Newsletter of the American Society of PeriAnesthesia Nurses

Breathline

Volume 25, Number 1 January/February 2005

VISION IN ACTION: Safety Begins With Us

Everyday we strive to excel in what we do at work. None of us plan to go to work to make a mistake. We use our knowledge, experience, skills, and critical judgment in everything we do. Our nursing actions have been shown to be directly related to better patient outcomes. Each day we intercept health care errors before they can adversely affect our patients. If we are doing so well, why do we need to address safety in our work environment?

In its report, *To err is human: Building a safer health system,* the Institute of Medicine (IOM) estimated that as many as 98,000 hospitalized Americans die each year, not as a result of their illness or disease, but as a result of errors in their care[2]. This is an alarming number that got the attention of federal and state policy makers, health care organizations, health care practitioners and experts. A Committee on the Work Environment for Nurses and Patient Safety identified threats to patient safety arising from every level and component of health care delivery, including work processes, workload, work hours, and workspaces of nursing staff. As we face a nursing staffing shortage, the committee believes it is even more imperative that nurses' work and work environments be designed to facilitate the safe delivery of nursing care.

What is our role? As perianesthesia nurses, we have a critical role in patients' safety. We are patients' advocates and work at the bedside preparing our patients for surgery.

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

We assure that all required information obtained in patients' records, as well as through the interview process, meet the patients' readiness for surgery and other procedures. We assess and monitor patients postoperatively to critically evaluate and implement the appropriate interventions and treatment. We also function as a coordinator, educator, and directors. In our position, we all address work environment factors that foster safety culture. We are vigilant in preventing errors. A study of medication errors in two hospitals over a six-month period found that nurses were responsible in intercepting 86% of all medication errors made by physicians, pharmacists, and others involved in the patient care[3]. This validates that we are an inseparable link to patient safety.

What is error? Errors are failures of planned actions to be completed as intended, or the use of wrong plans to achieve what is intended. Adverse events are injuries caused by medical intervention, as opposed to the health condition of a patient. For example, a medication error may lead to no detectable adverse event and other errors can temporarily or permanently harm a patient.

Why do health care errors occur? There are two different views that focus on individuals versus systems. As individuals, we are primarily responsible for any error or unsafe action. These unsafe acts arise from individual's faulty mental processes or weakness of character, such as forgetfulness, inattention, poor motivation, carelessness, negligence, and recklessness. The contrasting systems view of errors and error prevention is based on the interrelated human and nonhuman systems. A fundamental principle of the systems approach to error reduction is the recognition that all humans make mistakes and that errors can occur even in the best organizations. As a result, errors can occur through active human failure and actions implicated in all organizational accidents. The experts recommend that we need to strive for fair and just systems of safety that acknowledge both individual and system contributions to successful, as well as adverse events, while emphasizing the system approach to error reduction[4]. For example, a nurse makes a medication error as a result of picking a similar looking vial and giving the wrong medication. The nurse's contribution in preventing errors is the implementation of the 5 Rs (right patient, right order, right medication, right dose, and right route). The system contribution is the elim-

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PeriAnesthesia Nurses
The Vision Of PeriAnesthesia Nursing In Action

Celebrate PeriAnesthesia Nurse Awareness Week February 7-13, 2005

ASPAN National Conference

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

April 17-21, 2005 Chicago, IL

www.aspan.org

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ination of similar vials with different medications and implemention of other methods to prevent errors, i.e., package and label medications differently, location of drugs in different places rather than side by side. Reporting such incidents should not be based on a punitive approach, but rather as a lesson learned to make things better and safer.

What are the risk factors that perianesthesia nurses are facing that may contribute to errors? Patients are more acutely ill and there is high patient volume within a fast-paced environment. In addition, perianesthesia nurses care for a variety of patients from pediatric to aging population, from ambulatory to critically ill patients, different socio-economic backgrounds, etc. Patients' information is coming from different sources and may not be available when we need it. Inadequate education, training, and lack of competency among nurses contribute to the problem. Cost pressures affecting work redesign and declining numbers of nursing staff are also important factors to examine. Perianthesia nurses are often working long work hours due to the unpredictable nature of our patient flow and increased on-call hours. Being in an open room with higher noise level can increase interruptions. Increased demands on nurses' time, including long documentation and paperwork to meet clinical requirements, regulatory and institutional needs, are additional risk factors.

So how do we create and sustain a culture of safety in the perianesthesia setting? The Committee on the Work Environment for Nurses and Patient Safety identified necessary patient safeguards in the workplace environment of nurses:

- Ensure the link between practice and patient safety. Attention to safety should have the same extent if not more than finance and productivity.
- Provide ongoing vigilance in balancing efficiency and patient safety. Engage staff in decision making and continue to educate.
- Promote effective nursing leadership by participating in executive decision making representing the different levels of staff.
- Provide adequate staffing which is consistent with best available evidence on safe staffing threshold.
- Provide organizational support for ongoing learning and decision support. Promote the use of preceptor, mentor, and training for new technology.
- Collaborate with other disciplines to solve issues and/or exchange ideas.
- Focus on unsafe and inefficient work design
- Build the organizational culture that continuously strengthens patient safety by reporting, analyzing and giving feedback. Rewards and incentives may be used.

Commitment of leadership to safety is critical. Although organizations can influence values, norms and institute incentives and awards, it is imperative that both leaders and employees move in the same direction. Words alone are not effective and, therefore, we must be able to "walk our talk" at all levels. Communication must meet multiple goals and commitment can ensure patient safety and culture of safety. Education and training are key elements in identifying error detection, analysis, and reduction. Reporting errors and near misses are critical steps in analyzing issues and developing actions to resolve problems. However, this should follow the direct feedback to the appropriate employee(s) to influence change in practice.

Institutions and specialty organizations like ASPAN provide numerous educational opportunities, including standards and competency modules, but knowledge is not enough unless we apply it. We must make a commitment to be a part of the solution because ***safety begins with us.***

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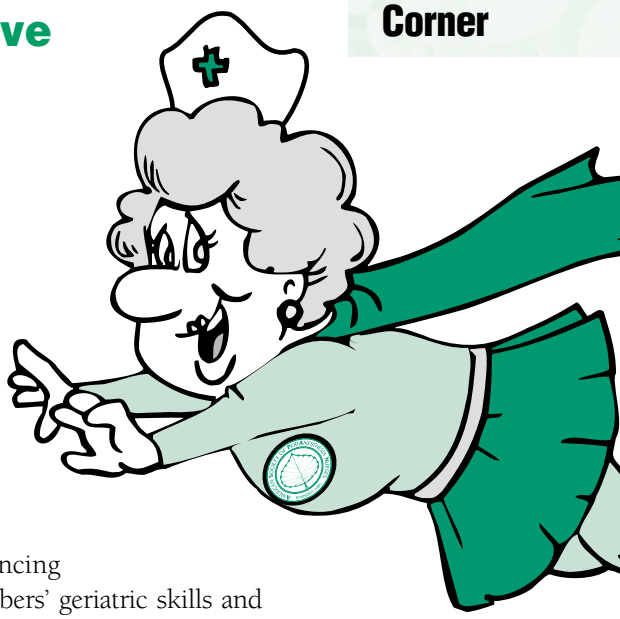
3. Leape L, Bates D, Cullen D, Cooper J, et al: Systems analysis of adverse drug events. 1995. *Journal of the American Medical Association* 274 (1); 35- 43.
4. Reason J: *Managing the Risks of Organizational Accidents.* 1997. Burlington, VT; Ashgate Publishing Company.

PRESS RELEASE

Nurses Associations Hold Milestone Meeting: Commit Themselves to Improve Care for Older Adults

Jessica Esterson, MPH, CHES
Project Director, Hartford Institute for Geriatric Nursing



Twenty-six national specialty nursing associations gathered on October 4-5, 2004, in New York City, for an unprecedented meeting during which they shared their approaches to elder care and reached a higher level of commitment to integrating geriatric best practices within their ongoing educational activities. The organizations were convened by Nurse Competence in Aging (NCA), a strategic alliance among the American Nurses Association (ANA), the American Nurses Credentialing Center (ANCC), and the John A. Hartford Foundation Institute for Geriatric Nursing at New York University's Steinhardt School of Education, Division of Nursing. Forty representatives of specialty nursing associations and staff from each NCA partner organization participated in the meeting, held at the Southgate Tower Hotel and facilitated by Mathy Mezey, EdD, RN, FAAN, director of the Hartford Institute.

More than half of all patients who receive care from nurse specialists are older than 65. Yet it is widely agreed that, whether nurses have been trained in oncology, critical care, psychiatry, or another specialty, most would benefit from additional training on symptoms and syndromes specific to older patients.

"There is a critical learning gap in care of older adults across the field of nursing," said Dr. Mezey. "By bringing geriatric knowledge to nurses who are already highly educated and motivated, we can really change patient outcomes in hospital, long-term care, and community settings."

The first day of the meeting featured panel discussions addressing issues specific to specialty nursing associations, including how associations lead the field in nursing, the role of nurse certification, and communication with members and other associations On the second day of the meeting, breakout sessions homed in on how specifically the organizations can identify opportunities to infuse geriatrics in the work they are already doing and further develop such efforts, whether individually or together. In these discussions, the groups identified areas in which they need technical assistance to fulfill their commitment to increase geriatric training and considered ways in which they might collaborate and network across their specialties.

The need for a workforce that is prepared to deliver quality health care to older adults was echoed by Linda J. Stierle, MSF, RN, CNAA, BC, chief executive officer of the American Nurses Association. "Geriatric competence combined with specialty expertise will have tremendous impact on the nursing profession," she said. "It is tremendously rewarding to see so many specialty organizations energized and acting together on this important issue."

Organizations participating in the conference agreed to generate action plans to ensure the continuation of their commitment to enhancing members' geriatric skills and to make geriatric information easily attainable, such as by providing it on their websites. The specialty groups will also supply information to a central online geriatric resource, GeroNurseOnline.org.

"Many organizations have now embraced activities related to care of the older adult population, and they recognize that these activities must become embedded into association education, not thought of as projects with an end," said Dr. Mezey. Indeed, many participants said they gained a clear sense of the path their organizations need to take and a sense of invigoration from the highly relevant forum.

NCA was initiated to help organizations move forward with activities to educate their members about unique needs of older adults and to develop geriatric-care projects related to the needs of the specialty practice area. One of the project's main initiatives was the development of GeroNurseOnline.org, a sophisticated resource for nurses who wish to learn more about geriatric syndromes, their possible causes, and treatments. *continued on page 15*

Patient Safety in the Hands of the Perianesthesia Nurses

Pamela Windle, MS, RN, CNA, CPAN, CAPA

How many awful stories does each one of us have to contribute regarding possible errors or actual risks that have happened to our patients and/or to our colleagues? How many times has a patient been prepped for the wrong procedure or had incompatible blood administered? Errors are frequently attributed to inappropriate labeling, dosing, routing, or preparation, and sometimes to plain incompetence. In actuality, most of the safety issues in the perianesthesia areas are due as much to system and environmental issues as to individual actions. The 1999 Institute of Medicine's report, 'To Err is Human,' identified that medical errors were the 8th leading cause of death, responsible for as many as 98,000 lost lives. Medication errors are the largest component of medical errors described. The healthcare industry is now publicly challenged to focus on making our patients SAFE!

In 2003 the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) raised their focus on patient safety. Seven patient safety goals were established, discussed thoroughly and presented to current and future accredited hospitals. These goals and the heightened attention to safety have driven healthcare workers to become more focused, vigilant and aware of potential errors and threats to safety. In 2005 two additional patient safety goals will be added. Let's review these patient safety goals.

The seven goals outlined by JCAHO that are applicable to most healthcare institutions are: 1) Improve the accuracy of client identification by using at least two client identifiers (neither to be the room number) whenever taking blood samples or administering medications, 2) Improve the effectiveness of communication among caregivers by implementing a process for taking verbal or telephone orders or critical test results that require a verification "read-back" of the complete order or test result by the person receiving the order or test result and standardizing abbreviations, acronyms and symbols used throughout the organization, including a list of abbreviations, acronyms and symbols not to be used, 3) Improve the safety of using high-alert medications by standardizing and limiting the number of drug concentrations available in the organization, 4) Implementing a verification process to mark the correct surgical site and involve the patient in the process, 5) Improve the safety of using infusion pumps by ensuring free-flow protection on all general-use intravenous infusion pumps, 6) Improve the effectiveness of clinical alarm systems by implementing regular preventive maintenance and testing of alarm systems, assuring that alarms are activated with appropriate settings, and are sufficiently audible with respect to distances and competing noise within the environment, 7) Reduce the risk of health care-acquired infections by complying with current CDC hand hygiene guidelines and managing as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-acquired infection.

The first goal includes the use of 'Time Out' to improve the accuracy of patient identification. It confirms the correct patient, correct procedure, and correct site for scheduled procedures. This can also be related to the fourth safety goal: eliminating wrong site, wrong patient and wrong procedure. Improving the effectiveness of caregiver communication is another safety goal.

The second goal includes a "read back" process for taking verbal and telephone orders from the physician. Also, this procedure includes assessing, measuring, communicating and taking action to improve promptness in reporting critical tests/results and laboratory values. The third part of this goal is to ban the use of a prohibited list of abbreviations. This is one of the hardest habits to give up. Physicians, nurses and students have to "let go" of the bad habits of O.F.U. (our frequently used) abbreviations. Even nursing schools are asked to make sure that these abbreviations will no longer be used. Hand hygiene was a seventh safety goal. This goal includes compliance with the current CDC guidelines, to include hand washing at all times and to disallow artificial nails for those providing direct patient care.

Medication reconciliation will be included in 2005, which is to develop a process for obtaining, documenting and reconciling patients' current medications and communicating to the next provider of service. Another additional 2005 goal for inpatients is to reduce the risk of patients' falls,

while the ambulatory care goal is to reduce the risks of surgical fires.

A third source of concerns related to safety is derived from the results of the staffing study conducted by Rogers, et al, (2004), that showed the relationship between the number of hours worked by registered nurses (RN) and patient safety. It was noted by the researchers that nurses working longer than 12 hours shift had greater potential risk of making an error. According to this study, nurses working longer than 12.5 consecutive hours out of 24 hours have a greater likelihood of making an error—in fact, three times more than a shift nurse working 8-12 hours.

Does this situation sound familiar? How many hours do our on-call nurses work? This is actually not new among perianesthesia nurses. The on-call issue and the number of hours worked on a given day have been creeping incrementally higher. We should be worried about the nurses, feeling tired and fatigued, and yet expected to work the next day. Yet, we as an organization haven't planned a research study to determine all of the factors affecting patient care in the perianesthesia areas, nor have we linked the possibility of making errors or of near misses to staffing and hours worked.

A survey of this type is one of this year's BAG outlined by ASPAN president, Dina Krenzischek, MAS, RN, CPAN. We are working toward the achievement of this goal. Under the leadership of Denise O'Brien, MSN, RN, CPAN, CAPA, FAAN, our Safety Strategic Work Team completed the development and content validity of the 65-item questionnaire. Currently, we are in the process of beginning the pilot survey. The results will be presented at National Conference in Chicago. In the next few months, I will be seeking volunteer perianesthesia nurses to complete the questionnaire. This great endeavor will assist our organization in determining the current needs of our members and possibly identifying some of what we need in the future. I am asking you to participate in this assessment of the safety culture in your specific work environment. Our group hopes that we can assist you in improving your work environment. We also hope to use this data from the survey to develop future position statements on patient safety, focusing on the needs of our members.

So, we have to do the *right* thing! Where do we begin? Definitely, patient safety begins with ***you***!

CONGRATULATIONS TO THE 2004 ASPAN SCHOLARSHIP WINNERS!

ASPAN National Conference Attendance Scholarship ($500 each) For the 2005 National Conference in Chicago, Illinois

Linda Allyn, RN, CPAN, CAPA
Elgin, TX

Kimberly Bernard, BSN, RN, CPAN
Nashua, NH

Marilyn Elek, RN, CPAN
Chicopee, MA

Ellen Poole, DNSc(c), MS, RN, CCRN, CPAN
Glendale, AZ

MSN Scholarship ($1,000 each)

Ann Bezanson, RN, CPAN
Concord, NH

Starlette Godwin, BSN, RN
Greenville, NC

Lori Jee, BSN, RN
Cary, NC

BSN Scholarship ($1,000 each)

Sylvia Baker, RN, CPAN
Winnebago, IL

Diane Toman, RN, CAPA
Jackson, MI

Victoria Wells, RN, CAPA
Kent, OH

Nurse in Washington Internship (NIWI) Scholarship ($1,000)

Anna Rottenstein, BSN, RN, CPAN
Tucson, AZ

Certification Exam Scholarship ($235) (for CPAN exam)

Leigh Anna Berry, RN
Mountain Home, AR

Celebrate Our Specialty

Linda Boyum, BSN, RN, CPAN, LHRM-ASPAN Membership/Marketing Committee Member

"To sound the praise of; to make publicly; or to proclaim" is the Webster's definition of celebrate. One of the many goals for the 2005 ASPAN Membership/ Marketing Committee during PeriAnesthesia Nurse Awareness Week (PANAW) is to celebrate the *Vision of PeriAnesthesia Nursing in Action*. Magnifying the image of our perianesthesia nursing specialty is one step in achieving overall professional enhancement.

However, professional enhancement is a reward that does not come without continuous effort and planning. The domain of the perianesthesia nursing specialty interacts with many different disciplines within the health care arena, and active participation is necessary to promote our professional image. Involvement in hospital wide committees and professional organizations offer a vital opportunity to celebrate our *Vision of PeriAnesthesia Nursing in Action.*

How can we as members take action to celebrate this special week in our work environment?

Here are some ideas from previous PANAW celebrations. One hospital developed a storyboard all about the PACU/SDS units and placed it in the hospital lobby; another perianesthesia unit took patient thank-you letters and posted them on the doors coming into the unit. A hospital bought the PANAW perianesthesia balloons (www.panaw.com) and placed them around the hospital. Another unit manager presented each of her nurses with a red rose, which they wore on their jackets when they went to lunch. At another hospital, the entire staff purchased the PANAW tee-shirt and wore them to work, while another unit wore the buttons. Another manager greeted her Ambulatory Surgical Center staff with a breakfast (personally cooked by her!). Encourage your anesthesia departments and hospitals to provide a lunch for the periaensthesia nurses. Ask your local vendors to sponsor a dinner honoring the perianesthesia nurses in your area; most are willing to do that, as well as provide an educational unit.

Another part of celebrating our *Vision of PeriAnesthesia Nursing in Action* is to reach out to the public to make them aware of who and what we are. This can be achieved in a variety of ways. One district wrote an article for their local paper about perianesthesia nursing and requested that it be published during PANAW week, and another group had a TV station to run a brief announcement about PANAW week. One group of perianesthesia nurses performed blood pressure checks at a local mall during PANAW, while another went to local schools to talk about nursing and our specialty. Another district in Florida honors one of its own during PANAW by selecting a Perianestheisa Nurse of the Year during this week.

I encourage you to support your specialty by taking advantage of the numerous opportunities to celebrate our *Vision of PeriAnesthesia Nursing in Action*. Go to www.panaw.com to purchase PANAW items! Do not underestimate the impact you as a member can have on our specialty.

PANAW February 7-13, 2005

What is your unit or component doing to celebrate PANAW?

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

PeriAnesthesia Nurses
The Vision Of PeriAnesthesia Nursing In Action

The CPAN and CAPA Certification Examination Programs Needs You!

Are you a CPAN and/or CAPA Certified Perianesthesia Nurse? If you answered yes to this question and any of the following questions, do we need you!

Do you want to

1. Earn 30 contact hours in Direct Care toward your CPAN and/or CAPA recertification without spending any money, over the course of your three year recertification period?

2. Receive professional recognition? As an item writer and reviewer, you are a nationally recognized expert in perianesthesia nursing thus enhancing your resume.

3. Network with your nursing colleagues from around the country?

4. Contribute to the development of a nationally recognized, quality certification examination in your specialty? Because CPAN and CAPA certified nurses write the CPAN and CAPA certification examinations.

5. Participate in a well respected, national organization which could serve as a stepping tone to other involvement at the national level?

6. Potentially travel to item writing/review meetings in exciting cities — expenses paid by ABPANC?

7. Participate in an exciting and fun educational opportunity? Learn how to write high quality, reliable and valid multiple-choice examination questions — a skill that is useful in many other settings.

8. Make a significant contribution to your specialty nursing profession?

9. Keep up to date on the most current, cutting edge information about perianesthesia nursing? Enhance your professional practice?

10. Showcase your commitment to foster excellence in perianesthesia nursing practice, ultimately promoting quality patient care?

As a CPAN and/or CAPA certified perianesthesia nurse, you have expertise to share and WE NEED YOU! Why not write questions for potential use on the CPAN and CAPA certification examinations? Come to the Item Writing/Review Workshop, being held on April 17, 2005 in conjunction with the 2005 ASPAN National Conference in Chicago, Illinois. Learn the fundamentals of writing multiple-choice questions. Attendance at this workshop serves as a stepping stone to service on the prestigious Item Writing/Review Committee of ABPANC. The best news is that there's no charge for this workshop and you will earn 6.2 contact hours in Direct Care! You may register for this workshop by calling ABPANC directly at (212) 367-4253 and speaking with Philip Godlewski.

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!

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!

The Recertification Application packet must be **postmarked** by April 30, 2005.

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.

ASPAN Candidate Slate

VICE PRESIDENT/PRESIDENT-ELECT

Pamela Windle
MS RN CNA CPAN CAPA

Linda Ziolkowski
MSN RN CPAN APRN BC

TREASURER

Lois Schick
MN MBA RN CPAN CAPA

DIRECTOR FOR RESEARCH

Myrna Mamaril
MS RN CPAN CAPA

DIRECTOR FOR EDUCATION

Pamela Dark
MSN RN CAPA

Kathy DeLeskey
MSN RN CPAN

REGIONAL DIRECTOR, REGION ONE

Phoebe Conklin
BS RN CPAN

Susan Fossum
BSN RN CPAN

REGIONAL DIRECTOR, REGION THREE

Martha Clark
MSN RN CPAN

Kim Kraft
BSN RN CPAN

REGIONAL DIRECTOR, REGION FIVE

Kathy Daley
MSN RN CCRN CPAN

Christine Price
MSN RN CPAN CAPA

2005-2006 Candidate Profiles: Your Input is Requested!

ASPAN's slate of candidates for the 2005-2006 year is impressive, and each candidate brings talent and skills to the role they are 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 their immediate and long-term goals and strategic priorities for ASPAN within the next two years.

Go to ASPAN's home page (www.aspan.org) and select the "Members" button on the top navigation bar. Click on "Candidate Profiles". There you will be able to read and/or download the *2005-2006 Candidate Profiles*

for 2005 Elections

NOMINATING COMMITTEE (FOUR POSITIONS)

Katrina Bickerstaff
BSN RN CPAN CAPA

Brenda Elliott
RN CPAN

Rhonda Jacks
BSN RN CPAN

Michelle Joynes
BSN RN CPAN

Rhodora Maligalig
MSN RN CPAN

Jeannie Mauser
BPS RN CPAN

Cathy Organ
BSN RN

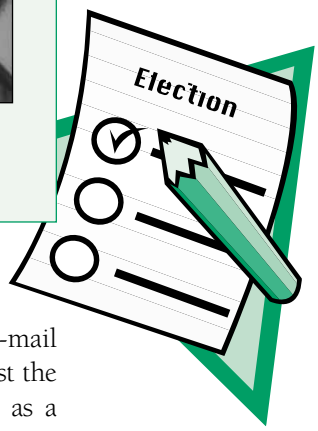
Nancy Phillips
RN CPAN

Twilla Shrout
BSN MBA RN CAPA

William Swarens
RN CPAN

Candace Taylor
RN CPAN

Linda Trowbridge
MSA BSN RN CPAN



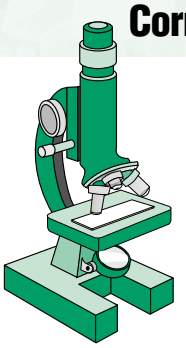
and submit feedback to your component.

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

- Review the *2005-2006 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 Chicago, Illinois.
- Only one candidate selection submission per member will be accepted.

If you are not able to view the 2005-2006 Candidate Profiles on the Web, you may e-mail 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 28, 2005.** Don't delay!



Bridging the Gap between Research and Practice: Promoting Evidence Based Practice

Jacqueline Ross, MSN, RN, CPAN

In the current environment of evidence based nursing practice it is important that perianesthesia nurses be able to use the best evidence available when they make clinical decisions. Research findings should inform perianesthesia nurses of the effectiveness of their interventions. ASPAN recently developed a conceptual model for evidence based practice at the organizational level. The overall goal is to bring evidence based practice into our daily practice. However, the challenge is bridging the current research to practice gap. How do we overcome these barriers?

There have been many research studies that have investigated the barriers to research utilization among nurses. One study[1] examined a small group of PACU nurses (n=20) to see what perceived barriers PACU nurses had in regards to research use. They found that the greatest barrier to the PACU nurses was within the domain of organization. These included the lack of doctor cooperation with the implementation of the research findings, the administration would not allow research implementation changes, and nurses did not feel they had enough authority to change patient care procedures. The domain that had the lowest barrier was that which related to the attributes of the nurse themselves, such as awareness and skills.

The PACU findings[1] mirrored the results of other research studies that examined barriers related to research utilization in nurses. The study examining PACU nurses [1] used the same tool used by two other studies[2,3] which also found that the domain of organization was listed as the top barrier. Management support has been cited as the greatest facilitator for research utilization.[3] It is important that management and other health care providers be supportive as evidence based standards and practices are developed. Education of management regarding their important contribution to promote evidence based care is critical for perianesthesia nurses.

Equally important is that all nurses be able to analyze and utilize the research presented. As research [1] has highlighted, if the professional expectation is that the nurse have research competency then there must be mechanisms in place to motivate and facilitate their needs. For those nurses who had little research methodology in their educational preparation, competencies should be developed that allow the nurses to become familiar with various designs and interpret findings. Findings have also underscored that nurses are interested in building these skills, but they are not certain how to begin the process. [1]

ASPAN must be in a position to assist with the process. The best place to begin fixing the gap is at the beginning. We must appreciate where the weaknesses (the barriers to research utilization) are within our specialty. Once these barriers are identified, then we can develop the tools, such as educational offerings, to mend and strengthen the gap. As perianesthesia nurses become empowered with knowledge of research, then evidence based practice will be promoted, leading to the continued advancement of perianesthesia nursing practice.

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3. Pahahoo, K. & McCaughan. (2001) Research Utilization among medical and surgical nurses: a comparison of their self reports and perceptions of barriers and facilitators. *Journal of Nursing Management* 9, 21-30.

Success In Health Policy Is Dependent Upon Our Communication Skills

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

When I attended NIWI (Nurse in Washington Internship) a few years ago, I learned that communication skills play a big part in political success. We influence through communication. Nurses today are participating in policy-making and political activities, and this means that their social skills and communication skills become very important.

Nurses are getting to know the elected officials that represent them at the local, state, and federal levels of government. We then regularly communicate with them and share our perspective and expertise on nursing and health care issues. When calling or writing (either by letter or email) a legislator, we must always remember to mention that we are Registered Nurses and that we vote and live in the legislator's district. Many of us become politically involved for the same reason that we became nurses: to make a difference in peoples' lives.

As registered nurses we offer our expertise to our legislators. However, we must know how to frame and convey our message. When describing nursing practice, we need to use strong affirmative language. Nurses also need to use the media to get the issue in the public's view.

Both the public and policymakers respect and trust nurses. As with everything else in life, sometimes it's not *what* you know, but *who* you know. Sometimes it may come down to one personal connection. For example, you may be a neighbor or friend of the secretary to the top administrator at your hospital. Because of this you may have access to this person over someone who is unknown. This is also why networking is so important.

Another strategy in influencing public policy is by being united or forming a coalition. A good example of this is ASPAN's involvement in ANSR (Americans for Nursing Shortage Relief). Through ANSR we have most recently signed onto a letter to show our united support for a nurse recruitment and retention bill. This letter describes the legislation itself and then explains the nursing shortage with specific statistical information. The letter ends conveying that the senator/senator's staff may contact any of the undersigned organizations for any questions about this or other nursing related matters. With this said, communication skills become very important.

Lastly, with the reelection of President Bush, a wide variety of health issues will be impacted. Nurses must position themselves to effectively speak to the issues. Some of the issues that will likely arise in the 109th Congress include: Medicare, Medical Malpractice, Prescription Drug Importation, Stem Cell Research, Coverage of the Uninsured, Medicaid Reform, Patient Safety, Health Information Technology, Telehealth, and FDA Regulation of Tobacco. Let's prepare ourselves to be able to "give a good talk."

ASPAN Foundation will be holding a Silent Auction at the ASPAN National Conference. If you would like to donate an item please contact Dennis Johnson at the ASPAN National Office.

Hours for the Silent Auction at the ASPAN National Conference:

- Sunday, April 17 11:00 AM - 2:00 PM and 5:00 PM - 6:00 PM
- Monday, April 18 7:30 AM - 8:30 AM and 12:00 PM - 2:00 PM
- Tuesday, April 19 11:30 AM - 2:00 PM and 5:30 PM - 6:30 PM
- Wednesday, April 20 7:00 AM - 8:00 AM, 11:00 AM - 12:00 PM, and 4:30 AM - 6:00 PM

What ASPAN Means To Me

Armi Holcomb, BSN, RN, CPAN- Membership/Marketing Committee Member

A- Amazing national leaders. I had a wonderful opportunity to meet them at the Leadership Institute in September. We have a Big Audacious Goal (BAG) to make ASPAN the premiere source for perianesthesia practice, education, research and standards, not just nationally, but internationally. Our amazing ASPAN leaders will forge the way and mentor new leaders to help us achieve this goal.

S- The ASPAN Standards. I remember as a neophyte recovery room nurse in 1981 that we did not have a resource or a manual to define our practice to assure that the quality of care was delivered to our clients. In 1984 ASPAN established these standards and we have just published the 2004 edition of the Standards, which serve as a guide for a realistic level of perianesthesia nursing practice.

P- Publications. ASPAN not only has the *Standards of Perianesthesia Nursing Practice,* it also has *Breathline* (free to members), *Journal of PeriAnesthesia Nursing* (JoPAN- also free with membership and published every other month), the *Redi-Ref, Research Primer,* and the *2004 PeriAnesthesia Nursing Core Curriculum Pain and Comfort Manual,* just to name a few of the publications ASPAN has to offer its members. As an ASPAN member, discounts for most publications are given as a benefit.

A- Action. Our President, Dina Krenzischek, has moved forward to put our vision for ASPAN into action. I recall during the 2000 National Conference in Kansas City when we were creating visions for the future -- and here we are in 2004 and our leaders have been realizing those visions. They know that for ASPAN to be the premiere organization for perianesthesia nursing, we must keep looking ahead, putting our vision into action. Myrna Mamaril, in her presentation at the Leadership Institute, encouraged everyone to be a "Leader in Action: Be the Best." All of us are leaders and she challenged us to become powerful ASPAN leaders striving for excellence, taking action, accomplishing goals, being a role model, and sharing one's expertise by mentoring those who follow behind us.

N- National Conferences. Once each year, ASPAN gathers its membership and puts on a great show. We not only have a venue to hear and talk to nationally-known speakers; we even get to renew our personal and professional friendships. The conference is such a wonderful resource to obtain continuing education hours, which are so important when we renew our nursing license or CPAN or CAPA certification.

I was reading an interview with a school superintendent in my local paper. He mentioned a book, *Good To Great: Why Some Companies Make The Leap And Others Don't.* The author, Jim Collins, talks about how some companies succeed beyond their expectations and others don't. He says that good is the enemy of great because if you are good, you become complacent. I don't think ASPAN or its leaders have been satisfied with being good. We continue our work in making ASPAN the greatest resource for perianesthesia nursing education, standards and research.

REFERENCES:

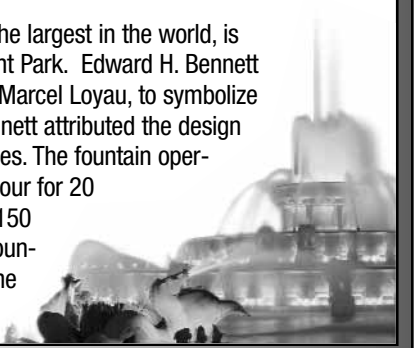
American Society of Perianesthesia Nurses. *Standards of Perianesthesia Nursing Practice* (2004).

Mamaril, M. *Leadership in Action: Be the Best!* ASPAN Leadership Institute, Las Vegas, Nevada, September 2004

Collins, Jim: *Good To Great: Why Some Companies Make The Leap… And Others Don't.* 2001 HarperCollins Publications, Inc.

Buckingham Memorial Fountain

This fountain is one of Chicago's most popular attractions. The fountain, one of the largest in the world, is located at Columbus Drive (301 East) and Congress Parkway (500 South) in Grant Park. Edward H. Bennett designed the fountain to represent Lake Michigan with four sea horses, built by Marcel Loyau, to symbolize the four states that touch the lake: Wisconsin, Illinois, Indiana and Michigan. Bennett attributed the design specifically to the influence of the Latona Basin in Louis XIV's gardens at Versailles. The fountain operates from April 1st to November 1st depending on weather. Every hour on the hour for 20 minutes, the fountain produces a major water display and the center jet shoots 150 feet into the air. Beginning at dusk, every hour on the hour for 20 minutes, the fountain's major water display is accompanied by a major light and music display. The final display of the evening begins at 10:00 p.m.



Chicago is "Your Kind of Town" for ASPAN's 24th National Conference

Marigrace Clarke, RN, CAPA-Member of the Illinois Society of PeriAnesthesia Nurses

Several years ago in Boston at the closing breakfast of ASPAN's 20th National Conference, the members of ILSPAN, the Illinois Society of PeriAnesthesia Nurses, were reflecting on the previous days. We told our stories and came up with a list of "Pearls and Pitfalls". This year the conference is in our backyard, Chicago. First of all, here are six reasons, using words from ASPAN President Dina Krenzischek, to attend the conference this year, and then some "Pearls and Pitfalls".

1 VISION—the views of Lake Michigan can be spectacular

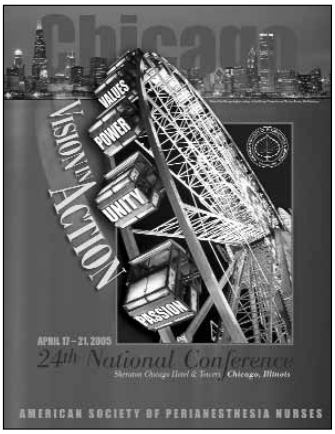
2 ACTION—there is always lots of action on Navy Pier

3 VALUES—great value shopping on the Michigan Avenue Miracle Mile

4 POWER—attend the Representative Assembly on Sunday and see the power of our organization

5 UNITY—networking with others can build unity in our practice

6 PASSION—experience the "passion" of perianesthesia nurses from across the country and the world



Now for some "Pearls and Pitfalls":

- Register early and make your hotel reservations, things tend to fill up quickly.
- Read your "PArtiCUlArS" (daily conference newsletter) to keep up to date on happenings. The first issue will come with your registration confirmation.
- Pick up your ribbons at registration---especially you "First Time Attendees".
- Introduce yourself first; don't wait for other to do so. Look at nametags. People love when you address them by name.
- Come early and stay late. Try to plan a vacation day or two in the "Windy City". You deserve it.
- Be sure to attend Component Night; it is great place to meet others. Bring some dollars for the great raffles and other "goodies".
- Bring business cards to exchange. Use return address labels. This is easier than writing your name over and over.
- Bring an extra luggage tag for your conference bag. Everyone gets the same bag, so "tag" yours.
- Watch the bulletin board for information from your component.
- Use your highlighter to highlight your pocket planner to make it easier to find the session rooms.
- Try to attend activities, such as the Foundation Walk, President's Reception and Satellite Symposia. You'll be glad you did.
- Bring tags or Post-it® notes to mark your sessions in your syllabus so your objectives, outlines and notes are easy to find.
- Keep on top of your evaluations.
- **MOST OF ALL:** Take care and enjoy yourself. Pamper yourself during this time away from your daily routine.

ASPAN congratulates Dr. Cecil Drain on his award, the Texas A&M University College of Education and Human Development's 2004 Outstanding Alumni Award. Dr. Drain is currently the Dean of the VCU School of Allied Health Professions and has recently released the fourth edition of *Perianesthesia Nursing: A Critical Care Approach.* He has presented numerous lectures nationwide and has authored three books and over 60 articles in professional journals. Dr. Drain currently serves on four editorial boards and two foundations. He also has received alumni achievement awards at the University of Arizona and Yankton College.

Book Review

PERIANESTHESIA NURSING- A Critical Care Approach (4th Edition)

Book Review by Annette S. Williams, BSN, RN,CPAN

Author:
Cecil B. Drain, RN, PhD, FAAN
Publisher:
Elsevier Health Sciences

There is nothing like a project to make one aware of the wealth of resource information available to us in our field of perianesthesia nursing. I had the privilege of reviewing the newest edition of ASPAN's "Redi-Ref" in preparation for publication. As I read through the old edition, as well as the new copy material in its entirety, the first thing I discovered was the valuable information contained in that compact book. As I looked over the "copy", I began cross-referencing to ensure accuracy.

Among the texts used was Dr. Drain's newest publication for perianesthesia nurses. One thing led to another, so to speak. As I looked up material I discovered other points of interest. I found the book to be a wealth of information.

One of the first things one notices is the list of "Contributors". As you open the book you will see many ASPAN and AORN colleagues that are well-known to you. Their expertise brings credence to the subject matter.

The book is divided into five sections. The titles are "The Post Anesthesia Care Unit", "Physiological Considerations in the PACU", "Concepts in Anesthetic Agents", "Nursing Care in the PACU", and "Special Considerations".

Chapters in the respective sections often open with lists of pertinent definitions and close with extensive bibliographies for additional reference. Photos, where relevant, help to identify equipment and set-ups. Anatomical drawings are prevalent. Charts, graphs, and scientific formulas enhance and reinforce the text. For some, this may be too scientific and not serve a purpose in the work setting.

Drain and contributing authors encompass the full spectrum of perianesthesia nursing starting with setting up a PACU, including management and policies as well as ethics of health care. Physiology of body systems is explained in depth. Care of most surgical specialties is addressed. What would a perianesthesia text be without a section on anesthesia? In this section anesthesia techniques are broken down into the various categories. Each is well explained. A representation of agents in each category is identified. Of course, it would be impossible to have a current list of all agents available due to constantly changing and additions of new medicines. The final section wraps things up with such subjects as bio-terrorism, treatment of the trauma patient, and care of age specific patients.

This book is well designed and well written, containing very informative and helpful material. It would be a definite asset on your unit as well as your personal library. As an adjunct to other reference materials it can assist in enhancing your professional knowledge and skills.

ASPAN congratulates Denise O'Brien, MSN, APRN, BC, CPAN, CAPA, FAAN

on her selection as a fellow in the American Academy of Nursing. The vision of the American Academy of Nursing is to 'elect and sustain a distinguished, diverse, and active membership who will partner with other professional and consumer groups to anticipate and address national and international health knowledge and policy issues.' The three major criteria for inclusion are: Membership in good standing with a state's nurses' association that holds membership in the American Nurses Association; Evidence of outstanding contributions to nursing and health care over and above what is required in one's position; Evidence of potential to continue contributions to nursing and to the American Academy of Nursing. Denise is an active member of ASPAN, including past service as ASPAN President (1994-1995) and work groups. Denise is the fourth ASPAN member to receive fellowship into the American Academy of Nursing. Congratulations to Denise O'Brien, and ASPAN thanks you for all of your contributions to ASPAN and the nursing profession!

GRAB YOUR SHADES AND GET READY TO PARTY...

Kim Kraft, BSN, RN, CPAN-Member, National Conference Strategic Work Team

Join your colleagues Sunday evening, April 17th, as we kick off ASPAN's 24th National Conference in the Windy City of 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! You'll have an opportunity to spend your money and take a chance on many raffle prizes as you visit the component booths. Be sure to bring a lot of dollar bills and mailing labels because you're going to want to hit every booth! Winners from component raffles will be posted at 9:00 p.m. in the ballroom and will also be posted in the registration area on Monday. There'll even be a Blues Brothers trivia contest as well as drawings for great prizes. Renew old friendships and meet new friends while enjoying the diversity of blues and jazz music for an evening of dancing and partying. The festivities begin at 6:30 p.m., so put on your dancin' shoes and join us for fun, Chicago-style food, festivities and perhaps a few surprises.

Geriatric Corner
continued from page 3

NCA aims ultimately to reach approximately 60 specialty nursing organizations, and has already funded participating organizations to enhance their work in the area of care for older adults. Those groups that are currently involved in NCA are:

Academy of Medical-Surgical Nurses (AMSN)
American Academy of Ambulatory Care Nurses (AAACN)
American Association of Critical-Care Nurses (AACN)
American Association of Neuroscience Nurses (AANN)
American Association of Spinal Cord Injury Nurses (AASCIN)
American Heart Association (AHA) Council on Cardiovascular Nursing (CVN)
American Holistic Nurses Association (AHNA)
American Nephrology Nurses Association (ANNA)
American Organization of Nurse Executives (AONE)
American Psychiatric Nurses Association (APNA)
American Society of Ophthalmic Registered Nurses (ASORN)
American Society of PeriAnesthesia Nurses (ASPAN)
American Thoracic Society (ATS) Nursing Assembly
Association of Nurses in AIDS Care (ANAC)
Dermatology Nurses' Association (DNA)
Emergency Nurses Association (ENA)
Home Healthcare Nurses Association (HHNA)
Hospice and Palliative Nurses Association (HPNA)
Infusion Nurses Society (INS)
National Association of Clinical Nurse Specialists (NACNS)
National Black Nurses Association (NBNA)
National Nursing Staff Development Organization (NNSDO)
National Organization of Nurse Practitioner Faculties (NONPF)
Oncology Nursing Society (ONS)
Preventive Cardiovascular Nurses Association (PCNA)
Society for Vascular Nursing (SVN)
Nurse Competence in Aging Resource Organizations:
National Conference of Gerontological Nurse Practitioners (NCGNP)
National Gerontological Nurse Association (NGNA)

Nurse Competence in Aging is a five-year initiative funded by The Atlantic Philanthropies (USA) Inc., awarded to the American Nurses Association (ANA) through the American Nurses Foundation (ANF), and represents a strategic alliance among ANA, the American Nurses Credentialing Center (ANCC) and The John A. Hartford Foundation Institute for Geriatric Nursing in the Division of Nursing of New York University's Steinhardt School of Education. Nurse Competence in Aging works with specialty nursing associations to bring geriatric knowledge to their membership and enhance members' competence in aging.

Educational Offerings

February 26, 2005 Peri-Anesthesia Nurses Association of California (PANAC) will hold its annual winter seminar at the Santa Clara Hilton Hotel, Santa Clara, CA. For details, go to www.panac.org or call 1-866-321-3582 (toll-free in CA).

May 14-15, 2005 Northwest Perianesthesia Nurses Association (NPANA) Spring 2005 conference at Red Lion Inn at the Park in Spokane, WA. Deborah Seaver, RN,CPAN, is the seminar chairperson and can be contacted at dseaver@cet.com. More info will be posted on the NPANA website at www.npana.org as it becomes available.

2005 Winter/Spring Seminars

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

Aging: Everyone is Doing It
February 26, 2005 • *Kansas City, KS*

Pediatrics: Little Bodies, Big Differences
February 12, 2005 • *Tarrytown, NY*
June 11, 2005 • *St. Louis, MO*

Perianesthesia Care: Beyond the Basics
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
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*

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