



Newsletter of the American Society  
of PeriAnesthesia Nurses

# Breathline

Volume 27, Number 2

March/April 2007

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## Journey to Perianesthesia Excellence: Recognizing the Best of the Best

As spring is in the air. Last spring, in Orlando, Florida, I began the most memorable year of my professional career. As I set goals for the year, I promised and committed to lead this nursing organization on Our Journey to Excellence through many initiatives such as: safety; safe staffing; succession planning; perianesthesia data elements; evidence based standards and guidelines; new educational seminars; *Breathline* communications from Regional Directors; Specialty Practice Groups (SPG); and in the three perianesthesia domains of education, clinical practice, and research.

ASPAN enjoyed a period of growth and success in 2006. I cannot believe how much our organization accomplished in this short time period, with our members providing strength to make the dream a magical reality and a success! Our diversity focus and journey to excellence continued to navigate toward our perianesthesia nursing future. This chartered course ensures that ASPAN will continue to grow and succeed.

### Collective Strength

There are so many talented individuals who step forward to support ASPAN's initiatives while keeping our mission and vision a reality. As we continue our journey in Anaheim, California, I want to thank ALL of YOU who serve ASPAN.



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

The opportunity to travel and meet so many members during my presidency has been a wonderful gift, and I truly enjoyed visiting component conferences and meeting new and longtime members. Many stimulating conversations took place that will leave lasting memories in my heart and mind. Without you, ASPAN cannot move forward to reach our goals and I will always remember the amazing members I met throughout my travels.

This year has been challenging, busy and rewarding for all ASPAN committees, SWTs, Ad Hoc committees, SPGs, the National Office (NO) staff, our board of directors (BOD), and me. My crystal ball predicts that ASPAN will face new challenges that test our skills and determination. So as we move into the future please remember my words of advice, "Start succession planning now. Identify leadership potential in members and coach, mentor and nurture

them so they will become capable leaders in one to three years."

### Organizational Assessment

Daniel Goleman describes emotional intelligence as the ingredient that distinguishes good leaders from "star leaders".<sup>1</sup> Goleman, Boyatzie, and McKee describe a framework for emotional intelligence focusing on personal and social competence.<sup>2</sup>

Personal competence represents how we manage ourselves. I believe that ASPAN's BOD, National Office staff, and members possess great personal competence.

Social competence determines how we handle relationships, and the authors assert that in order to achieve star leadership, eight social skills are required.<sup>1,2</sup> Let's examine ASPAN's social competence using the requisite eight skills:

1. **Influence** involves wielding effective tactics for persuasion. Without a doubt, ASPAN is among the most influential nursing specialty organizations, recognized among the elite at the bargaining table.
2. **Communication** includes openly listening and conveying convincing messages. Our board and NO staff are open minded and always available to listen to members' input or questions. Our representatives deliver convincing

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**ASPAN National  
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- public messages pertaining to practice, education, and policy issues for our profession.
3. **Conflict management** is negotiating and resolving disagreements. ASPAN has increasingly matured over the years and learned to turn our conflict into collaboration with other nurses, physicians, professional organizations and the public.
  4. **Leadership** entails inspiring and guiding individuals and groups. Our national and component leaders provide inspiration and support for many members, guided by our association's mission and vision.
  5. **Change catalyst** necessitates initiating or managing change. Every day, ASPAN creates or is involved in change related to the nursing profession, health-care delivery, and our perianesthesia specialty.
  6. **Building bonds** requires nurturing instrumental relationships. ASPAN continually nurtures instrumental relationships with members, other health-care providers, professional nursing organizations, legislators and the public.
  7. **Collaboration and cooperation** incorporates working with others toward shared goals. ASPAN's many ongoing coalitions, collaborations and partnerships are well developed and built upon mutual respect.
  8. **Team capabilities** involve creating group synergy in pursuing collective goals. ASPAN's many committees, SWTs and task forces, exemplify our capacity for developing team capabilities.

I can eagerly report that ASPAN possesses social competence and our stellar organization will continue to assist any member in maximizing his or her professional capacity. I encourage each of you to use your emotional intelligence to support our organization and ensure ASPAN remains a star leader in the nursing profession.

## *Salamat Po, Muchas Gracias, Thank You!*

ASPAN Ambassadors represent the organization at professional meetings, and our Star Recognition Program allows members to nominate a colleague for exceptional perianesthesia nursing practice. I want to thank our ASPAN Ambassadors and Stars for setting a wonderful example for all perianesthesia nurses to emulate! Your hard work, collaboration, words of wisdom, continued communications, enthusiasm, dedication and passion assisted me in advancing our Journey to Excellence.

Spring, with the ASPAN National Conference and installation of new board members, signals the start of a new year for our professional organization. The National Conference SWT has performed superbly and I thank them for their hard work. As we gather in Anaheim, I look forward to the opportunity to meet and greet new and old perianesthesia friends.

What an exciting year this has been! I am proud to have served as ASPAN's 26<sup>th</sup> President. My sincerest gratitude goes to the 2006-2007 ASPAN Board members who dedicated time through service and commitment. Thank you

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## ASPAN Breathline

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Deadlines for inclusion in *Breathline*:

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

**T**hank you to the clinical reviewers for the March/April 2007 edition of *Breathline*: Jane Baltimore, MSN, BSN, RN, CCRN, CS, CPAN; Nancy Burden MS, RN, CPAN, CAPA; Theresa Clifford, MSN, RN, CPAN; and Donna Quinn BSN, MBA, RN, CPAN, CAPA.

**PeriAnesthesia Nurse Awareness Week offered perianesthesia nurses a time to celebrate our specialty practice. See page 14 for more PANAW 2007 stories and pictures.**



ASPAN President Pamela Windle celebrated PANAW with St. Luke's Episcopal Hospital (SLEH) perianesthesia nurses, in Houston, Texas

SLEH's PANAW posters featured President Windle's "Journey to Excellence" theme

PeriAnesthesia Nurses  
*Our Journey to Excellence*



## ASPAN 26th National Conference President's Reception Wednesday, April 18, 2007 ~ 7:00 - 10:00 PM


**All conference participants and registered guests are invited to attend!**

ASPAN gratefully acknowledges Hill-Rom Co., Inc. for generous support of this event.

President's Message  
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to every member for this honor and awesome opportunity to serve. ASPAN could not advance *Our Journey to Excellence* without **YOU**.

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2. Goleman D, Boyatzie R & McKee, A. *Primal Leadership: Learning to Lead with Emotional Intelligence*. Harvard Business School Press: Boston, MA, 2004. 



### Management Opportunities

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## **Recognizing Specialized Perianesthesia Practice Peer Networking and Support Groups**



ASPAN has Specialty Practice Groups (SPG) designed to support the specific needs of members seeking networking and educational opportunities. The SPGs are listed on the ASPAN membership brochure and participation requires an annual fifteen dollar membership fee per group. Here is an update from each SPG Coordinator regarding group plans and activities.

### **Pediatric SPG**

The Pediatric SPG's goal for this year was to improve the ease of networking, and progress occurred when our ASPAN Web page became accessible to members in December 2006. All past newsletters are posted for review and any member is welcome to contribute Web page information or articles for other members to access. We are developing a Yahoo! Group to facilitate more direct interaction.

We are requesting member feedback related to the articles on Queasy Pops® and Dantrolene presented in the last newsletter. Please contact the coordinators to contribute to the next newsletter or to become more involved with our SPG. The next Pediatric SPG meeting in Anaheim will offer some great networking time and the presentation topic, "Childhood Obesity." Current Pediatric SPG members are invited to attend and will receive one contact hour.

### **Geriatric SPG**

Geriatric SPG Coordinator Jennifer Allen, MSQSM, RN, CPAN, attended the second Nurse Competence in Aging meeting, held in Washington D.C. last fall. ASPAN was among thirty-six organizations attending the meeting,

sponsored by the American Nurses Association and their Nurse Competence in Aging partners, to identify common concerns, join with other organizations addressing geriatric best practice, and share professional efforts to make geriatric education a fundamental part of professional training.

Current Geriatric SPG members are invited to attend our annual meeting in Anaheim. The meeting includes a presentation titled, "Polypharmacy Concerns in the Elderly Patient." This educational offering provides 1.0 contact hour in direct care, and we hope to see you there.

### **Pain Management SPG**

The goals for our Pain SPG are to provide networking opportunities for members, promote safe administration of opioids, and provide information on new technology and treatments in acute and chronic pain. We work to accomplish our goals through the annual meeting, newsletters, and the Pain Management SPG Web page on ASPAN's Web site. Our members have been actively responding to surveys and writing articles for the SPG newsletter.

We are currently compiling data regarding opioids, safety, and sleep apnea. Members have expressed interest in both traditional and complementary approaches to pain, and the coordinators welcome any questions regarding pain management. Our SPG meeting in Anaheim includes a one contact hour education session on the new IONSYS Fentanyl PCA delivery system, and all current Pain Management SPG members are invited to attend.

### **Publications SPG**

The Publications SPG participated in planning the 2006 ASPAN Component Development Institute (CDI). Results of a component editor's survey, conducted earlier in the year, were shared with the CDI attendees. A learning needs assessment survey was distributed to CDI attendees and the information gained from this tool will be used to direct our SPG planning.

Our SPG members are invited to join us in Anaheim for another exciting opportunity to learn. The coordinators will be presenting, "The Anatomy of a Newsletter." This annual meeting offers an opportunity to review newsletter design and layout, and to share tips and tricks with fellow writers and editors. Our group is always interactive, helpful, and fun!

### **Advanced Degree SPG**

The Advanced Degree SPG is dedicated to providing a forum for information sharing to members possessing or pursuing an advanced degree. This year, the SPG has its own Web page on ASPAN's Web site so members can access past newsletters and meeting minutes online. Our newsletter provides member bios demonstrating various opportunities available to nurses possessing an advanced degree and also supplies the latest news regarding certifications and other relevant issues pertaining to members.

Discussion is ongoing regarding a collaborative effort between ASPAN and an eastern U.S. college for the development of a post-Master's level perianesthesia nursing certificate. We invite all our current Advanced Degree SPG members to come join us for the next meeting at the ASPAN

*continued on next page*

National Conference to hear the latest updates.

## Management SPG

Marcie McLure, RN, CPAN, became the coordinator of the Management SPG last summer. A newsletter was published and each registered member was sent a questionnaire polling member expectations and demographic information about the group's membership, such as years of experience and special talents. Approximately 55 members responded and a group list of members' names and e-mail addresses is now available for member networking.

Over the past few months, members have group e-mailed to ask specific practice questions and to report on JCAHO survey questions. This networking system has proven to be very helpful

when members have questions or suggestions. Our members are very quick to respond to queries and to offer suggestions and assistance to other managers. We are really looking forward to our annual meeting of Management SPG members in Anaheim!

## Preoperative Assessment SPG

The Preoperative Assessment SPG has a very active membership with over 700 participants. Our Yahoo! Group has been established for about a year, and this interactive format allows members to sign up for the group and network with other members. The networking group shares questions, concerns, documentation forms, pictures, and more. Currently, 85 members participate in the networking forum.

A survey included in the most recent SPG newsletter assesses

practices in the preoperative setting. The survey results will be discussed at the annual meeting in Anaheim, and the results feed into the topic of our contact hour session, "Best Practices in the Pre-op Area," presented by the coordinators. We hope to see many members at the April meeting. 🌿

## 2007 National Conference SPG Meeting Schedule

MONDAY, APRIL 16, 2007 ~  
12:00 PM - 1:30 PM

- Geriatrics, Management, Pediatrics, Preoperative Assessment

TUESDAY, APRIL 17, 2007 ~  
12:00 PM - 2:00 PM

- Advanced Degree, Pain Management, Publications

*Meetings are limited to current SPG members only.*

***For questions or more information,  
contact a SPG Coordinator (C) or Vice-Coordinator (VC)***

### Advanced Degree

C: Ellen Poole, PhD, RN, CCRN, CPAN (ellenlpoole@cox.net)

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ASPAN SPG members can log-in to their group's Web page @ [www.aspan.org](http://www.aspan.org). Click on the "Members" tab, then select "SPG Login" from the drop down menu, and then select the specific SPG link for the page you wish to visit.

# Safety Alert: Healthcare Associated Infections

Nancy M. Saufl, MS, RN, CPAN, CAPA – Member, ASPAN Safety Committee

Goal 7 of the 2007 National Patient Safety Goals is to “reduce the risk of health care-associated infections.”<sup>1</sup> The Joint Commission on Accreditation of Healthcare Organizations states that in order to meet this goal organizations must comply with the current hand hygiene guidelines from the Centers for Disease Control and Prevention (CDC).<sup>1</sup> Compliance will reduce the transmission of infectious agents by staff to patients and thereby decrease the incidence of health-care associated infections.

Proper hand hygiene with hand washing or the use of alcohol based hand rubs is a simple technique that should be second nature to all health care providers. Yet reports of healthcare associated infections continue to point to inadequate hand hygiene as a major causal factor.

## Known Pathways

A report from the Johns Hopkins Medical Institutions (JHMI) states that hospitals would quickly slash their rates of common, costly and potentially lethal catheter-related bloodstream infections by using cheap, low-tech, common sense measures like hand washing, timely removal of unneeded catheters, and the use of sites other than the groin to place lines whenever possible.<sup>2</sup> The JHMI safety plan includes a checklist to ensure adherence to infection control practices, including hand washing, whenever a central line is placed. They even include a “stop now” order by any member of the health care team if the checklist is not followed to the letter.<sup>2</sup>



*Poor hand hygiene by healthcare workers presents a danger to patients*

## Deadly Hands

Another recent report cites a staphylococcus aureus bacterium that produces a toxin which can kill pneumonia patients within 72 hours.<sup>3</sup> Since staphylococcus aureus commonly lives on the skin and anybody can carry it, the authors stress that hospitals must improve hand hygiene to control the bacteria. Methicillin-resistant staphylococcus aureus is an increasingly serious problem, especially among surgical patients. Strict hand hygiene practices must be implemented.

The CDC guidelines point out that improved adherence to hand hygiene has been shown to terminate outbreaks in healthcare facilities, to reduce transmission of antimicrobial resistant organisms like methicillin-resistant staphylococcus aureus, and reduce overall infection rates. In addition to traditional hand washing with soap and water, the CDC recommends the use of alcohol based hand rubs by healthcare personnel for patient care because they address some of the obstacles that healthcare professionals face when taking care of patients.

## Hand Hygiene for Everyone

Alcohol based hand rubs take less time to use than traditional hand washing. In an eight-hour shift, an estimated one hour of an ICU nurse's time will be saved by using an alcohol based hand rub. When healthcare personnel's hands are visibly soiled, they should wash with soap and water.<sup>4</sup>

Perianesthesia nurses should focus on prevention of infection and adhere to Universal Precautions and strict hand hygiene. Hand washing is a simple habit and it's something we can all do to protect patients and keep them safe. For more information on the CDC infection control guidelines visit the CDC Web site ([www.cdc.gov](http://www.cdc.gov)).

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# Quality Networking Time

## North East Component Leadership Meetings

Maryanne Carollo, BS, RN, CAPA – Regional Director, Region 4

**ASPAN  
Regions**

Quality networking time is difficult, if not almost impossible, to arrange. For this reason, in May 2000, five of the ASPAN Region 4 components met in Waltham, Massachusetts, for the sole purpose of networking to discuss common issues. This leadership meeting comprised leaders representing Massachusetts, Maine, Connecticut, Rhode Island and Vermont/New Hampshire.

The meeting was named the New England Component Presidents Luncheon. The group's purpose was outlined and summarized during the first meeting in a mission statement, "To provide networking, opportunities, education, guidance and direction to the leadership of the member components." A set of policies was established regarding membership inclusion, meeting schedules, and how financial, hosting and agenda responsibilities were to be rotated and shared.

### Expanding the Dialogue

Several meetings later, New York was invited to participate and the meeting's name was changed to what is now known as the North East Component Leadership Meeting (NECLM). After ASPAN restructured the regions from four to five, NECLM voted to extend an invitation to the remaining two Region 4 components, and Pennsylvania and New Jersey/ Bermuda became part of this networking group. The NECLM evolved into a component driven Region 4 group.

The NECLM meetings are held biannually at a central location and provide the Region 4 Director an occasion to connect with all

the components, hear new ideas or any concerns, and to get feedback on issues presented from the ASPAN leadership. These gatherings provide the optimal networking venue to share and discuss ideas, and the common and not-so-common issues experienced by member components. Component leaders have an opportunity for personal introductions that foster professional collegiality, and they communicate information and experiences resulting in stronger leaders and components.

### Meeting of the Minds

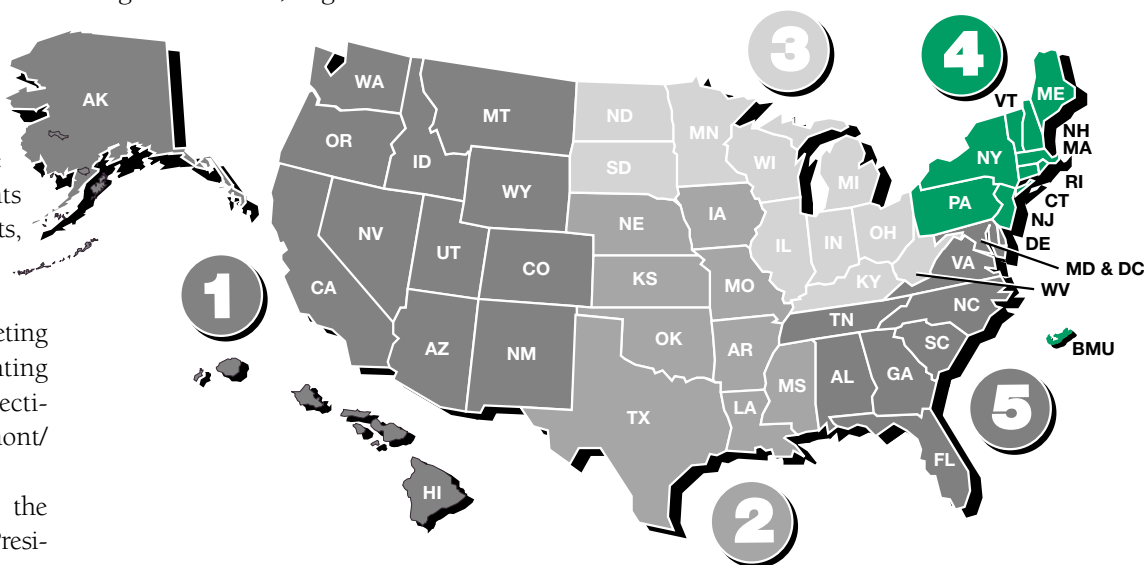
A mutually predetermined agenda allows the components to prepare for and designate specific leaders to attend. Typically, the component president and one or two component members who will benefit most from the meeting topic attend. Past topics included: creating strategic plans, applying for the Gold Leaf Award, publishing component newsletters, creating Web sites, developing scholarship programs, increasing and maintaining membership, managing component finances, and

establishing research programs.

Each meeting takes on a life its own, shaped by a relaxed atmosphere conducive to networking and sharing. The meeting day starts during a continental breakfast with each component giving a brief component update, followed by the meeting agenda. This agenda ranges from formal presentations to a group discussion moderated by the host component. The dialogue continues through lunch with the meeting generally ending in the early afternoon.

### Getting Closer

The geographic proximity of Region 4 components offers an advantage to hosting this invaluable forum, but the concept could be adapted to other regional components. I have attended NECLM meetings as a component president-elect, president, and now as the Region 4 Director. This is an excellent model for enhancing and strengthening the components within our region, and a great way for new leaders and "Up and Comer" ASPAN members to experience all the benefits of professional networking and mentoring.



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# Cell Phone Abuse

## *The Beeps, Rings and Tunes of Preoperative Nursing*

Joy Shiller, MS, BSN, RN, CAPA

Our preoperative unit is an open room with an eight bed capacity. It is a high activity area in which various procedures are performed. The majority of patients are elderly, many are awaiting cancer surgery, and they are often extremely anxious or in pain. Unlike some holding areas we permit visitors to remain at each patient's bedside until he/she is transported to the operating room.

### **An Escalating Problem**

While preparing patients for surgery one day, our nurses listened to excerpts from "Beethoven's Fifth Symphony," "Love Story" and "It's a Grand Old Flag." This was not the selection of relaxation music chosen for our patients, but instead, was a sampling of disconcerting tunes from incoming cell phone calls.

About a year and a half ago, the inconsiderate use of visitor cell phones became intolerable. Incoming calls created a cell phone cacophony within our unit while visitors and patients were overheard discussing personal information, conducting sometimes private or mundane business transactions, and at times using less than acceptable language. Patients involved in cell phone conversations were prolonging the admission process and creating potential delays in the surgery schedule.

Continuous cell phone disruptions became a major source of frustration for the nursing staff, making it difficult to stay focused on nursing work. For example, a nurse was assisting a patient and anesthesiologist during an epidural catheter insertion. Suddenly, from behind the divider curtain came a disquieting "Cock-a-Doodle-Doo...Cock-a-Doodle-Doo!" It was inappropriate to shout at the neighboring visitor to turn off the

cell phone while performing nursing functions during the epidural procedure, while impossible to disengage from the procedure in progress. Consequently, throughout the entire procedure we were forced to listen to a lengthy conversation describing city traffic woes encountered enroute to the hospital. This identical conversation was repeated to a second caller, again preceded by a series of "Cock-a-Doodle-Doo's."



*Public cell phone use is a major irritation for many people*

Inconsiderate cell phone use was not only a major detriment to the nurses' work environment, it presented unacceptable and embarrassing situations for patients and their families who were frequently subjected to the blaring rings and other peoples' conversations. We received complaints from many patients, and others exposed to indiscriminate cell phone use revealed their annoyance with facial expressions.

### **Literature Review**

Frustration with cell phone use is not limited to nurses, patients and their families. Cell phones have been referred to as the "cigarettes of the decade."<sup>1</sup> As with smokers, some people practice cell phone etiquette while others are less than considerate. One study revealed that six out of ten adults find public cell phone use a major irritation.<sup>1</sup> In a recent survey of U.S. workplace pet peeves, 30%

of the employees cited annoying ring tones as the most irritating part of the work day.<sup>2</sup>

A poll of 1,014 American adults revealed that among rude behaviors experienced daily, the most annoying is loud cell phone conversations in public.<sup>3</sup> It has been reported that one's cell phone voice is distinctive and a bit louder than normal. Cell phone use violates public space, and once space becomes violated, people get angry and conflict arises.<sup>4</sup> On an interpersonal level, face to face conversational rapport is ruined when one is subjected to an individual preoccupied with a cell phone call while oblivious to the negative effects.<sup>5</sup>

Cell phone abuse has been called a worldwide epidemic. Symptoms found in victims of cell phone abuse include inability to concentrate, mild to severe irritability, and sensitivity to loud rings.<sup>6</sup> One study indicated that a demand for instant, almost constant communication is adding to workplace tension. Workers feel bothered by the cell phone interruptions of others and their responses are described in a new term, "SAD – Stress, Anger, and Distraction."<sup>7</sup> The existing literature did not reveal any information concerning the inconsiderate use of cell phones in patient care areas.

### **Recommendations from Literature**

Technological evolutions require re-establishment of basic guidelines.<sup>8</sup> According to a 2005 survey, nearly 40% of American companies devised a written policy for cell phone use.<sup>2</sup> A need exists for every organization to establish and honor workplace rules related to cell phones standards,<sup>7</sup> and recommendations include implementing blanket

*continued on next page*



policies such as all cell phones remain turned off, use muted or vibration settings, or are altogether banned.<sup>2</sup> One medical group practice suggested placing a sign in the waiting area instructing clients to, "Turn Cell Phones Off, Delicate Equipment."<sup>9</sup>

Interestingly, there is discrepancy in the literature regarding whether or not cell phone use produces detrimental electromagnetic interference on medical equipment. The current thinking is they may actually pose a lesser risk to medical devices than originally believed.<sup>10-12</sup>

The picture-taking capacity of cell phones is an important consideration for HIPAA privacy and security violations. Implementing a no photo policy in a healthcare setting is both complex and difficult to enforce,<sup>13</sup> but managers and privacy officials must address the use of any high risk devices that can produce negative outcomes. As new issues related to progressive cell phone technology arise, organizations must be proactive to implement and enforce strict policies regarding their use.<sup>14</sup>

## Shared Governance Guidelines

The Preoperative Unit nurses, many patients and visitors experienced the SAD symptoms of cell phone abuse. In November 2004, a hospital policy was implemented to restrict the use of cell phones in designated areas, with our unit included. A large sign placed on the entrance door stated, "Please Turn Off All Cell Phones." Unfortunately, the compliance level was very low and cell phone use persisted.

The staff subsequently placed a sign at each bedside instructing patients and visitors to turn off cell phones. The second sign did not deter the behavior, so the Shared Governance Committee met to address the escalating problem. Although important and of con-

cern, the issue of electromagnetic interference and potential HIPAA violations was not the main discussion point. The nurses were frustrated victims of cell phone abuse, and this was negatively impacting nursing work.

Our goal was to improve the work environment, so we established guidelines that each nurse agreed to observe. According to the guidelines the admitting nurse would: personally request each patient and visitor to turn off all cell phones prior to or when entering the unit; inform patients and visitors of designated locations for cell phone use; offer the use of unit phones for any necessary calls; and request the contact cell phone number of one visitor and instruct him or her to activate the phone when he or she left the unit so the nursing staff could make contact if needed.

The nurses were unified in guidelines adherence. Although occasionally subjected to wait for the completion of phone calls already in progress, this approach achieved the greatest level of compliance.



*Photographic cell phones present challenges to HIPAA privacy and security regulations*

## Desperately Seeking Silence

Our nursing interventions have not completely resolved the problem. The unsettling sounds of incoming phone calls to visitors arriving after the initial admission period, who have not been instructed by a nurse to inactivate the cell phone, still occur. We encounter cell phones

that "magically" get turned back on. There are patients and visitors who still refuse to comply with the policy despite repeated requests. Occasionally, some have become cross when asked to turn off their phones even after we provide a rational explanation for the policy.

Since the unification of nurses to resolve the issue, the compliance level has significantly improved. Yet, each and every day, our nurses are challenged to maintain an environment that is free from needless interruptions, frustration and the dreaded rings, beeps, and tunes from incoming cell phone calls. However, nurses can be instrumental in managing the work setting by creating and upholding policies to maintain a proper atmosphere for patients and families, and for the nurses caring for patients.

## Conclusion

Patients facing surgery and invasive procedures, and those medicated for pain or anxiety should not be subjected to listen to the thoughtless conversations of others. Additionally, nurses are challenged to focus on clinical work when competing with cell phone interruptions. Establishment of and adherence to an acceptable facility cell phone policy is important for ensuring a quality experience for all nurses, patients and visitors occupying perianesthesia care units.

As public opinion polls confirm that Americans are most annoyed by loud cell phone conversations in public,<sup>3</sup> widespread availability and affordable prices have made cell phones accessible to a broad population. In a time when cell phone use is out of control, annoyance and the potential for privacy law violations are important considerations for healthcare providers entrusted with the care of others.

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## Certification



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

# Certification Activity at the 2007 ASPAN National Conference

## Item Writing/Review Workshop

**Sunday, April 15, 2007 • 10:00 AM - 4:30 PM**

If you are a CPAN and/or CAPA certified nurse and would like to learn how to write multiple-choice questions for possible use on a CPAN or CAPA certification examination, this workshop is for you! You can make a significant contribution to our specialty while networking with colleagues

from around the country regarding practice issues. Pre-register by calling ABPANC at 800-622-7262, then press "1" to speak to Philip Godlewski, ABPANC Program Associate. No fee is required and 5.5 contact hours will be awarded. See the ASPAN Conference brochure for more details. 🌐

### 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](http://www.cpancapa.org)

### November 3, 2007 Certification Exam Dates

- **August 8, 2007\*** Special test site request postmark deadline
- **September 4, 2007** Initial application postmark deadline
- **September 10, 2007** Late application postmark deadline (must submit a \$50 late fee)
- **September 17, 2007** Application withdrawal/roll over postmark deadline
- **October 1, 2007** Test site transfer request postmark deadline
- **November 1, 2007** Recertification application materials due postmarked no later than November 1st

\* This deadline is only for the special test site request, not for exam applications. See the ABPANC Web site or the Examination Handbook and Application (process is explained in Appendix H) for details on how to request a special test site.

Clinical Article  
continued from page 9

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Joy Shiller, MS, BSN, RN, CAPA, is a staff nurse and clinical mentor in the Main Preoperative Holding Area, The Methodist Hospital, Houston, TX. Please address correspondence to Joy Shiller at [jshiller@tmh.tmc.edu](mailto:jshiller@tmh.tmc.edu). 🌐

# Education Scholarships Available for Members

It's a new year for ASPAN scholarships! Qualified members may apply for BSN, MSN and Doctorate degrees; National Conference attendance; CPAN or CAPA certification exam fees; or, the Nurse in Washington Internship (NIWI) program.

The 2007 ASPAN Scholarship Program brochure/application is accessible on the Web site or is available in hard copy or .pdf file via e-mail request from the National Office. All applicants must submit, by mail, an original plus three copies of the applica-

tion along with supporting documentation for the Selection Committee to review. The scholarship application cannot be submitted electronically.

## Fill-In Form

To access the Scholarship Brochure/Application .pdf file online, go to the ASPAN Web site ([www.aspan.org](http://www.aspan.org)), click on the "Members" tab, then select the "Scholarship Program" link. The required information can be entered into the form and a copy can then be printed to include

with the application packet. ASPAN's Fill-In Form uses the features provided with Adobe Acrobat Reader 5.0 or 6.0 software. An instruction page hyperlink is provided on our Web page for your convenience.

**The postmark deadline for application submission is July 2, 2007.**

For questions, or to receive a copy of the brochure/application, please contact Jane Certo at the ASPAN National Office: 877-737-9696 ext. 13 or email [jcerto@aspan.org](mailto:jcerto@aspan.org).

## Make the First Time a Great Time! National Conference Newcomers Welcomed

### First Timers Orientation

**Sunday, April 15, 2007 ~ 5:00-6:00 PM**  
**Monday, April 16, 2007 ~ 12:15-1:15 PM**

ASPAN is thrilled to welcome all newcomers to your very first National Conference; therefore, we are offering the perfect session to learn some tips on making the most of your time in Anaheim. ASPAN's goal is to make you comfortable and teach you how to benefit fully from your very first Conference. Come join us on Sunday or Monday to learn what you need to know to maximize your journey through the National Conference experience. Session leaders will be available to answer questions and share valuable information. One contact hour is awarded for attendance. We look forward to meeting and greeting you in sunny California!

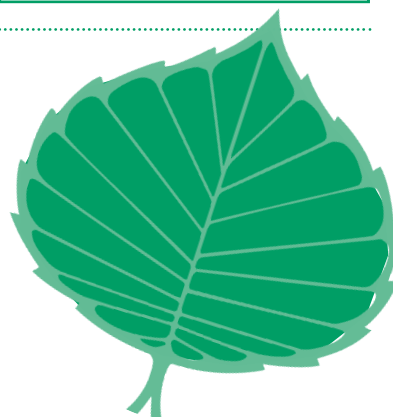
## National PartiCULARs The next best thing to being there ...

We recognize that nursing work is a 24/7 commitment and that every perianesthesia nurse can't come to the 26th National Conference. We value all of our members caring for patients during Conference week and invite you keep up with the daily action by logging onto the ASPAN Web site. *National PartiCULARs*, published daily from Conference, delivers the important news that takes you on a virtual journey to Anaheim. Be there from anywhere @ [www.aspan.org](http://www.aspan.org)!

## Pit Stop in the ASPAN Shoppe

When traveling to Anaheim, reserve some suitcase space for ASPAN scrubs, warm-up jackets, collectible logo items, beach towels, and some hot new items being offered this year! The ASPAN Shoppe features many items at varying prices, and all the excellent ASPAN publications are available, so take advantage and save on shipping costs by buying direct.

The ASPAN Shoppe is open daily during Conference, and Membership/Marketing Committee members are available to assist you. Please inquire about the location at the Registration Desk and consult the Conference schedule to learn the various operating hours. The ASPAN Shoppe accepts cash, check or credit card payments, and we hope to see you "early and often" in Anaheim!



## Breathline

Volume 27, Number 2  
March/April 2007

## Evidence Based Practice at the Bedside

Matthew D. Byrne, MS, RN, CPAN—Research Publications Team Member



Three clicks. Would you make just three little mouse clicks to ensure that patients got the best care possible? A world of knowledge is available to nurses via the Internet, narrowing the divide between best practice based on research and actual influence on frontline practice. Web-based information, in most cases, is free of charge and can make a measurable difference in the lives of patients.

Much effort has been made to take evidence based practice (EBP)

from a less obscure academic term to within the reach of clinical care providers. Incorporating evidence based practice at the bedside requires doing some homework in order to find what those three clicks might produce for you and your patients.

### Surf's Up

Check out some Internet sites to find those applicable to your clinical practice. In general, the sites are simple to navigate, explain the source of clinical rec-

ommendations and offer other resources to guide you. Depending on your particular need, some online resources will be better than others. For example, if you want to research a specific condition, treatment or medication, MedLine or Up-to-date might be the best source. On the other hand, if you are most interested in reading about best practice or clinical practice guidelines, a more EBP focused site will be beneficial.

Here are some suggested Web sites to help you get started:

- **Registered Nurses' Association of Ontario** ([www.rnao.org](http://www.rnao.org)) The Canadian government sponsored this ambitious project in 1999. Twenty-nine clinical practice guidelines (CPGs) are posted with topics ranging from diabetic ulcer management to skin assessment and pain management. Price: FREE
- **National Guideline Clearinghouse** (<http://www.guideline.gov>) This U.S. government initiative features an impressive array of EBP CPGs. Begin your search from the main page. This site permits users to load the guidelines onto a personal digital assistant. Price: FREE
- **Royal College of Nursing** ([www.rcn.org.uk](http://www.rcn.org.uk)) Based in the United Kingdom, this organization builds and publishes CPGs, including a preoperative fasting guideline posted in 2005. To access the CPGs, select the "Resources" tab and then "Improving Care" from the dropdown menu. Price: FREE
- **Medline Plus** (<http://medlineplus.gov>) This incredibly rich medical reference site is great for nurses and patients. Sponsored by the U.S. government, this site features information, photos and more on medications, medical conditions, information on supplements and ongoing clinical trials. Price: FREE
- **Up-to-date** ([www.uptodate.com](http://www.uptodate.com)) Entirely driven by contemporary research, this amazing bedside resource contains a treasure trove of knowledge offering a topic oriented database with narratives, pictures and information. You can learn about everything from chest tubes to Kawasaki disease. Price: Varies, but many hospitals subscribe to the service so check your institutional library or reference pages
- **Joanna Briggs Institute** (<http://www.joannabriggs.edu.au/about/home.php#>) An international database of protocols, EBP articles and guidelines that is easy to access and easy to use for clinical practice questions and situations. Price: FREE

This is just the beginning of an Internet surfing expedition with endless possibilities. Other useful sites include: The Cochrane Library and Database ([www.cochrane.org](http://www.cochrane.org)), the Institute for Clinical Systems Improvement ([www.icsi.org](http://www.icsi.org)), Agency for Healthcare Quality and Research EBP page (<http://www.ahrq.gov/clinic/epcix.htm>), and the National Institute for Health and Clinical Excellence (<http://www.nice.org.uk>) just to name a few.

### No Excuses

There was a time when the usual justifications for not researching EBP were compelling. To say, "I don't have the time or the knowledge, and don't even know where to look" is a tough sell today. The sites I've mentioned provide every nurse with computer access and the ability to explore a wide range of nursing and medical information at any time, day or night.

Have a local technology expert or nurse educator post the links on the unit computer for easy access. Or bookmark the sites on your computer and then browse at your convenience to find those you prefer. You will be absolutely amazed by the clinical evidence you can find in just three clicks, and how powerfully this knowledge can impact bedside nursing practice. 🌿



# The Best of Education, Practice, Standards and Research

*ASPAN's "Big Audacious Goal" (BAG) is to be recognized by the healthcare community worldwide as the leading organization for perianesthesia nursing education, practice, standards and research. Here is a glimpse into three vital ASPAN committees.*

## Education Committee

The Education Provider Committee members worked hard in 2006 to provide quality education programs to our perianesthesia colleagues. The Education Approver Committee teams labored tirelessly, approving 75 continuing education applications for a total of over 390 contact hours! A total of 62 ASPAN Seminars were presented across the country, the highest number to date. In addition, new CPAN and CAPA reviews for certification were added to our repertoire of education offerings, and these are in high demand each season. The Speaker Development Workshop has completed the planning stages and some ASPAN "Up-and-Comers" were invited to participate during the National Conference.

Nurses seeking convenient and comprehensive education can take advantage of our DVD programs, available from the National Office. "Advanced Perianesthesia Care: Beyond the Basics" and "Advanced Ambulatory Perianesthesia Care: Beyond the Basics" are now ready for distribution. "Legally Speaking," "Pediatrics," and "Foundations of Perianesthesia Practice" are in development and should be ready for distribution this spring. Numerous Provider Directed Learner Paced activities were made available through JoPAN and on the ASPAN Web site.

Over 2,000 nurses participated in the 2006 ASPAN National Conference in Orlando, making it one of our most successful Conferences ever! I want to express my

gratitude to the many dedicated committee members who updated programs, lectured, researched information, planned activities, developed post-tests, and worked to assure that the education ASPAN provides is current, accurate and evidence based.

*Kathleen DeLeskey, MSN, RN,  
CPAN—Director for Education*

## Clinical Practice Committee

When highlighting the 2006-2007 Clinical Practice Committee, there is no possible way to recognize only some or all of the individual nurses involved. Each and every member of this committee demonstrated eagerness to share, an openness to learn, and a readiness to journey along the path of perianesthesia excellence by supporting the many clinical practice questions of national and international colleagues.

From April 2006 through December 2006, the committee received and expertly responded to 1,145 queries - not including direct emails and phone calls triaged through the National Office! A total of 51% of the questions came from ASPAN members, while a staggering 49% came from nonmembers. In addition, nearly 3% of the questions came from eight different countries outside of the U.S. Lastly, the ASPAN Web site Conference Center currently hosts over 1,035 posts with over 200 topics represented. Behind all of these statistics are many volunteer committee members who log countless hours researching and delivering sound clinical information

regarding the practice questions of other perianesthesia nurses. Kudos to the commitment and passion of the fantastic nurses comprising the Clinical Practice Committee!

*Terry Clifford, MSN, RN, CPAN—  
Director for Clinical Practice*

## Research Committee

This was a busy year for perianesthesia nursing research activities, and ASPAN salutes our Research Committee members for their many contributions made to advance the scientific practice of perianesthesia nursing. Two significant accomplishments were the development of ASPAN's Online Journal Club and revision of ASPAN's *Research Primer*.

ASPAN's Research Web site has undergone content revisions, while the Research Publication Team provided timely *Breathline* Research Corner topics throughout the year. Our Research Grant Peer Review Team members actively supported the provision of ASPAN research funding opportunities.

Every year, at National Conference, Research Committee members participate in staffing and answering questions at the ASPAN Research Booth located in the Exhibit Hall. The Research Abstract Peer Review Team shares the fruits of their labor when the annual oral and poster presentations are displayed. We look forward to celebrating perianesthesia research excellence with the attendees in Anaheim!

*Myrna Mamaril, MS, RN, CPAN,  
CAPA—Director for Research*

*ASPAN is grateful for the many members who volunteer countless hours of service each year in support of ASPAN's BAG. We invite you to visit our Web site to view a complete listing of ASPAN members who contributed to the advancement of perianesthesia nursing over the past year. Go to [www.aspan.org](http://www.aspan.org), select the "About Us" tab, then select "organization" from the dropdown menu to access the "2006-2007 Committees, SWTs & Special Function Groups" hyperlink.*

## Breathline

*Volume 27, Number 2  
March/April 2007*

## Honoring Special Nurses Nationwide PANAW Celebrations

*Thank you to our ASPAN members who shared their special PANAW celebrations held in components across the nation.*

### Oklahoma

Oklahoma received official word from Governor Brad Henry that February 5-11, 2007 was proclaimed Oklahoma PeriAnesthesia Nurse Awareness Week. While local hospitals celebrated all across the state, the Oklahoma Society of PeriAnesthesia Nurses (OSPAN) mailed thank you cards to every member in honor of the special time each year that perianesthesia nurses can toot their horns!

*Michelle Honeywell, RN, CPAN—  
OSPAN President*

### South Carolina

The PANAW kickoff at Greenville Memorial Hospital included an ASPAN seminar "Pediatric Assessment: Little Bodies, Big Differences," presented by Dolly Ireland, MSN, RN, CAPA, CPN. SCAPAN awarded special door prizes in honor of PANAW during the education program break times.

*Samantha Hanna, RN, CPAN—  
SCAPAN Member*



*SCAPAN members gathered for a special PANAW observance. Back row: Nancy Zarczynski, Alisa Shackelford, Dolly Ireland, Jan Smith, Debbie Lorris, Jaci Gibson, Paula Williams. Front row: Samantha Hanna and Christie Norgart*

### The Capitol

Washington D.C.'s George Washington University Hospital, in conjunction with the hospital's "Baldridge Journey of Excellence" promotion, united in their celebration. PANAW was ushered in with a ceiling banner and gifts of flowers and tote bags for each staff member. Invitations were distributed to other hospital units, which included the names and credentials of all staff members. As the doors to our perianesthesia units were opened to colleagues, the administrative team, unit managers, other nurses, and physicians came to celebrate and learn more about our specialty practice.

During PANAW, we paused and reflected on how much nurses truly do for patients, one another, and the community we serve. We used this week to promote unity and closer working relationships among our hospital departments, and we thank all perianesthesia nurses for your contributions to our practice!

*Nemi Chavez, BSN, RN, CCRN,  
CPAN—CBSPAN Member*

### Colorado

In Denver, The University of Colorado Hospital celebrated PANAW with a presentation by ASPAN Past President Maureen Iacono, BSN, RN, CPAN. The charismatic lecture "Leadership at the Bedside" was followed by staff member Rachel Romero, BSN, RN, CPAN's video choreographed to music. The inspirational video featured perianesthesia nurses providing care at the bedside.

*Myrna Mamaril, MS, RN,  
CPAN, CAPA—RMPANA Member*



*Maureen Iacono motivated nurses at the University of Colorado Hospital*

### Missouri

At Saint Luke's Hospital in Kansas City, everyone chose a gift from ASPAN's PANAW catalog. Our staff members selected everything from t-shirts to pens, mugs, bags, and pedometers. On Monday, component board members purchased cookies and delivered them to various units, including the main PACU, ASC PACU, preoperative holding unit, and the preoperative assessment clinic. Tuesday's celebration included bagels for everyone, and on Wednesday all perianesthesia nurses were treated to lunch by an industry representative. Thursday was marked by a special cake baked by the unit secretary, and on Friday our CRNA colleagues brought in a tray of cupcakes to celebrate with us. PANAW was a great way to celebrate perianesthesia nursing and to be recognized by our peers.

*Jan Lopez, BSN, RN, CPAN,  
CAPA—MO KAN PANA Member*

In St. Louis, Barnes-Jewish Hospital Center for Advanced Medicine's perianesthesia nursing staff celebrated PANAW by including lunches and continuing education inservices each day. The PANAW 2007 poster was displayed along with the number of total years of nursing experience possessed by the staff. The

*continued on next page*

PANAW proclamation, issued by Illinois Governor Rod R. Blagojevich, was displayed along with pictures of staff members when they were babies or small children, showing how far these now experienced perianesthesia nurses have come!

*Marigrace Clarke, RN, CAPA—MO KAN PANA Member*



*Barnes-Jewish Hospital nurses Mari-grace Clarke, Beth Rosenthal, and Kathy Harris display a PANAW theme cake*

### Illinois

Rush Copley Medical Center, in Aurora, hosted a big PANAW celebration that included interventional procedure unit nurses and ancillary staff. Many wonderful, informative posters were created to educate the hospital staff regarding perianesthesia and peri-procedural nursing, which were proudly displayed in the busy cafeteria. Approximately 100 hospital staff members and physicians stopped by our publicity table to ask questions about perianesthesia nursing!

The unit staff is proud to comprise 100% CAPA and CPAN certified nurses for the third year in a row! We ended the week at a restaurant by hosting a special certification brunch for all DSU and PACU nurses, and presented specialty certificates and pens to all certified nurses. The Director of Peri-Operative Services and

Vice President of Clinical Services attended the brunch to show support and stress the importance of certification to healthcare organizations and the community.

*Doreen Jantz-Makofski, RN, MPA, CAPA—ILSPAN Member*



*Rush Copley Medical Center certified nurses held a special PANAW brunch*

### Pennsylvania

The Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) encouraged PANAW celebrations in several ways. The *Pulse of PAPAN* newsletter, coordinated to arrive to members just before PANAW, included a reminder about ASPAN's free PANAW contact hours offer and gave a discounted registration fee coupon to the annual "PRIDE in Perianesthesia Conference." PANAW was highlighted on the Web site ([www.papanonline.org](http://www.papanonline.org)). PAPAN also petitioned for a proclamation to honor perianesthesia nurses and received this honor from Governor Edward G. Rendell. Our 430 component members responded favorably to all of these efforts.

In Montgomery County, Abington Memorial Hospital celebrated PANAW with nourishment for the mind and body. Our nurse manager planned activities around staff member breaks and lunches. Throughout the week, the hospital administrators, our colleagues in the Department of Anesthesia, the Operating Room staff, and industry representatives treated

our perianesthesia nurses to meals while several physicians, nurse educators, and industry representatives presented brief specialty topic educational updates. The governor's proclamation was displayed, and each nurse received

an application for ASPAN membership and certification, an ASPAN PANAW gift to remember, and a special note of appreciation.

*Cathy Casey, RN—PAPAN Member*

### Delaware

Governor Ruth Ann Minner presented a proclamation honoring Bayhealth Medical Center's perianesthesia nursing staff, in concert with ASPAN and Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN) observances, officially declaring February 5-11, 2007 PANAW in Delaware.

*Chris Price, MSN, RN, CPAN, CAPA—CBSPAN Member*



*Delaware's Governor visited with the Bayhealth Medical Center staff. Front row: Kate McCallister, Meghan Phillips, Chris Price, and Michele Phelps. Back row: Ann Souder, Patricia Bowden, Joyce Downes, Governor Minner, Tanya Spiering, Katie Fortier, and Bonnie Perratto*

### Breathline

Volume 27, Number 2  
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## Educational Offerings

**September 22, 2007** Vermont/New Hampshire Association of Perianesthesia Nurses' (VT/NH APAN) fall conference "Current Topics in PeriAnesthesia Care" at White River Junction Medical Center, White River Junction, VT. For information, Contact Amy Dooley at [doyleylax@comcast.net](mailto:doyleylax@comcast.net)

**September 22, 2007** Illinois Society of PeriAnesthesia Nurses' (ILSPAN) fall conference "Anesthesia Perils: Keeping Your PeriAnesthesia Patient Safe" featuring Deborah Dlugose, RN, CCRN, CRNA, in St. Louis, MO. For information, contact Marigrace Clarke at 314-423-6057 or [mcrcapa@aol.com](mailto:mcrcapa@aol.com), or visit [www.ilspan.org](http://www.ilspan.org)

**September 22-23, 2007** Wisconsin Society of PeriAnesthesia Nurses' (WISPAN) fall seminar in Door County, WI. For more information, contact Valerie Dethloff at [valthern@hotmail.com](mailto:valthern@hotmail.com)

**September 29, 2007** Utah Society of PeriAnesthesia Nurses' (USPAN) fall conference and membership meeting in Provo, UT. For more information, contact David Kay at 801-728-9508, 801-387-2325, or [david.kay@comcast.net](mailto:david.kay@comcast.net)

**September 29, 2007** Tennessee Society of PeriAnesthesia Nurses (TSPAN) Fall Fling will be held from 7:30 AM - 4:30 PM at the historic Chattanooga Choo Choo in Chattanooga, TN. For more information, contact Joann Wood at [joann.9@comcast.net](mailto:joann.9@comcast.net)

**October, 13-14, 2007** New York State PeriAnesthesia Nurses Association's (NYSPANA) annual conference "A New York Moment: Celebrating Perianesthesia Practice" in White Plains, NY. The program includes a variety of hot topics and a malignant hyperthermia simulation. For more information, contact Sandy Barnes at [sbcpan@gmail.com](mailto:sbcpan@gmail.com) or 914-232-5542, or visit [www.nyspana.org](http://www.nyspana.org)

**November 10-11, 2007** Kentucky Society of PeriAnesthesia Nurses (KSPAN) 25th Anniversary Fall Conference at the Ramada Conference Center in Lexington, KY. For information, contact Donna Hagan at [donna@alumalok.com](mailto:donna@alumalok.com) 

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

## Breathline

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## 2007 Winter/Spring Seminars

### March 24, 2007

**Review for Certification: CAPA**  
**Review for Certification: CPAN**  
Langhorne, PA  
Asheville, NC

### May 5, 2007

**Foundations of Perianesthesia Practice**  
**Navigating the Regulatory Maze**  
Rosemont, IL

### May 19, 2007

**Foundations of Perianesthesia Practice**  
Duluth, MN

**Navigating the Regulatory Maze**  
Austin, TX

### August 4, 2007

**Review for Certification: CPAN**  
Harlingen, TX

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