianesthesia nursing education, practice, standards and research.

Strategic Goal A

- ASPAN 2004 Summer Fall Seminars (Ambulatory, Perianesthesia Care Beyond Basics, Legal, Management).
- Perianesthesia Nursing Core Curriculum (Preop, Phase I & II).
- Lectures at Components' Annual Conferences.
- ASPAN's Leadership Institute.
- International Lecture in Australia By Denise O'Brien.
- ASPAN National Conference Planning Meeting for Chicago April 2005.
- ASPAN's *Pain & Comfort Clinician Guidelines* published Sept 2004.
- ASPAN's *Standards of Perianesthesia Nursing Practice* 2004 published September 24, 2004.

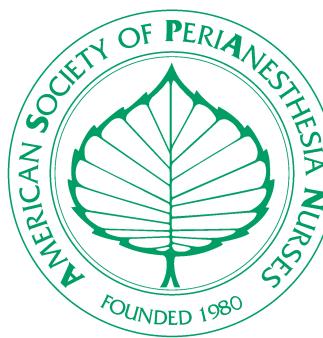
**THANK YOU
CHAIRS,
MEMBERS,
& SPEAKERS!**

Component Recognition

- NevPANA – for your revitalization program.
- MO-KAN PANA for reactivating your other Districts.
- All Components who had successfully completed their annual conference.
- Participants in the ASPAN Leadership Institute Component Panel: CBSPAN, PANAC, MaSPAN, TAPAN, MAPAN, LAPAN and NevPANA.

**You are all
ASPN's shining stars!**

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OPERATION UPDATE

- Scholarship programs were awarded to members for the ASPAN's National Conference 2005, NIWI, and BSN / Master in Nursing education.
- New ASPAN Website links:

Members Corner: joyous, professional, workplace, obituaries, and other announcements.

Medication Error Reporting Program link with USP.

- RA voted through e-mail in favor of a 5th Regional Director to replace Chair, Council of Component Presidents. Bylaws completed.
- Call for ASPAN's nominations are out:
 - VP/Pres. Elect, Treasurer, Director for Education, Director for Research, Regional Director- Regions One, Three, and Five, and Nominating Committee
- ASPAN's Budget Planning for FY 2005 was completed. To be approved by the ASPAN Board of Directors.

Strategic Goal B

- Safety SWT started a pilot study in assessing safety culture in perianesthesia settings.
- Safety SWT started the framework of perianesthesia data elements.
- ASPAN was represented in two national safety conferences / meetings.
- Clinical Practice Committee members continue to answer more than 60 questions / month.
- Dissemination of ASPAN Standards in various lectures.

Strategic Goal C

- ASPAN will be the recognized voice at the National Surgical Infection Prevention Medicare Quality Improvement Project.
- ASPAN participated in the national lecture for Partners in Pain.
- ASPAN's Pain & Comfort Resource Manual and Patient Teaching Guide published in September 2004.

Strategic Goal D

- EBP SWT developed ASPAN's Evidence-Based Practice Model and implementation process. Publication in progress.
- Research on Nurse Competency Aging in progress.
- ASPAN's *Clinical Guideline for the Prevention of Unplanned Perioperative Hypothermia* and Pain / Comfort Guidelines were accepted at the National Clearing House.

CONGRATULATIONS TO ALL!

National Recognition

- Pam Dark – Geriatric Nurse of the Year and was recognized by ANA.
- Linda Warino – Honorary Award for CPAN by ANA.
- Mary Ellen Patton – Staff Nurse Leadership Award by ANA.

ASPN Recognition

- EBP SWT (Director: Myrna Mamaril and members Karen Cannon, Martha Clark, Terry Clifford, Kathy DeLeskey, Vallire Hooper, Dina Krenzischek, Denise O'Brien, Ellen Poole, Jackie Ross, Lois Schick, Linda

continued on page 9

Component Night 2005 CHICAGO "BLUES" FESTIVAL

Welcome to Chicago - the 'hometown' of Jake and Ellwood Blues. Like ASPAN, The Blues Brothers will be celebrating its 25th anniversary this year. Come ready to party as a character from the movie!

There'll be a Blues Brothers trivia contest, as well as raffles for great prizes. Renew old friendships and meet new friends while enjoying the diversity of live music from Blues, Jazz, Pop and Swing.

Room Sharing

If you are interested in sharing a room at ASPAN'S 24th National Conference and would like your name on the Willingness to Share a Room List, please email or fax your name, complete address, home/work phone numbers, preference of smoking or non-smoking and which phone number you prefer for contact to: Sibyl Mayeda-Yau, 5339 Crain Street, Skokie, IL 60077, email smmyau@comcast.net or syau@uchospitals.edu.

This information must be received by February 10, 2005. Late inquiries will only be answered by email.

The Willingness to Share a Room List will be mailed from Skokie, Illinois on **February 17, 2005**. Your name, address, phone number, e-mail or fax will be circulated to others on the list, and it will be your responsibility to contact others on the list directly and make arrangements to share a room.

*Quarterly report
continued from page 8*

Wilson, Pam Windle and Linda Ziolkowski) for developing the EBP Model.

- Data Elements/ Safety SWT (Coordinator: Denise O'Brien; Facilitator: Barbara Godden and members Karen Cannon, Terry Clifford, Dolly Ireland, Dina Krenzischek, Myrna Mamaril, Susan Russell, Nancy Saufl and Pam Windle) for developing the data elements framework. Pam Windle – coordinated the development of safety pilot survey.
- Education Provider (Director: Linda Ziolkowski and members who developed the Fall Semi-

nars) for the 2004 Fall Seminars. Kudos to all speakers: Dolly Ireland, Myrna Mamaril, Denise O'Brien, Chris Price, Lois Schick, Nancy Strzyzewski, Linda Wilson and Linda Ziolkowski.

- Membership/Marketing Committee (Chair: Kim Kraft) for final selection of PANAW logo for the year.
- Nominating Committee (Chair: Sandra Barnes) for developing ASPAN's candidate nomination packet for 2005.
- National Conference Planning SWT (Chair: Dolly Ireland) for outstanding conference planning.
- Donna Quinn and Lois Schick – Editors for the *Perianesthesia Nursing Core Curriculum*.

VOLUNTEERS

If you wish to volunteer while at the National Conference you can become a host/hostess. Contact Sibyl Mayeda-Yau 847-965-7273 or email her at smmyau@comcast.net or syau@uchospitals.edu; if you want to know more about becoming a moderator contact Phoebe Conklin 503-216-2136 or email her at pwinslow2@juno.com or pconklin@providence.org.

The ASPAN Education Committee would like to thank these people for their work:

Nancy Stryziewski, Lila Martin, Libby Murphy Zielinski for their work on the Foundations of Perianesthesia Care (Basic ambulatory and PACU)

Nancy Strzyzewski, Denise O'Brien, Pam Dark for their work on Perianesthesia Care: Beyond the Basics

Denise O'Brien & Nancy Strzyzewski for their work on Ambulatory Perianesthesia Practice: Beyond the Basics

Dolly Ireland, Phoebe Conklin, and Barb Putrycus for their work on Legally Speaking: Just the Facts

Dolly Ireland, Phoebe Conklin, and Vicki Lewis for their work on Pediatrics: Little Bodies, Big Differences

Sandra Gardener and Evelyn Medicki (the original development by Myrna Mamaril) for their work on Aging: Everyone is Doing It

Barb Putrycus, Chris Price, and Vicki Lewis for their work on Management: Now You Are the Boss

Chris Price, Nancy Strzyzewski, Libby Murphy-Zielinski, Twilla Shrout for their work on continued development

Evelyn Medicki, Mary Betz, Vicki Lewis, Twilla Shrout for their work on video and journal review

Linda Ziolkowski for her work on the final review, update and computer graphics

ASPAN's Gold Leaf Component of the Year Award

Debby Niehaus, BSN, RN, CPAN

ASPAN and the ASPAN Membership/Marketing Committee will present the Gold Leaf Award to a distinguished component at the Chicago National Conference 2005. The purpose of the ASPAN Gold Leaf Component of the Year Award is to salute excellence in component commitment and accomplishment in areas of leadership, education, legislation, publication, community service, and membership and leadership development. The award recognizes activities and achievements that build and expand strong components, promote quality component management, and benchmark standards for component goals and activities.

The Gold Leaf is a symbol of the recognition and honor of the achievements and efforts accomplished within the component, as well as recognition for support of ASPAN organizational goals and sponsored endeavors. The component receiving the award has displayed leadership and dedication that promote and add value to

perianesthesia nursing and to the advancement and enrichment of the nursing profession.

Activities of the component developed and completed during the calendar year of January–December are to be included on the application that the component president received in October. The application has been revised with changes for scoring for CPAN/CAPA, hosting ASPAN seminars, and additional changes for more recognition of components that support certification activities and bring ASPAN to the grass roots. The application provides extensive questions that capture and record as many qualifying component contributions and accomplishments as possible with a positive emphasis on membership. The overall criteria of the award is representative of the many areas of service and excellence provided by components that contribute to and have recognition by ASPAN. Components can showcase their outstanding

accomplishments and achievement of "Vision In Action".

The Gold Leaf Component of the Year Award Entry form must be completed and returned to the National Office by **February 1, 2005**. The award given to the winning component allows recognition and distinguished service to be applauded. The Gold Leaf statuette awarded, as well as the special ribbons awarded and worn by all component members attending the National Conference, are a source of pride and proudly displayed throughout the conference week. In addition the Gold Leaf Award recipient will receive recognition in the *Journal of PeriAnesthesia Nursing* and *Breathline*, five hundred dollars (\$500), and a publication of choice related to perianesthesia nursing. ASPAN and the ASPAN Membership/Marketing Committee encourages each component to apply for this award and recommends contact with previous Gold Leaf Component winners and the committee for any questions or clarification.

The ASPAN Foundation will again host a Silent Auction during the National Conference in Chicago in April. The Auction has become a spirited and enjoyable opportunity to donate money and take home a tangible reminder of your generosity.

The purpose of the Silent Auction is to raise money which is applied towards numerous scholarships and awards granted to perianesthesia nurses. ASPAN research grants are also partially funded by proceeds from the Silent Auction.

Here's how the Silent Auction works:

- You choose an item that you would like to donate for the auction. (Possibilities are: gift baskets, jewelry, artwork, gift certificates, etc.)
- Donate the item at the beginning of National Conference. You will see your donation displayed in the room where the Silent Auction is to be held (TBA). We will provide a bid sheet for your item. A starting bid will be noted, along with the approximate value of the item.
- Bidding will take place until April 20 at 6 PM.
- The highest bid at closing is the final bid. The highest bidder pays for the item, and can take the purchase home.

This is an outstanding opportunity to help support the ASPAN Foundation and raise money for scholarships, awards, and research projects. For further information please contact Dennis Johnson at the National Office by phone: 877-737-9696 x15, or e-mail at djohnson@aspn.org.



Call for Resolutions for the 2005 ASPAN Representative Assembly

Maryanne Carollo, BS, RN, CAPA

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2005 Representative Assembly (RA) meeting in Chicago, Illinois.

The RA is the voting body of ASPAN. Therefore, if there is any bylaw, position statement, policy matter, or other issues pertaining to perianesthesia nursing that you, as a member, believe needs to be brought before the RA, please contact the National Office to have a Call for Resolutions form sent to you.

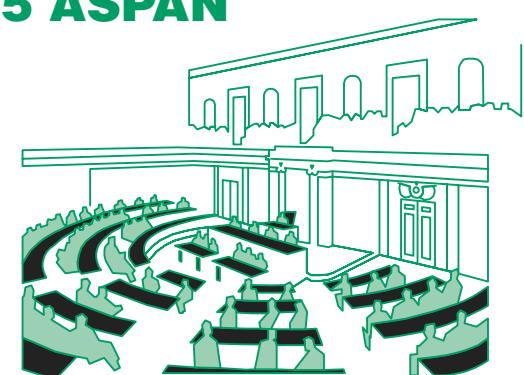
As the chief policy determining structure of ASPAN, the RA reviews and acts upon resolutions regarding ASPAN bylaws, policies, position statements, and other issues related to perianesthesia nursing.

The following groups may submit a resolution to the RA:

- The ASPAN Board of Directors
- An ASPAN Committee
- An ASPAN Component
- A group of five or more members (with five signatures on the Resolution Form)

The National Office needs to receive the completed resolution forms relating to bylaws changes no later than **December 20, 2004**. Resolutions forms relating to position statements, policy matters or other issues must be received in the National Office no later than **January 17, 2005**.

Upon receipt of a resolution, the Resolutions Task Force will review it and, if questions arise, the lead author will be contacted for clarification. At the RA, the



lead author of the resolution needs to be prepared to speak to the issue.

Each member, therefore, has an opportunity to bring forward issues that affect the practice of perianesthesia nursing.

There are instructions on the Call for Resolutions Form that will further assist you in the submission process. If you have any questions or need more information please contact Kevin Dill at the ASPAN National Office at 877-737-9696, ext. 11.

For more information,
contact Carol Hyman
at the
ASPN National Office:
877-737-9696 ext. 19
or chyman@aspn.org

2005 Winter/Spring Seminars



Aging: Everyone is Doing It

February 26, 2005 • Kansas City, KS

Pediatrics: Little Bodies, Big Differences

January 29, 2005 • Rockford, IL
February 12, 2005 • Tarrytown, NY
June 11, 2005 • St. Louis, MO

Perianesthesia Care: Beyond the Basics

January 15, 2005 • Minneapolis, MN
February 5, 2005 • Corpus Christi, TX
February 26, 2005 • Salt Lake City, UT
March 5, 2005 • Seattle, WA • Ontario, CA
March 12, 2005 • Greentree-Pittsburgh, PA
June 4, 2005 • Albany, NY

Ambulatory Perianesthesia Practice: Beyond the Basics

January 15, 2005 • Minneapolis, MN
February 5, 2005 • Corpus Christi, TX

Legally Speaking: Just the Facts

June 4, 2005 • Sacramento, CA

Management: Now You're the Boss

March 5, 2005 • St. Louis, MO

Educating the Educator

February 12, 2005 • Joliet, IL

HCA Las Vegas

What will a career in **LAS VEGAS** really be like?

Depends how you feel about an affordable lifestyle.

Sunrise Hospital, part of HCA Las Vegas, is located in one of the most affordable cities in the United States. Centrally located in Las Vegas, Nevada, you reap the benefits of affordable housing costs, competitive salaries and no state income tax. But that's not all, at Sunrise Hospital you experience the unordinary; flexible shifts, employee recognition programs and even a childcare subsidy.

PACU RNS

Sign-on Bonus and Relocation Assistance

Our PACU, supporting 24 Operating Rooms for both Adult and Pediatric cases, currently has FT, PT, and VSP openings. Requires a minimum 1-year PACU experience or 1-year ICU experience in an acute care hospital. Must be RN licensed in the state of Nevada.

What's in it for you at HCA: Highly competitive compensation and benefits; Benefit eligibility on your 31st day; Medical/dental/life/LTD; Childcare subsidy; 401(k); Discounted Employee Stock Purchase Plan; Sign-on Bonus and Relocation Assistance.

Please email your resume to: Anita.Fleming@HCAhealthcare.com or mail to: **Sunrise Hospital & Medical Center, Attn: Human Resources, ASPAN 10/01/2004, 3186 S. Maryland Parkway, Las Vegas, NV 89109.** Jobline: (702) 731-8350. Call: (702) 731-8895. Fax: (702) 836-3813.

www.hcalasvegas.com

A drug test and background investigation are required as part of our pre-employment process. EOE M/F/V/D. HCA is a registered service mark of HCA Inc., Nashville, TN.

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HOSPITAL & MEDICAL CENTER
We're doing amazing things.

Reminder: ASPN Willingness to Serve Forms are Due Soon!

You still have a little time to submit your Willingness to Serve (WTS) form for consideration and placement on a 2005-2006 ASPAN committee.

The WTS form is available on the ASPAN website or by contacting the National Office.

Deadline for submission is
December 31, 2004

A Special Message from the ASPAN President:

I want to extend my deepest gratitude for your loving sympathy, prayers, and consoling words to me and my family. They are very comforting to me during this time of deep sorrow since the loss of my mother.

Breathline

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