



Newsletter of the American Society  
of PeriAnesthesia Nurses

# Breathline

Volume 25, Number 3

May/June 2005

## Diversity Becoming Reality

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"If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities and so weave a less arbitrary social fabric - one in which each diverse human gift will find a fitting place."<sup>1</sup> These words of Margaret Mead accurately define the heart and soul of nursing and ASPAN. They will guide the ASPAN Board of Directors in all strategies and decisions relevant to our organization in the coming year. They will serve as a reference point for all plans and projects initiated by the mind and body of our membership. They will, ultimately, enable us to reach out and touch the world around us.

As we move forward during this special year marking our twenty-fifth anniversary, there will be ample opportunities to reflect on past accomplishments that resulted in our rich legacy; one that we intend to continue into our envisioned future, a future that will be safe, secure, and inviting; one that will stress inclusion rather than exclusion; one that will strive for acceptance instead of rejection, and one that is marked with pride, passion, honesty, respect, and diversity. Our words and actions will be focused on advancing the unique specialty of perianesthesia nursing while reaching our goal of making diversity a reality.



**Meg Beturne**  
**MSN, RN, CPAN, CAPA**  
**ASPAN President 2005-2006**

Diversity can become a reality in the coming year in all areas of our involvement, influence, and practice. I believe that our image, reputation, and identity of excellence can become that of eminent influence if we think, speak, plan, and act in different, creative ways. I have charged my Diversity Strategic Work team with many initiatives to explore and new ways of thinking to embrace. I have empowered them to think outside the box and utilize risk-taking and critical thinking skills. Most of all, I have told them to dream the impossible dream and share their vision of how to make diversity a reality for all of us.

Based on their input, the recruitment of members will be extensive and will tap diverse sources. Geographic borders will be crossed and an inviting hand will be extended equally to all. We will grow stronger in numbers and reputation as we begin to appreciate and celebrate the differences that exist among us.

Retention will naturally result as our members feel united in one voice to advocate for a common goal of patient safety and quality care. Our joint ventures with ABPANC will enable us to be successful in recruitment, as well as with certification.

ASPAN will visit diverse practice settings and discover avenues for partnering and mentorship, which will add to our image and credibility. The needs and satisfaction of all members will be kept uppermost in mind when planning and implementing uniquely diverse educational offerings. Communication links between the grassroots members will be improved with the addition of a fifth Regional Director. Modern technology will aid in the communication effort and raise the ceiling of opportunity for enhanced growth and development in education, clinical practice, and research. Diverse areas of research and different clinical practice links will increase our visibility and extend our influence into the greater health care community.

Publications will take on a vital role in moving the diversity project forward. Guest authors, case studies, book reviews, and nurses' stories will have the thread of diversity running through them. Cultural competence will be visible in the written word and will be clearly articulated to our stakeholders.

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**ASPAN National  
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# President's Message

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ASPAN's political impact is only limited by space, time, membership interest, and participation. What is now necessary is for the space around the table to be shared by diverse organizations that include ASPAN. Our timing with collaborations, joint projects, and alliances will improve as we rise to the challenge and 'walk the talk' of true advocates.

Diversity will become reality with the help of our national office staff. They are a group of individuals who believe in ASPAN. They touch our world of practice, influence, and membership with their expert advice and resources. They believe in the individual worth of our members and will strengthen our efforts to be the premiere organization for perianesthesia nurses.

It is with great honor and privilege that I serve as your President during this milestone year. I ask that you give of your time and talent in whatever way you can. I urge you to counteract the apathy, mediocrity, and insensitivity that surround your practice. I challenge you to keep your mind

**It is never too early to consider nominating a peer for an ASPAN Award. Look for more information in coming issues of *Breathline* or on the ASPAN website.**

**Deadline for submissions is November 30, 2005.**

open to creativity, diversity, and change! Finally, I encourage you to remember the wisdom that exists in the following words by past President Jimmy Carter: "We became not a melting pot, but a beautiful mosaic with different people, different beliefs, different yearnings, different hopes, different dreams!"<sup>1</sup> Together as caring, committed perianesthesia nurses, let us reach out and touch our world so that diversity can and will become a reality in all areas of our existence! 🌿

## REFERENCES

1. *The Princeton Language Institute: 21st Century Dictionary of Quotations*. New York, The Philip Lief Group, Inc, 1992.

## Are you ready to become part of ASPAN's diversity?

Are you ready to become part of ASPAN's diversity? Consider volunteering for an ASPAN Committee. Look for more information in coming issues of *Breathline* or on the ASPAN website. Your input is vital for the organization to continue to grow and expand.

## Breathline

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## ASPAN Breathline

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Deadlines for inclusion in *Breathline*:

Issue	Deadline
January	November 1
March	January 1
May	March 1
July	May 1
September	July 1
November	September 1

# A REALIZED “VISION IN ACTION”

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

## Governmental Affairs

Wow! I cannot believe that this is the final governmental affairs/policy related article that I am writing as your Governmental Affairs Committee (GAC) Chair. I have been very fortunate and honored to have served in this position for the last four years. I want to publicly thank all of the GAC members who have volunteered and served these last four years. They are a dedicated, committed, and hard-working group. The success and goals that this committee have achieved is a direct result of their involvement and work. I personally have learned an incredible amount of information and have been honored to be able to represent ASPAN and become involved with a few political related groups.

One of the above mentioned groups is the ANSR (Americans for Nursing Shortage Relief) Alliance. ASPAN became involved and signed onto the Consensus Document in 2001. ASPAN is one of about 50 nursing organizations that collectively represent nearly all of the nation's 2.7 million nurses. ANSR's goal is to work with the Congress to implement a comprehensive set of initiatives to increase the nursing workforce and enhance the flexibility allowed in nursing education and clinical practice.

I end my position as chair of ASPAN's GAC by representing ASPAN at an ANSR Congressional Reception in Washington, D.C. on March 1st. ANSR gave this reception to welcome new and returning members of Congress, both from the U.S. Senate and the U.S. House of Representatives. I personally sent letters to my Senators and Representative remind-

ing them of their invitations to attend and to let them know that I would be there representing ASPAN. I feel strongly that our members of Congress need to hear from us (nurses in general), so that they are made aware of the current “nursing” or “public health” issues, what our position is, and, most importantly, that we are here for them as valuable resources. (I volunteered last year on one of my state's Senator's election campaign and was delighted when that Senator won!)

During this reception, U.S. Senator Barbara Mikulski (D-MD) and U.S. Senator Susan Collins (R-ME) received the first-ever ANSR Public Service Award for their successful efforts to increase funding for nursing programs necessary to reverse the nursing shortage. Senators Mikulski and Collins have been the driving force behind significant increases in Title VIII Nursing Workforce Development Programs. Funding for Title VIII increased from \$93 million in FY2003 to \$151 million in FY2005, thanks to their efforts. These programs provide funds for nursing education and other programs crucial to stemming the nursing shortage.

Numerous nursing organizations attended this reception and I took advantage of this networking opportunity. I was finally able to meet in person, Kathi Ream, one of the ANSR leaders. I have been in contact with her over these years only by email or conference calls. It was great to put a face with her name. One RN that I met represented the Red Cross Nurses. I found out that she had once lived in my home state, but had been in the D.C. area now for several years. I could not believe

that she had never heard of NIWI (Nurse in Washington Internship), so I explained to her what it was and that ASPAN now even has a NIWI Scholarship available every year. She plans to investigate and attend in the future. I also met a gentleman from the NIH (National Institutes of Health). He said that a nurse friend had invited him to the reception, but she never showed up. He asked about our organizations and the purpose for the reception, and I shared the nursing shortage issues with him.

During our conversation we also talked about a research grant proposal that I was involved with at my medical center. I told him that we had requested a grant this year on VRT (Voice Recognition Technology) and nursing computerized documentation. I know that ASPAN is also expanding our involvement in the computer world, so I wanted to get a feel for what folks at the NIH are seeing. As I often say, it is sometimes not what you know, but who you know. This is so true especially in politics. Therefore, as you can all see, my “vision in action” of ASPAN becoming a player in public policy and being invited to sit at more political tables is actually becoming a reality. As Joel A. Barker stated, “Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world.” With Dina Krenzischek's leadership and her “vision in action” this year, I am proud to end my service for ASPAN on this committee with such beliefs. 🌱



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## Fatal Error

Matthew Byrne, BSN, RN

In 2003 the Minnesota Legislature passed the Adverse Health Events Reporting Law, marking a pioneering leap for patient safety and consumer choice. Minnesota is the first state to pass such legislation and on January 19th, marked the release of its first report on statewide medical errors that occurred between July 1, 2003 and October 6, 2004. The report is intended to help educate the public on the performance of hospitals and surgical centers, as well as to help hospitals state and nationwide to problem-solve critical and potentially lethal errors that have occurred.

The Institute of Medicine's (IOM) groundbreaking report, "To Err is Human," in 1999 acted as the main catalyst for legislation that occurred in 2003, while Minnesota's recent First Annual Report marks the fruition of the drive to inform patients while working to learn from the medical mistakes of others. Cooperation between the Minnesota Department of Health, the Minnesota Hospital Association, Minnesota Medical Association, Minnesota Nurses Association, Minnesota Alliance for Patient Safety, pharmacists, and a wide array of health care providers and advocacy groups has made the reporting system possible.

At the heart of the system is a set of 27 reportable events, developed from a consensus report from the National Quality Forum, that are divided into six sections: Surgical Events, Product or Device Events, Patient Protection Events, Care Management Events, Environment Events, and Criminal Events. The list includes preventable events that should never

happen in a medical setting and that must be reported under the new legislation. Hospitals are required to report such events within 15 days of the discovery of their occurrence.

The first annual public report disclosed that 99 events were entered into the web-based system. Of the events reported 52 were surgical, 4 were product or device related, 2 involved patient protection, 31 fell under care management, 9 were environmental, and 1 was criminal in nature. In reviewing all of the events, 4 lead to serious disability, 20 lead to death and in 75 of the cases neither death or serious disability occurred. Although all of the events can occur in the hospital setting, a select few could be directly related to the care provided by a perianesthesia nurse including wrong site surgery, wrong surgery on the wrong patient, retained foreign objects after surgery, death during or right after surgery of a healthy patient with no underlying health problems, and death or disability related to a medication, blood or hypoglycemia management error.

The reporting system relies on the Minnesota Department of

Health's work to find the root cause of the error and to develop a corrective plan of action to help prevent future occurrences. Other groups, such as the Minnesota Hospital Association, Safest in America and the Minnesota Alliance for Patient Safety, are taking further steps to research best practices and to further improve patient care and safety. The reporting system provides that the reports, analyses of the event and action plans are not items that can be used in court, in hopes of encouraging compliance.

The collaborative efforts in Minnesota to improve patient safety and the legislative backing behind it can be an exemplary model for the rest of the nation. Reports such as the IOM's study and Minnesota's First Annual Public Report on adverse events can be used not as a punitive public showing, but as a powerful teaching tool and consumer knowledge base. It is in everyone's interest to reduce preventable deaths and serious disability to zero. Minnesota's bold step towards this goal stands as a promising look into the future of a better and safer health care environment. 🌱

**To view the First Annual Public Report which includes the list of 27 reportable events and a breakdown of errors by hospital:**  
<http://www.health.state.mn.us/patientsafety/aereport0105.pdf>

**To view the legislation related to the Adverse Health Events Reporting Law:**

**2003 Original Legislation:**  
<http://www.revisor.leg.state.mn.us/slaws/2003/c099.html>

**2004 Updates to the Legislation:**  
<http://www.revisor.leg.state.mn.us/slaws/2004/c186.html>

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## Choosing to be Certified May Increase Earning Potential

In surveys conducted over the years by ABPANC addressing the question of why perianesthesia nurses **do not seek** CPAN and/or CAPA certification, one of the reasons commonly cited is that employers do not recognize or reward such certification. On the flip side, ABPANC has found that perianesthesia nurses **seek** certification because of the more intrinsic rewards, such as personal and professional pride associated with such an achievement. In other words, perianesthesia nurses do not typically seek certification because of a monetary benefit.

However, in its annual salary survey, *Nursing 2004* (Robinson, 2004) reports that being certified does increase one's income! The following data was noted in the 2004 survey:

- 50% of respondents reported that they received conference and travel benefits versus 38% in 2003.
- 29% reported they received reimbursement for certification fees as compared to 23% in 2003.

Of great significance is the fact that those with certification had an average full-time annual income that was almost \$10,000 higher than those who were not certified!

### REFERENCE

Robinson, E & Mee, C. *Nursing 2004 Salary Survey*, Nursing, October 2004. Retrieved March 10, 2005, from [http://www.findarticles.com/p/articles/mi\\_qa3689/is\\_200410/ai\\_n9431354](http://www.findarticles.com/p/articles/mi_qa3689/is_200410/ai_n9431354).

## Need CPAN and/or CAPA Practice Exams?

Call 800.6ABPANC to order or visit our website at [www.cpancapa.org](http://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.

## Examination Fees to Increase

Effective with those registering for the November 5, 2005 CPAN and CAPA examinations, the examination fees will be increased by \$25.00. The total payment for ASPAN members will be \$260.00; Non-ASPAN member \$360.00.

## ABPANC Begins Piloting of New Examination Items

Beginning with the April 2005 CPAN and CAPA examinations, ABPANC will begin piloting new examination questions. Each examination will consist of 165 questions. In addition to the 150 questions which are scored, there

are 15 questions which are being piloted and these will not count towards the candidate's final score. These 15 piloted questions are randomly distributed throughout the exam and will not be specifically identified.

## New Postmark Deadlines for Recertification Applications

Beginning with those due to renew CPAN/CAPA certification status in November 2005, the postmark deadline of application materials has been changed to November 1st rather than November 30th. Those due to renew in April 2006, must postmark their applications no later than April 1st, 2006 rather than April 30th. All subsequent applications must be postmarked either November 1st or April 1st, depending on one's certification period.

CPAN and CAPA certified nurses must renew their certification status every three years. Certification status expires on November 1st or April 1st, depending on one's certification period. However, a CPAN and/or

CAPA certified nurse is considered certified until notified by ABPANC, and as long as a recertification application is postmarked by the deadline. Due to the volume of applications received, particularly for the November cycle, and coupled with the holiday period, the postmark deadlines were changed to enhance the turnaround time for processing applications at the ABPANC office. Currently if applications for recertification are postmarked at or near the deadline, application processing will take 10 weeks. To avoid the possible disruption in any monetary reward granted by one's employer, do not submit recertification applications near the deadline date! Applications are processed in date order received.

## Recertifying in November?

Recertification application materials due **postmarked** November 1st, 2005.

**Register for exams given November 5, 2005**

## Dates to Remember

- Special test site request postmark deadline – **8/22/05**
- Initial application postmark deadline – **9/5/05**
- Late application deadline (must submit a \$50 late fee) – **9/12/05**
- Test site transfer request postmark deadline – **10/3/05**

## 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](http://www.cpancapa.org) or call 800.6ABPANC to find out how to set up a special site. **As special test sites are added, they are posted on the ABPANC website.** If you have already submitted an application to sit at a different test site, you may request a change to another closer to you, provided such a request is received by the published deadline.

## News Flash!


The *CPAN and CAPA Candidate Handbook and Application* is available on line! Visit [www.cpancapa.org](http://www.cpancapa.org) to download some or all of the sections you need now! Hard copies are also available by contacting ABPANC. You will still need to obtain the scannable application form from Professional Examination Service.

## Breathline

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## **Risk/Benefit Ratio or Knowing When to 'Pull the Plug'**

Ellen L. Poole, DNSc(c), RN, CCRN, CPAN



The Institutional Review Board (IRB) process and informed consent are a vital part of the research process. As with surgical consents, the informed consent in research tells the participant the details of the research: the purpose, who can and cannot participate, the potential risks and benefits of the research, and the actual protocol or steps in the research, to name a few.

An important step in the research process is the calculation of the risk/benefit ratio. The researcher carefully considered what are the risks to the individual balanced against the benefits to the individual and/or society? The benefits should outweigh the risks or at least the risks should be minimal or reasonable. Polit and Beck<sup>1</sup> suggest considering are these risks you would consider allowing your family member to take. Stating these risks and benefits in advance not only informs the participant of the "what ifs", but also assures the participant that the researcher will be monitoring the research process for any potential adverse effects.

In the planning stages of the research, the researcher establishes the risks and benefits along with steps to minimize risks. For instance, if filling out forms regarding feelings may produce some anxiety (a minimal risk), the researcher states the participant can stop. The benefit may be to learn more about the feelings prior to surgery and enabling nurses to develop strategies to decrease anxiety. In medical or drug trials, the risks may include not receiving the experimental

drug with anticipated benefits or receiving the experimental drug, but having problems with nausea and vomiting or low white counts. Benefits include none to the individual to receiving the anticipated benefits of the new drug. The researcher would also state what procedures would be followed should there be any adverse effects, such as who to call, or referrals for follow up treatments.

The researcher presents the risks/benefits in the research protocol and the informed consent. The IRB committee reviews the stated risks/benefits prior to approving the research protocol.

Once the research study is in progress, it becomes the responsibility of the researcher to carefully monitor participants for potential risks and adverse reactions. The duty is to protect the participants. With adverse reactions, resulting in hospitalization or treatment outside of the planned protocol, the researcher is also obligated to report this in a timely manner to the IRB committee monitoring research in the facility. It is at this point the researcher also considers whether or not the research can continue. The risks to participants may outweigh the benefits to society, and the research needs to be stopped.

Two recent examples of research discontinued are the national women's hormone replacement research<sup>2</sup> and an asthma study at the Johns Hopkins Medical Center<sup>3</sup>. Both studies generated major media attention. Within the Johns Hopkins study, the researcher used medication to induce asthma in healthy adults

to provide information regarding treatment of asthma. Unfortunately, a healthy participant developed a severe respiratory difficulty resulting in ventilator assistance. While this person was in the intensive care unit, another patient started the protocol and developed respiratory problems. The first person died, not a stated risk and definitely an adverse reaction. The research was temporarily stopped to review the protocol and procedures with the ultimate decision to discontinue the study altogether.

The women's hormone replacement study was part of a 15-year longitudinal study observing the health of postmenopausal women. It was theorized that hormone replacement for menopausal women was cardio-protective and had minimal risks for breast cancer. In 2002, research results indicated women on hormone replacement of estrogen and progesterone had an increased incidence of heart attacks and breast cancer. The decision was made to discontinue this portion of the study, and women were asked if they could be studied to watch the effects of suddenly stopping hormone replacement. Later results indicate postmenopausal women on a combination of estrogen and progesterone are at increased risk for strokes, breast cancer, heart attacks, blood clots, with decreased risk for colorectal cancer and hip fractures and no protection for dementia.

The determination to discontinue a research study, an ethical decision, is a shared responsibility between the researcher and the Institutional Review Board. It is the

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# The Hartford Geriatric Nursing Initiative

Myrna Mamaril, MS, RN, APRN, CPAN, CAPA

The John A. Hartford Foundation, Institute for Geriatric Nursing, is committed to advancing geriatric nursing. Most recently the John A. Hartford Foundation has partnered with the American Nurses Association to advance geriatric specialty care. Everyone associated with this prestigious organization truly exemplifies their mission and values. In 1995, this organization launched the Hartford Geriatric Nursing Institute to confront patient care issues in older adults. This organization is composed of a "dynamic collaboration" of John A. Hartford Foundation Institute of Nursing at New York University, The American Academy of Nursing and the American Association of Colleges.<sup>1</sup> Their goals are to:

- 1) Enhance professional education to ensure that nurses are prepared to treat older adults
- 2) Promote research to improve the health of the elderly
- 3) Develop future leaders in academic and clinical settings and

- 4) Continue to demonstrate commitment by legislating health policy.

The dedicated Hartford Institute staff has helped the specialty nursing organizations, including the American Society of Peri-Anesthesia Nurses (ASPAN) to promote geriatric care through the Nurse Competence in Aging Grants. Our Geriatric Specialty Practice Group (SPG) has linked our members to Gero-nursing online, a website that provides diverse geriatric nursing expert resources. Their mission is to promote state-of-the-art care for the older adult. They are the voice for encouraging better academic education. Foremost, they support and encourage all specialty nursing organizations in clinical practice, always advocating for safe, quality patient care.

As ASPAN's Nurse Competence in Aging Grant concludes, our organization is more committed to advancing perianesthesia care to our older adults. ASPAN was awarded a one year web

fellow grant that will promote geriatric care for our unique specialty on ASPAN's Website. There will be links to Gero-nursing online and other relevant resources. Our ASPAN members, Terri Gray, MEd, BSN, CPAN and Linda Wilson, PhD, RN, CPAN, CAPA, BC are actively involved in designing our Geriatric Center on ASPAN's Website. I challenge you to go to our site and use these links in your practice setting! 🌐

## REFERENCES

1. The John A. Hartford Foundation Institute for Geriatric Nursing. Building academic geriatric nursing. [www.hgni.org](http://www.hgni.org)

**Watch for all of the  
2005 ASPAN  
National Conference  
information in the  
July/August 2005  
issue of Breathline.  
Visit the APSAN  
website and view  
some of the photos  
from the conference.**



*Research Corner  
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researcher who has prime responsibility for monitoring and discontinuing a specific study if necessary. However, the IRB committee may assist the researcher in reaching a decision in cases where the risk clearly outweighs the benefits.

Fortunately, most nursing research does not pose such risks to the individual. However, the vigilant researcher considers the potential risks and carefully monitors subjects throughout the protocol. 🌐

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2. Women's Health Initiative. Available at: <http://www.nhlbi.nih.gov/whi/> . Accessed March 2005
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**Breathline**

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# ASPAN's Constellation of Stars

*Maureen Iacono, BSN, RN, CPAN-Coordinator, Membership Recovery Strategic Work Team*

Nurses make a difference every day in the lives of patients and families. Dedicated perianesthesia nurses also contribute in countless ways to the success of ASPAN. Their commitment and service excellence are valued. The story of nursing and the enthusiasm and expertise of our specialty nurses shares an impressive message.

The ASPAN nurses who were recently designated as ASPAN stars were recognized during ASPAN's 24th National Conference in Chicago, April 2005. A poster display highlighted their names on large individual stars for attendees to see at the ASPAN Registration area. Selected comments submitted about the difference these nurses make in the lives of patients, their families, and ASPAN are highlighted in this tribute.

How are they named? Someone saw or experienced the contributions of another ASPAN nurse that ought to be shared with the rest of us! Forms for Star Recognition can be found on the ASPAN website, [www.aspan.org](http://www.aspan.org). The contributions of ASPAN stars met one of the following criteria:

- Make a significant, positive impact on ASPAN colleagues through collaboration, esprit de corps, on a project
- Make a significant contribution to the current work of ASPAN
- Make a positive impact on service excellence in the promotion of ASPAN in the community and/or in the workplace

## Component Recognition:

**Judy Purser, NevPANA**, for her willingness to step forward and take on the revitalization of the Nevada component, and provide leadership to the members of the NevPANA Board.

**Carol Silsby, MESPAN**, who has served their Board of Directors for five years as the newsletter editor. She prepares top-notch perianesthesia conferences, and is a wonderful mentor for nurses on the Board and those in her workplace. She presents classes related to critical care and perianesthesia nursing.

**Cathy Greulich, KSPAN**, has served in many roles on the component BOD. Her most outstanding feature is her attitude and encouragement for new members to get involved. She is wonderful at hooking us all to be active and energized.

**Linda Trowbridge, PANANM**; under her leadership and guidance, PANANM has increased their membership, mentored new leaders who have stepped forward to take on new responsibilities, developed a strategic plan, and provided scholarships to members.

**Marcia Kirkland, TSPAN**, who served well for many years as the component newsletter editor.

**Natalie Streeter, PANAC**, who won the component 'Recruiter of the Year Award' in 2004 for encouraging eight nurses to join PANAC/ASPAN.

**Joyce Peek, NCAPAN**, for earning the component Presidents' Award for 2004.

**Twilla Shrout, MO-KAN PANA**, is an ASPAN star. Her positive, respectful encouragement of perianesthesia nurses in her region has encouraged reactivation of Districts in both states. Her contributions continue on the component and national levels.

**Debbie Marshall, NCAPAN**, for being named "Nurse of the Year" by the North Carolina component.

**Susan Carter, PANAC**, for outstanding service to PANAC, was awarded the 'Service Achievement / Recognition Award' from her component. She has also worked tirelessly on the ASPAN Board of Directors and in numerous key committee appointments on the national level.

**Sue Caciabauda, NevPANA**, for her leadership in organizing a certification study group for the NevPANA members and securing a test site for the certification exam.

**Donna Jackson, TSPAN**, for fulfilling the role of component secretary for several years running.

**Roma Schewinefus, RMPANA**, is Bylaws chair on the component level; she is a retired nurse who goes above and beyond in her involvement for the component.

**Marcia Cory, PANAC**; her leadership, guidance and dedication were invaluable as she assisted PANAC transition the duties and functions of the Board and Districts. She also won PANAC's Presidents' Award in 2004.

**Cathy Casey, PAPAN**, for diligence in many areas; the ASPAN Foundation Walk in Philadelphia, starting her elected component office of President before the actual 'start date', and creating a PAPAN website; she is tireless and pays attention to detail.

**Yvonne Quick, VSPAN**, who consistently arranges BOD meetings and educational presentations for perianesthesia nurses. Despite her full time nursing job, she spends considerable time caring for very ill, elderly parents. She generates funds to assist perianesthesia nurses to attend national conference.



**Karen Machado, PANAC**, whose commitment and dedication to PANAC are shown in numerous ways, specifically in her computer technology and design skills.

**Judi Bliss, NYSPAN**, won the component award for 'Excellence in Clinical Practice' in 2004. She has been a perianesthesia nurse in PACU for 37 years, and continues to teach and mentor young, new nurses, and older seasoned nurses in perianesthesia nursing.

**Sue McDonald, TAPAN**, was the 'Recruiter of the Year' for her component in 2004, bringing in 10 new members to TAPAN/ASPAN. She was awarded the TAPAN Presidents Award in 2004 as well, and served as co-chair for a very successful educational component conference. She serves on the component and national level.

**Annie McHenry, TAPAN**, shared the Presidents Award from TAPAN with Sue McDonald. She co-chaired the annual component conference as well, and together with Sue, offered leadership and exemplary work in developing an outstanding state conference.

**Nancy O'Malley, RMPANA**, who is always there to assist the component when needed; organizing a new district, sharing expertise in education and practice issues.

**Evelyn Hostetler, PANAC**, received an award at the annual component meeting. The "Mary Ruszovan Award for Clinical Excellence" was given to her in 2004.

**Linda Marks, RMPANA**, as chair of the component educational committee, coordinates a

seminar in the mountains every September. She has played a vital role in maintaining a healthy fiscal status for her component.

**Corinne Flores, PANANM**, is honored by her component for dedicated work during the ASPAN National Conference, and for cheerleading on the local level for perianesthesia nursing.

**Fran Osborn, TAPAN**, was given the 'Distinguished Service Award' to honor longstanding service to the component. It was created in celebration of the 25th anniversary of TAPAN. Fran Osborn has worked very hard to make TAPAN a strong organization. Without realizing it, Fran serves as a role model to many in her component. Her passion for perianesthesia nursing is evident to all who know her. She served in many roles for her component, including President 1995-1996.

**Marla Arvin, and Leslie Barber, NEVPANA**, were presented with honorary memberships to NevPANA for their component contributions. The awards were given during PANAW week in their PACU. Their unit manager arranged to have coffee and snacks, and special certificates were presented; it was a true photo opportunity.

**Monique Moxey, PANANM**, lectured to her peers for the first time at their Spring Conference, with the topic "Therapeutic Humor and Laughter in the Perianesthesia Setting"; she was spectacular. She also wrote an essay to attend National Conference, which is posted in her PACU.

**Susan Smith, TSPAN**, for serving as the President of a newly formed district, WTSPAN.

**Gloria Nipper, TSPAN**, for supporting the newly formed WTSPAN on the component level.

**Susan Bonner, CBSPAN**, the 2004 winner of her component "Excellence in Clinical Practice Award". As a PACU nurse, she is a role model for all staff. She serves her patients in a holistic manner. She is frequently named for service excellence by patients and their families.

**Irene Mirabeto, AzPANA**, for consistent contributions on her component level.

**Mary Kathryn Paskewitz, CBSPAN**, for her efforts to contribute through ABPANC, her expertise in writing detailed questions for the certification exam; she won the "Award for Excellence in Item Writing/Review" in 2004.

**Laura Habighorst, MO-KAN PANA**, who continues to be a leader and a motivating force on the component level. Her interest and expertise in pain management for perianesthesia patients has contributed on the local level to her patients and her component, and on the national level through her work in the ASPAN Pain Management Specialty Practice Group.

**Pam Windle, TAPAN**, for her ongoing work on both the component level and the national level. Pam continues to inspire her colleagues in the workplace to seek and maintain national certification, and to join ASPAN and become active and energized. 🌿



*Dina Krenzischek, Meg Beturne, Susan Benner, Terry Clifford, Susan Fossum, Maureen Iacono, Lila Martin, and Lois Schick*

### BACKGROUND:

In April 2004, the ASPAN Board of Directors (BOD) was faced with a task to dissolve one of the components because of inactivity. ASPAN leaders were very concerned but committed to assist in the revitalization of this component. An intensive and critical assessment was done to strategically revive this component. As a result, the concept of an "ASPAN Revitalization Program" evolved to address the needs of the component. The goal was to have a lasting component that will survive beyond the crisis phase and focus on immediate needs as well as proactively in the future. Refocusing with the dilemma at hand, the component president's and BOD's spirit and passion were re-captured and the component transitioned to a new direction.

Problems related to volunteerism, leadership, and environmental factors are not unique to ASPAN but are common in all nursing and non-nursing professions in small and large organizations. These global issues remain to be the challenges of today and tomorrow and create risk in all endeavors that impact our successes. Therefore, leaders must be creative in their strategic plans and continuously review the initiatives and implementation processes to overcome these global issues. To generate positive outcomes, leaders must think and act beyond their comfort zones and outside their personal interests.

ASPAN re-committed itself to critically evaluate their strategic plans and integrate the professional support and growth of each member through a revitalization program. This program evolved from the grassroots level and valued by the ASPAN leaders.

It promotes component development similar to a community development framework<sup>1</sup> with shared vision and valued connections. Future endeavors will need to be explored to add more meaning into these partnership connections between ASPAN and component leaders.

It is not enough that we define our vision, but we must put action where they are needed the most. We are inspired by the passion of members, and we must all reach out to be united in our mission. Through our values, passion, and unity, we will gain our power through excellence in our specialty practice.

### ASPAN CORE VALUES:

Honesty  
Truthfulness  
Fair  
Pride  
Respect  
Ethical  
Stewardship  
Mentoring  
Passion  
Family Community

### BIG AUDICIOUS GOAL:

ASPAN will be recognized as the model organization with a positive partnership connection between national and component leaders serving the diversity of its constituents and component development.

### STRATEGIC GOALS:

1. Improve component support, recognition, communication, and accountability
2. Provide education (clinical and non-clinical including finance and technology) that meets the needs of the component

3. Mentor leaders and provide management strategies
4. Improve professional practice

### INITIATIVES:

- A. Component Website
- B. Ambassador Program
- C. Leadership Orientation
- D. Communication PI
- E. component Aid
- F. component Best Practice
- G. ASPAN Stars

### BRIEF DESCRIPTION OF INITIATIVES

#### A. Component Website (Susan Fossum)

This initiative was derived from the component needs. The goal is to provide a communication tool for the members and leadership. This was started in Region I since fall 2004. The objectives were multi-faceted such as:

- Quick access to leadership information, educational offerings that are happening and available for them
- Post information to their members that can be readily accessed
- Create "chat room" that can be used by component Presidents in the Region that will give them "real time" access to one another; provide leadership assistance and mentoring
- Provide support, mentoring and networking among the component leaders and members of Region One

#### B. Ambassador Program (Meg Beturne)

ASPAN leaders are committed to bridge the professional, educational, mentoring, and leadership connections between ASPAN leaders and

components. This will be accomplished through actual visits during component BOD meetings and/ or during their annual conference. component leaders can identify and communicate their needs and/or the ASPAN Ambassador can assess needs and provide recommendations to component leaders and do follow up as needed. It is the intent to improve communication between ASPAN leaders and component leaders, assist in the component educational events and provide mentoring program with a common goal to achieve satisfaction through recognition of achievements.

## **C. Leadership Orientation (Terry Clifford)**

As part of the component development, ASPAN leaders partner with component leaders to provide tools and tips for leadership success. It incorporates practical approaches that starts within the component and strive to reach out and expand connections. The objectives are to:

- Provide component leaders blueprints for component management
- Establish ASPAN organizational relationships and National Office Resources
- Support networking among component leaders

## **D. Communication Performance Improvement (Susan Benner)**

Communication is a vital link in our partnership connections and component development. Success relies on communication and, without it, we face the risk of dis-

bandment. Communication expectations either through telephone calls or use of technology are imperative. ASPAN leaders influence the ethical values and the importance of accountability. This performance improvement has objectives to:

- Improve communication of ASPAN activities/benefits
- Increase member satisfaction
- Foster education and mentorship

## **E. Component Aid Program (Lois Schick)**

ASPAN strongly influences the presence of component leaders at the ASPAN Leadership Institute and ASPAN National Conference. ASPAN is committed to component leaders' development and would support a component requiring financial assistance due to undue hardship. Support will be determined by the availability of funding in the ASPAN annual budget. The components that meet criteria are those whose operational goals would be compromised should they attend the Leadership Institute and National Conference. ASPAN leaders will provide assistance based on assessment of financial hardship as supported by a Statement of Need.


## **F. Component Best Practice (Lila Martin)**

All it takes is one person to start revitalization! Three out of four districts were inactive from one to two years. The component actively revitalized the three districts and merged them into two. They were able to recruit BODs for both districts and had their first

meetings in March 2005.

Here is an example of "Best Practice": MO-KAN PANA has revitalized one defunct district at a time and started a new one in the last year. For each district one person who worked or lived in the area was identified to be the driving force. They contacted potential officers and members through work contacts and are now personally mentoring these people. They have had at least one meeting and/or educational seminar which was attended by officers from MO-KAN PANA.

## **G. ASPAN Stars (Maureen Iacono)**

Many perianesthesia nurses are heroes and sometimes not recognized for what they do. ASPAN created a recognition initiative called "ASPAN Stars" to honor those members who serve as stellar examples of service excellence for ASPAN. Their service is recognized on the component level and/or at the national level. The star designation involves one member recognizing the hard work, dedication, and esprit de corps of another member. The designated "ASPAN Star" receives a certificate from the ASPAN President and recognition in *Breathline*. The ASPAN Star is a reminder that nurses are integral to the success of ASPAN. 

## REFERENCE:

1. Shaffer, C.R. & Anundsen, K. (1993) *Creating Community Anywhere: Finding Support and Connection in a Fragmented World* New York, Jeremy P. Tacher, Putnam.

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## Educational Offerings

### September 16, 17, & 18, 2005

TAPAN Annual Conference, Austin, TX. For more information contact Linda Allyn, conference chair, lallyn@flash.net. More information will be posted on the TAPAN Web page at [www.tapan.org](http://www.tapan.org) as it becomes available.

### September 17-18, 2005

Alabama Association of Peri-Anesthesia Nurses (ALAPAN) will hold its annual meeting, "Make Space for the Future" at Huntsville Hospital Corporate University in Huntsville, AL. For information, contact Eugenia Evans at [eevans45@bellsouth.net](mailto:eevans45@bellsouth.net).

### September 23-25, 2005

RMPANA's 7th Annual Retreat in the Rockies at Snow Mountain Ranch, Winter Park, CO. Speakers include Lois Schick, MN MBA RN CPAN CAPA, Barbara Bancroft, MSN RN PNP, Meg Beturne, MSN RN CPAN CAPA, ASPAN President. For information, contact Lynda Marks at [lyndamarks@qwest.net](mailto:lyndamarks@qwest.net) or our web site: [www.RMPANA.org](http://www.RMPANA.org).

**September 24, 2005** LAPAN (Louisiana Association of Peri-Anesthesia Nurses) will hold its 22nd Annual State Conference on Saturday, September 24, 2005, in New Orleans, LA. For information, please contact Katrina Arceneaux: [karceneaux@ochsner.org](mailto:karceneaux@ochsner.org) or 504-468-2856.

### September 24-25, 2005

PAPAN's Annual Fall Conference, Perianesthesia PRIDE XIV, Ramada Inn, Altoona, PA, Altoona Railroad Weekend. For more information contact Theresa Lingafelt, 814-742-7923, [TAL47@atlanticbb.net](mailto:TAL47@atlanticbb.net) or Nancy Glass, 814-239-2121, [Castle2016@aol.com](mailto:Castle2016@aol.com)

### September 30th-October 2, 2005

VSPAN State Conference the Sheraton Hotel, Virginia Beach, Virginia. For information, contact Carolyn Tucker, Conference Chairperson, at [CWTucker@sentara.com](mailto:CWTucker@sentara.com).

**October 1, 2005** TSPAN State Conference at the Opryland Hotel, Nashville, TN. Meg Beturne, MSN, RN, CPAN, CAPA, featured speaker. Contact Gloria Nipper at [gnipper@bhset.org](mailto:gnipper@bhset.org)

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## 2005 Summer/Fall Seminars

### August 20, 2005

Perianesthesia Care: Beyond the Basics  
Fairfax, VA VSPAN

### August 20, 2005

Ambulatory Perianesthesia Practice: Beyond the Basics  
Fairfax, VA VSPAN

### August 27, 2005

Ambulatory Perianesthesia Practice: Beyond the Basics  
Boston, MA MASPAN

### August 27, 2005

Perianesthesia Care: Beyond the Basics  
Boston, MA MASPAN

### September 10, 2005

Aging: Everybody is Doing It  
Cooperstown, NY NYSPAN

### September 17, 2005

Aging: Everybody is Doing It!  
Mystic, CT CSPAN/RIAPAN

### September 17, 2005

Pediatrics: Little Bodies, Big Differences  
Chico, CA PANAC



### September 17, 2005

Perianesthesia Care: Beyond the Basics  
Detroit, MI MAPAN

### September 17, 2005

Ambulatory Perianesthesia Practice: Beyond the Basics  
Detroit, MI MAPAN

### September 24, 2005

Perianesthesia Care: Beyond the Basics  
Madison, WI WISPAN

### September 24, 2005

Ambulatory Perianesthesia Practice: Beyond the Basics  
Madison, WI WISPAN

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