



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 28, Number 5

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ASPN
National
Conference



Dreams
Create
Lasting
Legacies



April 19-23, 2009
Washington, D.C.

www.aspan.org

Huffin' and a Puffin'

To what in the world does "huffin' and a puffin'" refer? The 2006 Surgeon General's report concluded that there is no safe level of exposure to tobacco or second hand smoking.¹ Many hospitals will implement a tobacco-free environment this year to create a healthier environment for their work force, patients and visitors. Implementation of this change provides a challenge for many. Meanwhile, the legacy of leading by example and initiating change is being created. This is only one among many huffin' and a puffin' experiences in today's world. ASPAN members demonstrate others.

A Capital Experience

Members of the National Conference Strategic Work Team (NCSWT) met at the Gaylord National Resort & Convention Center, just outside of Washington D.C., to plan the 2009 National Conference. The NCSWT is working diligently to create another enticing and successful Conference program. Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN, and her team are developing an action packed educational program and fun-filled week for the attendees.

Thanks to a generous 2008 ASPAN Development Silent Auction item donated by Representative Virginia Foxx from North Carolina, seven members of the



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

NCSWT had an opportunity to tour the Capitol dome. This was a *real* huffin' and a puffin' experience! Over 365 steps were climbed and descended in order to see the inner dome and canopy over the Rotunda.

During our guided tour, we learned that the first dome built of brick and wood, and then covered with copper, was too small after the House and Senate wings were added. Because it became a fire hazard, Congress decided in 1855 to replace the old dome with a new version made from cast iron. What a task! Upon completion, the new dome had an exterior height of 288 feet. The inner height is 180 feet from the Rotunda floor to the canopy. Amazingly, the Statue of Liberty, at approximately 151 feet tall, could fit inside the Capitol dome with room to spare.²

The art work in the dome is magnificent. A Constantino Brumidi fresco depicts George

Washington rising to the heavens in glory, with two female figures representing Liberty and Victory/Fame by his sides. The central figures are surrounded by thirteen maidens symbolizing the original states. The perimeter of this ceiling painting features six allegorical groups representing war, science, marine, commerce, mechanics and agriculture.³ It's incredible to think that we climbed to where this ceiling is painted, and then went higher to look out over the city! This was a memorable experience, for sure.

There is so much to see and do in Washington D.C. while celebrating our country's heritage and legacy. For those of us from the West, it was great fun and convenience to take the Metro to reach many different destinations. ASPAN looks forward to welcoming you to the capital area next spring! So get out those walking shoes, save some dollars and start planning your trip to the 28th National Conference being held on the shores of the historic Potomac River.

Around the World

Our international involvement in perianesthesia nursing issues is steadily increasing. ASPAN has been busy on the global scene. I had the opportunity to attend the National Conference of the

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President's Message

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NCSWT members gathered at North Carolina Representative Virginia Foxx's office for the Capitol dome tour.



From left:
ASPAN CEO Kevin Dill,
ASPAN Meeting Manager Courtney Papp,
Roma Schweinefus,
Lois Schick,
Terry Clifford,
Lynnae Elliott,
and Tanya Spiering

Mission Climbing

Our many committees, including Evidence Based Practice, Publications, Research, Standards & Guidelines and Safety, are integrating and orienting new members to their specific committee's processes. The Clinical Practice Committee is adjusting to its new team format while continuing to answer clinical queries from members and nonmembers alike. Our Celebrate Successful Practices and Research poster presentation teams are gearing up for the 2009 National Conference. Be sure to submit these abstracts for consideration by the deadline (see page 4).

The Education Approver Committee is organized and getting its members oriented to the education program approval process. The Education Provider Committee met in August to review and update current seminar programs and create new offerings in the upcoming year. The Governmental Affairs Committee and Advo-

National Association of PeriAnesthesia Nurses of Canada held in Winnipeg last May. ASPAN Immediate Past President Sue Fossum, BSN, RN, CPAN, and *Breathline* Editor Joni Brady, MSN, RN, CAPA, represented ASPAN in London at the British Anaesthetic and Recovery Nurses Association (BARNA) Annual Conference in June. Joni serves in an elected position as the BARNA Committee (governing board) International Representative. Kudos to Sue and Joni for such great representation of our organization!

cacy Strategic Work Team (SWT) are keeping tabs and actively educating the membership on congressional and legislative issues affecting nurses and healthcare.

Our Membership/Marketing Committee initiated the 2008-2009 Member-Get-A-Member Campaign and is preparing for the 2009 PeriAnesthesia Nurse Awareness Week. Meanwhile, the Perianesthesia Data Elements Committee is busy getting information compiled to distribute to our members over the next year. Finally, the Scope of Practice SWT met in August to assess and analyze what current perianesthesia practice truly encompasses.

We Want You

Become involved on the national level. ASPAN's Nominating Committee is looking for YOU, the interested ASPAN member. Huff and puff: submit your name into nomination for one of several ASPAN positions on the 2009 election ballot. (See page 5 for details). "Legacies aren't about tomorrow. They are about now. What will your leadership legacy be?"⁴ Thanks to ALL for your involvement in our ASPAN!

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Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

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Call for ASPAN Award Nominations

Membership

Nominations are being accepted for the 2009 Excellence in Clinical Practice (ECP) Award and the Award for Outstanding Achievement (AOA). Winners of these awards will be announced during Opening Ceremonies of ASPAN's 28th National Conference in Washington, D.C. Take the time to recognize an outstanding peer's achievements and place her or his name in nomination today!

Award for Outstanding Achievement

An AOA nomination is the ultimate way to recognize an exceptional colleague. This award recognizes and honors an individual whose dedication to excellence has furthered the art and science of perianesthesia nursing. The candidate demonstrates outstanding knowledge and expertise in the practice, education, research and/or management of perianesthesia nursing. Through involvement in perianesthesia

nursing outreach, this peer broadly impacts perianesthesia nursing and is recognized as an expert and leader in the field.

Excellence in Clinical Practice

This significant award supports and recognizes excellence in clinical nursing practice. This professional exemplifies a high degree of expertise and involvement in nursing. This practitioner is recognized as a clinical practice expert as shown by contributions to perianesthesia practice through program involvement, committee work, and projects.

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

**NOMINATION PACKETS
MUST BE POSTMARKED NO
LATER THAN NOVEMBER
29, 2008.**

Get Ready to Celebrate PeriAnesthesia Nurse Awareness Week (PANAW) is coming!

It's never too early to begin thinking about and planning for your special observance. Now is the best time to apply for PANAW Proclamations from your local and state officials. Helpful PANAW resources are available on the ASPAN Web site (www.aspan.org/panaw.htm).

**PANAW
February 2-8, 2009**

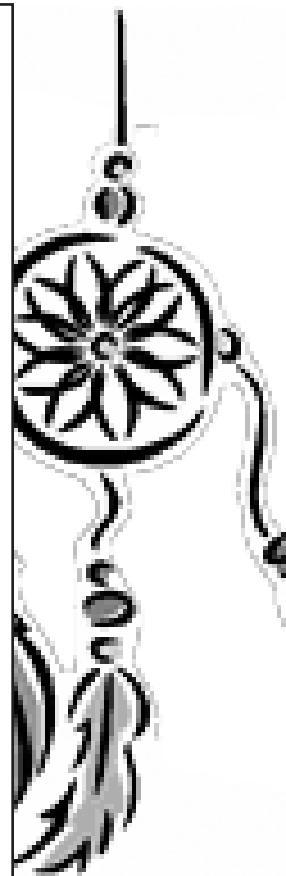
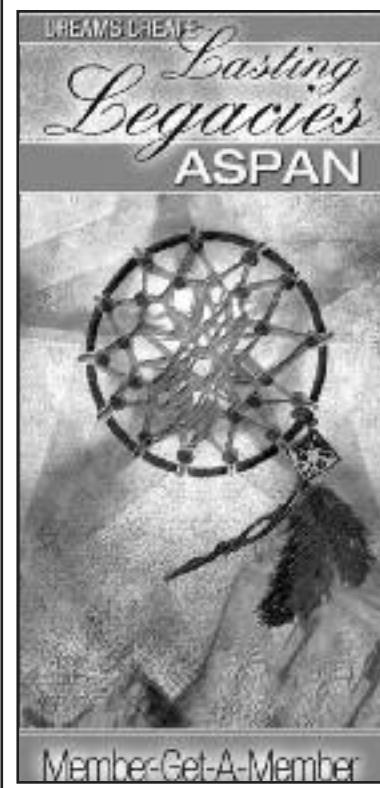


Peri Anesthesia Nurses
Catch the Spirit

Member-Get-A-Member Campaign

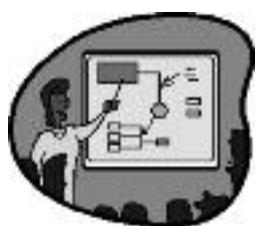
Become part of the dream that creates lasting legacies and start recruiting new members today! To download a membership brochure, go to www.aspan.org, click on the "Members" tab, then select the "Member-Get-A-Member" option. To request a brochure call the ASPAN National Office toll free @ 877-737-9696 ext 16.

To receive credit for the Recruiter of the Year Award, please remember to include your membership number on all applications.



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National Conference Abstract Deadlines

Celebrate Successful Practices

Celebrate Successful Practices (CSP) is your opportunity to share and present significant successful practice findings. This program offers members a venue to present a practice issue and discuss a winning implementation plan related to leadership strategies, improved patient care, nurse satisfaction, and patient safety.

The CSP program introduces a NEW FORMAT this year. Abstracts will undergo an anonymous peer review process. A team of reviewers will examine the abstract for specific criteria and categorize each abstract into an appropriate grouping:

- Education
- Family Centered
- Geriatric (new this year)
- Hand-off Communication
- Leadership
- Patient Care
- Patient Flow
- Patient Safety

If your abstract is accepted, you will be assigned to EITHER a poster presentation, OR invited to participate in a CSP PowerPoint® presentation/discussion session. In the latter format, you will join three colleagues. Each

participant will present a ten-minute presentation followed by several minutes of audience questions/discussion. Please consider submitting your successful practice for review!

Important CSP information and dates:

- There are specific guidelines regarding abstract format and content
- Identified project leaders must be ASPAN members
- **Applications MUST be postmarked by November 1, 2008 deadline to be considered.** Any applications received postmarked after this date are returned and not reviewed
- Applicants are notified of acceptance to either a poster session or an oral presentation by January 8, 2009

For complete CSP application information, visit the ASPAN Web site (www.aspan.org), click on the “Clinical Practice” tab, and then click “CSP Call for Abstracts”.

Research Abstracts

The ASPAN Research Committee provides active perianesthesia nurses with an opportunity to pres-

ent previously completed, unreported, original research findings from studies pertaining to all phases of perianesthesia nursing. A choice of oral and/or poster format may be selected for the 2009 National Conference presentations.

Important Research Abstract information and dates:

- If interested in presenting research findings at the 28th National Conference in Washington, D.C., please carefully follow the guidelines for abstract submission
- Complete and submit the ASPAN Research Abstract Submission Checklist Form
- **Application for Oral Paper Presentation and Poster Display Presentation MUST be postmarked by November 1, 2008.** Any applications received postmarked after this date are returned and not reviewed
- Applicants will receive notification from the reviewers by January 8, 2009

For complete Research Abstract application information, visit the ASPAN Web site, click on the “Research” tab, and then click “Call for Research Abstracts”. 

Stop Workplace Violence

An increasing body of research indicates that nurses are susceptible, and disproportionately exposed to, workplace violence. Nurse-on-nurse violence, also called lateral or horizontal violence, is another detrimental and challenging workplace issue. In response to these serious and troubling phenomena, The Center for American Nurses®

(www.centerforamericanrnurses.org) has published a statement “Lateral Violence and Bullying in the Workplace” and online resources to support nurses in all practice settings. The Council for Surgical and Perioperative Safety (CSPS) published a “Statement on Violence in the Workplace” (www.cspsteam.org/education/education8.html). Links to these documents are available on the ASPAN homepage www.aspan.org. 



Krenzischek Awarded Doctorate



Dina Krenzischek (right) accepts her Doctorate Degree at the graduation ceremony

ASPAN Past President Dina A. Krenzischek, PhD, RN, CPAN, has been awarded a Doctorate in Philosophy (Health Administration) from Warren National University in Wyoming.

When asked about this personal milestone, Dina shared this sentiment: "Follow your dream, whatever it may be, and reach far beyond your imagination. Take action just one small step at a time, and do not allow an obstacle to come between you and your dream. Dream fulfillment is the one thing that you can give yourself. We all deserve to achieve that self-fulfillment, so just do it!"

Dina credits her parents as a source of inspiration. Growing up, she and her siblings were influenced and encouraged to pursue goals without focusing on limitations. The children were guided to embrace faith "and the rest was

ours to paddle." Her mother represented a financially practical approach to life, while her father believed that true power is internal. He stressed that real power is found in knowledge, and his investments funded eleven children's professional goals through education. In closing, Dina said, "So, life is about self-fulfillment and giving yourself to others and your community with unconditional love. Obtaining my PhD is part of a humble self-fulfillment, and the benefit will always be the special personal gifts I can give to whoever may need it, however small (the contribution) may be." *Congratulations, Dina!* 

It's YOUR ASPAN

Willingness to Serve

Your contributions are essential to ASPAN's continued growth and to the evolving practice of peri-anesthesia nursing. There are many opportunities for members to participate in standing committees, strategic work teams and specialty practice groups. We welcome and need your expertise and support.

For a copy of the 2009-2010 WTS form, go to the ASPAN home page and select "Willingness to Serve." To request a Willingness to Serve (WTS) form call the National Office toll free @ 877-737-9696 Ext 16.

Postmark DEADLINE is OCTOBER 31, 2008.

Call for Nominations

ASPAN has a powerful leadership legacy. This has been made possible by those who came forward to contribute to our nursing specialty. Qualified candidates are needed for the following positions on the 2009-2010 ASPAN Board of Directors:

- Vice President/President-Elect (three-year term)
- Treasurer (two-year term)
- Director for Education (two-year term)
- Director for Research (two-year term)
- Regional Director, Region One (two-year term)

- Regional Director, Region Three (two-year term)
- Regional Director, Region Five (two-year term)
- Nominating Committee – Five positions available (one-year term)

For more information visit the ASPAN Web site (www.aspan.org). To receive information and declare your candidacy, please contact ASPAN Immediate Past President Sue Fossum (sfossum@aspan.org) or Jane Certo at (jcerto@aspan.org) or 1-877-737-9696 ext. 13.

Call to Serve Postmark DEADLINE is OCTOBER 1, 2008. 

"Only as high as I reach can I grow, only as far as I seek can I go, only as deep as I look can I see, only as much as I dream can I be."

~ Karen Ravn

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Barbara Godden
ASPA Director for
Clinical Practice

Staffing the Perianesthesia Care Units

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

Questions sent to the Clinical Practice Committee frequently relate to staffing. Resource 3 in the 2006-2008 ASPAN Standards for Perianesthesia Nursing Practice addresses staffing in all perianesthesia phases of care.

Preanesthesia Phase

The preanesthesia/preprocedural phase of care is a difficult area in which to define staffing guidelines. Unit practice patterns differ greatly across the country and nurses perform tasks of varying complexity. Criteria defined in the ASPAN Standards include, but are not limited to: patient safety; complexity of activities; number of patients; number of operating rooms (OR); patient acuity; medication administration; moderate sedation, assisting with procedures; monitoring needs; and sometimes a blending of units.

Additional staffing considerations include the unit's functional processes and workload volume. Staffing needs are impacted by specific unit practices, such as: preanesthesia testing; education and patient teaching; completion of patient histories; establishing IV access; electronic charting; other tasks (blood product administration, assisting anesthesia with line/catheter insertions); preparing patients for diagnostic procedures (cardiac catheterization, endoscopy, ECT, interventional radiology).

The nursing process and strong critical thinking are required in the delivery of preanesthesia care. The primary role of a nurse is to ensure that the patient goes to surgery or a procedure safely. The activities performed relate to preparing the

patient and significant other for the experience and to do so with safety in mind. Every assessment, test, medication, patient/family teaching, physician interaction, and documentation, boarding pass and hand-off relates to the safety goal. Nurses want to ensure the best outcomes for patients, and it all starts here. Staffing levels must be assessed and matched to the functions and demands of a particular unit.

Postanesthesia Phase

Staffing the postanesthesia care unit (PACU) is becoming less concrete as increasing numbers of PACUs are being defined as a blended care unit.

PHASE I: TWO RNs, ONE OF WHOM IS COMPETENT IN PHASE I POSTANESTHESIA NURSING ARE IN THE SAME ROOM WHERE A PATIENT IS RECEIVING PHASE I LEVEL OF CARE.

Phase I is defined as the acute phase of postanesthesia care. Staffing ratios are generally 1 nurse: 2 patients. There are occasions when the patient acuity will require 1 nurse: 1 patient. For very critical and/or complex patients, the staffing ratio may rise to 2 nurses: 1 patient. Pediatric patients (8 years and under) should be staffed 1: 1 until conscious and with a family member present. Staff assignments should be made to allow for flexibility while allowing the nurse to devote full attention to a new admission until the critical elements of initial care are met.

PHASE II: TWO COMPETENT PERSONNEL, ONE OF WHOM IS AN RN COMPETENT IN PHASE II POSTANESTHESIA NURSING, ARE IN THE SAME ROOM WHERE THE PATIENT IS RECEIVING PHASE II LEVEL OF CARE.

Phase II is defined as the phase of care in which the patient met all Phase I level of care discharge criteria and is transitioning to home or another healthcare facility. In general, this care ratio is 1 nurse: 3 patients. Admission patients should be assigned based on the ability of the nurse to perform appropriate discharge assessment and teaching. A critical element to staffing this level of care appropriately is to ensure that patients completely meet Phase I discharge criteria before transitioning to Phase II. This is equally true if the facility fast-tracks patients from the OR to Phase II. A patient should meet all Phase I discharge criteria while in the OR if they are to be sent directly from the OR to Phase II.

EXTENDED OBSERVATION LEVEL OF CARE (FORMERLY CALLED PHASE III): THIS LEVEL OF CARE ALSO REQUIRES TWO COMPETENT PERSONNEL, ONE WHO IS AN RN WITH THE COMPETENCIES APPROPRIATE TO THE PATIENT POPULATION, NOT NECESSARILY A PERIANESTHESIA NURSE.

In this phase of care, the patients met all Phase II necessary criteria to go home, or met Phase I criteria for transfer to a room. For example, the outpatient could be waiting for accompanied transportation to home or the inpatient waiting for a room assignment. These generally comprise medical/surgical patients and the ratio can be from 1 nurse: 3-5 patients, depending on acuity and necessary nursing interventions.

BLENDED UNITS: In a blended unit a nurse may be assigned to care for a Phase I patient plus a Phase II patient, or perhaps two Phase II patients plus an Extended Observation/Phase III patient.

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Safety and the Chain of Command

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

Perianesthesia nurses often encounter potentially unsafe situations. Some examples include: unclear or questionable provider orders; incomplete hand-off communication; inadequate patient chart information; encountering an emergency with no provider readily available to intervene; receiving limited information from a provider who is rushing to begin the next case; inadequate staffing that places patients at potential risk; or frequently working long hours to cover unit demands. Such events can quickly change from routine care delivery to an emergency situation.

What about you? Are you feeling complacent because such challenges routinely occur and nothing has been done to address the circumstances? Are you satisfied with the proverbial “band aid” approach, or the “brick wall” response when reporting dangerous occurrences? Are you fearful of disciplinary action when speaking out? Whether a routine or emergency situation the facility chain of command must be activated, all concerns voiced, and action taken to resolve the matter.

The Management Plan

The Joint Commission (JC) Environment of Care standard

(EC 1.4) requires hospitals, home care, ambulatory care, behavioral health, and long term care organizations to create a management plan that ensures effective emergency responses.¹ According to JC, the most effective way for caregivers to voice concerns is to establish and promote chain of command policies.² Every workplace requires an understanding of essential safety practices that help employees to avoid potential hazards. From a risk management perspective, the need for a chain of command policy and procedure must be in place to consistently deal with quality of care or patient safety issues. All healthcare personnel should know and understand the lines and limits of authority and responsibility for their respective position and of others in the organizational structure.³

Speak for Safety

Safety cannot be addressed and ensured until professional and care delivery concerns are heard. Managers must develop a chain of command policy and educate staff members regarding the reporting procedure. This is a proactive approach to ensuring quality patient care. It is the

nurse’s responsibility to know and activate the chain of command, regardless of barriers encountered. There is no room for complacency or fear of reprisal. Appropriately addressing quality of care concerns prior to an adverse patient outcome will result in better care quality and a safer environment for patients entrusted to our care.³

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Clinical Practice
continued from page 6

What should the staffing ratios be in this blended situation? As facilities increasingly face nurse or space shortages, this type of question is more often sent to ASPAN’s Clinical Practice Committee.

Patient acuity levels and needed nursing interventions are a

huge consideration in any level of care. The 2008-2010 ASPAN Standards, being published this fall, includes a statement on blended levels of care. It is impossible to put a number on required staffing ratios in the blended situation. Ultimately, patient safety must be a kept priority. Staffing levels should be discussed in unit meet-

ings and on a regular basis to determine how best to consistently meet the needs of patients in all levels of care.

REFERENCE

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Cultivating Perianesthesia Nurse Researchers

Jacqueline Ross, MSN, RN, CPAN – ASPAN Director for Research



**Jacqueline Ross
ASPN Director
for Research**

The recent ASPAN Delphi study, conducted to identify the organization's research priorities, highlights the presence of many perianesthesia research questions. The overall goal is to base perianesthesia patient care delivery on the best available evidence. However, the science of perianesthesia nursing remains in its infancy.

The findings from the Delphi study underscore the sheer number of research questions which require further investigation. These questions span an array of perianesthesia areas, from clinical practice to education to administrative concerns.

It is a well-known fact that nurses involved in direct patient care often have the best appreciation for challenges and problems encountered daily. Many clinical issues can benefit from a research study, which can direct patient care and improve outcomes. Yet many perianesthesia nurses lack the expertise and/or resources to design and implement a research study. Such barriers to research can impede important perianesthesia nursing research.

Breaking Barriers

How can ASPAN overcome this barrier in order to expand the perianesthesia nursing knowledge base? How can ASPAN capture and develop the research potential of perianesthesia nurses? How can ASPAN cultivate and nurture a culture of research and evidence based practice?

One method to develop perianesthesia research is by providing nurses mentorship in the

research process. In an effort to enhance perianesthesia nursing research from an organizational perspective, ASPAN offered an invitation-only opportunity for perianesthesia nurses to participate in a research workshop at the 2008 National Conference. The program's goal is to partner perianesthesia nurses with nurses who are familiar with the research process. These researchers provide support and guidance in the planning, designing and implementation of a research study. The end product would be completion of the study, results dissemination and, hopefully, mentoring other perianesthesia nurses in research.

researchers. While the actual meeting did not occur until the National Conference, the ASPAN researchers contacted participants prior to the conference to begin the mentoring process.

Leading by Example

A three-hour National Conference session was held, which included a general overview of the research process and the expectations of mentors and mentees. The participants and the researchers had an opportunity to discuss possible research methods and direction for each of their proposed studies. The mood within the room was upbeat as the mentorship process began.

Participants were reminded that research is a process that requires time and flexibility, and they were reassured that the ASPAN researchers will remain available and accessible to them throughout the process. Interaction between the research mentors and mentees is ongoing. As with any new program, this is a learning process for both the mentors and mentees. The program will undergo evaluation as it evolves.

All perianesthesia nurses can participate in the research process, and one way to accomplish that is through mentorship. ASPAN remains dedicated to promoting research and supporting the novice researcher. This workshop provided one opportunity to enhance that goal. If you are a novice researcher who needs some guidance, please do not hesitate to contact the ASPAN Research Committee for assistance. Please direct your inquiry to jross@aspan.org.



An announcement of the research workshop and call for submissions was placed in *Breathline* and on the ASPAN Web site. Interested nurses were asked to submit their research problem along with any resources currently available to them. Since this was designed as an interactive process the number of people accepted was limited. After a review of the proposals, twelve perianesthesia nurses were invited to participate. Based on the research needs of the participants, they were placed with one of four ASPAN

Washington, D.C. ~ A World of Its Own

Lynnae E. Elliotte, MSN, RN, CCRN, CPAN – National Conference Strategic Work Team Member

2009 National Conference

The pulse of our country emanates from Washington, D.C., the location of ASPAN's 28th National Conference. Our host city, home of the United States' federal government, has an interesting history that led to its formation.

ASPA 28th National Conference “Dreams Create Lasting Legacies” April 19-23, 2009

In 1783, at the end of the American Revolutionary War, New York City and Philadelphia engaged in conflict over which city would become the capital of the new federal government. This rivalry led Congress to enact legislation establishing a new federal government location that would not be part of any state. George Washington chose a site along the Potomac River which consisted of land donated by Virginia and Maryland.

From Shore to Mountain

The Chesapeake Bay Society of Perianesthesia Nurses (CBSPAN), our host component for the 2009 National Conference, comprises four area chapters: Western Maryland, the District of Columbia, Baltimore, and Eastern Shore/Delaware. This area is loaded with diversity, and each location offers a variety of activities and attractions:

- The **Western Maryland** area is known for its rural landscapes and mountainous terrain. The Mason Dixon Line forms its northern boundary, with the Potomac River at the southern boundary. The area

boasts a variety of activities such as horseback riding, canoeing, rock climbing, or visits to a winery.

- The **District of Columbia** includes Washington, D.C. and five counties within Maryland. Our host hotel site is located in the heart of busy city life, historic sites, bustling suburbs, and environmental treasures.
- The **Baltimore** area includes Maryland's state capital of Annapolis and its largest city, Baltimore. Here, you can visit the National Aquarium, Oriole Park at Camden Yards, Great Blacks in Wax Museum, or the Naval Academy.
- The **Eastern Shore and Delaware** hosts many activities. The Eastern Shore area includes the boating, delicious seafood, the U.S. Army Corps of Engineering Museum, and some great beaches. The first state to ratify the federal constitution, Delaware offers tax-free shopping and casino gaming with a historical flair at the Dover Downs Hotel & Casino.

On the Potomac

The Gaylord National Resort and Convention Center, our conference site, is located on the Potomac River in Maryland just minutes from Reagan National Airport. For a small fee, the hotel provides shuttles to the Metro subway. The Metro has been hailed as one of the safest, cleanest subway systems. It is the easiest and most convenient way to get to many locations, such as the Smithsonian Museums, Nationals Park baseball stadium, National Zoo and National Mall.



Water taxis are also available for a small fee, and are perfect for reaching ports of interest along the Potomac. The water taxi provides transportation to the City of Alexandria Marina and Georgetown/Washington Harbour. Both locations provide access to exciting venues and activities including the Kennedy Center, waterfront restaurants and shopping.

If you choose not to venture out and about, the Gaylord, located in the National Harbor, has much to offer. This area offers many retail stores and restaurants. Make sure you stop by the Dueling Piano Bar at the National Harbor or Pose Ultra Lounge, a night club located in the Gaylord on the very top floor.

Washington, D.C. is truly a dynamic world of its own with no shortage of exciting things to experience. The surrounding areas span from the mountains to the ocean, from the theater to a walk through history. With so much to see and do, bring along the family or a friend and create your personal Conference legacy.

Breathline

Volume 28, Number 5
September/October 2008

Carolyn McCarthy: Nurse and Congresswoman

Maureen V. Iacono, BSN, RN, CPAN – ASPAN Past President and Advocacy Strategic Work Team Member



The political arena is powerful and influential. Many nurses claim to have little or no interest in politics, and shy away from conversations about political decision making. Nurses may not take the needed time to understand compelling legislative issues or completely grasp how decisions made by those in government service profoundly affect our everyday lives. The story of one nurse, and her service in Congress, highlights the significant commitment and contributions of this individual.

Personal Motivation

Carolyn McCarthy was born in Brooklyn, New York. Her father was a boilermaker and her mother worked at the Woolworth's department store. Although she originally planned to be a teacher, she chose a nursing career after caring for a friend injured in a car accident. She became a homemaker and worked as a nurse while living with her family in Mineola, a Long Island suburban area located about twenty miles outside New York City.

In December 1993, her husband Dennis and son Kevin were traveling on the Long Island Railroad near their home. A horrific shooting spree took place on the train when a lone gunman opened fire on random passengers. Tragically, six passengers were killed, including Dennis McCarthy. Nineteen passengers were injured. Her son Kevin was severely injured.

Carolyn McCarthy subsequently cared for her injured son. She became active in a campaign to institute gun control measures and filed a negligence and liability lawsuit against Olin Corporation,

the parent company of Winchester Ammunition. Winchester manufactured the highly destructive Black Talon hollow-point bullets used by the gunman during this shooting.¹ The lawsuit did not reach the trial stage for numerous reasons, most notably because New York laws placed no responsibility on a manufacturer for the criminal misuse of products. McCarthy's experiences, involvement in and passion for meaningful issues eventually propelled her to run for Congress in 1996.



www.carolynmccarthy.house.gov

Congresswoman Carolyn McCarthy making a speech from the floor of the U.S. House of Representatives

Making a Run

Carolyn McCarthy was a life-long Republican. Her Long Island congressional district had been under Republican leadership for forty years. In 1996, during a congressional hearing, McCarthy testified against a Republican measure to repeal the Federal Assault Weapons Ban. The Republican congressman from her district voted in favor of the repeal. McCarthy announced that she would oppose him in the primary. Although she might have been deterred by the local party officials not interested in her as a candidate, McCarthy was not intimidated. She pushed forward and gar-

nered the support of local and national Democratic Party members, and received an endorsement from the local daily newspaper. She defeated her opponent, incumbent Dan Frisa, by the slim margin of seventeen votes.

On the Hill

Last spring, Representative Carolyn McCarthy agreed to an interview with ASPAN Advocacy Strategic Work Team representative Maureen Iacono. McCarthy's record in Congress features a high level of involvement in and commitment to significant issues of importance. When asked about her impressive voting record, she said, "I take the work of Congress seriously. I have an obligation to vote, to be present, and to be knowledgeable about issues. The concerns of my constituents are my concerns."

McCarthy's job is to represent citizens. Active on multiple congressional committees, her work includes service related to health, employment, labor and pension issues. She advocates for families and communities, insurance industry concerns, consumer credit, and education. She makes a difference as a congresswoman, mother, grandmother and nurse, speaking with pride about the various aspects of her life. She is candid about her role and her passions. "I work at many levels to get more nurses into practice. It is essential to provide financial assistance to experienced nurses to promote nursing education. The shortage in nursing is critical, including a shortage of nursing faculty." McCarthy has been instrumental in funding initiatives for loan forgiveness.

McCarthy continues to work to pass meaningful legislation for the prevention of gun violence. She is the chairwoman of a congressional subcommittee working to stop gang recruitment in school neighborhoods. A focus will be placed on youth empowerment programs, child abuse prevention, low income assistance and services for the elderly. She works to ensure healthcare access and quality.

Thoughts on Nursing

Congresswoman McCarthy shared some perspective on nursing professionals. "Nurses don't have to run for office to contribute to communities and to society. They have so much to offer with their knowledge base and their concerns for healthcare and families. There are countless ways nurses can increase involvement in politics." Her examples included school boards, community political action committees, town board meetings and publications.

She has been a featured speaker at large nursing conferences and values the time spent with nurses. In fact, nurses have a wonderful background and the requisite skill set to contemplate running for office. McCarthy says, "Look at our training. I have 32 years of nursing experience behind me. Nurses learn, observe, and take action. Nurses roll up their sleeves, set up a plan and move forward. When one tactic doesn't work, nurses try again and again to work toward positive outcomes."

McCarthy is a strong, confident woman who is proud to be a nurse and a Congresswoman. She

said, "Congress trusts nurses. They see me as a hands-on member. I have a habit of walking down on the floor (of Congress) and speaking member to member. I speak to both parties because I need to get things done. Nurses do this with their patients, and it is also doable in Congress." She further states, "...we believe in healthcare, in preventive care. Congress doesn't know what's going on in hospitals, and with nurses. Nurses have a knack of connecting with people. We also offer options."

Flexibility and insight are seen as qualities that nurses can bring to the legislative debate. In her elected role, McCarthy educates members of Congress on issues of healthcare and education. She helps to tell the stories of constituents who experience inadequate healthcare services due to difficult access, lack of insurance choices or denial of care. In this way, her invaluable nursing expertise crosses over into the policy arena.

Raise Your Voice

ASPA's Advocacy SWT is honored to have had the opportunity to interview Carolyn McCarthy. As a nurse and legislator, she works hard and speaks for members of the community and greater society. She draws from nursing knowledge and skill every day while bringing this unique perspective to the floor of Congress.

McCarthy shared some precious time away from the Congressional floor to hold this telephone interview. As bells were heard in the background, the sound signaled the end of the



(www.carolynmccarthy.house.gov)

Active in healthcare issues, Representative McCarthy (center) helped one NY hospital secure federal funding to support the purchase of needed medical equipment

conversation. McCarthy was called back to the House floor to participate in a formal vote. She ended with some advice for nurses. "Consider using your years of experience to contribute in a different way to your community. Remember that there is no such thing as a stupid question. Challenge the status quo. Keep asking questions about the issues that bother you. Seek the answers. Get involved. Just as you advocate for your patients' needs, you can advocate for your community and your constituents."

Thank you, Congresswoman Carolyn McCarthy, for your ongoing advocacy, dedication and actions to promote health, welfare, and social justice on the national level.

REFERENCE

1. McCarthy v. Olin Corp., 119 F3d 148 (2d Cir. 1997). Available at www.cs.cmu.edu/afs/cs/usr/wbardwel/public/nfalist/mccarthy_v_olin.txt. Accessed July 22, 2008. 

Breathline

Volume 28, Number 5
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Chris Price
ASPA Region 5
Director

Preparing for the Future

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

Writing this message is bitter-sweet, because this is my final *Breathline* update as your Region 5 Director. While we prepare for the future as component and national leaders, I am mindful that our organizational leaders are clinical experts committed to her or his respective practice area and members' interests and educational needs. Succession planning, as a key initiative at the national and component level, is critical for our organization's future.

I have witnessed the incredible commitment of component leaders during my two terms as a regional director. Component leadership has a direct and positive impact on our Society. As I share some Region 5 accomplishments, I encourage all of these component leaders with whom I have been so fortunate to work over the last four years, to consider running for this national position.

Regional News

ALAPAN President, Judy Oljey, RN, CPAN, reports that the Annual Seminar schedule was changed to the spring to attract more participation. ALAPAN supports scholarships for education and conference attendance. *The Guardian Angel* newsletter is an important communication vehicle, along with the fantastic and newly launched ALAPAN Web site (www.alapan.org).

CBSPAN President, Tanya Spiering, BSN, RN, CPAN, introduced spring and fall seminars to support the provision of education and scholarships. CBSPAN provides a Web site for members (www.cbspan.org) and has re-launched the *Chesapeake Bay Spanner* newsletter. The component hosts a planning retreat to orient new board members, pro-

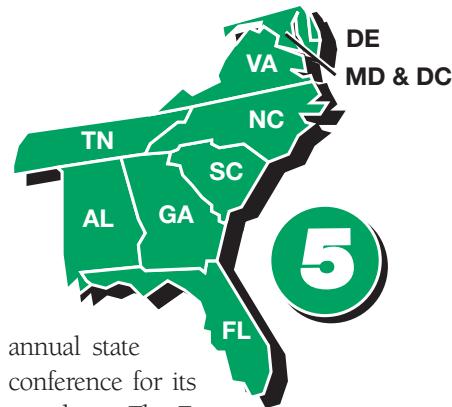
vide personal networking during officer turnover, and review the strategic plan.

FLASPA President, Nancy Fishman, RN, CPAN, supports the component's efforts to provide two seminars and offer members 30 contact hours annually. Succession planning is an initiative for the Membership Committee and all board members. The newly elected board members are inducted at the Annual Fall Conference business meeting. Component publications include the *AIRWAY* newsletter and *Capital*. There is also a newly revitalized FLASPA Web site (www.flaspan.org).

GAPAN President, Leslie Edney, BSN, RN, CAPA, reports that the component provides educational opportunities at district meetings and the Annual Fall Conference. The GAPAN president works closely with the president-elect to encourage and support new members to run for board positions. During the fall business meeting, new board members are inducted and recognition/awards given to the membership. *The Awakener* newsletter delivers pertinent information to the membership and their Web site can be found at www.ga-pan.org.

NCAPAN President Debbie Marshall, BSN, RN, CPAN, describes the annual Fall Conference and plans for the Fall BOD meeting to include the revision of their strategic plan. Their newsletter *Carolina Breaths* is published quarterly and information is also posted on their website. Rotating Board members to the Representative Assembly with the NCAPAN President affords all a chance to participate at the national level.

SCAPAN President, Alisa Shackelford, MA, RN, CCRN, notes that SCAPAN provides an



annual state conference for its members. *The Eye Opener*, a quarterly newsletter, is a valued publication for component news and outreach. SCAPAN has been proactive in putting officer and committee position descriptions on the Web site (www.scapan.com) in order to educate members on various opportunities for involvement.

TSPAN President, Chris Buck, RN, reports that educational offerings include an annual fall conference. TSPAN is actively looking for volunteers to run for board positions. The component provides a resource notebook for each board officer to better help him or her understand the position responsibilities. *The TSPAN Eye Opener* newsletter is published quarterly.

VSPAN President, Donna Goyer, BS, RN, CPAN, CAPA, shares that VSPAN provides an annual fall conference. Donna plans to hold a discussion about succession planning during the fall board meeting. *The Vital Times* newsletter and Web site (www.virginiaspanspan.org) provide key communication for the membership.

It has been my privilege to serve and network with the component leaders at component meetings, National Conferences and during the Component Development Institute each year. I have found that our component representatives truly do walk the talk about perianesthesia practice, making a difference every day for their members and our patients. **Component leaders are the key to our organization's future!** 

ABPANC Shining Star Awards

Congratulations to the ASPAN components recognized this year for supporting and encouraging CPAN and CAPA certification!

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www.cpancapa.org



November 2008 Recertification

Application materials must be postmarked no later than November 1, 2008. Applications received after the deadline will be returned unopened and a request for the review process must be requested for consideration of reinstatement.



(www.cpancapa.org)

Component Education Programs

September 19-21, 2008 Texas Association of PeriAnesthesia Nurses will be holding its state conference in San Antonio, Texas. For more information visit www.tapan.org

September 20, 2008 Missouri/Kansas PeriAnesthesia Nurses Association (MOKAN PANA) Fall Seminar will be held at Children's Mercy Hospital in Kansas City, Missouri. For more information contact Carol Cooper at bcooper0@comcast.net

October 11, 2008 Ohio PeriAnesthesia Nurses Association (OPANA) Fall Seminar "Continued Growth through Sharing: Caring Practice in a High-Tech Environment" at the Siegel Center, Mt. Carmel East Hospital in Columbus. For information contact Nancy McGushin at 740-653-1334 (gushin@sbcglobal.net) or Debbie Wolff at 330-626-3015 or DebMWolff@aol.com

October 11-12, 2008 Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) hosts "PeriAnesthesia PRIDE XVII" in Scranton, PA at the Lackawanna Station Radisson Hotel. For information contact Roberta Wywiorski at Roberta.Wywiorski@cmchealthsys.org

October 18, 2008 Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN) Surgical Care Improvement Program (SCIP) for Perianesthesia Nursing. Hosted by Holy Cross Hospital in Silver Spring, MD. Contact Badiya Sudah-Murphy @ badiyas@aol.com

October 24-26, 2008 New York State PeriAnesthesia Nurses Association (NYSPANA) State Conference at the Buffalo Hilton Garden Inn. For information contact Susan Russell at sruss11223@aol.com

October 25, 2008 Hawaiian Islands PeriAnesthesia Nurses (HIPAN) will be holding its annual conference at The Queen's Conference Center in Honolulu, HI. For information, contact Dhezrae Herauf at 808-497-7995 or dhes85@hawaii.rr.com

www.visn20.med.va.gov/careers/nursing

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Certification



(www.cpancapa.org)

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Manda Dunne (left) and Sue Fossum in London

Perianesthesia Nursing's Global Connection

British and American Organizations Strengthen Ties

Sue Fossum, BSN, RN, CPAN – ASPAN Immediate Past President and Joni M. Brady, MSN, RN, CAPA – Breathline Editor & BARNA International Representative

**“Health is
not only to be well
but to be able to
use well every
power we have.”**

~ Florence Nightingale

An 1893 quote by Florence Nightingale is a timely and appropriate reminder for all professional nurses to become more empowered. This call to professional advocacy was clearly highlighted by several speakers at the 22nd British Anaesthetic and Recovery Nurses Association (BARNA) Annual Conference held in London last June.

ASPA and BARNA first connected several years ago when Pat Smedley, the then BARNA Chair (equivalent of ASPAN's president), attended our National Conference. Pat fondly recounts that while she arrived in an anonymous fashion, Past President Susan Shelander somehow learned of her attendance. Susan then found and welcomed Pat, and our international

collaboration was born. In subsequent years, each organization has participated in the other's annual national conference.

Pond Hopping

BARNA Chair Manda Dunne, *British Journal of Anaesthetic and Recovery Nursing (BJARN)* Editor Jessica Inch, and BARNA Educational Officer Pat Smedley attended ASPAN's 27th National Conference in Texas. One month later, Sue Fossum and Joni Brady represented ASPAN at the BARNA conference in London, England. These experiences nourish perianesthesia nursing relationships and knowledge. Although we live oceans apart and our healthcare systems differ, nurses share very similar professional challenges and practice issues: patient safety; the nursing shortage and staffing issues; professional organization membership recruitment and retention; and lack of, but critical need for, the presence of nursing's voice.

BARNA held this year's program at the prestigious London City Hall. International representation included Ireland, New

Zealand, Africa, Germany, Greece and the U.S. Manda Dunne warmly welcomed those in attendance and set the tone for an outstanding conference filled with enlightening educational offerings and memorable networking opportunities.



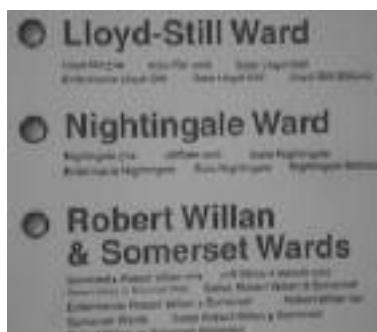
Manda Dunne (second from left) demonstrated features of the electronic medical record used at Queen Elizabeth Hospital's PACU

Eileen Sill, Chief Nurse/Chief Operating Officer, Guy's & St Thomas National Health Service Foundation Trust, was the keynote speaker. She declared that only the nursing profession includes advocacy at its core. Ms Sills described the current state of professional nursing and discussed challenges before us. She concluded that only nurses can change the dynamics of the profession, and, with optimism, urged that much activism is needed.

During the breakout sessions, Sue and Joni provided a joint lecture on advocacy in nursing. This presentation included a discussion of nursing's image, qualitative and quantitative research findings, and the power of nursing advocacy and voice. Personal stories were shared with a mix of humor, candid dialogue, and actual examples of how nursing advocacy can make a difference.



Sue Fossum (left) talks with Theofanis Fotis, Maria Bastaki, and Evangelos Konstantinou from the University of Athens, Greece



A lobby directory sign at Guy's & St Thomas Hospital in London. This facility was home to Florence Nightingale's School of Nursing and today houses the Nightingale Museum

Our international colleagues had many questions, and although our session time ran out, everyone wanted to continue the

discussion. These discussions moved into the exhibition and evening reception times. The exhibitions took place on the top floor of City Hall, called "London's Living Room." This location provided exceptional and breathtaking views of London's unique landscape.

During our stay in London, BARNA hosts Manda Dunne and Pat Smedley took us on a tour of local post anesthesia care units and operating rooms. The facilities were part of Queen Elizabeth Hospital in Woolrich, and Guys & St Thomas Hospital in London. One was located in a community setting, while the other was a huge tertiary care facility.

What a fantastic opportunity to see how similar, yet different, our practices can be. Our thanks to ASPAN and BARNA for continuing this meaningful professional link. 



Irish Anaesthetics and Recovery Nurses Association Chair Fionuala O'Gorman (left) and BJARN Editor Jessica Inch above the Thames River on London City Hall's observation deck

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ASPAR Co-hosted Seminars

September 26, 2008

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum in Williamsburg, VA. Hosted by VSPAN. Contact Jennifer Tuck at 540-761-2990 or virginiaspn@aol.com

September 27, 2008

Perianesthesia Certification Review in Houston, TX. Hosted by TAPAN, District 1. Contact Deborah Davis at 832-824-5712 or dj.davis@texaschildrenshospital.org

Foundations of Perianesthesia Practice in Little Rock, AR. Hosted by Central Arkansas Veterans Healthcare. Contact Michelle Moore at 501-257-6842 or michelle.moore2@VA.gov



September 13, 2008

Perianesthesia Certification Review
Boston, MA
Legally Speaking: Just the Facts
Hermitage, PA

September 20, 2008

Legally Speaking: Just the Facts
Rochester, NY
Perianesthesia Certification Review
Pittsburgh, PA
Pediatrics: Little Bodies,
Big Differences
Pittsburgh, PA

Perianesthesia Certification

Review in Syracuse, NY. Hosted by NYSPAN. Contact Maureen Iacono at 315-448-5065 or maureen.iacono@sjhsyr.org

October 4, 2008

Legally Speaking: Just the Facts in New Orleans, LA. Hosted by LAPAN. Contact Rachael Ballas at 504-842-2102 or rballas@ochsner.org

November 15, 2008

Perianesthesia Nursing: A Systems Review of Pathophysiology in Danville, PA. Hosted by Geisinger Medical Center. Contact Renee Smith at 570-214-9641 or rasmith@geisinger.edu

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September 27, 2008

Safety Begins with Us
Harlingen, TX

October 4, 2008

Perianesthesia Nursing: A Systems Review of Pathophysiology
Berlin, VT
Perianesthesia Certification Review
Grapevine, TX

October 23, 2008

Perianesthesia Certification Review
Honolulu, HI

October 24, 2008

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum
Honolulu, HI

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