Newsletter of the American Society of PeriAnesthesia Nurses

Breathline

Volume 26, Number 6 November/December 2006

Our Journey to Perianesthesia Excellence: Research and Evidence Based Practice

I was accompanied by a heat wave while traveling around the country to attend meetings as your president last summer. Before I knew it, summer quickly faded into fall and fall became winter, yet ASPAN's "evidence based practice heat wave" of summer continued in the many research activities happening within our organization. So why is research and evidence based practice (EBP) an enduring hot topic that is so important to us?

Nurses are sometimes reluctant to give up sacred cows, and as a result are slow to change practice. Nurses often adhere to tradition while clinging to "the way we always did it," even when some procedures lack data to prove effectiveness and validity. It takes time and energy to research what evidence exists, determine if the evidence is valid and reliable, and then share the information with other nurses and healthcare workers who can change policy and practice.

Pamela E. Windle, MS, RN, CNA, BC, CPAN, CAPA
ASPAN President 2006-2007

EBP at the Bedside

How do we bring EBP to the bedside? Transforming research into practice is a vital yet demanding task requiring intellectual skills, clinical judgment, endurance, and creativity. This transformation is not a new endeavor, but rather a continued expansion of previous efforts to produce best practice guidelines for appropriate patient care by using information from practice experts and empirical study.

Evidence based practice is a multi-step, dynamic process that incorporates the best external data, best clinical judgment, and known patient preferences. The EBP process can assist every perianesthesia nurse to find answers for refining practice. EBP means using the best clinical evidence to make patient care decisions.[1]

How do nurses do this? Begin by searching the literature to determine what studies have been conducted pertaining to the subject. Searching the literature takes practice, so even when you think you cannot find articles keep looking because some published information can often be found.

Existing research, when available, must then be evaluated before recommending a change in practice. The more journals you read, the more comfortable you become in reviewing research articles. Until you feel confident assessing the strength of published research study articles, stick with credible sources and clinical guidelines that offer reviews of existing evidence. Strengthen your skills by talking with a mentor, expert researcher, advanced practice nurse, or someone knowledgeable in this area. Join a local journal club, or check out ASPAN's new Online Journal Club.

Breaking the Barriers

In the June 2006 *Journal of PeriAnesthesia Nursing (JoPAN)*, we published an article on barriers to EBP implementation.[1] Although barriers are frequently distracting and disturbing, nurses must continually search for improvements in care delivery and assess the evidence for recommendations to change practice. ASPAN's Online Journal Club posts monthly research articles to encourage interactive discussion among perianesthesia peers, while enabling you to discover currently available research findings. In addition to strengthening your research critique skills, you can become more comfortable with and excited about the research process!

Nursing research validates the care provided. Strategies for examining evidence encourage bedside nurses to investigate old nursing rituals and traditions, and if proven ineffective, to adopt practices

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Celebrate
PeriAnesthesia Nurse Awareness Week
February 5-11, 2007

www.aspan.org

President's Message

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grounded in scientific research. When no credible evidence is found, a research study can search for new information and provide the answer to a clinical inquiry. EBP not only benefits nurses, but also patients and families. Patients receive more consistent nursing interventions and achieve better outcomes. The most significant result, however, is that healthcare professionals practicing evidence based techniques experience increased autonomy, a willingness to be more accountable, and greater professionalism.

By continually asking new questions, generating evidence to answer those questions, and merging facts with clinical judgment and patient preferences, one can create a best practice culture.

ASPAN and EBP

The ASPAN EBP Committee met recently to review several articles focusing on patient care delivery/nurse competence and transfer of care, and prioritized review of the *2006-08 ASPAN Standards* for evidence ratings. This committee will subsequently assist the Standards & Guidelines Committee in their review next year. Our recent Component Development Institute provided "hands on" interactive EBP process learning exercises for members.

Our Perianesthesia Data Elements (PDE) Committee is working on a research project focusing on the data elements suggested by committee members. Storyboards developed by PDE committee members include an activity diagram and glossary of terms, which will be entered into the International Classification for Nursing Practice program. In addition to all this activity, a *JoPAN* focus issue on EBP was published in June 2006, so if you have not yet had the chance please take some time to read it!

As an experienced perianesthesia nurse, I cannot overlook my years of experience and clinical judgment. Analytical thinking skills, clear judgment when making clinical decisions, and professional experience should guide our practice. Therefore, when clinical situations occur with no significant supporting research to guide nursing actions, it is important to seek out colleagues and appraise best practices employed for specific situations. By continually asking new questions, generating evidence to answer those questions, and merging facts with clinical judgment and patient preferences, one can create a best practice culture.

Research and You

As nursing practice evolves, the importance of adopting evidence based practice can never be overstated. Nurses must be a driving force in promoting best practices by looking for the best evidence available to shape safe and effective patient care. ASPAN will continue to advocate for scientific research and research utilization in practice, constantly looking for best practice evidence to shape our practice standards.

Every nurse can advance his or her practice by taking small steps toward learning and participating in the research process. I challenge you to start now! So, start asking yourself, "Does the nursing care I give to my patients provide a positive outcome? If not, why and how can we improve it?"

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1. Windle P, Moving beyond the barriers for evidence based practice implementation, *Journal of PeriAnesthesia Nursing*, 21(3): 208-211, 2006.

Thank you to the clinical reviewers for the November/December 2006 edition of *Breathline*: Susan Carter, BSN, RN, CPAN, CAPA; Karen Cannon, MN, RN, CPAN, CAPA; Janice Lopez, BSN, RN, CPAN, CAPA; Maureen McLaughlin, BSN, RN, CPAN; and Linda Ziolkowski, MSN, RN, CPAN, APRN, BC.

ASPAN Breathline

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Address changes and administrative correspondence to:

ASPAN
10 Melrose Avenue
Suite 110
Cherry Hill, NJ 08003-3696
877-737-9696
Fax – 856-616-9601
aspan@aspan.org
http://www.aspan.org

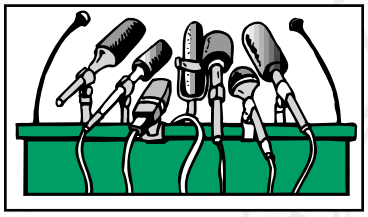
Editorial Comments or Letters to the Editor to:
Joni Brady
HQ USEUCOM
CMR 480, Box 2025
APO AE 09128-2025
jbrady@aspan.org

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

The American Society of PeriAnesthesia Nurses

receives endorsements from the American Association of Nurse Anesthetists and the American Society of Anesthesiologists for the development of an evidenced based clinical practice consensus guideline for the prevention and/or management of PONV/PDNV.



The American Society of PeriAnesthesia Nurses (ASPAN) announces that the Boards of Directors of the American Association of Nurse Anesthetists (AANA) and the American Society of Anesthesiologists (ASA) have endorsed ASPAN's comprehensive, evidenced based clinical practice *Guideline for the Prevention and/or Management of Postoperative Nausea and Vomiting (PONV) and Postdischarge Nausea and Vomiting (PDNV).*

ASPAN organized a panel consisting of eighteen multidisciplinary, multi-specialty experts to review and analyze the evidence related to the prevention and/or management of PONV/PDNV. Vallire Hooper, MSN, RN, CPAN, FAAN, and Marguerite Murphy, DNP, RN, led this work team for over a year to accomplish this consensus guideline.

Consensus based decision making techniques were used to establish multidisciplinary, multi-modal evidence based recommendations regarding risk factor identification and stratification, traditional, and complementary treatment modalities. Areas of needed research were also identified and prioritized. Translation of these guidelines into practice should improve health outcomes in adult surgical patients.

The PONV/PDNV guideline is available on the ASPAN Web site (www.aspan.org/ponv_pdnv_guidelines.htm). The complete guideline was published in the August 2006 *Journal of PeriAnesthesia Nursing.*

From the Editor

I am particularly excited about this edition of *Breathline*! I know many of you are scared of nursing research. So was I. Many of us had little to no research theory or application in our basic nursing programs. But, as in all things human, times and behaviors do change by necessity. Research is here and here to stay in the healthcare professions, so it's important for each of us to change and grow along with the trend.

On the heels of ASPAN's Component Development Institute, with a focus on writing for publication and evidence based practice, we are thrilled to offer an article published by two nurse members documenting a collaborative search for best practice. I invite each of you to consider writing and submitting a short clinical article to publish in *Breathline*, related to your practice experiences across the country and beyond the U.S. borders.

As Ms. Baril and Ms. Murphy describe their clinical initiative, the threads of our president's message are interwoven in the lines describing their project. The caffeine withdrawal article located on page 4 is proof positive that every nurse, regardless of educational preparation, can in some way help nursing research to flourish. As you read the many research related items contained in this edition, my hope is that you will become empowered to contribute to the nursing research process within your workplace on some level. *Don't fear the research* – we're together for eternity.

Joni M. Brady, MSN, RN, CAPA
Breathline Editor

The opinions expressed are those of the author. Feedback and Letters to the Editor are encouraged. Editor contact information is located on Page 2.

Clinical Article

Caffeine Withdrawal Headache

Best practices for prevention and treatment

Patrice Baril, MS, RN, CNOR, and Judi Murphy, BSN, RN

This quality improvement article describes the process used at a 200-bed community hospital to respond to a patient complaint of caffeine withdrawal headache related to preoperative fasting. A multidisciplinary committee was assembled to investigate this condition and make recommendations to prevent future occurrences in the surgical patient population.

A single patient complaint written on a patient satisfaction survey created a flurry of activity in a 200-bed community hospital located in the northeast United States. A patient reported via a satisfaction survey that she experienced a caffeine withdrawal headache during an ambulatory surgery visit. She expressed concern that other patients might be experiencing this type of headache as well.

Nurses in the perianesthesia practice areas became curious about the phenomenon of caffeine withdrawal headache as a result of this patient's feedback, and wondered if they could improve the care given to patients. Common sense and professional experience tells us that headache in the surgical patient population can be attributed to many different causes. Stress or anxiety due to surgery and the related diagnosis, hunger from preoperative fasting, history of prior headache, environmental allergy, or caffeine withdrawal contributes to this problem.

Examining the Evidence

Research documentation on this subject is limited, but the literature review did reveal that caffeine withdrawal headache may occur in patients who consume as little as one cup of coffee per day and that the symptoms of withdrawal, including headache, irritability, or malaise can begin just 8-24 hours after the last caffeine was consumed.[1,2]

Nurses decided to informally screen surgical patients to assess for headache. Fifteen patients with preoperative headaches were interviewed about caffeine use; twelve of the patients regularly used caffeine, so their headaches were potentially related to withdrawal symptoms. Data collected included a numeric scale pain level, time since last caffeine intake, and previous history of headaches.

A multidisciplinary task force gathered to examine and discuss strategies to minimize the risk of caffeine withdrawal headaches in our surgical patient population. The panel included an anesthesiologist, nurses from all surgical departments, a pharmacist, dietitians, the surgical services clinical nurse specialist, and the pain clinical specialist. The group suggested the following practice changes:

- Take a caffeine use history
- Develop patient education material
- Create a patient teaching script
- Reduce caffeine dependence prior to surgery
- Provide a caffeinated beverage postoperatively

Impact on Practice

Preoperative assessment of patients at risk for caffeine withdrawal headache was identified as an important practice change. Therefore, "caffeine use history" was added to the electronic documentation system admission assessment forms. Collaboration with the dietary department helped to produce a patient teaching pamphlet listing the amount of caffeine contained in clear liquid beverages that surgical patients may consume up to 4-6 hours preoperatively. This pamphlet educates patients on the importance of tapering off caffeine consumption in the two weeks prior to surgery in order to reduce the risk of headache.

A patient teaching script (see Box 1) was developed to assure consistency within the preoperative teaching process. The script prompts preanesthesia nurses to teach patients about caffeine withdrawal, assess for prior history of headaches, review the caffeine brochure with patients, and prompts the nurse to encourage patients' self-weaning from caffeine in the weeks prior to surgery. Preoperative teaching includes a patient instruction to request a caffeinated beverage as soon as allowed postoperatively.

After initiating the practice changes described above, we completed a performance improvement project. Over a 4-6 week period, all preoperative patients were surveyed (N=185) and we found that only 3.78% reported a headache compared with a 20% prevalence cited in one study.[3]

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Book Review

The Practice of Nursing Research: Conduct, Critique and Utilization. 5th Edition.

Authors: Nancy Burns, PhD, RN, FAAN, and Susan Groves, PhD, APRN, BC, ANP, GNP

Publisher: Elsevier Saunders

Practicing nurses are frequently searching for texts to enhance their research knowledge. The newest edition of *The Practice of Nursing Research: Conduct, Critique and Utilization* is a good source for this information. The text is written in easy to understand terms. A quick, yet concise review of both quantitative and qualitative research is included. The authors provide examples of research designs and helpful illustrations to explain the process involved. These additions help visual learners to appreciate the research process in more depth.

Unit Two of *The Practice of Nursing Research: Conduct, Critique and Utilization* provides a succinct overview of the research process, with each segment adequately reviewed. Throughout the text the editors provide Web sites and electronic resources the reader can access. One very helpful inclusion for the practicing nurse is an algorithm for selecting an appropriate research design for the research question.

Outcomes research is sufficiently explained in the text, including the theoretical basis and the explanation of the current emphasis on outcomes research. One chapter is dedicated to interpreting research outcomes. This chapter provides essential information for practicing nurses to grasp a basic understanding of critically reading research findings.

Statistics often seem intimidating to nurses. The authors explain statistical analysis by including separate chapters to further delineate differences. These chapters include using statistics to describe variables, examine relationships, predict, and to examine causality. In addition, the appendixes are very helpful and include a table to assist with power analysis.

The text also delves into evidence based practice (EBP), including critique of both qualitative and quantitative studies. Various models of EBP are presented, including a discussion on the challenges and advantages of EBP. The section on proposal writing and seeking funding will also be helpful for practicing nurses in their research writing.

Overall, if you are searching for an updated and succinct research reference, *The Practice of Nursing Research: Conduct, Critique and Utilization* would be a good addition to your library. The authors provide excellent, detailed, and well presented material.

Reviewed by: Jacqueline Ross, MSN, RN, CPAN

Clinical Article continued from page 4

Every Nurse can help Research

We are proud that the negative headache experience reported by *one* patient prompted this performance improvement initiative. The nursing staff was pleased to see such positive results from their research-based efforts, and they continue to teach preanesthesia patients about caffeine use and withdrawal while looking for new ways to provide the best care to patients. The commitment of every participating team member in this clinical project demonstrates that improving patient care and comfort inspires us all. *Coffee anyone?*

Patient Teaching Script for Caffeine Use

Read to all patients who are allowed clear liquids 6 hours before surgery,

"Some people experience symptoms like irritability or headache if they don't get their usual amount of caffeine. Therefore, we recommend that you try to reduce the amount of caffeine you normally take in before the day of your surgery.

The brochure has information about caffeine containing food and drinks, and information on ways to help you decrease the amount of caffeine you use before your surgery.

We also recommend that you drink 8 - 12 ounces of a caffeine containing drink, like cola, black coffee or tea, 6 hours before the time you are scheduled for surgery.

Some people like to set their alarm to remind them to have this caffeine drink before surgery. Please review the information in this brochure.

On the day you have surgery, one of the nurses will be asking you about caffeine. The nurses will also offer you a caffeine drink almost as soon as your surgery is over."

Box 1. Patient Teaching Script

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3. Weber JG, Ereth MH, & Danielson DR, Perioperative ingestion of caffeine and postoperative headache. *Mayo Clinic Procedures*, 68: 842-845, 1993.

Patrice Baril, MS, RN, CNOR, is the Nurse Manager, Operating Room at Winchester Hospital in Winchester, MA. Judi Murphy, BSN, RN, is a level 3 staff nurse in the Day Surgery Unit at Winchester Hospital. To request a copy of the brochure described in this article, please address correspondence to Patrice Baril, Winchester Hospital, 41 Highland Avenue, Winchester, MA 01890.

Call for Resolutions for the 2007 ASPAN Representative Assembly

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2007 Representative Assembly (RA) meeting on April 15, 2007 in Anaheim, California.

The RA is the voting body of ASPAN. As the chief policy determining structure of ASPAN, the RA reviews and acts upon resolutions regarding ASPAN bylaws, policies, position statements and other issues related to perianesthesia nursing. If you, as a member, believe there is an issue of this nature that needs to be brought before the RA, please contact the National Office to have a sample resolution form sent to you.

The following groups may submit a resolution to the RA:

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

Submission Deadlines:

- Resolution forms relating to bylaws changes – deadline of December 16, 2006 has been extended to **December 29, 2006.**
- Resolution forms relating to **position statements**, **policy matters** or **other issues** – no later than **January 15, 2007.**

Resolutions must be received in the ASPAN National Office no later than the dates listed.

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

Please contact Kevin Dill at the ASPAN National Office: 877-737-9696 ext. 11 or kdill@aspan.org to obtain a sample resolution form and instruction sheet.

Call For Hosts/ Hostesses

Consider getting involved in ASPAN by taking an active role during the National Conference. Hosts / hostesses are needed for all educational and social sessions, pre-conference preparation, registration, silent auction and the ASPAN Shoppe. Reimbursement is offered for time worked and is sent post-conference.

Please contact National Conference Strategic Work Team member, Helen Buss, for more information or to volunteer.

5055 Dassia Way
Oceanside, CA 92056-7432
(H) 760-758-2677
Email: Hbuss@aol.com

Room Sharing for the 26th National Conference

If you would like your name placed on the "Willingness to Share a Room" list, please include the following information: name, complete mailing address, home and work phone numbers, and email address. Indicate a preference for smoking or nonsmoking room and the preferred notification location (home, work, email). The "Willingness to Share a Room" list will be distributed by postal mail on February 17, 2007. Your name, address, phone number, and email will be circulated to all others on the list. Participants must directly contact others on the list to coordinate room share arrangements.

The deadline to request a room share is February 1, 2007.

Late inquiries will be answered by email only.

Please mail or email your request to:
Linda Trowbridge, MSA, BSN, RN, CPAN
P.O. Box 20729
Albuquerque, New Mexico 87154
Email: Lkt517@aol.com

The National Conference host hotel room reservation deadline is March 14, 2007. Reservations made beyond this deadline are based on a space and rate availability basis only.

Enjoy the Anaheim area while attending Conference

Newport Beach, with its nine miles of sandy beaches, is a sun worshipers dream. Surf, snorkel, sail, sun bathe, sight-see or body board on one of Southern California's most picturesque beaches. Not a fan of sand and surf? Enjoy restaurants and shopping, the performing arts, or some world class golf. This place has it all!

Soaring on the Magical Journey to Excellence

Quality Education for Excellence in Practice

2007 National Conference Preview

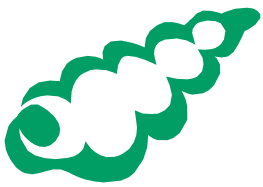
Susan Carter, BSN, RN, CPAN, CAPA – 2007 National Conference Strategic Work Team Coordinator

As perianesthesia professionals, we are challenged every day to practice our profession at its highest level. The 2007 ASPAN National Conference, April 15-19 at the beautiful Disneyland Hotel, will help you achieve the goal of staying at the top of your professional practice. The National Conference Strategic Work Team (NCSWT) took *"Our Journey to Excellence"* to heart in planning every aspect of the Anaheim, California conference.

Respected Faculty

Imagine being part of a journey that begins with internationally recognized pain expert Chris Pasero, presenting an all day preconference workshop on pain issues applicable to your practice setting. This is a fantastic learning opportunity for nurses working in multiple perianesthesia settings where pain is assessed and treated.

Our opening keynote speaker, Karlene Kerfoot, PhD, RN, CNAA, FAAN, is an esteemed expert on the nursing profession and patient care. As a well-known author and nurse executive, she successfully leads a health care system and is a true visionary in understanding and documenting health care evolution and its impact on nursing and patient care services. Dr. Kerfoot's leadership style is based on a philosophy imparted by her grandmother's words, "Always leave a place better than what you found it." ASPAN is honored to have Dr. Kerfoot join us for an inspirational, motivating kickoff to the week's activities.



Following the opening ceremony and keynote address, a journey of non-stop educational opportunities lies ahead. Monday afternoon concurrent sessions include a panel presentation and discussion of the *ASPAN Standards*, a leadership class inviting you to seek the leader within, an overview of perianesthesia emergencies, or a component leadership meeting.

Breakout Opportunities

Breakout sessions are held on Tuesday and Wednesday. The many topics presented allow you to customize selections that enable you to soar toward your professional goals. Will you attend women's issues with Dr. Ernest Bodai, the founder of Cure Cancer Now and the genius behind the breast cancer stamp campaign? Will you choose safety issues impacting the practice setting, gain an understanding of fluids and electrolytes, attend an update on perianesthetic management of the diabetic patient, or learn what it's like to be a perianesthesia nurse during wartime?

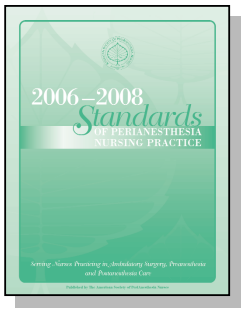
Will you delve into learning more about regional and local anesthesia, take a leap into emotional intelligence and its daily impact on your career life, or explore marvels of robotic surgery and advances in bladder and prostate cancer? Should you attend all of the ambulatory track sessions, learn more about the neurological or cardiac patient, or mix it up with some pediatrics and invasive radiology? This is just a small sampling of the breakout sessions available. Whatever classes you decide to attend, the 2007 ASPAN National Conference will have many perianesthesia nursing topics.

A Magical Finale

The closing address features Frank Lee, the author of *If Disney Ran your Hospital*. A senior-level hospital executive, Mr. Lee challenges assumptions that have defined customer service in healthcare. Using examples from his familiarity with Disney, Mr. Lee focuses on the similarities between Disney and a hospital since each business provides an "experience" and not just a service. He illustrates practical steps to create a team culture and describes how hospitals can emulate Disney strategies to earn the trust and loyalty of customers and employees.

Finally, Thursday's post conference program on moderate sedation features Jan Odom-Forren, MS, RN, CPAN, FAAN, co-author of *Practical Guide to Moderate Sedation/Analgesia, Second Edition*. Ms. Odom-Forren will share her extensive knowledge regarding monitoring and medication administration during procedures requiring nurse administered sedation. Be sure to register early for this supplemental offering.

As you can see, the NCSWT plans to offer the very best conference experience in a warm, inviting location. If you support high professional standards and strive to learn something new every day, then this National Conference is the place to be! "Soaring on the Magical Journey to Excellence" is what the 2007 ASPAN National Conference is all about.



The 2006-2008 ASPAN Standards are here!

Barbara Godden, MHS, RN, CPAN, CAPA – Chair, Standards & Guidelines Committee

The Standards and Guidelines Committee met in October 2005 to review and revise the Standards, and although we went into the meeting thinking only minor revisions were required, the discussions revolving around perianesthesia practice became quite lively and energizing. The committee concluded the meeting with some thoughtful revision proposals. These recommended changes required an endorsement by the ASPAN Board of Directors at the mid-year board meeting, and then obtained final approval by a vote at the Representative Assembly in Orlando last April.

Changing with the Times

Questions directed to the Clinical Practice Committee assist us to clarify many aspects of the Standards, which should enhance members' and non-members' understanding of the intent. Modifications made under "Staffing and Personnel Management" included changing "2 licensed nurses" to "2 RNs" for Phase I postanesthesia care staffing. We replaced the term "present" with the phrase "in the same room where the patient is receiving that level of care." ACLS and PALS are now recommended for Phase II nurses, and Phase III has been changed to "Extended Observation" which does not necessarily require the skill set of a perianesthesia nurse.

Preoperative staffing guidelines are another area of concern found in questions sent to the Clinical Practice Committee. These guidelines are very difficult to develop because preoperative areas can function very differently by facility. Therefore, the committee provided more criteria with which to make staffing decisions. We clarified and added to the criteria for initial, ongoing, and discharge assessment and management. While specific elements of discharge criteria should be approved by facility departments of anesthesiology, our criteria outlines nursing assessments performed to evaluate a patient's readiness for discharge. This year, we added a "Position Statement on Cultural Diversity" and revalidated existing Position Statements.

Standards Validation

Another very exciting aspect of the Standards and Guidelines Committee is collaborative work involving the Evidence Based Practice Committee in order to validate *ASPAN Standards* through evidence based practice (EBP). The staffing guidelines are on our priority list for EBP validation, to be followed by other segments of the *Standards*. We spent last summer proofreading the *Standards* and they met a publication date of September 15, 2006. The new changes take effect ninety days from the publication date.

The 2006-2008 ASPAN Standards of Perianesthesia Nursing Practice *is now available for purchase. Go to the ASPAN Web site home page (www. aspan.org) and click on the link under "What's New" to order your copy.*

Clinical Practice: Frequently asked questions

Terry Clifford, MSN, RN, CPAN – Director for Clinical Practice

Many practice related questions are sent to ASPAN via the Web site each month. The Clinical Practice Committee fields these questions, and then committee members research the answer and respond to the query. This is one frequently asked question.

Question:

Does ASPAN have a position on dose ranging of medications? If so, what is it?

Answer:

The ASPAN Standards do not *specifically* address this issue. Resource 7, titled "ASPAN Pain and Comfort Guideline"[1] recommends a multimodal approach for pain management in Phase I PACU. This subject is a challenge because regulatory agencies, boards of nursing, and hospital policies usually address this issue and thus ASPAN has a broad statement in Resource 7 stressing the importance of assessment, intervention in multimodal therapy, and reassessment. In addition, ASPAN offers "A Position Statement on the Safe Administration of Medication." This statement is posted for reference on the ASPAN Web site (http://www.aspan.org/PosStmtsSMA.htm).

The ASPAN Standards do not describe specific interventions, such as correlating medication doses to pain scales. ASPAN's pain guidelines basically follow the World Health Organization pyramid of mild to moderate and moderate to severe, and stress the importance of a multi-modal approach. In a recent article, a discussion concerning data reporting

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Safety Alert: Dangerous Communication Gaps

Myrna Mamaril, MS, RN, CPAN, CAPA – Director for Research

Communication is a principal thread woven throughout the writings of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). In fact, "2007 National Patient Safety Goal 2" focuses on improving the effectiveness of communication among caregivers.[1] Because physicians and nurses communicate using different styles, the messages they convey to each other may be misunderstood.[2]

Some theorists note that the nursing and medical models differ. Nurses are often intuitive and nursing documentation tends to be narrative or more descriptive. Physicians are trained to be diagnosticians and use a brief, salient documentation approach. Research studies reveal that negative patient care outcomes result from system breakdowns during hand-off communication, transfer of care, failure to communicate significant findings, failure to recognize life threatening events, and failure to rescue resulting in the death of a patient.[2]

Bridging the Gap

Situation-Background-Assessment-Recommendation (SBAR) communication bridges the gap between nursing and medical professionals, and can be applied to written and verbal communications. This innovative healthcare communication method emphasizes succinct factual reporting of significant changes in the patient's condition by the nurse to the physician.[2] Consequently, the nurse advocates for the patient through the scriptive SBAR reporting model. This structured model of communication relies on key words or phrases to convey pertinent facts focusing on:

- **Situation** – what is occurring that necessitates the communication
- **Background** – put the situation into context and describe events leading to the present
- **Assessment** – describe the problem is as you see it
- **Recommendation** – suggest a correction or intervention for the problem[2]

SBAR Example

Application of the SBAR steps as described above is a conscious process. Nursing staff using the SBAR model of communication note the simplest, most direct way to convey the significance of a situation at hand. Here is an interpretation in the post anesthesia practice setting:

Situation: "Dr. Smith, I'm Jane Scott, the PACU nurse caring for Mr. Jones who had a hernia repair 2 hours ago. He suddenly reported excruciating pain in his back. His blood pressure is 75/40."

Background: Mr. Jones has a history of a small abdominal aneurysm that was diagnosed 6 months ago. His vital signs are: HR=180; RR=42; O_2 saturation=74% on high flow O_2 with a nonrebreather mask."

Assessment: "I think he may be experiencing a ruptured abdominal aneurysm."

Recommendation: "I really need you to come and evaluate Mr. Smith now. Are there any studies, like lab tests or a CT scan of abdomen that you'd like me to initiate immediately?"

When SBAR communication is adopted in healthcare organizations, nurse/physician communication improves and miscommunications are minimized.[2] Scripting SBAR communication provides nurses with a template to organize and prioritize thoughts and to articulate succinct, pertinent findings to the appropriate health care provider.

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2. Haig KM, Sutton S, & Whittington J, SBAR: A shared mental model for improving communication between clinicians, *Journal on Quality and Patient Safety*, 32(6): 167-175, March 2006.

Because physicians and nurses communicate using different styles, the messages they convey to each other may be misunderstood.

Clinical Practice continued from page 8

between 1995 and 2003 indicated that 276 sentinel events involved a 21% medication error rate related to opioids administration, and the overwhelming majority of these opioid errors resulted in death.[2] However, it could not be determined whether range orders contributed to the events, or in what environment of care the errors occurred.

Manworren[2] also cites a consensus paper published by the American Society for Pain Management Nursing and the American Pain Society. This document stresses the importance of the critical judgment and empirical knowledge of a nurse in determining the right dose of the right drug to relieve the patient's pain.

Special recognition goes to Maureen McLaughlin for her contributions to this response.

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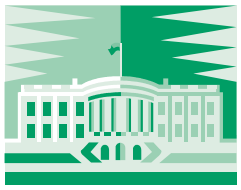
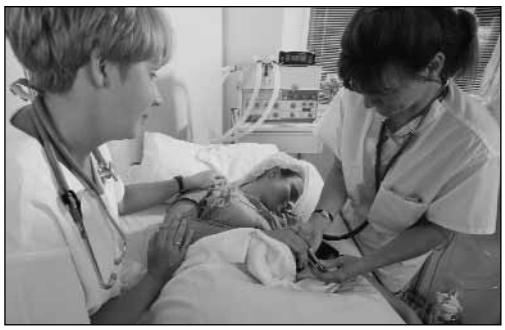
Mandated Staffing Ratios

A view from both sides

Maureen McLaughlin, BSN, RN, CPAN – Chair, Governmental Affairs Committee
and Susan Fossum, BSN, RN, CPAN – ASPAN Vice President/President-Elect



Controversy regarding mandated staffing ratios is an ongoing subject in the legislature and within the nursing profession. As discussed in the last edition of *Breathline*, ASPAN's Staffing Strategic Work Team is currently investigating the scientific evidence related to perianesthesia staffing standards, with a goal of supporting best practice. This article offers opposing viewpoints regarding the complexities surrounding the mandated staffing ratio debate. Susan Fossum presents an argument for mandated minimum staffing ratios, while Maureen McLaughlin offers a contrasting opinion.



Research is needed to validate nurse to patient ratios

Pro Ratios

California (CA) ranks thirty percent below the national average and 49th nationwide in registered nurses (RNs) per capita. Vacant nursing positions in CA may reach 50,000 by the year 2010.[1] Therefore, CA is attempting to improve nursing care by mandating minimum staffing ratios. In 1999, the state enacted a law sponsored by the California Nurses Association requiring the CA Department of Health Services to adopt regulations for minimum, specific, numerical licensed nurse to patient ratios for specified units of general acute care hospitals by January 1, 2004. While the new governor sought to suspend the regulations, the courts upheld the law and it is in effect. The 1999 law found that:

> "(a) Health care services are becoming more complex and it is increasingly difficult for patients to access integrated services.
>
> (b) Quality of patient care is jeopardized because of staffing changes implemented in response to managed care.
>
> (c) To ensure the adequate protection of patients in acute care settings, it is essential that qualified registered nurses and other licensed nurses be accessible and available to meet the needs of patients.
>
> (d) The basic principles of staffing in the acute care setting should be based on patient care needs, the severity of condition, services needed, and the complexity surrounding those services."[2]

California's intervention to improve the nursing shortage attracted nationwide attention. Nursing organizations are now involved and making their voices heard. While the American Nurses Association does not promote specified numerical staffing ratios due to complexity surrounding the issue and a related need for more empirical data on patient outcomes, the Association of Peri-Operative Registered Nurses and the National Association of Neonatal Nurses do support and endorse specific ratios.[3] The ASPAN position statement on minimum staffing in Phase I PACU declares, "ASPAN has the responsibility for establishing minimum staffing requirements … for a patient recovering from anesthesia in Phase I PACU. ASPAN's foremost concern is to promote a safe environment in which the perianesthesia nurse can deliver quality care to the patient at all times."[4]

Since the legislation was enacted, the nurse staffing levels in CA hospitals have significantly increased. The mean total of RN hours of care per patient day increased by 20.8% in medical surgical units, while the number of patients per RN decreased by 17.5%.[5] More nursing time at the bedside equates to more positive outcomes for patients.

Key elements to remember when discussing the mandated ratios adopted in California:

- Nurse: patient ratios set a minimum staffing level
- Hospitals are staffed with a mix of licensed RNs and LVNs according to specific nurse: patient ratios
- The ratios represent a maximum number of patients assigned to any nurse at any time during a shift[6]

Ratio Cons

In 2005-2006, two bills on the Massachusetts (MA) legislative agenda addressed nurses, the nursing shortage, and patient safety. A mandated staffing bill in the House of Representatives, championed and aggressively lobbied by the MA Nurses Association (MNA), represented only nurses belonging to collective bargaining units in the state. The second bill, sponsored by a senior Senator in the legislature, proposed increased funding for nursing education. If enacted, this bill would require mandatory staffing patterns reporting by hospitals and assessment of patient outcomes measures related to those staffing patterns. At the conclusion of the legislative calendar

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Governmental Affairs continued from page 10

neither bill was passed, although it is expected similar legislation will again appear in the next legislative session.

At a hearing held at the MA State House, Ms. McLaughlin spoke in opposition to mandated staffing ratios and gave support to the Senate bill regarding funding for nursing education and staffing patterns outcomes research. The reasons cited were:

- Professional judgment and flexibility is eradicated under mandated staffing ratios. According to ASPAN standards of care, a professional perianesthesia nurse applies careful judgment when determining nurse: patient ratios and staffing mix to reflect patient acuity and nursing intensity[7]
- Mandated staffing ratios, as proposed in MA, did not address Phase II PACU nursing care according to recommended staffing patterns. *ASPAN Standards of Perianesthesia Nursing*, Resource 3, recommends staffing patterns for Phase II level of care based on the specific type of patient the nurse is treating. The nurse may care for up to three patients if those patients are over age eight or if a family member is present for the patient age eight years old or younger. However, if the patient is unstable, the ratio changes to one nurse: one patient[4]
- Mandated staffing ratios address the location of patients, but do not address the medical-surgical or intensive care overflow patient population frequently encountered in a PACU
- The concept of requiring more nurses at the bedside won't necessarily make nurses appear.[8] Mandating staffing ratios in a projected long-term nursing shortage may require hospitals to increase reliance on agency and traveling nurses, raising concerns regarding competency and the quality of nursing care. At many facilities, the staff nurse orientation period varies from six to eight weeks with the new hire assigned to a preceptor. Short-term contract staff nurses often receive limited orientation hours and the competency assessment is performed by the agency filling the contract position, rather than the hiring facility
- There is no research to definitively state what ratio of nurses to patients will ensure patient safety. An attempt to determine and document cost effectiveness related to various nurse staffing ratios determined that a nurse: patient ratio of 1: 4 is reasonably cost-effective. This examination also indicated that skill level and number of staff nurses in the hospital setting occupies a crucial role in patient outcomes. Unfortunately, the research has not established an optimal nurse: patient ratio[8]
- Poorly organized practice environments can negate the benefits of excellent staffing.[9] Patient safety is not just about one nurse, but can also relate to the quality of a healthcare system

Conclusion

Are mandated staffing ratios the answer? Perhaps more than one solution exists for this complex problem. Ongoing research will support the development of evidence based nurse: patient ratios. As healthcare advocates, it is important that we as individual nurses, and collectively as an organization, work with state nursing organizations, regulatory agencies and boards of nursing to find the answers. ASPAN's work in this area has begun. Now our patients, their families, and the nursing profession depend on each of us to work together to find an evidence based solution.

The opinions expressed are those of the authors. Letters to the authors are encouraged and may be sent to the editor. Editor contact information is located on page two.

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Region 1 Roundup

Nancy O'Malley, MA, RN, CPAN, CAPA – ASPAN Regional Director-Region One

Region 1 encompasses the western United States, and I am honored to be a part of this region! The component leaders are very dedicated to our profession and patients, and give so much of their "spare" time and energy for our members.

USPAN, the Utah Society of PeriAnesthesia Nurses, led by David Kay, is developing a strong team that includes Lauri Rosenlof, Robbyn Perry, Jodie Jones, Paul Brown, Judy Duersch, Karen Hendrickson, Pam Dark, and Wendy Mitchell. USPAN's plans include holding two conferences per year, expanding membership by recruiting at hospitals, and holding a CPAN/CAPA certification test site. Sounds like an excellent plan!

HIPAN, the Hawaiian Islands PeriAnesthesia Nurses, is under the leadership of Dhezrae Herauf. Working beside her are Krista Lawson, Carol Lopes, and Karen Iseminger. The component held a Fall Conference that featured Dina Krenzischek and Lois Schick. Determined not to let distance and water deter them, this component of about sixty nurses has quarterly meetings plus an annual conference with each program offering contact hours to attendees.

NevPANA, the Nevada PeriAnesthesia Nurses Association, has eighty members and is growing under the leadership of President Sue Cacibauda, Christine Squires, Madelon Lawson, and Sue O'Day. Sue also produces the component newsletter, *PARSnips*. NevPANA held a fall seminar in Reno, and plans for PANAW 2007 are well under way.

PANANM, the PeriAnesthesia Nurses Association of New Mexico, holds two statewide conferences per year under the guidance of President Valerie Boatwright. The board members, Corinne Flores, Linda Trowbridge, Geretta Abeyta, Kathleen Cramer, Barbara Menendez, and *Airways* editor, Christine Anderson-Sanchez, work by her side to ensure a collaborative experience for their nurse members. This component offers an annual ASPAN National Conference scholarship to the winner of an essay contest. What a great idea!

PANAC, the PeriAnesthesia Nurses Association of California, is host component for ASPAN's Anaheim National Conference in 2007. President Sheryl Michelson and "worker bees" Helen Buss, Susan Carter, Debbie Bickford, Patty Stowers, Kathy Sim, Cherie Sloan, and *Pulseline* editor, Ernie Nunes, hold educational conferences in the fall and spring for the component's 900 members. Plans for CPAN and CAPA reviews rank high on the priority list for education. PANAC has been honored twice as a winner of the ASPAN Gold Leaf Award.

NPANA, the Northwest PeriAnesthesia Nurses Association, includes Alaska, Idaho, Montana, Oregon, and Washington. President Arlene Kozicki's team provides education and networking opportunities in three different locations annually. *Off the Cuff* editor, Susan Coleman, South Sound district leader Ginny Matson, Sheri Bowell, Judy Evans, and James Lehn all provide strong leadership for over 600 members.

AzPANA, the Arizona PeriAnesthesia Nurses Association, is very active under the direction of President Jacque Crosson, with the support of Jeff Landau, Pamela Surgener, Nancy Lahr, Kris Ingegneri, and *PAC News* editor, Sara Waldron. This Gold Leaf Component winner offers two statewide conferences each year, and sends two leaders and the winner of an essay contest to ASPAN's National Conference.

RMPANA, the Rocky Mountain PeriAnesthesia Nurses Association,

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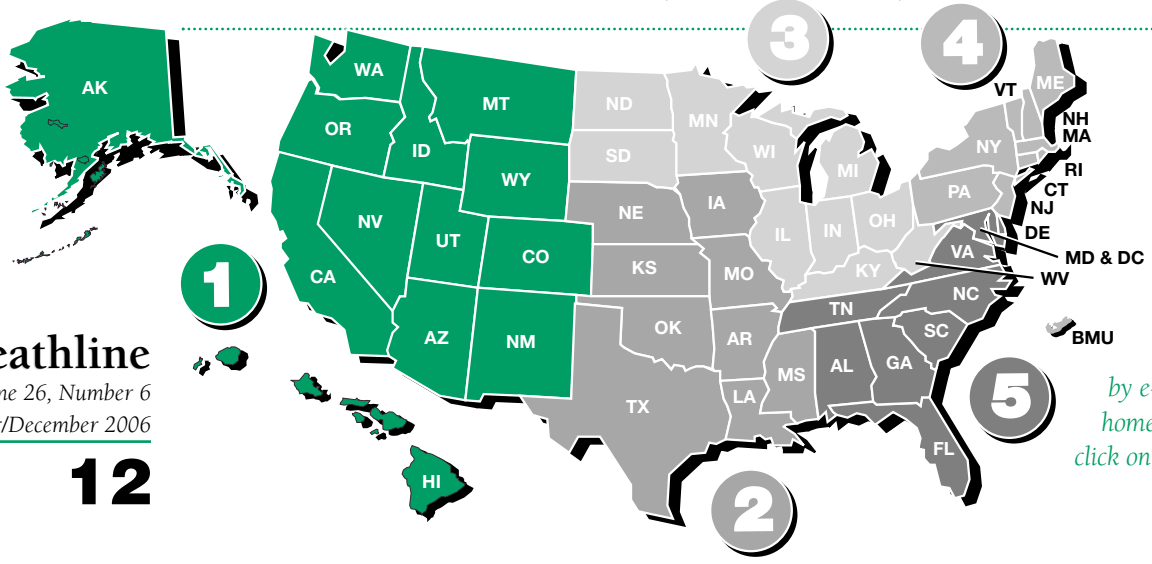
Have you recently moved?
Changed e-mail addresses or phone numbers? Please e-mail aspan@aspan.org with any new contact information so we can stay in touch with you!



Regional Directors are always available by e-mail. Go to the ASPAN home page (www.aspan.org), click on the "About Us" tab and select "Organization."

Celebrate Excellence!

PeriAnesthesia Nurse Awareness Week February 5-11, 2007

Stephanie Kassulke, RN, CPAN – Membership/Marketing Committee Member

Excellence is synonymous with quality, brilliance, and superiority. These words reflect the mission and goals of ASPAN. Some would say that we already give excellent care and our journey has ended, but this is not true. We must continually learn and grow as professionals. ASPAN practice standards and evidence based guidelines support our journey to excellence.

A patient's passage through the perianesthesia period can be difficult and risky. However, nurses act to face such challenges while delivering expert care and supporting positive patient outcomes. From ASPAN's grassroots members to our leaders, perianesthesia nurses display talent and deliver quality care on a daily basis. Whether offering a compassionate word or gesture or performing complicated procedural interventions, nurses are heroes at the bedside.

Spread the Word

Much of nurses' work is hidden in the greater scheme of healthcare delivery systems. Yet nurses are an anchor for provision of care. PeriAnesthesia Nurse Awareness Week (PANAW) is the ideal time to let patients and their family members, healthcare colleagues, legislators, and local media outlets know the role of our specialty nurses in providing preanesthesia, postanesthesia, and conscious sedation care.

PANAW offers a designated time to celebrate who we are and what we stand for. Make plans for your special PANAW celebration, which might include a luncheon with colleagues, informational banners and flyers throughout your facility, or lobby displays. Start making plans now to educate other healthcare team members about perianesthesia nurses and our *Journey to Excellence*.

To order special PANAW themed items for your celebration, see the brochure included in this mailing of Breathline *or visit the ASPAN Web site @ www.aspan.org/panaw.htm*

ASPAN's PANAW Gift to Members

See Page 20 for details.

ASPAN Regions continued from page 12

includes 300 nurses from Colorado, Wyoming, and the Nebraska panhandle. President Sharon Sample is supported by Becki Hoyle, Valerie Watkins, Pam Myrum, Cathy Scott, Lynda Marks, Kathy Anderson, Maureen Lisberger, Barb Godden, and *The Air Exchange* editor, JoEtte Krissel. RMPANA co-sponsored an educational "road show" with four districts in 2006.

It is difficult for one to adequately express appreciation for the contributions of these nurse leaders and many others who not only work in their profession, but for their components, ASPAN, and ultimately for all perianesthesia patients! I am filled with thanks for these leaders and have admiration for all ASPAN Region 1 nurses.

GO for the GOLD

Reginna Campbell, BSN, RN, CPAN- Membership/Marketing Committee Member

ASPAN's annual Gold Leaf Award encourages quality component management while recognizing excellence in component leadership. This award visibly recognizes components that work to build a strong member support structure. Through member development, communication, education services and community relations, the efforts of component members and leaders result in a meaningful experience for the entire component.

The journey to gold resembles the model developed by nursing theorist, Patricia Benner, PhD, RN, FAAN. Benner describes nursing careers on a continuum from novice beginnings through stages leading to expert status.[1] Each component striving for the Gold Leaf Award has a similar journey, with each component at a different phase of the journey. Now components can adopt an excellence model and embark on their journey toward attaining the Gold Leaf Award.

For information on ASPAN's Gold Leaf Award, and to see the list of past winners, go to the ASPAN Web site (www.aspan.org). Select the "Members" tab then the "Gold Leaf Awards" link. Remember, component presidents, this award gives very special recognition for the work your component members have accomplished. Apply today!

REFERENCE

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Certification

(http://www.cpancapa.org)

Do you have the Passion?

Rich Ruhmann, ABPANC Consumer Representative

A recent survey conducted by ABPANC and ASPAN identified a significant trend related to certification. Seventy percent of respondents stated it is a trend in their geographical area of the country for people to have no time to study, and they are too tired to study. Cost was also a factor.[1] Over the next few months, we will publish responses to these trends from perianesthesia nursing leaders who are CPAN and/or CAPA certified. Maybe their reasons for overcoming obstacles will inspire you to seek certification. But first, hear what Rich Ruhmann, ABPANC's Consumer Representative, has to say.

The truth of the matter is that you cannot afford NOT to study, dedicate your time to your profession, and invest in your own future. Here's why. Everyone else is doing it! In order to remain competitive in your field one of the best ways to know you have it is to become certified and to recertify. Certification and the requirements to maintain it builds confidence in your self, your colleagues and most importantly, in patients.

Perianesthesia nurses are not the only people that face the "3 Ts" - not enough time, too much on their plate, and tight budgets. As an executive coach and consultant I see this with other professional clients, yet they do whatever it takes. In his book *Authentic Happiness*, Martin Seligman says there are three categories of work: the Job, the Career, and the Calling.[2] People who view their work as a calling make sure they are prepared, knowledgeable, and they make the extra effort not just for themselves but for patients.

Experience "It"

Mihaly Csikszentmihalyi talks about this subject differently in his book *Flow: the Psychology of Optimal Experience*. You all experience **it**! **It** is that state when you are one with the patient because you know you are capable and knowledgeable.[3] Dewitt Jones says it another way in *Celebrate What's Right with the World*. You must continually "take yourself to the edge" and "be the best for the world."[4] You can only do this by treating yourself with the same respect and professionalism that you would expect of others.

Certification takes you to the edge, not just the edge of your profession but to your personal edge. Certification challenges you not only as a professional but also as a person. Certification is not just something you do – it is more about w*ho* and *how* you *"Be"* – Be committed, Be Knowledgeable, Be the Best. That's why you become certified!

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April 15, 2007 Certification Exam Registration Dates

- Special test site *request* postmark deadline - **1/29/07***
- Initial application postmark deadline - **2/12/07**
- Late application postmark deadline (must submit a $50 late fee) - **2/19/07**
- Application withdrawal/roll over postmark deadline - **2/26/07**
- Test site transfer request postmark deadline - **3/5/07**

* This deadline is only for *requesting* a special test site, not for exam applications. See the ABPANC Web site or *Examination Handbook and Application* for details about special test site requests.

ABPANC Advocacy Award Nominations

Do you have a story to tell about a certified nurse who advocated above and beyond one's normal role to meet the needs of a perianesthesia patient and/or their family? If so, please nominate them for the ABPANC Advocacy Award, which publicly recognizes the CPAN® and/or CAPA® certified nurse who exemplifies leadership as a patient advocate. For an example of how to write this story, visit the ABPANC Web site for award eligibility requirements, the application form, and examples of previous award winning stories. **The postmark deadline for submission is February 1, 2007.**

Contact ABPANC for Certification Information

ABPANC
475 Riverside Drive, 6th Floor
New York, NY 10115-0089
Phone: 1-800-6ABPANC
Fax: 212-367-4256
www.cpancapa.org

ASPAN Foundation Happenings

Dolly Ireland, MSN, RN, CAPA, CPN – Director for the Foundation

The Foundation has been busy exploring ways for ASPAN members to participate in the partnership of fund raising to promote ASPAN projects. One evolving project is an ASPAN cookbook containing recipes contributed by component members. Look for the cookbook on sale at the National Conference in Anaheim.

"Get ready, aim, and shoot!" That will be the cry heard throughout the exhibit hall in Anaheim. Make that basket, win a prize, and support fundraising while having fun. And who will win the game of hoops? Did I hear a component challenge? Members can always participate in the "Hail, Honor, and Salute Campaign" by extending a donation in honor of a special individual or individuals who made a difference in your personal journey to excellence.

The annual Foundation Luncheon will be quite special this year as ASPAN welcomes Past President Susan Shelander, RN, CPAN, as our speaker. Always engaging and motivating, don't miss Ms. Shelander's inspiring presentation "Your Life is Your Message…" The Sunday morning Dream Walk in Anaheim will hold some special surprises as we stroll in the land of magic…so stay tuned for more announcements.

The Foundation awarded more scholarships this year than ever before to support members seeking undergraduate degrees, advance practice degrees, National Conference attendance, and certification status. The work of promoting and sustaining ASPAN projects continues and we are appreciative of your ongoing support and participation. Thank you all!

Research Online Journal Club

ASPAN members interested in gaining research critiquing skills can now participate in the Online Journal Club. As discussed in this edition of Breathline, the ability to critique research studies is essential for the implementation of EBP. A major goal of this Journal Club is to mentor nurses through the process of critiquing published research articles in a non-threatening, interactive environment.

Nursing doctoral candidate Jacqueline Ross, MSN, RN, CAPA, ASPAN Evidenced Base Practice (EBP) Committee Chairperson, facilitates this easy to use virtual discussion designed to enhance your understanding of EBP trends in a supportive, non threatening environment.

To access the Journal Club, please go to the ASPAN Web site home page (www.aspan.org) and follow the link under "What's New" for login instructions. Articles are available in the *Journal of PeriAnesthesia Nursing* (*JoPAN*) or can be obtained by registering on the *JoPAN* Web site (www.jopan.org). Please join the club!

PANAW Celebrations

As plans develop for your facility's commemoration of PANAW 2007, check out the many PANAW theme items available to make your event extra special. For a complete listing of this year's PANAW memorabilia, see the brochure included in this mailing of *Breathline* or go to

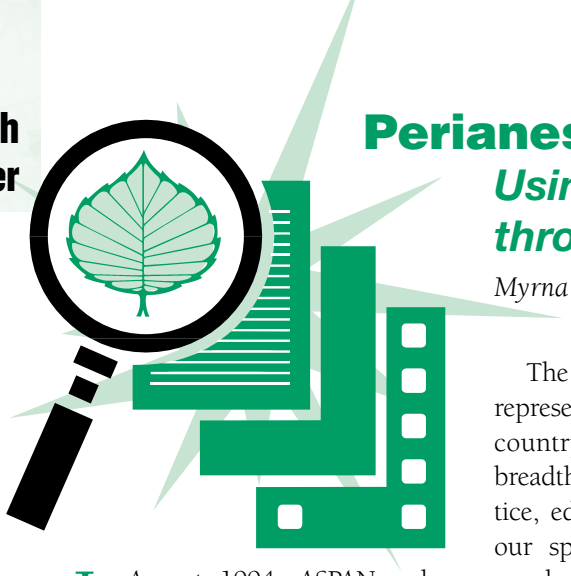
www.PANAW.com

and see the many wonderful items presented.

Enjoy the Anaheim area while attending Conference

Walt Disney's original theme park, Disneyland, continues to draw millions of visitors to its many lands, including old favorites like Fantasyland, Main Street U.S.A., Tomorrowland, and Adventureland. Newer attractions such as Mickey's Toon Town, Disney's California Adventure and Downtown Disney continue a tradition that began in 1955. All of this fun and excitement is just across the street from the Disneyland Resort, ASPAN's National Conference host hotel.

Soaring on the Magical Journey to Excellence



Perianesthesia Research Priorities

Using a collaborative approach through the Delphi Study

Myrna Mamaril, MS, RN, CPAN, CAPA – ASPAN Director for Research

In August 1994, ASPAN published its first Delphi Study. Past ASPAN Research Chairperson, Melody Heffline, MSN, RN, CPAN led this study to identify and prioritize our top research practice questions, with pain management in the post anesthesia care unit identified as the leading clinical practice issue. Now, twelve years later, the ASPAN Research Committee is launching a modified Delphi study to identify the current top twelve ASPAN research priorities. The new study will guide the allocation of the financial and human resources required to conduct effective research studies. This article explores the scientific foundations of a modified Delphi technique and briefly discusses the ASPAN plan.

About Delphi

The Delphi technique was first used by the Rand Corporation in the 1950s as a forecasting tool for the military. The purpose of a modified Delphi study is to obtain consensus from the diverse, unique perspectives of expert opinion. Utilizing the modified Delphi, the ASPAN sample will consist of eight ASPAN Clinical Practice Committee experts, eight ASPAN Education Committee experts, and eight Research Committee experts. This sample represents the three components of the ASPAN mission statement: clinical practice, research, and education.

The Delphi panel of experts represents the five regions of the country, providing depth and breadth of insight into the practice, education, and research for our specialty organization. The panel will be randomly divided into three sub-panels, and participants are asked to verify and rate the relative importance of research for the top twelve perianesthesia practice topics. This modified Delphi method produces a structured communication process to examine a topic or problem and summarizes consensus among expert participants. After soliciting reliable responses from the expert panel, the identified topics/problems or outcomes will be rank-ordered.

Defining the Process

The modified Delphi study incorporates three rounds of activity. The first round will present the instrument of thirty preselected perianesthesia practice, administrative, and educational topics/problems to panel members. The panel completes the rank ordering and adds pertinent topics or problems not listed on the original instrument. Soliciting additional suggestions or ideas about new items expands the validity of the instrument. The completed instrument is returned to the National Office, with responses analyzed and compiled to build the second round instrument. Statistical testing is applied to each item; interquartile ranges are calculated as measures of dispersion while the median scores are calculated as measures of central tendency. Once the data is combined in the instrument, it will be used to determine the degree of importance and consensus for each item.

To differentiate the second round procedure from the first round ratings, the first round interquartile ranges will be added to the original instrument. When the second round of the tool is completed by the expert panel, the second round instrument will be returned to the National Office. At this point, the responses are analyzed and compiled to build the third round instrument. For each item, interquartile ranges will be calculated as measures of dispersion. Subsequently the median scores will be calculated as measures of central tendency. Once the data is combined in the instrument, it will again be used to determine the degree of importance and consensus for each item.

In round three, the summary of round two interquartile ranges will be placed on the instrument. The first component of data analysis entails a review of each topic/problem item for consensus. The second component involves an evaluation of the perceived importance of the topic/problem item. A three point scale will be divided into high, medium, or low importance and the data will be summarized into ASPAN's top twelve research priorities.

Establishing ASPAN's Priorities

The Delphi method is widely recognized as a scientific research design used in diverse settings in government, business, education, and healthcare. Furthermore, the Delphi research method's most

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A Closer Look into the Evidence Based Practice Committee

Jacqueline Ross, MSN, RN, CPAN – Chair, Evidence Based Practice Committee

One of the main goals for evidence based practice (EBP) is to assure that the best evidence is used to direct patient care. Newly established as a formal committee, our efforts are devoted to ASPAN's mission of promoting evidence based standards and guidelines. The EBP Committee is charged with examining the evidence of standards, guidelines, and clinical practice questions in order to promote best practice.

The implementation of EBP into perianesthesia areas will require collaboration between educators, administrators, researchers, and most importantly nurses working at the bedside. One of the main barriers consistently mentioned in the literature is that bedside nurses lack the confidence to critique and synthesize the available evidence.

In an effort to counter this barrier, ASPAN recently launched an Online Journal Club (see page 15 for more information). The Online Journal Club format enables ASPAN members to read and critique research articles in a non-threatening environment, read feedback and insights from other nurses from around the world, and to anticipate the implications the evidence may have on their practice.

Guideline Validation

This year the Postoperative and Postdischarge Nausea and Vomiting (PONV/PDNV) Guidelines were reviewed and made completely evidence-based. Since PONV and PDNV are among the most common complications following surgery, these guidelines serve as an excellent source for perianesthesia nurses and others within the healthcare team.

This evidence review was conducted in a multidisciplinary manner with representatives present from the American Society of Anesthesiologists, the American Association of Nurse Anesthetists, ASPAN, and a pharmacist with a specialty in post operative nausea and vomiting. The consensus resulted in the publication of a formal guideline (see page 2 for more information).

High Standards

The *ASPAN Standards* are being reviewed for the best available evidence and ranked accordingly. During the recent EBP Committee meeting each of the standards and guidelines were reviewed and prioritized for future evidence review. EBP teams are being formed and these teams will collaborate with the Standards Committee as the *2008-2010 ASPAN Standards of Perianesthesia Nursing Practice* are being written. Examining the current evidence also allows ASPAN to devise where additional research is needed and to prioritize research needs.

The EBP Committee remains committed to providing the resources to assist ASPAN in the promotion of EBP. Periodic adjustments to the process will be made as needed to assure that this is accomplished. If you require any additional information or would like to make a comment or suggestion, please contact Jackie Ross, Chair (jackieross@adelphia.net).

Research Corner continued from page 16

significant attribute derives from expert opinion built on consensus. The validity of the modified Delphi study depends on the rigorous systematic technique by which procedures are applied during the three rounds of the rank-order survey process. Finally, by conducting a modified Delphi study, ASPAN seeks to establish the top twelve research priorities for perianesthesia practice, education, and administration.

Writers and Researchers Collide!

Matthew D. Byrne, MS, RN, CPAN – ASPAN Publications Committee Member

What better way to complement the unique pairing of research and publications than to offer it in the backyard of some of the best shopping in the world. The 2006 Component Development Institute (CDI), held in Minneapolis in the shadow of the Mall of America, offered a chance for ASPAN writers and researchers to gather and share their vision, talents, and trade secrets. Over the past five years, we witnessed enormous growth in resources for ASPAN members involved with research and publications, and the next five years promise even more.

Two of a Perfect Pair

Although the pairing of researchers and writers seems an unlikely combination, in the current healthcare and educational environment they actually go hand in hand. One of the first and most important lessons of research is that it is wasted if not shared with those who might benefit or learn from it. Publication of findings though formal journal submissions or dissemination by informal reviews in component newsletters is a quintessential factor representing finality of a successful research project.

On the flip side, writers not only put pen to paper for creation of a story or article, but also engage in the editing process. Without new findings, many of our component writers would be forced to stare blankly at their computer monitor lacking something to edit or searching in vain for the wide range of sources needed to build credibility and an interesting piece.

Writers and researchers cannot exist without each other. As was evident at the CDI, each struggle to meet deadlines, work tirelessly toward an elusive perfection, and they are driven by the desire to make a difference in the lives of their colleagues, patients, and specialty nursing organization. By bringing these two groups together, the CDI helped to unify the vision for research and publications on both the local and national levels. Friendships were made and reinforced, and the important connection of a shared sense of struggle and purpose that drives our specialty group was further realized.

We've Come a Long Way

Members involved with writing for publication and newsletters noted that networking resources and support have come a long way. For writers, the Publications Specialty Practice Group (SPG) built a network of writers, editors and Web editors that blossomed into a growing ASPAN press corps. From a new Web page to stepped-up newsletters, the Publications SPG is leading the way when it comes to fully realizing the organizations mission of providing resources and education to its members.

The recent CDI is also an example of feedback in action. The 2001 CDI offered the first formal meeting for component editors and since that time many requests were heard for editors and writers to again meet, learn, and exchange ideas. The need for increased resources was also evident in the ASPAN editor surveys done in 2001, 2004 and 2006.

Survey Says ...

The sequential editor surveys helped our organization to define who the component editors are and what specific needs for editors exist. These surveys also helped to gather feedback about the annual ASPAN Newsletter Contest, a forum in which our editors have the opportunity to truly shine. The simple fact that surveys are conducted speaks volumes regarding ASPAN's commitment to collect the evidence and evaluate the results to best tailor education and resources for writers and editors at large.

The survey results reveal that we have a mix of lifetime editors and some newer members taking over the reigns of their component's newsletter. The results also reveal a range of practices employed when it comes to how, where and who is doing the difficult work of designing, writing, editing and publishing a primary link between components and their membership. The CDI, in tune with past survey results and the growing Publications SPG, can be summed up as the right content at the right time for the right people.

Nurse Writers Wanted

Stephanie Kassulke, RN, CPAN – Coordinator, Publications Specialty Practice Group

The thought of applying a pen to paper, or fingertips to keyboard, can be a person's worse nightmare. The ability to express oneself in writing is not an inherent talent but is a skill that can be learned. A writer is any person who has a story in them just waiting to come out, whether the expression results in a short article, evidenced based standards, or policies and procedures. If you ever think about sharing a topic of particular interest, then you could be a future writer just waiting to come out.

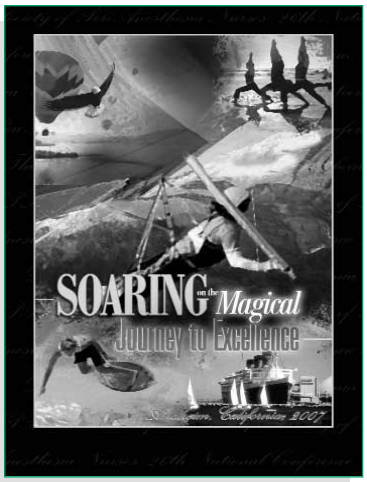
Writing is something we have unconsciously done over the years in chart documentation, letters or memos. Sharing such forms of writing is a beginning step toward writing a short article. The thought of submitting an article for publication can be scary as thoughts turn to the editor not liking the subject or content. The reality is an editor can help one to learn or grow in the writing process. Think of the editor as a mentor or coach rather than someone to avoid!

Support for Writers

We are all novice writers at some point, but the road to publishing does not have to be traveled alone. The ASPAN Publications Specialty Practice Group (SPG) exists to support and empower new writers and component newsletter editors. I am the Publication SPG Coordinator, and Kathy Menard, BSN, RN, CPAN, CAPA, is Vice-Coordinator. Although a fairly young group, we have made great strides.

The Publications SPG offers members two newsletters per year, networking and learning opportunities at the yearly meeting held at National Conference, and a member's only area on the ASPAN Web site. Our target membership includes editors, writers, researchers, and Web masters, but any interested ASPAN member is welcome to join.

I encourage each of you to think about joining our SPG if there is a writer hiding in you and just waiting to come out. Think about topics of interest and take the initiative to contact your component editor so he or she can provide the support, education, and mentorship that you may need to accomplish this goal. Encouraging and supporting nurses to write is our Publications SPG mission, and we invite you to join us in our journey to excellence in writing.



ASPAN 26th National Conference

"Soaring on the Magical Journey to Excellence"

April 15-19, 2007

Anaheim, California

PANAW 2007 Celebrates Education

ASPAN members may complete any CE article in *JoPAN* or from the ASPAN Web site during PANAW (February 5 - 11, 2007) and the usual contact hour fee will be paid by ASPAN!

To earn free contact hours:

- You must be a current member of ASPAN
- No more than four articles per member may be submitted during this offer
- **Submissions by mail must be postmarked no later than February 11, 2007**
- **Submissions online must be time-stamped no later than February 11, 2007**
- All mailed submissions must be sent in the same envelope
- Submissions from non-members will be accepted if an ASPAN membership application and dues are included in the envelope

Notification will occur within six weeks after the deadline. *Happy PANAW!*

2007 Winter/Spring Seminars

January 13, 2007
Review for Certification: CPAN
Review for Certification: CAPA
Kansas City, MO

January 20, 2007
Navigating the Regulatory Maze
Austin, TX

February 3, 2007
Pediatrics: Little Bodies, Big Differences
Albany, NY
Greenville, SC

February 10, 2007
Aging: Everybody is Doing It
New York City, NY

Review for Certification: CAPA
Albuquerque, NM

February 24, 2007
Review for Certification: CPAN
Review for Certification: CAPA
Columbus, GA

March 3, 2007
Review for Certification: CPAN
Review for Certification: CAPA
Evansville, IN

Ambulatory Perianesthesia Practice: Beyond the Basics
Johnson City, NY

March 17, 2007
Review for Certification: CPAN
Review for Certification: CAPA
Boise, ID

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