



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 26, Number 5

September/October 2006

Journey to Perianesthesia Excellence: Creating Best Practices and a Safety Culture

INSIDE:

**Staffing
Strategic
Work Team**
page 4

**New ANCC
Regulations**
page 5

**Perianesthesia
Data Elements**
page 9

**Commitment
to Safety**
page 16

Have you ever made a mistake? Have you had a near miss or a close call? Let's face it, we all make mistakes. Mistakes happen whether you're driving, cooking, or typing. Mistakes happen in hospitals, surgery centers, outpatient clinics, and physicians' offices. We, as clinicians, must acknowledge that *mistakes happen*. Our challenge as healthcare professionals is to avoid mistakes, and when they do occur find ways to prevent such mistakes from causing harm to patients.

Errors are commonly attributed to inappropriate labeling, dosing, routing, preparation, and apparent incompetence¹. Errors are not unique to healthcare. The aviation and automotive industries realized that system faults lead to errors, necessitating vital system design changes to minimize errors. It has been approximately seven years since the publication of the first Institute of Medicine (IOM) report, *To Err is Human: Building a Safer Health System*², and five years since the follow-up report, *Crossing the Quality Chasm: A New Health System for the 21st Century*³. The volume of implemented and proposed changes resulting from these reports serves as a startling reminder that an improved culture of patient safety must emerge.



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

Safety in Numbers

As many as 98,000 patients die yearly in hospitals due to preventable errors. Nationwide estimates for collateral expenses related to lost income and household productivity, disability, and necessary additional care for patients experiencing preventable medical errors ranges from \$17-\$29 billion per year, while the risks associated with hospital stays continue to rise². The IOM reports appalled consumers and eroded trust. As healthcare professionals we have a responsibility to help restore patients' and families' trust in our system.

The third phase of the IOM quality initiative, "Health Professions Education: A Bridge to Quality"⁴, asserts that education reform for healthcare professionals can enhance the quality of care and improve collaboration across the professions, which will subsequently facilitate system design solutions. How are we doing

seven years after the first report? Awareness of safety concerns is certainly greater, but safety issues don't resolve just because staff members have good intentions.

Safety initiatives are extensively woven into today's healthcare agenda. The Institute for Healthcare Improvement (IHI) is one driving force for healthcare safety. The IHI developed the "100,000 Lives Campaign" to engage U.S. hospitals in making a commitment to implement system changes to improve patient care and prevent avoidable deaths⁵. This campaign marked the first national effort to promote saving a targeted number of lives. Other organizations and stakeholders also stress the importance of re-examining healthcare delivery processes while implementing guidelines and protocols to improve quality outcomes.

Important aspects for improvement in healthcare safety include:

- **Improved communication** through development of communication systems that assist in error prevention
- **Effective decision-making**, required to facilitate change and improve the workplace environment
- **Enhanced interdepartmental collaboration** that involves nurses in system design ideas and decision-making processes

continued on page 2

**ASPAN National
Conference**

**"Soaring on the
Magical Journey
to Excellence"**

**April 15-19, 2007
Anaheim, CA**

www.aspan.org

Serving nurses practicing in ambulatory surgery, preanesthesia, and postanesthesia care.

“You must be the change you wish to see in the world.”

– Mohandas Karamchand Gandhi

Perianesthesia Safety Initiative

ASPAN's mission is to generate a safer perianesthesia care setting and provide guidelines for best practices. It is not acceptable to provide care based solely on personal or organizational opinions. Standards, protocols, and health-care delivery systems can be accepted when their validity and outcomes are proven to be positive. Nurses occupy a critical role in patient safety and share responsibility to ensure client hospitalizations are as accident and error free as possible. As nurses, we must continually push for better standards and promote best practices while mentoring colleagues to uphold patient safety systems in the workplace.

Two years ago, the Safety Strategic Work Team (SWT) assessed safety culture among perianesthesia nurses. The information gathering, based on the 2004 JCAHO safety goals, focused on patient, nursing, staffing and environmental issues. The survey used included three major elements: patient safety, staff safety, and environmental safety. Each element contained specific questions pertaining to each perianesthesia area of care. A nationwide survey, begun during the 2005 ASPAN National Conference in Chicago, yielded more than 600 responses from perianesthesia colleagues and provided insight regarding how nurses manage safety. Dina Krenzischek, MAS, RN, CPAN, ASPAN Safety Committee Chair, completed the safety survey data entry and with the assistance of Linda Wilson, PhD, RN, CPAN, CAPA, BC, analyzed the data. More information regarding ASPAN's strategic safety initiatives is found in the article on page 16.

Safe Staffing

An increasing number of reports and research findings support that quality of healthcare is proportional to the number of RNs providing patient care. The nursing profession is aggressively searching for a solution to produce staffing levels that are safe and effective for patient care, while maintaining affordability. Because nursing influence impacts regulatory and policy recommendations aimed at improving the quality of healthcare, ASPAN will ensure there is a strong perianesthesia presence in the decision-making process.

Myrna Mamaril, MS, RN, CPAN, CAPA, and Ellen Sullivan, BSN, RN, CPAN, serve as Co- Coordinators of ASPAN's Staffing SWT. This team is in the process of investigating opportunities and strategies for safe staffing in the perianesthesia arena. Please see the article on page 4 for more information on the SWT's work in progress. ASPAN, as the voice for perianesthesia nursing, will remain at the forefront to find the right solution and make a difference in perianesthesia care staffing paradigms.

ASPAN is committed to providing recommendations for a better and safer work environment; therefore, we must remain proactive regarding safety initiatives. As is evident from the committee work described in this *Breathline* edition, your ASPAN leaders are committed to a perianesthesia safety journey to excellence, and the protection of our patients and your professional practice. As perianesthesia nurses, *we are the experts* who can minimize or eliminate errors in our setting. *WE* will make this journey together!

continued on page 3

ASPAN Breathline

Published by the American Society of
PeriAnesthesia Nurses

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

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

2006-2007 BOARD OF DIRECTORS

PRESIDENT:
Pamela Windle (TX)
VICE PRESIDENT/PRESIDENT-ELECT
Susan Fossum (CA)
SECRETARY
Gena Near (NC)
TREASURER
Lois Schick (CO)
IMMEDIATE PAST PRESIDENT
Meg Beturne (MA)
REGIONAL DIRECTORS
Region 1 - Nancy O'Malley (CO)
Region 2 - Twilla Shrout (MO)
Region 3 - Kim Kraft (IL)
Region 4 - Maryanne Carollo (NY)
Region 5 - Chris Price (DE)
DIRECTOR FOR EDUCATION
Kathy DeLeskey (MA)
DIRECTOR FOR CLINICAL PRACTICE
Theresa Clifford (ME)
DIRECTOR FOR RESEARCH
Myrna Mamaril (CO)
DIRECTOR FOR THE FOUNDATION
Dolly Ireland (MI)
ABPANC PRESIDENT (EX-OFFICIO)
Ann Beldia Smith (CA)
ASPAN CHIEF EXECUTIVE OFFICER
(EX-OFFICIO)
Kevin Dill (NJ)

BREATHLINE

EDITORIAL STAFF

PUBLICATIONS CHAIRPERSON
Barbara Putrycus (MI)
EDITOR:
Joni Brady (NY)
CONTRIBUTING EDITORS:
Susan Carter (CA)
Cheryl Coleman (SC)
Jan Odom-Forren (KY)
Dina Krenzischek (MD)
Jane Lind (SC)
Maureen McLaughlin (MA)
Evelyn Medycki (PA)
Bonnie Niebuhr (OH)
Ernestine Nunes (CA)
Denise O'Brien (MI)
Barb Struthers (MI)
Ellen Sullivan (MA)

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*:

IssueDeadline
JanuaryNovember 1
MarchJanuary 1
MayMarch 1
JulyMay 1
SeptemberJuly 1
NovemberSeptember 1



Art for Patients' Sake

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

Every now and then life's unanticipated events serve up a professional reality check. Mine came while recently traveling in America from my residence in Europe, when an accidental knee injury took me to the emergency room. With my pain level quite high, I completed insurance forms in the waiting area while my mind raced ahead to traveling alone in pain and on crutches during a sixteen hour flight home, and to the possibility of requiring medical care in a place where I barely speak the native language.

My frightened thoughts were interrupted by a triage nurse who greeted and then wheeled me into a screening room. This pleasant and engaging nurse documented the accident and medical history, and her empathetic approach to my situation helped put me at ease. A second nurse arrived to assist in my care while bearing an unhappy facial expression, making no eye contact, and gruffly taking vital signs without speaking a word. This triage encounter marked the beginning of my surgical patient odyssey in a foreign country. While the majority of my European nurses were non-English speaking, their disposition and body language came across quite clearly. The varying demeanor of professional nurses moved me to reflect on the importance of art in nursing.

A Balanced Approach

A holistic approach to care delivery, combining the art and science of nursing, is paramount to the patient experience. Nursing comprises characteristics of the social, biological, and behavioral sciences while emphasizing improved practice through application of theoretical frameworks and scientific research¹. Today's healthcare environment requires

insightful, analytical professionals who understand and accept the diversity and complexity of the human experience. Nursing literature offers insight into aesthetic nursing interventions, including a movement toward participation of nursing students in the study of art to promote creative development and increase meaning regarding the role of nurses in the current health care climate².

While more research relating the study of art to enhanced critical thinking skills is needed, benefits of studying the humanities include the development of good communication skills and creation of a unique understanding of life situations in a historical and socio-cultural framework². The patient-nurse relationship involves feelings, actions, and symbols in which one person can promote a comparable reaction to that displayed in the gesture of another. Nurses described as caring consider and address both physical and emotional requirements, and caring behaviors contained in nurses' actions and gestures have been shown to enhance patients' sense of reality and to promote the healing process³.


The Big Picture

In the world of many patients surgery and anesthesia is a foreign, overwhelming event. This concept should be embraced and not forgotten by healthcare workers who spend so much time in a care delivery setting. Much of ASPAN's work centers on advancing the science of perianesthesia nursing. This extremely important aspect of our mission promotes competent, safe nursing practice. Yet the art of nursing, the caring and compassionate side of this profession, shares importance for those entrusted to our care. During my patient role I encountered some

nursing masters whose skillful, sensitive actions made the event more comforting and pleasant. I deeply appreciated their competent and sympathetic nursing care and encourage you to fill your professional canvas with sound science and beautiful art.


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

REFERENCES

1. Kathuria OK, "Evidence based nursing practice (EBP)," *Nursing Journal of India*, 94(11), p. 25, November, 2003.
2. Mareno NA, "A nursing course with the great masters," *Nursing Education Perspectives*, 27(4), pp. 182-183, July/August 2006.
3. Godkin J & Godkin L, "Caring behaviors among nurses: Fostering a conversation of gestures," *Health Care Management Review*, 29(3), pp. 258-267, July-September 2004. 

President's Message
continued from page 2

REFERENCES

1. Windle PE, "Patient safety in the hands of the perianesthesia nurses," *Breathline*, 25(1), pp. 4-5, 2005.
2. Kohn LT, Corrigan JM, Donaldson MS, "To err is human: Building a safer health system". Institute of Medicine (US) Committee on Quality of Health Care in America, Washington, DC: National Academy Academy Press, 2000.
3. Institute of Medicine. Crossing the quality chasm: A new health system for the 21st century. Available at <http://www.iom.edu/CMS/8089/543/2/27184.aspx>. Accessed July 9, 2006.
4. Institute of Medicine. Health professions education: A bridge to quality. Available at <http://www.iom.edu/CMS/3809/4634/5914.aspx>. Accessed July 13, 2006.
5. Institute for Healthcare Improvement. 100,000 Lives Campaign. Available at <http://www.ihl.org/IHI/Programs/Campaign/Campaign.htm?TabId=1>. Accessed July 13, 2006. 

Safety in the Perianesthesia Care Environment Examining the Science in Staffing and Patient Outcomes

Myrna Mamaril, MS, RN, CPAN, CAPA and Ellen Sullivan, BSN, RN, CPAN - Co-Coordinators, Staffing SWT

ASPAN President Pamela Windle chartered the American Society of Perianesthesia Nurses' Staffing Strategic Work Team (SWT) to weigh current evidence related to nurse to patient ratios and patient outcomes. This strategic application was designed to promote safe nurse to patient ratios and enhance the strength of ASPAN *Standards of Perianesthesia Nursing Practice* through evidence based practice (EBP).

The Staffing SWT meeting began June 9, 2006, with a historical overview of ASPAN Standards and then critically examined Phase I postanesthesia care unit diverse practice settings, unique workload, fast-paced care, and critical interventions. Current standards are based on expert consensus, which is considered supporting evidence but is not weighted as strongly as quantitative research. Expert opinion and practice experience support that our current staffing ratios allow the delivery of safe care. We must now move to base care standards on stronger supporting evidence while developing nurse sensitive indicators specific to our patient population, which are measurable and can be linked to patient outcomes. Through this process we strengthen practice, provide a safe environment for patients, and advance our nursing specialty.

When one begins an EBP study, it is important to start with a question that is answered by analyzing the current evidence. Our EBP question was: "What nurse to patient ratio in PACU Phase I is needed to prevent complications or delays in treatments for patients recovering from surgery and anesthesia?" Before the

SWT began weighing the evidence, the team was asked to think about: What is nurse staffing? What are nurse sensitive outcomes? Teams of two members were assigned a specific number of articles to review the strength and quality of the nurse staffing ratios and nurse sensitive outcomes evidence, and each team reported its findings.

Analyzing the Data

The state of the science revealed that more nurses to patients are associated with better or improved patient outcomes. However, the majority of these nurse sensitive outcomes were not applicable to postanesthesia nursing practice. The evidence our team members reviewed evolved from medical/surgical, critical care and emergency department nursing research studies and expert opinion. Indicators commonly used in the evidence reviewed included, but were not limited to, the following: medication errors; patient fall rates; nosocomial infections; length of stay and pressure ulcer prevalence; and failure to rescue.

It was important for the team to examine the current evidence or state of the science related to nurse to patient ratios and patient outcomes. This accomplished several significant objectives. First, it gave team members an understanding of the best currently available evidence. Second, it created a starting point for group participation and helped the team move forward to identify future goals needed to accomplish the team's mission. Third, high level debates based on knowledge and experience were

necessary for clarification and goal direction. The concurrence of the ASPAN Staffing SWT was that the majority of nurse sensitive indicators were not applicable to postanesthesia nursing practice.

Producing Quality Evidence

The consensus reached by the SWT is that ASPAN needs to conduct research studies to identify the nurse staffing ratios/nurse sensitive outcomes that will create credible evidence for our specialty. Sound, well-designed research studies produce quality evidence. The EBP process conducted by our ASPAN Staffing SWT helped to establish the foundation of scientific inquiry in order to begin the important journey of establishing perianesthesia evidence. The Staffing SWT research problem statements developed are:

- What research is needed?
- Where do we go from here to validate ASPAN's perianesthesia nurse staffing ratios?
- What types of research are needed?
- What staffing tools do we need to develop?
- What are the perianesthesia nurse sensitive indicators that affect outcomes?

Finally, ASPAN's Staffing SWT chartered a *Journey to Excellence* course by identifying a proposed five-year staffing research strategic plan with key roles and responsibilities assigned.

ASPAN is committed to safe nurse to patient ratios that keep perianesthesia patients protected throughout the continuum of care. Continuing scientific inquiry and identifying perianesthesia nurse

continued on page 5

Staffing SWT
continued from page 4

sensitive indicators and safe staffing ratios will strengthen and provide a safe environment of care. ASPAN's safe staffing initiatives include, but are not limited to: education and dissemination of our EBP and research at the Component Development Institute in September 2006 and future Delphi and qualitative research studies to begin in 2006 and 2007. A panel presentation of our EBP Staffing process and the subsequent results will be featured during the 26th ASPAN National Conference in Anaheim, California.

Acknowledgement of Faculty Advisors

The ASPAN Staffing SWT wishes to acknowledge the following expert nurse scientists who facilitated the future safe staffing research strategic plan and contributed to the advancement of perianesthesia nursing practice:

Robin Newhouse, PhD, RN, CNOR, CNA, from The Johns Hopkins Hospital and Johns Hopkins University, School of Nursing, facilitated our first EBP

Model Development meeting in Baltimore, MD, and continued to facilitate ASPAN's Staffing SWT meeting, June 9 and 10, 2006. Dr. Newhouse's experience as a postanesthesia nurse, nurse manager, and director of surgical services created a unique understanding of the postanesthesia manager's role in keeping patients safe as well as the nurse's scope of care in recovering vulnerable patients from anesthesia and surgery.

Margaret Hodge, EdD, RN, an ASPAN 25th National Conference speaker, presented the topic "Minimum Nurse Staffing Ratios and Outcomes: Assessing the Quality of Nursing Care". Dr. Hodge met and consulted with Staffing SWT members, during the Orlando Conference, regarding development of perianesthesia nurse sensitive indicators and the design for an ASPAN Delphi study to identify nurse patient ratios and the relationship of patient outcomes.

2006-2007 Staffing SWT Members

Myrna Mamaril, MS, RN, CPAN, CAPA-ASPAN *Director for Research* and Ellen Sullivan, BSN, RN, CPAN-ASPAN *Director for Clinical Practice* (1998-2002) were

appointed by the President as co-chairs to lead this strategic work team. Staffing SWT members possess knowledge and expertise of ASPAN Standards and have familiarity with using ASPAN's EBP Model. The members are:

Theresa Clifford, MSN, RN, CPAN, CAPA-ASPAN *Director for Clinical Practice*

Susan Fossum, BSN, RN, CPAN-ASPAN *Vice President/President-Elect*

Barbara Godden, MAH, RN, CPAN, CAPA-ASPAN *Standards and Guidelines Committee Chair*

Vallire Hooper, MSN, RN, CPAN-*Co-editor, Journal of Peri-Anesthesia Nursing*

Dina Krenzischek, MAS, RN, CPAN-ASPAN *Safety Committee Chair*

Wanda Rodriguez, MSN, RN, CCRN

Jackie Ross, MSN, RN, CPAN-ASPAN *Evidence Based Practice Committee Chair*

Lois Schick, MN, MBA, RN, CPAN, CAPA

Linda Wilson, PhD, RN CPAN, CAPA, BC

Pamela Windle, MS, RN, CNA, BC, CPAN, CAPA-ASPAN *President*



New ANCC Regulations: Change in Contact Hour Calculation

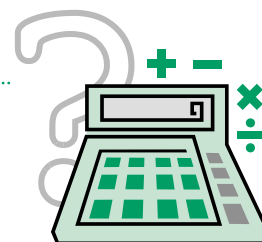
According to the new ANCC-COA Continuing Education Operational Requirements 2006, the calculation for a continuing education contact hour will change to **1 contact hour = 60 minutes effective September 1, 2006**. Previously, 1 contact hour = 50 minutes.

This change affects all applications for contact hours through ASPAN's Education Approver Unit as well as all ASPAN provided continuing education, including: ASPAN National Conference; ASPAN Seminars; ASPAN Web site continuing education articles

online; continuing education articles published in JoPAN; and continuing education on DVDs published by ASPAN.

ASPAN is accredited as a provider and approver of continuing nursing education by the American Nurses Credentialing Center's Commission

(ANCC) on Accreditation and abides by ANCC's rules and regulations. Relevant and important information on this subject will be posted on www.aspan.org as it becomes available.



“Soaring on the Magical Journey to Excellence” 26th National Conference ~ April 15-19, 2007 in Anaheim, California *The Magic Begins at the Disneyland Hotel*

Ernie Nunes, RN, CPAN, CNOR – Member, National Conference Strategic Work Team

With summer vacations over, fall beginning and winter looming, thoughts of sunny spring and sandy beaches in the land of L.A. has some allure. How long has it been since you went on spring break? If you're long overdue for a spring break then it's time to take the kids, or at least *the kid in you*, to ASPAN's Southern California adventure. Our adventure begins next April when Disneyland, dubbed the “Happiest Place on Earth,” welcomes ASPAN to Anaheim for the 26th National Conference.

The April Conference offers the perfect time to visit Disneyland. The rush of Spring Break

will be over allowing for a pleasant experience of smaller crowds and shorter lines. A two or three day pass permits you to return to the hotel to swim, relax and put your feet up, and re-enter the park. The passes are good for 13 days and need not be used on consecutive days. It's easy to access the hotel and Disneyland using the Monorail. No transportation worries or schedules to meet, for this Disney experience is just a walk away.

Ambience Abounds

The original Disneyland Hotel now has three towers and is joined by two other Disney Resort hotels. The Grand Californian, styled after Yosemite's Awannee Lodge, with dark redwood beams framing a lobby that reaches a lofty six floors, is worth visiting on the way to Disney's California Adventure. The third hotel is the Paradise Pier Hotel, beautifully decorated with a beachfront theme. While staying at the Disneyland Resort Hotel, guests have on-property charging privileges and can request convenient delivery of any purchases made at Disneyland or California Adventure. *Imagine* no packages to carry.

Choices, choices, and more choices! The Disneyland Hotel offers seven dining venues from Goofy's Kitchen buffet or pool-side “surf and turf” at Hook's Pointe, to Crock's Bits'n'Bites

or Granville's Steak House. The adjacent Downtown Disney and the Grand Californian offer guests even more choices. Comfortable guest rooms have a “Fantasyland” theme with blond two poster beds, Mickey Mouse accents, and even Tinkerbell dust sprinkled on the walls. The Peter Pan inspired 5,000-foot recreation area is a tropical paradise with grottos, two pools and beach volleyball. The Neverland pool has a sandy beach separating the adult pool from the play pool and Captain Hook's ship and slide.

Take a Spring Break

Imagine relaxing on a beach... You are planning to come before Conference begins or perhaps extend your stay afterward, aren't you? There is so much to see and do, whether this is your first time to Southern California or not. Spring in the L.A area has something for the entire family or for you and your ASPAN family of friends. Disneyland is just a freeway or bus ride away from Tinsel Town, Temecula's Wine Country, Spanish Missions or Sunset Boulevard. See it all by visiting the Web site (www.disneyland.com) and related L.A and Orange County links. Think of sunshine, beaches and palm trees as you imagine a truly extraordinary adventure of “Soaring on the Magical Journey to Excellence.” 🌿

Breathline

Volume 26, Number 5
September/October 2006

6

What is YOUR Clinical Practice Question?

Theresa Clifford, MSN, RN, CPAN - Director for Clinical Practice

In an ever-changing healthcare world, practice questions are a way of life. How do I staff preop? Do we need to have ACLS and PALS? Which parameters should be monitored in pediatrics? So, how do you get answers to your questions? ASPAN's Clinical Practice Committee exists to support our membership in a number of ways. Committee members assist in reviewing standards of nursing practice, disseminate ASPAN's *Standards of Perianesthesia Nursing Practice*, respond to inquiries about and promote the utilization of the Standards.

The Clinical Practice Committee has a collaborative relationship with the Standards and Guidelines Committee, which is responsible for developing, writing, and revising ASPAN *Standards of Perianesthesia Nursing Practice*, competencies, and position statements. In addition, the Clinical Practice Committee works closely with the

Research and Evidence Based Practice Committees to identify practice research priorities, and collaborates with the Perianesthesia Data Elements Committee to help construct a nursing language for perianesthesia documentation and practice.

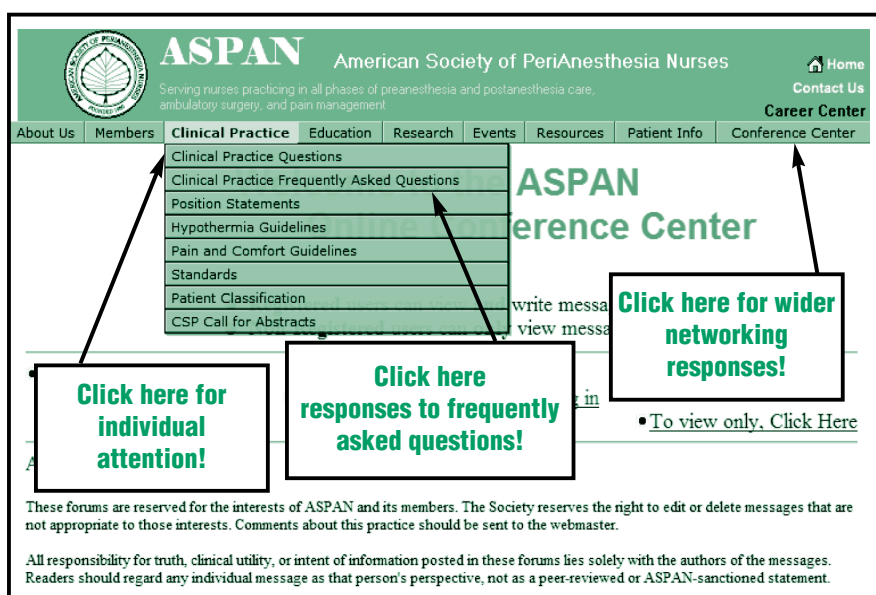
Questions Answered

Perhaps most importantly, the Clinical Practice Committee serves as the connection between clinical practice and the resources and standards needed to guide safe and expert care. There are a number of ways an ASPAN member can bring clinical practice questions to the committee. First, visit the ASPAN Web site (www.aspan.org). There are three great resources linked to the homepage:

1. Click on "Clinical Practice" and select *Frequently Asked Questions*. Scroll down the page to read answers to some

of the most frequently asked clinical practice questions sent to ASPAN. This forum will be modified periodically as practice issues change.

2. Click on "Clinical Practice" and select *Clinical Practice Questions*. This will open a menu with instructions on how to submit a question. At the end of each week, all inquiries are collected and forwarded to a member of ASPAN's Clinical Practice Committee. Committee representatives will then research the inquiry and e-mail a response to the person who submitted the question.
3. Click on "Conference Center." This link offers ASPAN members the opportunity to network and discuss clinical practice issues and solutions with other nurses across the country and around the world. 🌍



What is YOUR clinical practice question? Now you know that it's as easy as 1-2-3 to get expert answers to all your perianesthesia nursing questions! Let us hear from you. Knowledge regarding your practice concerns helps to guide ASPAN's development of resources and guidelines to support best perianesthesia practice.

The Directors' Connection Greetings from Region 5

Chris Price, MSN, RN, CPAN, CAPA –ASPAN Regional Director, Region 5

ASPAN's Region Five boundaries represent practicing perianesthesia nurses in Alabama, Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Tennessee, Virginia, and the District of Columbia. Our Region Five components share a passion and commitment to provide continuing education contact hours to all the membership. Each component hosts an annual seminar, offers a scholarships program, publishes a newsletter, and supports local district seminars. I have had the opportunity to work with and visit a number of regional components and over the past year witnessed the commitment of presidents and board members. It is my privilege to give you a snapshot of what these very busy leaders and members have been up to:

ALAPAN President Sara Bryant-Moulton, RN, reports membership numbers are steady at approximately 140. The component newsletter, *The Guardian Angel*, is produced three times each year. Sara, an ASPAN "Up and Comer", is hoping to motivate more members to become involved at the component level during her term.

CBSPAN President Joy Reece, BSN, RN, CPAN, leads a member-

ship of greater than 400. CBSPAN is honored to be a past recipient of the ASPAN's Gold Leaf Award. The component provides a Web site for members (<http://www.cbspan.org>), so please check it out! Joy hosted an all day planning retreat in July to work on the CBSPAN bylaws update, devise a strategic plan, and assemble a planning group for the upcoming 25th year celebration as a component. One strategic goal for this year is to revise the *Chesapeake Bay Spanner* newsletter.

FLASPAN President Cheryl Roddy, BSN, RN, CCRN, describes the component membership as growing. FLASPAN provides two annual seminars, one in spring and one in fall, offering members 30 contact hours per year. Board officers inductions occur at the Annual Fall Conference. FLASPAN provides members with a Web site (<http://www.flaspan.org/>) and four *AIRWAY* and *Capital* publications per year.

GAPAN President Barbara Meyer, BSN, RN, CPAN, happily reports over 370 members with the numbers growing. Under Barbara's guidance, the Board is writing a strategic plan based on criteria for the ASPAN Gold Leaf Award. Dur-

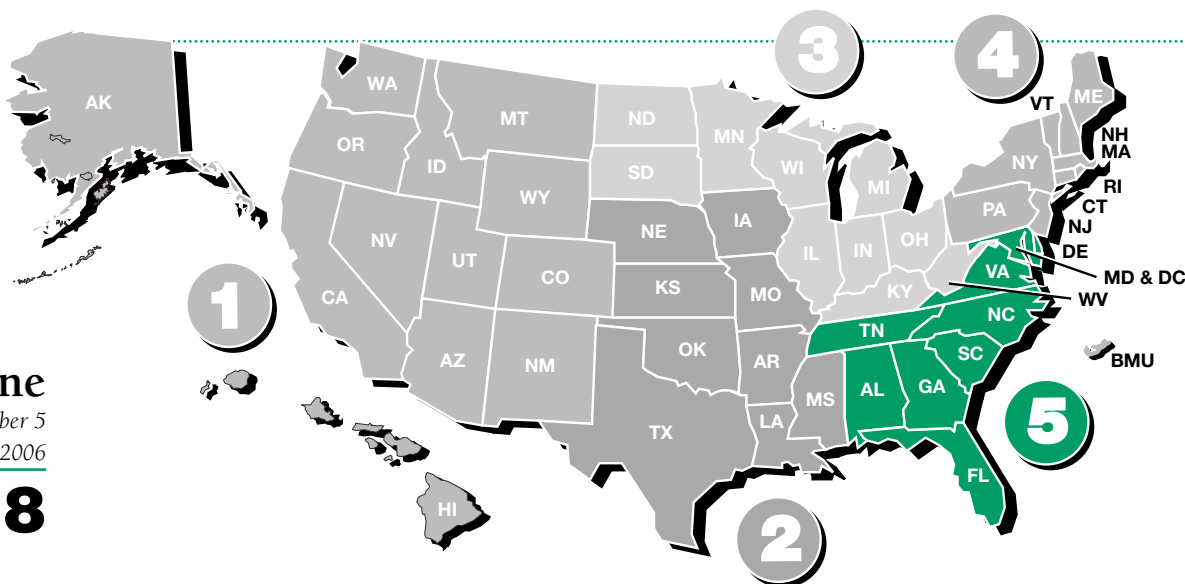
ing the annual component business meeting, new board members are inducted and membership recognition awards are given. GAPAN's newsletter, sent to all members, is called *The Awakener*.

NCAPAN President Miriam Jolly, BSN, RN, CPAN, notes that membership is increasing. NCAPAN provides an annual state conference in the fall, while the districts provide a spring conference. In 2004, *Carolina Breaths* won the component newsletter contest in the 15+ pages category at the Philadelphia National Conference. NCAPAN is proud to be a past winner of ASPAN's Gold Leaf Award.

SCAPAN President Lynn Bond, MSN, RN, CPAN, informs us that current membership is growing with 135+ members. Lynn is participating in the ASPAN "Up and Comer" program. In addition to an annual component conference, SCAPAN districts provide education contact hours at local meetings. *The Eye Opener* newsletter and the Web site (<http://www.scapan.com>) are key avenues of communication for the membership.

TSPAN President Judy Whitson, RN, CPAN, leads over 147 component members. Judy is supporting formation of an additional

continued on page 9



Perianesthesia Data Elements Progress Report

PDE Committee

At the recent Perianesthesia Data Elements (PDE) team meeting in historic Boston, Massachusetts, ASPAN CEO Kevin Dill announced that by a wide margin vote of the Representative Assembly, the PDE Strategic Work Team became officially recognized as an ASPAN standing committee. Denise O'Brien, MSN, APRN, BC, CPAN, CAPA, FAAN, PDE Committee Chair, related pride in the PDE developments and accomplishments to date and expressed confidence that the future journey to PDE excellence will be exciting and rewarding.

Marisa Wilson, DNSc, MHSc, RN, assistant professor at the University of Maryland School of Nursing, has been working closely with the PDE team to explore ways in which perianesthesia nursing language can be integrated into electronic clinical information systems. Marisa joined the PDE team in January 2006, and her informatics specialist background includes working with disparate computerized systems. Last June, Marisa and Dina Krenzischek, MAS, RN, CPAN, attended the newly formed Alliance to Standardize Perioperative Information. In July, together with ASPAN President Pamela Windle, they represented ASPAN at the annual Nursing Terminology Summit in Nashville where networking opportunities helped to promote the perianesthesia data elements.

Developing the Language

Many existing clinical information systems offer little measurable data regarding the impact of nursing interventions on patient care outcomes. These systems lack nursing data elements targeted to specific patient problems and interventions, leaving the value of interventional nursing care transparent within the spectrum of care delivery. Nursing informatics focuses on processing and managing data, information, and knowledge enabling a linkage between identified patient problems and the effect of nursing interventions on care outcomes¹. In addition, the incorporation of data elements into quality management initiatives provides a structural base to support safety and a reduction in error rates, and promotes evidence-based practice at the point of care².

The PDE Committee will continue to strategize ways to standardize terminology, validate practice, and support report writing requirements. This includes exploring and applying taxonomies, or ordered groups or categories, and ontologies, the underlying principles that form the basis of a particular field of knowledge, appropriate for PDE. The strategic plan also includes ongoing research measures and educational designs. Watch for the 2007 National Conference brochure to find information

regarding PDE sessions in Anaheim, California.

Acknowledgements

Members of the PDE Committee wish to recognize and thank the following ASPAN members for their contributions to the initial phase of clinical research for the PDE:

Tina Hill, RN and Diane Spink, RN - Mercy Hospital, Portland, ME

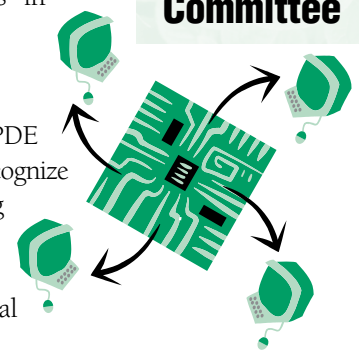
Beverly Fuchs, BSN, RN and Laura Owens, BSN, RN - Johns Hopkins Hospital, Baltimore, MD

Divina Gato, BSN, RN, CCRN, CPAN, Amelia Pacardo, BSN, RN, CCRN, CPAN, Emilie Ramos, BSN, RN, CCRN, CPAN, and Hermie Robles, BSN, RN, CPAN, - St. Luke's Episcopal Hospital, Houston, TX

Toni Szpara, BSN, RN, CCRN, CPAN, CAPA and Margaret Netti, BSN, RN, CPAN - University of Michigan Health System, Ann Arbor, MI. 🌿

REFERENCES

1. Swan BA, Lang NM, & McGinley AM, "Access to quality health care: Links between evidence, nursing language, and informatics," *Nursing Economics*, 22(6), pp. 325-332, November/December 2004.
2. Johnson T & Ventura R, "Applied informatics for quality assessment and improvement," *Journal of Nursing Care Quality*, 19(2), pp. 100-104, April-June 2004.



ASPAN Regions
continued from page 8

district by reaching out to members residing in the middle of the state. Judy is expanding outreach efforts to increase component activism and to reach as many prospective new members as possible. The *TSPAN Eye Opener* newsletter is distributed to membership on a quarterly basis.

VSPAN President Marie Diamond, RN, describes their membership of approximately 350 as growing. Marie recognizes the efforts of board members who are working hard to complete bylaws and policies and procedures. VSPAN provides quarterly educational opportunities for members along with an annual fall conference. The *Vital Times* newsletter and Web site

(<http://www.vaspan.org>) are additional benefits of membership.

Our ASPAN Region 5 component leaders and members personify the most admirable of attributes: leadership, caring, commitment, and professionalism. I look forward to continuing my involvement at the component level while witnessing such incredible journeys to excellence. 🌿

Breathline

Volume 26, Number 5
September/October 2006

ASPAN Member Honored by the American Academy of Nursing

Vallire Hooper, MSN, RN, CPAN, current co-editor of the *Journal of PeriAnesthesia Nursing* will be inducted into the American Academy of Nursing (AAN) in November 2006. The mission of the AAN is to serve the public and nursing profession by advancing health policy and practice through the generation, synthesis, and dissemination of nursing knowledge.

The American Academy of Nursing comprises approximately 1500 nursing leaders in education, management, practice, and



Vallire Hooper, MSN, RN, CPAN

research. Fellowship in AAN is recognition of one's accomplishments within the nursing profession and provides an opportunity

to work with other health care leaders to address the issues of the day. The AAN is constituted to anticipate national and international trends in health care and address resulting issues of health care knowledge and policy.

Vallire joins current ASPAN members of AAN: Kay Ball, MSA, RN, CNOR, FAAN; Cecil Drain, PhD, CRNA, FAAN; Jan Odom-Forren, MS, RN, CPAN, FAAN; Kim Litwack, PhD, RN, FAAN, CFNP, CPAN, CAPA; and Denise O'Brien, MSN, APRN, BC, CPAN, CAPA, FAAN. 🌿

Online Journal Club Open to Members

ASPAN members are invited to participate in the new Online Journal Club. This convenient, easy to use member benefit serves to enhance nurses' understanding of evidence based practice (EBP) trends. The goal is to make ASPAN's Online Journal Club user-friendly and thought-provoking while providing an exciting opportunity to improve understanding of research and research critiquing skills.

The ability to critique research studies is essential for the implementation of EBP. One major goal of the Online Journal Club is to mentor nurses through the process of critiquing published research articles in a non-threatening environment. Members of ASPAN's Evidence Based Practice Committee and the Research Committee will participate and engage in virtual discussion

regarding current perianesthesia nursing research findings.

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). Join the Journal Club today! 🌿



ASPAN Wants YOU

Individual voices, skills and talents become ASPAN's collective voice, which serves to move our strategic plan and organizational initiatives forward. There are many opportunities to participate in our organization and contribute your special talents. Please complete and submit a Willingness to Serve (WTS) form today!

Willingness to Serve postmark DEADLINE is OCTOBER 31, 2006

For a copy of the 2007-2008 WTS form, go to the ASPAN home page (www.aspan.org), click on the "Members" tab and select "Willingness to Serve." To request a WTS form call the National Office toll free @ 877-737-9696. Ext 16.

Reminder! *Last Call for Research and Successful Practice Abstracts*

ASPAN anticipates another popular Poster Session displaying Research and Successful Practices at the 2007 National Conference in Anaheim. This year, ASPAN President Pamela Windle's vision for excellence is: *ASPAN promotes safety and quality in the perianesthesia continuum of care.* If you are considering a poster submission, this safety focus may help generate ideas for topics to share with perianesthesia colleagues. 🌿

Abstract Submission Deadlines

- **Research Poster Presentations:**
November 1, 2006
For complete Research Abstract application information, visit the ASPAN Web site and click on the "Research" tab, then click "Call for Research Abstracts".
- **Celebrate Successful Practices:**
November 15, 2006
For complete Celebrate Successful Practices application information, visit the ASPAN Web site (www.aspan.org), click on the "Clinical Practice" tab, and then click "CSP Call for Abstracts".

Call for Nominations **ASPAN Award for Outstanding Achievement**

Each year, ASPAN seeks candidates for the Award for Outstanding Achievement (AOA). These candidates demonstrate outstanding perianesthesia nursing knowledge and expertise in practice, education, research and/or management. We all know an exceptional peer who exempli-

fies these characteristics and is passionately involved in and committed to perianesthesia nursing and patients. Take the time to recognize your peer for his or her excellence and nominate that colleague for ASPAN's AOA. Don't let a great colleague's achievements go unrecognized!

The nomination deadline is November 30, 2006.

For more information visit the ASPAN Web site (www.aspan.org), click on the "Members" tab and select "Awards" from the drop down menu, or contact the National Office toll free @ 877-737-9696. Ext. 13. 🌿

BREATHLINE ONLINE

If you are eager to read all the latest ASPAN news before the hard copy reaches your mailbox, members can access *Breathline* editions via the ASPAN Web site. Reading *Breathline* Online is as easy as logging onto www.aspan.org, clicking on the "Breathline On-Line" link, and entering your membership information. The November/December edition reaches the virtual world approximately November 15th.



Windle named Nurse Administrator of the Year

Congratulations to ASPAN President Pamela Windle, honored by the Philippine Nurses Association of America (PNAA) with the Nurse Administrator of the Year Award. Ms. Windle, a professional perianesthesia nurse manager and dedicated specialty nursing organization leader, recently received this distinguished award at PNAA's 27th Annual Conference in Boston, Massachusetts. 🌿



Pamela E. Windle, MS, RN, CNA, BC, CPAN, CAPA, (right) accepts the Nurse Administrator of the Year Award from PNAA President Mila Velasquez, MN, RN, CS, APRN, BC

Breathline

Volume 26, Number 5
September/October 2006

Diversity in Action: Bonding with the British Anaesthetic and Recovery Nurses Association

Meg Beturne, MSN, RN, CPAN, CAPA - ASPAN Immediate Past President

As ASPAN celebrated 25 years of excellence by reaching out and touching the world around us, we became more aware of the importance of diverse contributions to our professional practice. Diversity awareness was augmented by the Orlando Summit and by keynote speakers who aroused our passion for diversity and unity. The international attendees served as a reminder of how small the world has become and how much modern technology brings us closer. Then, in June 2006, ASPAN took another opportunity to become recognized by the healthcare community worldwide as the leading organization for perianesthesia nursing education, practice, standards and research.

At the invitation of the British Anaesthetic and Recovery Nurses Association (BARNA), Dolly Ireland, MSN, RN, CAPA, CPN, and I traveled to England to participate in their annual educational program. Over the two-day period, it became obvious that our British, Irish, Scottish and Australian nursing colleagues share the same frustrations, face similar challenges, and deal with identical practice issues. More importantly, as evidenced by the topics presented at the BARNA conference, all are advocates for change and pioneers for safe practices.

Sharing Practice

Dolly Ireland lectured on pediatric assessment, fluid management and recognition of the deteriorating child while I informed the group about the dangers of latex allergy and nursing assessment surrounding regional anesthesia. Other presentations highlighted the management of blood loss, malignant hyperthermia, and non-invasive



Meg Beturne (left) and Dolly Ireland attending BARNA's 20th Annual Conference in England

ventilation. One topic which led to a free flowing and open debate was the perception of perioperative nurses regarding continuing professional development.

Informal chats at mealtime or during breaks provided stories of real life experiences with too little staff, mandatory overtime and overcrowded PACU conditions. BARNA President Mark Radford, who spoke on the evolving role of the anesthetic nurse, provided motivating dialogue. Mr. Radford clearly reminded us that nurses must use our collective voice and define our role or someone else will do it for us. We have heard this speech many times yet remain more reactive than proactive to the hard core problems that demand our professional attention. One take away message from BARNA's conference was that a team approach is critical and a clear understanding of individual team members' roles is essential for successful and safe practice.

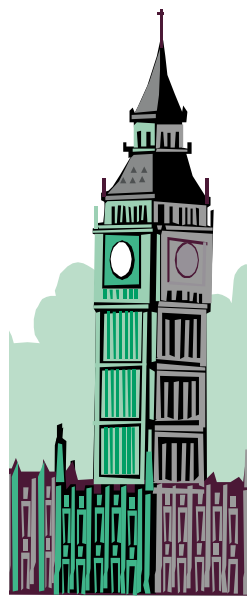
Celebrating Differences

It took the entire trip to fully understand and appreciate the different titles, levels of expertise, and scope of practice that comprise the perianesthesia care team in the United Kingdom. There are 8 grades of nursing with the beginning levels encompassing secretarial type positions, a level 5 is the graduate nurse, a level 6 represents post-graduate work, a

level 7 is the resource nurse who possesses beginning management experience, and the final level is the "nurse consultant, matron, or senior management". The "anesthetic nurse" assists the anesthetist (the equivalent of our anesthesiologist) and has anesthesia type training but is not comparable to CRNAs. The PACU nurses appear to function much the same as is found in the U.S. and the phases of recovery compare to those described by ASPAN.

The "commercial exhibition" presented vendors at the conference who provided sponsorship of some events and offered hands-on demonstrations and written literature pertinent to the products shown. We were informed that the number of vendors and delegates in attendance was lower than in previous years, primarily due to economics reasons.

My closing address, a tribute to nursing, showcased many famous heroines beginning with Florence Nightingale and ending with Mother Teresa. As the 20th BARNA conference came to a close with the audience reciting the Florence Nightingale Pledge, I felt a definite connection with our nursing peers who live and practice "across the pond." BARNA promotes the national recognition of their interests through links with other associations within this critical care domain, and Dolly and I actively participated in BARNA's philosophy of encouraging the development of all members through access to research and provision of education. We thank ASPAN for giving us this unique opportunity to reach out and touch a diverse part of our nursing world in the spirit of celebration, friendship, unity and empowerment! 🌿



ASPAN: The Leader in Perianesthesia Education

Kathleen DeLeskey, MSN, RN, CPAN - ASPAN Director for Education

The National Sample Survey of Registered Nurses reports that 30.5% of American nurses hold a baccalaureate degree and 42.2% hold an associate's degree¹. Remarkably, 43.5% of ASPAN members hold a baccalaureate degree and 20.8% have an associate's degree. Another 12.6% have earned graduate degrees². It is obvious from these statistics that ASPAN members place immense value on education. Subsequently, the Education Committee is working to provide educational topics and modalities that meet the diverse needs of members.

The ASPAN Education Provider Unit is offering new programs to meet the needs of perianesthesia nurses seeking certification. Our new seminars include the *Review for Certification: CPAN* and *Review for Certification: CAPA*. Recognizing the increasing needs of our membership, the team has worked extremely hard to develop a new style of presentation. Unlike the other ASPAN Seminars, which are presented entirely in lecture style, the new programs include a significant section of interactive learning as participants work to identify perianesthesia issues in patient case scenarios. Problem solving in this manner helps participants to increase their ability to critically think, an essential ingredient for successful test taking. The cases include both preoperative and postoperative problems requiring nursing solutions. The interactive portion was "tried" at the 25th National Conference in Orlando and participants assisted by commenting and making recommendations to improve the format.

The first presentation using our newest programs took place

on August 5, 2006, in Warwick, Rhode Island. CPAN and CAPA reviews were presented and several members of the Education Provider Unit attended to hear the first seminars presented. In addition to sixteen CPAN and CAPA review seminars scheduled this summer/fall season, there are five co-provided programs being offered around the country. Check the ASPAN Web site and the back page of *Breathline* for dates and locations.

Education on Demand

Many members have experienced both cost and location challenges when trying to attend seminars. In an effort to provide education to all members, ASPAN has two educational DVDs ready to order. These outstanding DVDs include "Ambulatory Perianesthesia Practice: Beyond the Basics" and "Perianesthesia Practice: Beyond the Basics". "Legally Speaking: Just the Facts" and "Pediatrics: Little Bodies, Big Differences" are two DVDs now in production. These are actual presentations featuring three exceptional ASPAN speakers, Lois Schick, MN, MBA, RN, CPAN, CAPA, Nancy Strzyzewski, BSN, RN, CPAN, CAPA, and Dolly Ireland, MSN, RN, CAPA, CPN. These superior products each provide more than eight hours of education that can be used to teach novice perianesthesia nurses or to update experienced practitioners.

Serving Members

ASPAN is working hard to present relevant education that can be accessed by all of our members. Educational programs offered on the Web site will also expand this

year. Kathleen Menard, BSN, RN, CPAN, CAPA, and Kim Noble, PhD, RN, have recently reintroduced our "Speaker Workshops" to assist those seeking an opportunity to learn the skills and techniques for successful public presentations. Speaker Workshop participants can then bring education back to their local components and colleagues.

The Education Approver Unit, lead by Barbara Hannah, EdD, MSN, RN, CPAN, has been busy approving a plethora of contact hour submissions. The American Nursing Credentialing Center notified us of a new change in contact hour allotment. Previously, one contact hour was earned for every 50 minutes of instruction. The new regulations require 60 minutes per contact hour.

It is an honor to provide education to nurses who recognize the value of lifelong learning. Please let us know if you are seeking something ASPAN does not currently offer and we will do our best to meet your needs. Many thanks go to all the members of the ASPAN Education Committees who truly make providing perianesthesia education a joy.

REFERENCES

1. U.S. Department of Health and Human Services, Health Resources and Services Administration, *Preliminary findings: 2004 national sample survey of registered nurses*. Available at <http://bhpr.hrsa.gov/healthworkforce/reports/rnpopulation/preliminaryfindings.htm>. Accessed July 5, 2006.
2. DeLeskey K, Perianesthesia nurse participation and satisfaction with continuous professional development, (in press) 2006. 🌱



Certification

(<http://www.cpancapa.org>)

Revisions to CPAN AND CAPA Examination Blueprints Made: Findings from the 2005-2006 Role Delineation Study

Bonnie Niebuhr, MS, RN, CAE - ABPANC Chief Executive Officer

Beginning with the April 2007 administration, the CPAN/CAPA examinations will be based on slightly revised test blueprints. The percentage of questions found in each patient needs domain changed to the following:

Patient Needs Domain	CPAN Examination	CAPA Examination
Physiological Needs	50%	45%
Behavioral/Cognitive Needs	20%	20%
Safety Needs	20%	20%
Advocacy Needs	10%	15%

As reported in the November/December 2005 issue of *Breathline*, ABPANC initiated a Role Delineation Study (RDS) in July, 2006. The results of the study provided the basis for the changes to the CPAN and CAPA examination blueprints. With the guidance of the RDS Advisory Panel, the study was conducted by Professional Examination Service. 2200 CPAN and CAPA certified nurses were invited to participate in an Internet based survey that looked at (1) perianesthesia patient needs; (2) the nursing knowledge required to meet those needs; (3) the percentage of time spent on meeting those needs; and (4) demographic questions about the survey respondents. The survey return rate was an unprecedented 48%! Thank you to all perianesthesia nurses who took time to complete the survey.

Respondents represented all fifty states and spent an average of 81% of their time in direct patient care. In other words, the greatest percentage of CPAN and CAPA certified nurses worked in staff nurse roles. CPAN certified respondents averaged 24 years of experience in perianesthesia nursing and CAPA certified respondents averaged 15 years. Nearly 50% of CPAN respondents and 40% of CAPA respondents held a bachelor's degree in nursing.

Of key interest is the time spent with patients in each phase of the perianesthesia experience. CPAN respondents spent 81% of their time caring for patients in Phase 1; 2% is spent in Pre-admission Testing; 5% in Day of Surgery; and 10% in Phase 2. CAPA respondents spent 11% of their time caring for patients in Pre-admission Testing; 30% of their time in Day of Surgery; 24% of their time in Phase 1; 31% in Phase 2; and 4% in Phase 3.

The RDS Advisory Panel reviewed the current CPAN/CAPA examination blueprints and based on collective experience collapsed or expanded some of the content in each domain, but only minor changes were made. Under the Physiological Needs domain, stability of the peripheral vascular system, musculoskeletal system and endocrine system were added. The following changes

continued on page 17

November Recertification Postmark Deadline Change

Please note! Recertification application materials *require* a postmark no later than November 1, not November 30, 2006.

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**

Online Practice Exams

ABPANC practice exams are available online! A new 100 item practice exam is available for each of the CPAN and CAPA examination programs. Taken online, one's score is immediately available with feedback regarding performance in each of the four Patient Needs' Domains. Contact hours are available for completing a practice exam. To access the Practice Exam Program, visit the ABPANC Web site (www.cpancapa.org) and click on "Practice Exams". *The paper/pencil versions of the practice exams are no longer available.*

Candidate Handbook and Application

The CPAN and CAPA Candidate Handbook and Application is available on the ABPANC Web site. Visit www.cpancapa.org to download some or all of the sections you need. The scannable application form is now available for download from the ABPANC Web site. Hard copies are available by contacting ABPANC.

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

Nurses as Advocates for Change

Maureen McLaughlin, BSN, RN, CPAN – Chair, Governmental Affairs Committee

Legislative decisions affecting health care providers, including nurses, are increasingly asked of our elected officials. Few legislators possess a medical background; therefore, when reviewing or debating issues for pending health care legislation they rely on research conducted by Congressional aides and communication from constituents. Nurses are constituents. Currently, there are approximately 2.9 million registered nurses in the United States¹. According to recent surveys, nurses are the most trusted professionals². Imagine the potential legislative impact if all registered nurses united to lobby the government on a given issue. But how do nurses become advocates for change?

ASPAN was fortunate to have Rose Gonzalez, RN, MPH, as a National Conference guest lecturer in Orlando. Ms. Gonzalez is the Director of Governmental Affairs for the American Nurses Association (ANA), and her presentation was titled “Nurses and Health Care- Advocates for Change”. This discussion offered some perspective for nurses regarding political action. Nurses acted together as advocates in 1896, when a group of nurses came together to seek standardization of educational programs. A year later, the ANA was founded. In 1901, nurses joined together to help secure passage of a bill to create the Army Nurse Corps. Although nurses have been involved in legislative issues spanning many years, few have successfully run for elected office.

Ms. Gonzalez identified characteristics of nurses that facilitate the role of advocate:

- system thinkers
- trusted professionals
- possession of good communication skills
- team players
- knowledge and understanding of health care systems
- ability to multi-task and prioritize

She also identified issues that impact nursing care, such as workplace safety, adequate staffing, patients’ rights, and nursing education.

Shaping Policy

Across the nation, decisions impacting nurses’ ability to provide care to patients are being made at the federal and state level. California passed a bill to mandate staffing ratios, with other states now considering and debating similar legislation. Funding for the Nurse Reinvestment Act occurs at the federal level, and threats to this funding provision are real. ASPAN, together with other nursing organizations, participated in lobbying for increased funding to preserve this important legislation. Ms. Gonzalez referred to ANA’s *Code of Ethics for Nurses*, which asserts that nurses are responsible for shaping public policy. She also discussed the ability of nursing to influence public policy in order to promote social justice as one feature of the ANA’s Social Policy Statement. Unless nurses discuss pertinent practice issues with elected officials, legislators will have little knowledge of the potential impact such decisions create.

Getting Involved

How can one communicate with representatives who are miles


away in Washington D.C.? It’s actually very easy. Our elected officials are accessible by letter, e-mail, phone, fax, and in face-to-face meetings. Every year, an organization called the Nursing Alliance sponsors a weeklong event in Washington, D.C. called the Nurse in Washington Internship (NIWI). As discussed in the May/June 2006 edition of *Breathline*, ASPAN awards an annual scholarship for this important conference in order to educate members on the political process and methods to effectively communicate with legislators.

Nurses engaging in the political process through communication with elected officials will likely find legislators recognize nurses as experts and are keenly interested in nurses’ ideas on solutions to health care delivery problems. Not only do politicians need to hear from nurses, they want to hear from nurses. Simply stated, nurses become advocates for change by getting involved in the legislative process. Don’t hesitate to add your professional voice to the ongoing political chorus.

For information on the U.S. House of Representatives visit <http://www.house.gov/>

For U.S. Senate information visit <http://www.senate.gov/>

REFERENCES:

1. Mee C Ed, Clinical Rounds: Nurse population- how many RNs? *Nursing* 2006, 36(3), p. 34, 2006.
2. Mee C Ed, Clinical rounds: Honesty and ethics. Nurses still get the most respect, *Nursing* 2006, 36(2), pp. 33-34, 2006. 

How SAFE is Your Practice?

Dina A. Krenzischek, MAS, RN, CPAN – Chair, ASPAN Safety Committee

When asked if they deliver safe patient care, some nurses may say, “What kind of a question is that? I work very hard every day to deliver safe patient care...I consider myself one of the best nurses.” The reality is even the best nurses can make a mistake. Research findings have shown that 80 - 90% of accidents at home, accidents on the road, and accidents at work are caused by human errors¹. The Institute of Medicine report “To Err is Human: Building a Safer Health System” revealed that 98,000 hospitalized Americans die each year as a result of errors in care². Therefore, the challenge that we nurses face today is prevention of workplace environment errors.

The first tenet of patient safety maintains that competent nurses attempt to do the right thing¹. At the core of perianesthesia nursing practice is safe delivery of patient care in all of the perianesthesia environments. Perianesthesia nurses must remain vigilant while ensuring patient safety through acquired knowledge, attainment of competencies, development and modification of attitudes, and implementation of professional nursing practice standards. Three basic tenets regarding human errors, which do not exclude nurses, must be recognized. These principles include:

1. Everyone commits an error.
2. Human error is generally the result of circumstances beyond the conscious control of those committing errors.
3. Products or systems that depend on perfect human performance are fatally flawed¹.

The perianesthesia nurse’s professional involvement is imperative

as we define accountability and shape system approaches to enhance safety in the perianesthesia work environment.

A Commitment to Safety

ASPAN’s core purpose, supported by strategic goals and guided by our values, is to advance the unique specialty of perianesthesia nursing. From 2004 to 2006, the ASPAN Safety Strategic Work Team (SWT) conducted a research study to examine the safety culture in perianesthesia settings. A regression analysis with quartimax rotation was completed on the ASPAN Safety Matrix Survey. Five factors were identified: 1) medication safety; 2) equipment safety; 3) personnel safety; 4) environmental safety; and 5) patient safety. Future research includes the modification and retesting of the survey instrument, analysis using a reduced model, and identification of perianesthesia safety priorities³.

In 2006, the ASPAN Representative Assembly approved the transitioning of the Safety SWT to the ASPAN Safety Committee. The principal purpose of the Safety Committee is to promote a comprehensive safety culture for perianesthesia practice, with a Big Audacious Goal (BAG) for ASPAN to be recognized by the healthcare community worldwide as the leading organization for perianesthesia safety. In June 2006, Safety Committee members met for the first time in Baltimore, Maryland, to define the committee’s mission. Our safety goals are driven by core values which include: communication, advocacy, competency, efficiency, and teamwork. The committee members reviewed

evidence on specified topics and engaged in discussion with two experts, Johns Hopkins Hospital Nurse Researcher Dr. Robin Newhouse, and Johns Hopkins Medical Director for Safety Dr. Peter Pronovost. The meeting was very productive and resulting deliverables were the development of the ASPAN Safety Conceptual Model and identification of safety strategic goals. The committee will report its progress to the ASPAN Representative Assembly in April 2007.

ASPAN Supports YOU

ASPAN strategic safety initiatives include: identification of perianesthesia safety priorities; development of a perianesthesia safety resource manual; development of the perianesthesia safety position statement; continued development of perianesthesia safety publications; development of a perianesthesia safety seminar; development of a dedicated safety section of the ASPAN Web site; and development of a confidential safety incident reporting database.

We encourage all ASPAN members to speak up and share thoughts, ideas, and perianesthesia safety concerns with the Safety Committee in order to meet the safety challenges facing perianesthesia nurses. The presidential theme for 2006-2007, “Our Journey to Excellence”, emphasizes the safety priority in all perianesthesia nursing arenas. President Windle’s vision of safety emphasizes and promotes free reporting of safety issues within a non-punitive environment. Safety is the responsibility of everyone and

continued on page 17



ASPAN Safety Committee members recently met in Baltimore to continue work on perianesthesia safety initiatives. Pictured from left to right: Myrna Mamaril, Terry Clifford, Dina Krenzischek, Pamela Windle, Jennifer Allen, and Janice Lopez

Safety Committee
continued from page 16

together we can shape the future of safety in perianesthesia nursing. As Dr. Pronovost said, "We must ask: if there is harm where will it be, and what can we do about it?"⁴ We will go forth together, as an organization, and ask these vital questions.

2006-2007 ASPAN Safety Committee Members

Jennifer Allen, MSQSM, RN, CPAN
Nancy Burden, MS, RN, CPAN, CAPA
Theresa Clifford, MSN, RN, CPAN
Dina Krenzischek, MAS, RN, CPAN
Janice Lopez, BSN, RN, CPAN, CAPA
Myrna Mamaril, MS, RN, CPAN, CAPA
Denise O'Brien, MSN, APRN, BC, CPAN, CAPA, FAAN
Wanda Rodriguez, MA, RN, CCRN
Nancy Saufl, MS, RN, CPAN, CAPA
Ellen Sullivan, BSN, RN, CPAN
Pamela Windle, MS, RN, CNA, BC, CPAN, CAPA
Linda Wilson, PhD, RN, CPAN, CAPA, BC

REFERENCES

1. Van Cott H, Human errors: Their causes and reduction, Bogner, S (ed.), Human Error in Medicine, New Jersey: Lawrence Erlbaum Associates, 1994.
2. Kohn L, Corrigan J, & Donaldson M, *To Err Is Human: Building a Safer Health System*. National Academies Press: Washington, D.C., 2000.
3. Windle P, Krenzischek D, & Wilson L, Oral and poster presentation, ASPAN 25th National Conference, Orlando, Florida, May 2006.
4. Pronovost P, Personal communication, ASPAN Safety Committee Meeting, June 17, 2006. 🌿

Certification
continued from page 14

were made related to Nursing Knowledge: Knowledge of Research Process was replaced with evidence-based practice; postoperative nausea and vomiting and post discharge nausea and vomiting assessment and management was added; knowledge of HIPPA was added. Ultimately, all patient needs and nursing knowledge listed in the survey were validated as frequently addressed and causing harm if not addressed. It is important to note that *all content reflects patient*

needs across the lifespan in a variety of settings.

The more significant changes relate to the percentages of questions in each domain. For the CPAN examination, the number of questions in the Physiological Needs Domain decreased from 65% to 50%; Behavioral/Cognitive Needs Domain increased from 10% to 20%; Safety Needs Domain increased from 15% to 20%; and Advocacy Needs Domain remained the same. While the data continues to support that CPAN certified nurses spend more time than CAPA certified nurses meeting physiological needs, in the five years since the

last RDS, the amount of time spent caring for Behavioral/Cognitive Needs and Safety Needs increased.

For the CAPA examination, the number of questions in the Physiological Needs Domain remained the same; however, the Behavioral/Cognitive Needs Domain decreased from 30% to 20%; the Safety Needs Domain increased from 15% to 20% and the Advocacy Needs Domain from 10% to 15%.

A complete listing of specific patient needs and the perianesthesia nursing knowledge required to meet these needs can be found on the ABPANC Web site and in the *Candidate Handbook and Application*. 🌿

Every Member is a Leader Recruit Colleagues to Take that First Step

Cheryl P. Coleman, BSN, RN, CPAN – Member, Membership/Marketing Committee

As we travel on our journey to excellence, we must remember that membership is ASPAN's greatest asset. Membership provides networking among colleagues to offer strategies and solutions for delivering the best possible care to our patients and their families. It is important that each of us keep membership growing by continually recruiting new members. As ASPAN President Pamela Windle suggests, charting this journey requires a commitment to mastering the art of the profession.¹ ASPAN membership is the right direction to guide perianesthesia nurses down the path to professional excellence.

Value Added

One effective way to recruit new members is to educate other nurses regarding the benefits of ASPAN membership. The value of ASPAN membership is enormous and opens a path not only to excellence, but also to many benefits along the journey. New




member benefits include highly rated educational programs, an opportunity for expanding knowledge of and participation in research utilization, and access to the most current perianesthesia news and research through free subscriptions to *Breathline* and the *Journal of PeriAnesthesia Nursing*. ASPAN members also receive reduced rates for local, state and national conferences, and for leadership seminars and component workshops.

The ASPAN Web site (www.aspan.org) is another great benefit of membership. The Web site provides members with an invaluable opportunity to network and discuss perianesthesia practice questions with peers from around the country via the Internet based Clinical Practice Network. This is an awesome resource for addressing issues related to perianesthesia clinical practice and standards of care.

Please spread the word and recruit new members! 2007 ASPAN membership brochures are available on the ASPAN Web site. Go to www.aspan.org, click on the "Members" tab and "New Member Application" for complete information. For membership recruitment brochures, call the National Office toll-free @ 877-737-9696, Ext 16.

REFERENCE

1. Windle PE, Our Journey to Excellence, *Journal of PeriAnesthesia Nursing*, 21(3), pp. 153-156, June 2006. 

PANAW 2007

February 5-11

Act early to request a PANAW proclamation from your component state and local government! For complete "how to" proclamation information, visit the ASPAN Web site (www.aspan.org), click on the "Events" tab and select "PANAW." To request a sample proclamation form call the National Office toll free @ 877-737-9696, Ext 15.



Variations on ASPAN Membership

Evelyn Medycki, RN – Member, Membership/Marketing Committee

While meeting old friends at National Conference in Orlando, I realized how many nurses are reaching a time when we bid farewell to the clinical arena. I also realized how many still attend ASPAN's National Conference and remain involved in ASPAN activities. The transition into retirement offers an extraordinary opportunity to stay involved in nursing. Imagine the freedom of attending Conference without needing to request time off, or perhaps not worrying that it's not your turn to get the time off!

Experienced nurses have much to offer from years of hands-on practice. Retirement does not end a nursing career, but instead offers a change in focus. The prospect of idle time may initially sound good, but for how long? When I retired, along came the advice of other retirees who said, "Each day should have a purpose and a goal. Without these, the day is very long." Staying active in ASPAN is a great way to foster future purpose and goals. ASPAN's "Retired Membership" status offers reduced membership dues and conference registration fees, along with the benefit of receiving perianesthesia publications to stay connected to advancements occurring in our pre-retirement life's work.

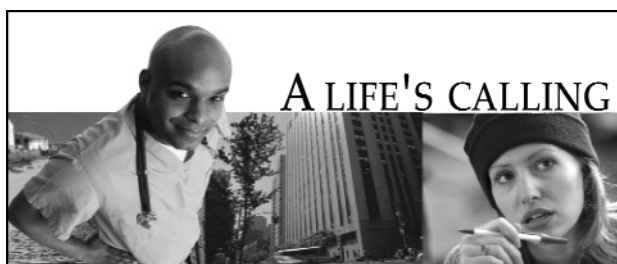
Time to Shine

How many times did you say, "If only I had time to join a committee or write an article for *Breathline* or *JoPAN*?" Now, as a retired nurse, you do have the time! Membership statistics reveal that many retired nurses are presently serving on ASPAN

"Retirement does not end a nursing career, but instead offers a change in focus."

Committees such as Credentials, Education Approver, Education Provider, Foundation, Governmental Affairs, Membership/Marketing, Historical, and Publications. The time invested on committee projects is very rewarding, while availability of retired members is an asset contributing to the completion of these projects.

While attending the next National Conference along with long-time colleagues and friends, consider volunteering as an always-needed host, hostess or moderator. Don't retire from ASPAN. Renew your membership, become more involved or stay involved, and focus on moving ASPAN into the future. 🌿



A LIFE'S CALLING

Practice nursing the way it was meant to be...


As part of our Center's more than century long commitment to improving the surgical management of cancer, MSKCC has recently expanded its perioperative services to include 21 highly integrated OR suites and a 35 bed main PACU. This expansion requires additional professional nursing staff at all levels to join disease specific perioperative teams and collaborate to maximize patient outcomes.

The perioperative teams at MSKCC are highly trained and experienced in the latest technology and procedures. The environment supports continuous learning that enables professional development and participation in innovative nursing programs that advances the practice of nursing. We currently have the following opportunities available:

Clinical Nurses - PACU

Collaborate with other healthcare team members and provide care for patients who require intensive monitoring and nursing interventions in an acute 24-hour setting. NYS RN and 2 years related experience required. BSN and Critical Care experience preferred. Hours: 12-hour flex shifts.

MSKCC offers an excellent salary and benefits package including tuition reimbursement. For consideration, please send your resume, indicating Job #06045N, to: **Nurse Recruitment, MSKCC, 633 Third Avenue, 5th Floor, New York, NY 10017** or E-mail: jobops01@mskcc.org. EOE/AA



Memorial Sloan-Kettering Cancer Center
The Best Cancer Care. Anywhere.
www.mskcc.org

Educational Offerings

October 6-8, 2006 Join Rocky Mountain Perianesthesia Nurses Association (RMPANA) for our 8th Annual Retreat in The Rockies, held at Snow Mountain Ranch in Fraser, Colorado. ASPAN President, Pam Windle, is one of our featured speakers. For information contact Lynda Marks at 303-771-1668, lyndamarks@qwest.net or www.rmpana.org

October 7, 2006 The South Carolina PeriAnesthesia Nurses (SCAPAN) will hold its Annual Fall Conference at the Sea Mist Resort in Myrtle Beach, SC. For more information contact Lynn Bond at lbond007@aol.com

October 14, 2006 The Wisconsin PeriAnesthesia Society (WISPAN) will hold the Annual Fall Seminar in Eau Claire, Wisconsin. For more information check the WISPAN Web site at <http://slingshotrally.com/wispan/>

October 21, 2006 Nevada PeriAnesthesia Nurses Association (NevPANA) educational offering from 8:00am – 12:45pm at Tamarack Junction, Reno, NV. Featured speaker is Nancy O'Malley, ASPAN Region 1 Director. For more information, contact Sue Cacibauda at 775-852-2303 or suejoe@joylake.reno.nv.us

PRSR STD
US Postage
PAID
Permit #58
Bellmawr, NJ

Summer/Fall ASPAN Seminars

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

October 14, 2006

Aging: Everybody is Doing It
Egg Harbor City, NJ

Review for Certification: CPAN
Oak Brook, IL

October 20, 2006 (Friday)

Review for Certification: CPAN
Honolulu, HI

October 28, 2006

Pediatrics: Little Bodies, Big Differences
Boston, MA
St. Louis, MO

Navigating the Regulatory Maze
Creve Coeur, MO

November 4, 2006

Foundations of Perianesthesia Practice
San Antonio, TX

November 11, 2006

Pediatrics: Little Bodies, Big Differences
Charleston, WV
Springfield, IL

Legally Speaking: Just the Facts
Richmond, VA

November 18, 2006

Legally Speaking: Just the Facts
White Plains, NY

Breathline

Volume 26, Number 5
September/October 2006

20

Copyright 2006 *Breathline*. All rights reserved.
Reproduction by any means without the expressed consent of ASPAN is prohibited.

ASPAN
10 Melrose Ave, Ste 110
Cherry Hill, NJ 08003