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Going ASPAN Green

Yes, ASPAN is talking about going green. This action stems from a desire to conserve and improve the natural environment and our organizational resources. Consider the profound impact from Earth's exponentially expanding population. With nine billion inhabitants projected by 2050, the demand for our planet's already depleted natural resources poses increased threats for future availability.¹

The Environmental Energy Technologies Division of the U.S. government reports that the average American office worker uses about 10,000 sheets of paper each year. This measures out to a stack of paper four feet high! American offices send four million tons of paper to the landfill each year.² Just imagine the huge amount of paper wasted each year from traditional ASPAN communication methods. The time for greener action is now.

Preserving Resources

An emphasis on ways for ASPAN to go green was explored in recent budget meeting discussions. In a first step toward action, the mid-year Board of Directors meeting is going green. The National Office will no longer print and mail voluminous board report packets, but instead will send the agenda to all board members via electronic files.



Lois Schick
MN, MBA, RN, CPAN, CAPA
ASSPAN President 2008-2009

During the meeting, each agenda item will be computer generated and projected onto a screen. A second computer setup will project related, supportive and/or clarifying information for the particular agenda item discussed. The goal for the new meeting approach is to decrease the amount of paper used and potentially discarded, save on postage costs and preserve treasury resources.

ASPN is joining other organizations to actively improve and save our environment. There will be more opportunities for your board, committees, strategic work teams and components to identify and implement green initiatives. An ad hoc work team was appointed to immediately address going green strategies and suggestions. This team will look at potential ways for ASPAN to adopt new practices and become more earth conscious. We will share more details in the upcoming months.

Boosting Economy

We know that ASPAN does not run by love, sweat and tears alone. Financial capital is required to support our many projects. While the membership numbers are stable, many of our colleagues do not belong to their professional specialty organization. I challenge each of you to go out and find one new member to join ASPAN.

The Member-Get-A-Member campaign is underway. Go get one! If each of our 13,725 members would recruit just one member, our organizational strength could grow immensely. Through such growth, ASPAN can continue to provide more for you, the member. Mission programs that currently support and develop our research, education, clinical practice and development programs can be augmented.

Team Building

The Component Development Institute (CDI) held in Salt Lake City was a great success. A wide variety of topics were presented to assist component leaders in getting "Back to Basics". Presentations included: the impact of colors on the professional and the patient; ASPAN strategic planning; component leaders' fiscal responsibilities; research and clinical practice presentations; and a multitude of leadership topics. The live

Continued on page 2

Celebrate
PeriAnesthesia
Nurse Awareness
Week

February 2-8, 2009



demonstration of a distance meeting online included a presentation on the education program accreditation process. Once again, the CDI provided great networking opportunities and a good time was had by all!

Green has always been associated with ASPAN. Our publications feature this color, as does the ASPAN Web site and logo. We now seek to operate as a conservationist and greener organization. ASPAN has always been blessed with the richest of resources: our members. The dedicated board of directors, committee and SWT leaders, *Journal* and *Breathline* editors, liaison appointees, Past

Presidents Council and National Office staff consistently rise to meet the challenges and opportunities afforded.

It's hard to believe, but another year is coming to a close. Time seems to fly by. The winter holidays offer a time to reflect and be thankful for all we have. I am thankful for each and every one of you.

REFERENCES

1. Go Green Initiative. What's the problem? Available at <http://gogreeninitiative.org/content/WhyGoGreen>. Accessed October 1, 2008.
2. Bach, David. *Go Green, Live Rich*. New York: Broadway Books, 2008. 

Going Green

By Lois Schick

*What does it mean
For ASPAN and others to go green?
Are we ready to make the move?
Lots to do to get in the groove!*

*Our earth is crying for our help,
Saving the environment increases everyone's wealth.
So much to do, we need your assistance
Send us suggestions and let's be persistent.*

*Syllabus, newsletters, agendas and minutes
All prove to be candidates to not be printed!
It will take us all to get involved
So let's start now to get earth's problems solved.*

Share Your Good News!

We want to recognize our members' accomplishments in *Breathline*. If you have some good news to share related to professional accomplishments or awards, please contact *Breathline* Editor Joni Brady, MSN, RN, CAPA.

ASPA^N Breathline

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IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

“The Component Development Institute (CDI) held in Salt Lake City was a great success.”

CDI attendees experience ASPAN outreach intended to foster component leadership and networking



CDI attendees from Region 5 will soon welcome ASPAN colleagues to the Washington D.C. area for the 2009 National Conference

A Portrait of Excellence

Cecile Malinit, BSN, RN, CPAN, has been an ASPAN member since 2005. She was the 2008 recipient of the Raritan Bay Medical Center (RBMC)-Perth Amboy Division (New Jersey) prestigious PRIDE Award for excellence in professional practice. In addition, she attained the highest level on the hospital's PACE Career Ladder program. This progressive PACE program is based on Dr. Patricia Benner's Novice to Expert Model, the New Jersey Collaborative Colleagues in Caring Competency Model, and Forces of Magnetism for Nursing Excellence. RBMC Surgical Suites Nurse Manager, Debra Stephano, RN, CGRN, describes Cecile as,



Cecile Malinit embodies exceptional passion for perianesthesia practice

“an energetic skilled nurse and team player who brings light and laughter into the PACU/SDS unit.”

Cecile invested many hours working as a PACU/SDS department representative for the hospital's Surgical Care Improvement Project (SCIP). This special project

aims to improve the facility's Centers for Medicare and Medicaid Services (CMS) antibiotic-related benchmark scores. Together with a coworker, she began educating the surgical suite staff on SCIP, and then branched out to the shared governance committees, nursing forums, hospital newsletter, and delivered “on the spot” education to individual nursing units. Such efforts are supported by PACU/SDS coworkers, who are proud to report a benchmarking percentile above the established CMS target. Congratulations to Cecile for her many accomplishments and contributions perianesthesia practice! 

Member Spotlight



Breathline

Volume 28, Number 6
November/December 2008

PeriAnesthesia Nurse Awareness Week ~ Catch the Spirit! February 2-8, 2009

Marcelene McLure, RN, CPAN – ASPAN Membership/Marketing Committee Member

What makes perianesthesia nurses special? It surely isn't because we enjoy 9-5 hours with every weekend off, or as some might say, just sit and watch our patients sleep. It's not because we wear those special surgical department scrubs or tirelessly breeze through a shift when called back in the middle of the night to deliver postanesthesia care to a ruptured aortic aneurysm patient.

Perianesthesia nurses are special because each is a highly educated and skilled professional who acts with dedication, understanding, and a commitment to provide quality individualized care to each patient throughout each phase of anesthetic care. Perianesthesia nurses are special because we ensure professional, yet personal care throughout the treatment continuum. Our expertise and critical thinking are delivered with a compassionate heart! When a patient is fearful of waking up to face a serious diagnosis, nurses provide support by explaining the perianesthesia care process, answering questions, and giving some extra time for needed emotional support for patients and their families. Yes, perianesthesia nurses are special indeed.

Make PANAW Public

Few things are routine for a perianesthesia nurse. Long ago I learned that the clinical situations in which we expect to encounter few problems, ironically tend to present the most serious challenges. Our specialty practice ranges from the pedi-

atric to geriatric patient, outpatient treatment to complex critical care delivery, and local versus multi-modal anesthetic care delivery. Much of the general public lacks this awareness. We must inform others.

Before PANAW 2009 arrives, make a pledge to "catch the spirit" by spotlighting our specialty practice in the workplace and to the public. Perianesthesia nurses are best positioned to educate others about our contributions to this specialty and healthcare delivery. Consider hosting an open house to spotlight the care provided in specific perianesthesia areas. Let others know what goes on behind those "Authorized Personnel Only" doors. Hang a PANAW poster along main corridors and in the surgical or procedural waiting areas.

Dream Big

Emphasize to colleagues, patients and their families that

highly trained, expert nurses observe and provide care to every surgical or procedural patient during a most vulnerable time.

Display photos of all nursing staff who hold specialty certification and explain that the CPAN and/or CAPA certified nurse credential identifies a board certified expert in the field.

GO BIG! Several PANAW resources are available on the ASPAN Web site (www.aspan.org) to assist you in these marketing and celebratory efforts. We encourage you to contact a local television media outlet to come and film a PANAW feature story. Ask your home town newspaper to do a special interview piece with perianesthesia nurses. Obtain a proclamation from the local or state government and display this in your facility. Whatever you dream up for this year's PANAW celebration, aspire to make it a lasting legacy for the very special nurses

Create a PANAW Legacy

Your 2009 PANAW celebration is the perfect time to educate the public about our unique specialty practice while honoring special perianesthesia colleagues. Check out the special logo theme items, designed to make every PANAW experience a dream to remember!

To order PANAW gifts and souvenirs, go to www.panaw.com.



Peri Anesthesia Nurses
Catch the Spirit

Collaborative Partnering: The Expanded Scope of Practice

Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, and Wanda Rodriguez, MA, RN, CCRN, CPAN – Co-Coordinators, ASPAN Scope of Practice Strategic Work Team



The Standards of Perianesthesia Nursing Practice 2008-2010 states: "The Scope of Perianesthesia Nursing Practice involves

the assessment for, diagnosis of, intervention for, and evaluation of physical or psychosocial problems or risks for problems that may result from the administration of sedation/analgesia or anesthetic agents."¹ Today, perianesthesia nurses are involved in diverse practice settings while caring for patients who receive sedation or anesthesia while undergoing surgical or invasive procedures.

Setting the Standard

ASPN President Lois Schick chartered the Scope of Practice Strategic Work Team (SWT) to explore and better understand common practices and differences in perianesthetic care. To facilitate this process, the SWT hosted a multi-specialty practice meeting in Aurora, Colorado last August. The meeting's purpose was to share professional nursing organization practice standards and guidelines. Foremost was the exploration of unique patient flow processes, hand-off communications, and key safety issues.

The focus on practice similarities and differences was central to this meeting. Because many perianesthesia nurses prepare and recover patients emerging from different procedural disciplines/areas throughout the hospital, the patient for whom we

provide nursing care is an important link. One goal of the Scope of Practice team was to examine the unique aspects of each specialty practice domain to gain a better understanding of specialized nursing care required. Another goal was to open communication channels and exchange practice ideas. The ultimate goal was to establish collaborative partnering, examine patient safety risks, and improve the quality of care for all perianesthesia patients.

Professional Participation

Four other national organizations were represented at the meeting: the Association for Radiologic & Imaging Nursing (ARIN), which recently approved this name change from American Radiological Nurses Association; American Society for Pain Management Nursing (ASPMN); Society of Gastroenterology Nurses and Associates (SGNA); and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN). Membership in these organizations ranges from 2,000-23,000.

Each representative shared information about the respective organization's scope of practice, guidelines, staffing ratios, required competencies and certifications. High risk, high tech procedures for which perianesthesia unit nurses frequently prepare or recover patients were discussed. Finally, each described important nursing interventions for procedural patients in emergency situations or during the hand-off transfer of care from procedural areas to the PACU.

The group's common emphasis was: "What should we look for if something goes wrong and how could we prevent harm?" Throughout the meeting, participants commented on similarities in practice and discussed networking efforts to educate nurses at the bedside regarding collaboration of care. All in attendance agreed that continued dialogue is needed.

Sharing the Scope

Key recommendations from this multi-specialty practice meeting were to continue to meet annually and to develop a liaison relationship, such as a Collaborative Practice Council. The *Journal of PeriAnesthesia Nursing* has issued a call for clinical articles related to perianesthesia or sedation care in various special procedures areas. (See page 7 for details).

Finally, the development of "Special Procedures Fact Sheets" could provide a quick bedside reference that specialty nurses can use during the transfer of care. The fact sheet would contain succinct key nursing care concepts related to the type of procedure performed. All meeting participants realized that the more information and knowledge is gained through collaborative partnering, the more nurses can improve the safety and quality of perianesthesia care delivery.

REFERENCE

1. American Society of PeriAnesthesia Nurses. Scope of practice: Perianesthesia nursing. *Standards of Perianesthesia Nursing Practice 2008-2010*. Cherry Hill, NJ: ASPAN, 4, 2008. 

Special Acknowledgement Participating Specialty Practice Organizations

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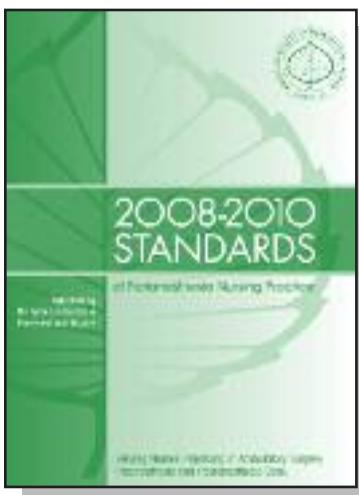
Becki Hoyle,
RN, CPAN, CAPA

Ellen Sullivan,
BSN, RN, CPAN

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Standards of Perianesthesia Nursing Practice Available Now!

The 2008-2010 edition of the *Standards of Perianesthesia Nursing Practice* is designed to support perianesthesia nurses across the spectrum of practice.



This integrated text includes standards, resources, guidelines and position statements. Updated sections, reviewed in collaboration with ASPAN Evidence Based Practice Committee members, include: the Resource on Safe Transfer of Care; A Position Statement on "On Call/Work Schedule" with a newly designed fatigue checklist included as a resource; and A Position Statement on Visitation in Phase I Level of Care. Resource 2 (previously Resource 3 on Patient Classification/Recommended Staffing Guidelines) offers additional clarification related to emerging staffing and patient acuity issues.

Order your copy today at www.aspan.org 

A Precious Gold Leaf...

We know that all ASPAN components work hard to "Create Lasting Legacies". The prestigious ASPAN Gold Leaf Award recognizes the component whose activities from January 1, 2008 to December 31, 2008 demonstrate excellence in leadership, member development, education, communication and community relations.

This year's application packet was mailed to component leaders at the end of October. Now it's time to gather supporting documentation, complete the application, and remember to include all requested validation materials.

Deadline for Gold Leaf Award entries must be postmarked by February 2, 2009. 

28th National Conference



Recruiting Hosts and Hostesses

You are invited to help ASPAN throughout National Conference week at the Gaylord National Resort & Convention Center, April 19-23, 2009. Imagine...being able to participate at National Conference, earn contact hours, and be paid a small stipend to help reimburse your Conference expenses! The

duties of a Host/ Hostess include: staffing the registration booth, collecting event tickets, assisting with Provider Directed Learner Paced Study sessions, providing directions within the conference area, and facilitating session seating and distributing hand-outs.

Please consider this wonderful opportunity to network with peers while supporting your professional organization. ASPAN NEEDS YOU to play a vital role in making our Conference a big success! To sign up for the Host/Hostess program, please e-mail Tanya Spiering (tlspiering@hotmail.com or tanya_spiering@bayhealth.org).

Room Sharing

Would you like a roommate to share expenses for the 2009 National Conference held in Washington, D.C.? We can help! Just request your name be placed on the "Willingness to Share a Room" list. Please include: your full name, home address, e-mail address, contact phone number(s), preferred means of notification, and any particular information you'd like a potential roommate to know.

- **The deadline to request room sharing is February 1, 2009**
- A room sharing list will be distributed by e-mail to all participants by February 10, 2009
- Participants must directly contact others on the list to coordinate room sharing arrangements

MAIL OR E-MAIL WILLINGNESS TO SHARE A ROOM REQUESTS TO:

Roma Schweinfus
870 Dexter St., Apt. 302
Denver, CO 80220
E-mail: roma.diann@att.net

The National Conference host hotel reservation deadline is March 6, 2009. Reservations made beyond this deadline are on a space and rate availability basis only. 

Call for Manuscripts



Deadline for submission is: December 1, 2008.
Query emails or questions may be sent to
jodom29373@aol.com or vhooper@mch.edu.

The **Journal of PeriAnesthesia Nursing (JoPAN)** will publish a focus issue in June 2009 on the topic Care of the PeriAnesthesia Patient Undergoing Special Procedures. The goal of this issue is to explore the expanding scope and unique implications of perianesthesia nursing practice in special procedure settings.

Manuscripts should be case studies, research, or clinical articles related to perianesthesia or sedation care in special procedures areas that include but are not limited to:

- cardiac cath lab
- interventional radiology
- endoscopy
- emergency department
- pain clinic
- physician and dental offices
- labor and delivery

Complete manuscripts should be submitted electronically at www.ees.elsevier.com/jopan and follow the information for contributors contained at www.jopan.org or www.ees.elsevier.com/jopan. Submission of a manuscript implies commitment to publish in the journal. Manuscripts submitted to this journal should not be simultaneously submitted to any other journal or have been published elsewhere in substantially similar form or with substantially similar content.

New Informatics SPG Forming

Calling all perianesthesia nurses:

- Working in the informatics field
- Involved in medical information system program development
- Responsible for teaching the go-live process
- Interested in the growing field of nursing informatics

This Specialty Practice Group (SPG) is for you! The group's purpose is to promote collaboration among perianesthesia nurses working within or interested in the informatics field. Members will share knowledge about ASPAN Perianesthesia Data Elements and the incorporation of



this and other relevant electronic applications/resources designed to support evidence based peri-anesthesia practice.

For more information about the Informatics SPG formation, please contact Dolly Ireland (direland@aspan.org). 

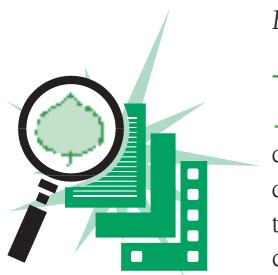
Call for Clinical Articles

Consider writing and submitting a short article related to your perianesthesia practice. Our goal is to offer ASPAN members the opportunity to publish peer reviewed clinical topics in *Breathline*. Please contact *Breathline* Editor Joni Brady, MSN, RN, CAPA, to discuss your ideas or to submit a manuscript. Editor contact information is located on page 2.

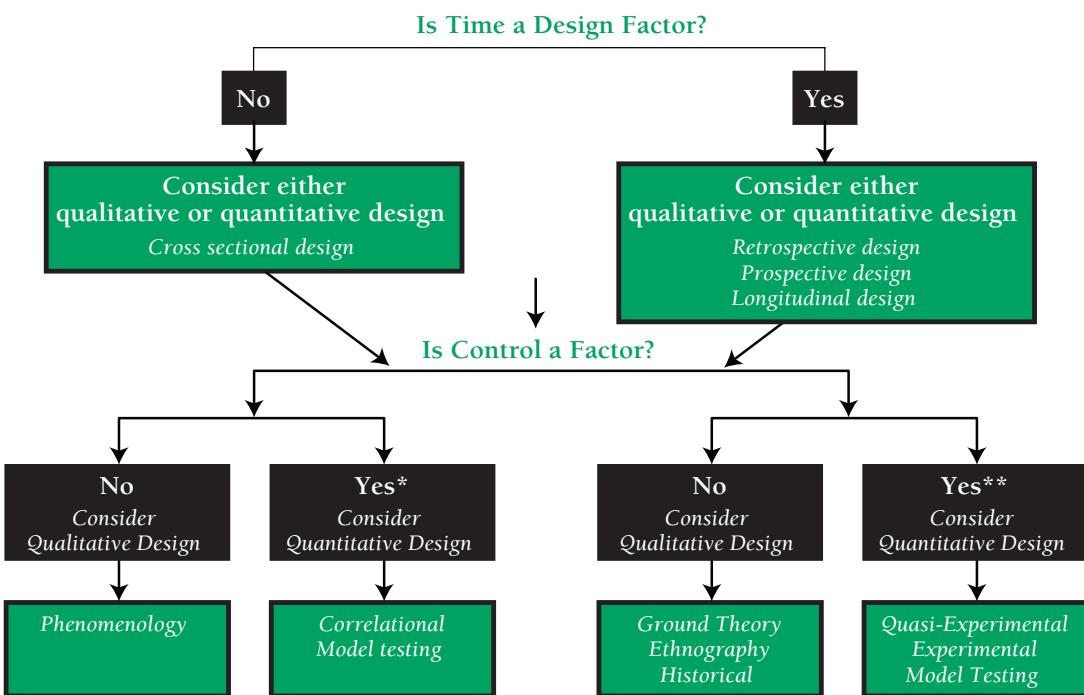
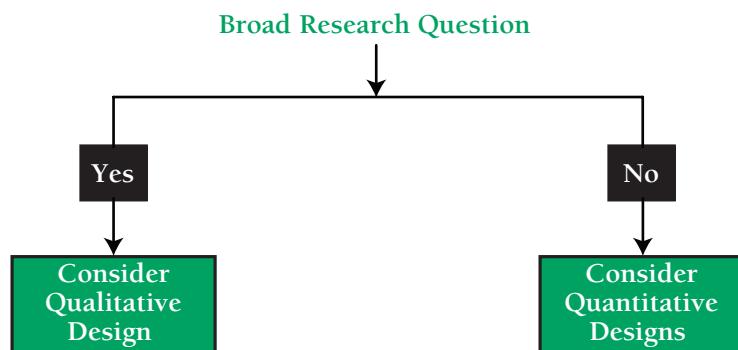
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The Design Tree Model: Selecting Research Designs

Ellen L. Poole, PhD, RN, CCRN, CPAN – ASPAN Research Committee Publications Team Leader



Multiple decisions are made when selecting a research design for any study. Research is driven by the research question and the type of information to answer the question. Though there are many more decisions in determining research designs, the following decision tree assists one in determining the type of design to use. Examples are provided to guide the researcher's selection of a study design when using the design decision tree.



* **Control:** Random selection, sampling criteria, measurement control, instrument reliability and validity.

****Control:** Random assignment, manipulation of independent variables, control group.

REFERENCE: Macnee CL, McCabe S. *Understanding nursing research: Reading and using research in evidence-based practice* (2 ed.). Philadelphia, PA: Lippincott Williams & Wilkins, 204 & 210, 2006.

Example 1

Research question: What is the relationship between preoperative teaching and at-home recovery for ambulatory laparoscopic patients?

- This is a narrow question; consider quantitative design

Time factor: Investigator would study this one time post surgery.

- Time is not a factor; consider cross sectional designs

Control factor: The study would have set sampling criteria, random selection, and measurement control with specific tools with

reliability and validity to measure home recovery.

- This meets the definition of control; the original question was "what is the relationship?" so consider correlational design

Final study: Correlational study with set inclusion and exclusion

Continued on page 9

Safety Alert

Improving Caregiver Communication Effectiveness

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

Communication is a vital element in all relationships. While communication can seem so simple, it has the potential to become quite complex and often inadvertently generates much different outcomes than intended. Sending and receiving messages is complicated by multiple factors. This reality is of great concern during communication exchanges between healthcare workers.



Process standardization removes blurry lines of communication

Communication effectiveness, or lack thereof, can profoundly impact the safety of patients for

whom we administer care. Ultimately, nurses are accountable for actual outcomes related to the messages we deliver. In the safety culture environment, efficient communication is critical.

Clarity Required

2009 Joint Commission National Patient Safety Goal Number 2: "Improve the Effectiveness of Communication Among Caregivers"¹ emphasizes the need to improve information exchange. The key points of this goal are:

- Timely reporting of critical tests and critical test results to prevent delays in care
- Removal of confusing abbreviations
- Use of a hand-off checklist
- Standardization of shared communication to reduce the variables in hand-off communications. Hand-off report must include the most current patient information related to treatment, medication administration, clinical care, and recent/anticipated changes in condition¹

Improving communication is all about reducing risks and improving safety through stan-

dardization. The ASPAN Safety Committee is committed to providing education on how to critically appraise and report patient care situations using the Situation, Background, Assessment and Recommendation (SBAR) method. Clinical SBAR scenarios have been developed and will soon become available on the new Safety Committee section of ASPAN's Web site.

Another committee goal is creation of a Safety Manual containing standardized tools for members to apply in the work setting. The Safety Committee will be working in collaboration with the Clinical Practice and Evidence Based Practice Committees to merge standards as the performance improvement tools and checklists are developed. These safety initiatives will adapt and change as the new evidence directs and healthcare practice evolves.

REFERENCE

1. The Joint Commission. NPSG #2: Improve the effectiveness of communication among caregivers. Available at <http://www.jcrinc.com/32478>. Accessed October 2, 2008. 

Research Corner *continued from page 8*

criteria. Tools for measurement are the Postdischarge Recovery Scale, Preoperative Teaching Questionnaire, and a Demographic and Health Information Form.

Example 2

Research question: What are the feelings of patients regarding

their preoperative teaching and their home recoveries after ambulatory laparoscopic surgery?

- This a broader question regarding subjective feelings; consider qualitative design

Time factor: Investigator would do one hour interview.

- Time is not a factor, so consider cross sectional designs

Control factor: Study would include patients who had ambu-

latory laparoscopic surgery, with snowball sampling.

- This meets the definition of no controls; consider phenomenology design

Final study: Phenomenological study with unstructured interview guide questioning ambulatory laparoscopic patients regarding their preoperative teaching and home recoveries. 

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Barbara Godden
Director for
Clinical Practice

National Patient Safety Goals How they Apply to the Perianesthesia Patient

Barbara Godden, MHS, RN, CPAN, CAPA - ASPAN Director for Clinical Practice

Any working nurse today has, no doubt, heard about the Joint Commission National Patient Safety Goals (NPSG). Nurses are taught to learn them, memorize them, and speak to them if a surveyor should just happen to speak with us during their visit!

To many nurses, the NPSG seem like common sense. However, the goals are a response to errors, often grave or sentinel errors that have been reported in the healthcare industry. Increasingly in this rapidly changing world, our focus on technology, electronic documentation and other requirements causes a tendency to overlook the obvious when delivering care to our patients. The safety goals make good sense. This column will review three of the 2009 NPSG.

Goal 1: Improve the accuracy of patient identification.¹

Although this action may seem obvious, many healthcare workers neglect to check patient identification bands when performing a procedure, doing an assessment or giving medication. Time outs and bar-coded medication scanning have improved some processes, but we must ask, are these processes becoming too mechanical? Do you *really* pay close attention during a time out? What about the labeling of lab tubes? Do you walk over to the desk to label a lab specimen out of habit or comfort? Lab specimens must always be labeled in the presence of the patient.

And what about the PACU patient still under the influence of anesthesia who cannot identify himself or herself, but just may answer in the affirmative to any-

thing? We must check patient identification bands and consistently ensure correct identification throughout the phases and hand-off transfer of care. Each facility must identify how it will meet this goal, and how the goal will be met for patients who cannot speak independently.



Pre-procedure medication history assessment and documentation supports more effective postoperative medication reconciliation

Goal 2: Improve the effectiveness of communication among caregivers.¹

This goal was the Safety Alert topic in this issue of *Breathline*. We know that the handwriting of physicians and nurses is frequently atrocious. A nurse may become distracted while accepting a telephone order or lab results, hence errors affecting patient care result. Some choose not to clarify or read back an order or lab result because we "thought" the information we heard or wrote was correct. If information is not communicated or interpreted accurately, mistakes can be deadly.

What about hand-off communication? PACU nurses just may have invented hand-off! Perianesthesia nurses are great at delivering a transfer of care report. Still, there are times when information critical to caring for the patient is not received by us, or we may forget some pertinent information when turning over care to another provider. For example, did the patient have co-morbidities that were not reported to the next caregiver? If the perianesthesia nurse is not informed of chronically low oxygen saturations, delays in sending the patient home can result. Did the patient receive an intrathecal narcotic and we inadvertently forgot to tell the surgical unit nurse?

Hand-off reporting should be interactive and include the opportunity to ask questions. Each facility must have a standardized process in place whereby complete information is reported to the next caregiver in order to ensure patients' safety. Organizational development of standardized interdepartmental hand-off processes is recommended to achieve successful outcomes, and those processes should be reviewed on a regular basis to ensure they are working.

Goal 8: Accurately and completely reconcile medications across the continuum of care.¹

Of all the NPSG, this is often the most difficult to implement. The ASPAN Clinical Practice Network receives many questions about how best to implement this safety goal. The first key to ensure success is to preoperatively obtain a thor-

2009 ASPAN Representative Assembly

Call for Resolutions

2009 RA

The ASPAN Resolutions Task Force announces the Call for Resolutions for the 2009 Representative Assembly (RA) meeting on April 19, 2009 in Washington, DC.

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

The following groups may submit a resolution to the RA:

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



Issues brought before the RA for consideration are open to commentary and debate from any ASPAN member in attendance

Submission Deadlines

- Resolution forms relating to **bylaws** changes – no later than **December 20, 2008**.
- Resolution forms relating to **position statements, policy matters or other issues** – no later than **January 19, 2009**.

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

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

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

Clinical Practice
continued from page 10

ough and accurate medication history. If this assessment is not done, it becomes very difficult to accurately teach patients about their medications in preparation for discharge to home.

The next challenge is to consult the surgeon to review the medications and decide what medications the patient should continue at home. Facilities have used a variety of methods to accomplish this task. Some facilities have a preoperative form, either paper or electronic, which the physician completes prior to surgery. Others have successfully implemented this safety goal by placing a form

in the patient's chart in tandem with the physician orders or discharge instructions.

Despite these proactive strategies, there are still times when the surgeon must be called and consulted for clarification. Most facilities find that attaining this goal is a work in progress, but improving with time. We nurses should not short-cut this process; it is too important for patient safety. We know that patients don't always understand their medication regimen, which validates the need for accurate reconciliation and this NPSG. While challenging to implement, this goal is absolutely vital to patient safety.

After years of nursing practice,

the concepts of patient identification, effective communication, and medication use may seem quite fundamental. In fact, they are not. So, the next time you hear that you need to memorize and understand the NPSG, please do remember the goals evolved from adverse patient outcomes and truly are about safety. Isn't that what we want for all of our patients?

REFERENCE

1. The Joint Commission. 2009 National Patient Safety Goals Hospital Program. Available at http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/09_hap_npsgs.htm. Accessed August 30, 2008.

Breathline
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**ASPN 28th National Conference
“Dreams Create Lasting Legacies”
Focus on Our Scope of Practice**

Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN – 2009 National Conference SWT Coordinator



This year's Conference provides a depth and breadth of perianesthesia education topics focusing on the perianesthesia scope of practice. ASPAN selected a new and innovative educational venue on the Potomac River near Washington, D.C. We are privileged to offer nationally recognized speakers, along with prestigious speakers from our Region 5 Chesapeake Bay component districts.

The lectures will present rich content on preadmission testing, preanesthesia day of surgery, and the postanesthesia care continuum. This new format will emphasize surgical procedural care and procedure-based care: obstetrical, gastrointestinal, pain management, interventional radiology, cardiology, neurology and some evolving interventional procedures.

Foremost in planning was a goal to introduce new and evolving scientific information to advance perianesthesia nursing practice and improve the care and safety of our patients. I will share a small sampling of our presentations as a preview to the many fantastic opportunities coming your way throughout Conference!

**Pre-Conference, Saturday,
April 18, 2009 ~ Preoperative
Assessment**

This program will focus on the state of the science in preparing patients for surgeries and anesthesia. This day is dedicated to perianesthesia and perioperative nurses, nurse practitioners, physician assistants and other surgical healthcare providers who assess and manage health risks of patients undergoing anesthesia and/or sedation for surgeries/procedures. Note: This event is

offered prior to Conference and requires an additional fee.

**Opening Day, Monday,
April 20, 2009 ~ No Excuses:
Incorporating Core Values,
Accountability, and Balance
into Your Life and Career**

Jay Rifenbary's uplifting keynote address is certain to charge up all attendees for a fantastic Conference ahead!

Afternoon Sessions:

- “Information Systems Bootcamp: Where Do You Sit at the Table?”
- “Component Leadership: Creating Leadership Legacies”
- “Power, Policy, and Politics”
- “Advocating Patient Safety: Perianesthesia Nurses in Washington”
- “Interpreting the 12 Lead EKG Made Simple: Recognizing and Managing STEMI in the PACU”
- “Medication Reconciliation: From Preadmission Testing through Discharge”

Monday afternoon offers diverse selections from informatics to activism, and clinical care/case studies to professional organization involvement. The Speaker Development Workshop programs will feature mentored, first-time presenters who deliver informative and innovative topics.

**Tuesday and Wednesday,
April 21-22 ~ Track Sessions**

Be prepared to start your days early with our Conference Exhibitors from 6:30 – 8:30 AM. On Tuesday, the topics span all areas of practice: preanesthesia to same day surgery to advanced critical care topics. Research Grand Rounds are featured from 7:00 – 8:00 AM and 12:00 – 1:00

PM outside the Gaylord Exhibit Hall; note the variety of evidence based practice guidelines and new protocols presented. Attend the new “Celebrating Successful Practices Oral Presentations” held in the evening 7:00 – 9:30 PM.

Wednesday features the “Celebrate Successful Practices Poster Session” from 7:00 – 8:00 AM. Clinical session topics provide information and research from pediatric to geriatric practice, ICU overflow and critical care competencies, perianesthesia patient safety risks, and staffing and key workload indicators. There truly is something for every perianesthesia nurse, from novice to expert!

**Thursday, Thursday, April 23,
2009 ~ Closing Keynote**

The closing keynote address will be presented by Joyce E. Johnson, PhD, RN, FAAN, NEA-BC. She is the Chief Nursing Officer at Georgetown University Hospital in Washington, D.C. Dr. Johnson is a dynamic and passionate nursing leader who will motivate us with the closing speech: “Ethical Healthcare Organizations: Helping Good People Do the Right Thing.”

**Post Conference, Thursday,
April 23, 2009 ~ Ambulatory
Surgery**

The 28th National Conference concludes with noted ambulatory surgery experts Nancy Saufl, MS, RN, CPAN, CAPA, and Nancy Burden, MS, RN, CPAN, CAPA. This program highlights the challenges confronting staff nurses and managers in their daily practice.

Continued on page 15

Directors' Connection

Region 1 Roundup

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

Motivational speaker and corporate trainer Zig Ziglar once said, "What you get by achieving your goals is not as important as what you become by achieving your goals."¹ While watching the Olympics last summer, we became acutely aware of the importance of goal-setting. An Olympic competitor spends much of his or her life preparing for this rare challenge in the hope of becoming recognized as the world's best in a sport. Spectators were privileged to observe many awesome examples of character and goal achievement demonstrated by the Olympians.

Region One leaders have been developing strategic plans that become living, breathing guides to goal attainment while strengthening the component's character. Without the commitment of leaders who enrich the perianesthesia nursing community at the local and national level, success would not be possible. Each deserves recognition and appreciation for such profound commitment!

Regional News

AzPANA is now under the leadership of Karen Clark, RN. Once again, this component won an ABPANC Shining Star Award during ASPAN's 2008 National Conference. Sara Waldron, BSN, RN, CPAN, received the Distinguished Service Award of the Past Presidents' Council and also leads the Nurse Educator SPG. Jacque Crosson, MSN, RN, CPAN, is ASPAN's Secretary.

PANAC President Debbie Bickford, BSN, RN, CPAN, provides leadership to over 1000 members and a component which hosts three conferences a year. *Pulseline* Editor Ernie Nunes, RN, CPAN,

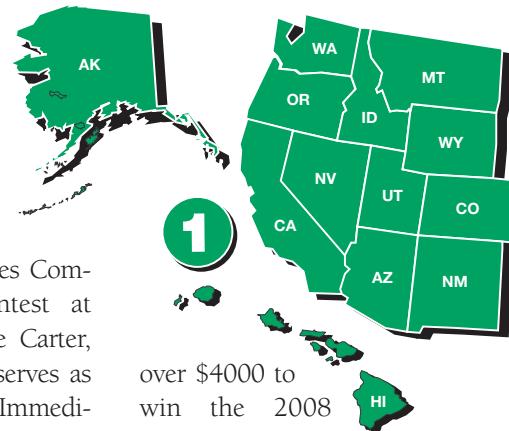
CNOR, won the 1-8 pages Component Newsletter Contest at National Conference. Sue Carter, BSN, RN, CPAN, CAPA serves as ASPAN Treasurer. ASPAN Immediate Past President Sue Fossum, BSN, RN, CPAN, actively mentors many of us.

HIPAN had 20 nurses attend ASPAN's National Conference in Grapevine, TX! President Kim Glynn, RN, with support from many others, provides component members with many opportunities to grow and learn. The fall conference offered three full days of education programs for HIPAN nurses. Betty McMullin, BSN, RN, CPAN, serves on the ABPANC Board of Directors.

NevPANA President Christine Squire, BSN, RN, CAPA, and her team are providing education for Nevada colleagues each year. This small component has faced some unusual challenges, but the board members and past leaders have such a positive outlook that other perianesthesia nurses are catching the spirit and are beginning to get involved.

PANAM is on the move! President Corinne Flores, BSN, RN, is mentoring new board members who will assume various roles next year. Ms. Flores, Valerie Boatwright, RN, CPAN, CAPA, and Linda Trowbridge, MSA, BSN, RN, CPAN, have worked hard to strengthen this component while providing two conferences per year in different locations. This, too, is a small component that set goals, made a plan, and is now experiencing the positive results.

NPANA President Cheryl Gettelfinger, BSN, RN, CAPA, is supported by a strong team. Judy Evans, BSN, RN-C, CPAN, raised



1

over \$4000 to
win the 2008
ASPN Dream

Walker Award. Phoebe Conklin, BS, RN, CPAN, is the ABPANC President. This 5-state component provides education in the various areas, and all of their component's programs are terrific.

RMPANA, the 2008 Gold Leaf Component of the Year, is led by President Lynda Marks, RN, CAPA. Barbara Godden, MHS, RN, CPAN, CAPA, is the ASPAN Director for Clinical Practice. Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, is the 2009 National Conference SWT Coordinator, and Lois Schick, MN, MBA, RN, CPAN, CAPA, is ASPAN's President.

USPAN's President Lauri Rosenlof, BSN, RN, CAPA, will soon pass the baton to Robbyn Perry, RN, CAPA. This amazing component has developed a very strong team in a exceptionally short time. David Kay, MSN, RN, CAPA, is the ASPAN Governmental Affairs Committee Chair.

The reality is, none of us succeed alone. Our regional leaders have developed a communication tree to facilitate regular contact. Many ASPAN members actively participate within the component and serve all across ASPAN. Thanks to our leaders and many colleagues for making and reaching those goals. **ASPN Region One ROCKS!**

ASPN Regions



Nancy O'Malley
Region 1 Director

REFERENCE

1. Motivatingquotes.com. Quotes for Goals: Zig Ziglar. Available at <http://www.motivatingquotes.com/goalsq.htm>. Accessed October 1, 2008.

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Certification



(www.cpancapa.org)

Dates to Remember

Online Registration Window for CBT:

- Spring Window: January 26, 2009 – March 9, 2009
- Fall Window: July 27, 2009 – October 19, 2009

CPAN® and CAPA®
examinations administered via computer at Prometric test sites (www.prometric.com/Candidates) during a spring and fall window:

- Spring Window: April 6, 2009 – May 16, 2009
- Fall Window: October 5, 2009 – November 14, 2009

Postmark Deadline for Submitting a Paper Application:

- Spring Window: February 9, 2009
- Fall Window: August 10, 2009

Application withdrawal deadline

- 3 business days before the date the candidate has scheduled with Prometric, ABPANC's CBT vendor

April 2009 Recertification

- Recertification application materials are due postmarked no later than April 1, 2009. Any applications received after the deadline will be returned unopened and a Review Process request must be requested for consideration of reinstatement.

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Seek CPAN® and CAPA® Certification

Wear the Emblem Proudly

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

The American Board of Peri Anesthesia Nursing Certification (ABPANC) CPAN and CAPA logos are based on the image of a star rising on the horizon. While the star represents the certified nurse, it is enclosed in a circle which symbolizes perfection, inclusion and unity. The star rising on the horizon indicates achievement, forward

motion, and command of all emerging information in the profession of perianesthesia nursing practice.

The image of the star on the top of the horizon reflects the certified perianesthesia nurse at the pinnacle of his or her specialty. The union of the star, circle, and horizon combine to convey an image of ABPANC as an innovative

credentialing organization. This organization is dedicated to being the driving force behind excellence and integrity in the care of patients and their loved ones by certified perianesthesia nurses. If you haven't yet taken the certification challenge, it's time to join your credentialed colleagues and proudly wear that star! 

Computer Based Testing News

Although November 1, 2008 was the last regularly scheduled CPAN®/CAPA® exam administration given via paper/ pencil, a special paper/pencil administration will be given at the ASPAN National Conference for the next two years.

Here's what is new and different about Computer Based Testing (CBT):

- To receive ASPAN member discounts on examination fees, candidates must already be an ASPAN member and be prepared to enter that member number into the online application
- Paper applications will be accepted for 2009 and 2010 examinations, but a much earlier postmark deadline is required

- There is no longer an opportunity to submit a late application; posted deadlines are final
- Candidates will have the opportunity to take *both* the CPAN and the CAPA exams on the same testing date, or at some other time in the same testing window. Eligibility requirements must be met for both examinations with a separate application and fee paid for each examination

Visit ABPANC's Web site (www.cpancapa.org/pdf/CBT.pdf) for more information about CBT. 

ABPANC Seeks Board of Directors Nominations

ABPANC is accepting nominations for five RN Director positions for the 2009-2011 terms of office. This Board of Directors term of office is two years. Service on the ABPANC board is a truly exceptional way for an individual to fulfill his or her desire for professional involvement and to influence the nursing care given to perianesthesia patients and their loved ones. Visit the ABPANC Web site to review and download the Nomination Booklet. Nominations and self nominations must be postmarked no later than November 30, 2008. 

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



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Member-Get-A-Member

A SPAN members have already recruited over 450 new members this year. Membership brochures are available for download (www.aspan.org) or by calling the National Office toll free 877-737-9696 ext 16. Share your professional organization's dream and encourage another peri-anesthesia nurse to create his or her lasting membership legacy! 



*National Conference Preview
continued from page 12*

Ms. Saufl will discuss problematic issues spanning preoperative to PACU discharge settings, to include quality concern, peer review processes and effective strategies for successful outcomes. Ms. Burden shares tactics to create a safety culture in ambulatory surgery centers. Note: This event is offered after Conference and requires an additional fee. However, if you register as a Daily Attendee on Thursday, April 23, this program is included in your registration fee.

Focus on Early Registration

The complete Conference brochure arrives in members' mailboxes soon. A downloadable brochure PDF file will be posted on the ASPAN Web site (www.aspan.org). Some sessions have limited seating. Be sure to register early and reserve a place at your sessions of choice! We ask you to encourage coworkers to become ASPAN members and then register to attend this year. ASPAN invites everyone to come and create a lasting legacy with us next spring! 

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Component Education Program

February 21, 2008 PANAC Winter Conference at the Marriott Hotel in Visalia, CA. For information contact Sheryl Michelson at 408-252-8723 or michelson.clayborn@sbcglobal.net, or visit the PANAC Web site at www.panac.org.



ASPN 28th National Conference "Dreams Create Lasting Legacies"
April 19-23, 2009

ASPN Hosted Seminars

January 21, 2009

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum in Washington, DC. Hosted by Georgetown University. Contact Lynnae Elliott at 202-444-5591 or lzb1@gunet.georgetown.edu



January 10, 2009

Perianesthesia Nursing: A Systems Review of Pathophysiology
Ontario, CA

February 7, 2009

Legally Speaking: Just the Facts in Knoxville, TN. Hosted by TSPAN. Contact Chris Buck at 865-387-3863 or mom-buck@hotmail.com

February 28, 2009

Perianesthesia Certification Review in Grand Blanc, MI. Hosted by Genesys Regional Medical Center. Contact Alice Buck at 810-606-5760 or abuck@genesys.org

February 28, 2009

Perianesthesia Certification Review in W. Columbia, SC. Hosted by Lexington Medical Center. Contact Denise Connolly at 803-791-2138 or dwconnolly@lexhealth.org

ASPN Seminars

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

January 24, 2009

Pediatrics: Little Bodies, Big Differences
San Antonio, TX
Perianesthesia Certification Review
Kansas City, MO

January 31, 2009

Foundations of Perianesthesia Practice
Memphis, TN

February 7, 2009

Safety Begins with Us
Binghamton, NY
St. Louis, MO

February 28, 2009

Perianesthesia Certification Review
Durham, NC
Foundations of Perianesthesia Practice
Loveland, CO

March 7, 2009

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum
Seattle, WA
Legally Speaking: Just the Facts
Albany, NY

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