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Celebrate
**PeriAnesthesia
Nurse Awareness
Week**

February 1-7, 2010

www.aspan.org

The Sacred and the Profane

Is perianesthesia nursing a sacred and profane practice? As a graduate student in the 1980s, Professor Zane Robinson Wolf's textbook, *Nurses' Work: The Sacred and the Profane*,¹ left me with a lasting impression. Today, nurses occupied within the broad spectrum of perianesthesia practice experience daily challenges that call for a creation of balance between guarded rituals and the uniqueness of each professional interaction. ASPAN's 2008-2010 *Standards of Perianesthesia Nursing Practice* describes scope of perianesthesia practice as: "... systematic in nature and includes the nursing process, decision-making, analytical and scientific thinking, and inquiry."²

Wolf's studies describe the sacred nature of nurses' work. She exposed intersections between powerful life events involving birth and death, pain and discomfort, and healing and comfort, with the touch of a nurse.¹ Imagine a person who is scheduled for surgery or an interventional procedure requiring anesthesia or sedation. Such an event, often routine for the surgical and perianesthesia team, can be life changing for a patient. Our patients arrive completely vulnerable. They must answer dozens of personal questions, sign release forms and consents, remove all personal clothing and allow complete strangers to touch, anesthetize and ventilate them. On the scheduled procedure day, nurses take personal belongings, pierce the skin with needles and then infuse unfamiliar fluids, and wheel them away from the comforting presence of loved ones. During emergence from the fog of anesthesia the prodding and intrusion continues. Descriptive scenarios provide valuable insight regarding the patient's perspective on sacred moments of the perianesthesia experience.

Clinical Excerpts

In the facility where I work, a staff member must write clinical narratives for her or his performance



Theresa Clifford
MSN, RN, CPAN
ASPAN President 2009-2010

review. This practice is part of a professional advancement program modeled after Patricia Benner's seminal work, *From Novice to Expert*.³ There are numerous benefits to having nurses share stories. It allows for the catharsis of extremely difficult situations, regardless of the outcome. It can also provide personal and professional insight into the ways in which daily, ordinary routines of practice can be viewed as extraordinary in the eyes of the patient and significant others.

Following are some excerpts and comments from a clinical narrative about being on-call that I wrote in 2000. The scenario I experienced burned the concepts of the sacred and profane aspects of perianesthesia work deeply in my brain.

What I saw when I entered the OR at 0130 shocked all of my senses. To one corner was an empty, but used, infant warmer. At the head of the table two anesthesiologists and one nurse anesthetist worked feverishly watching the monitors, counting IVs, lines, and blood bags. Draped over the patient were two OB surgeons and a family practice physician. A slow but steady flow of bright red blood dripped from both sides of the OR table saturating the shoes of those standing in its path and collecting in a small and rapidly growing puddle on the floor. Meeting the eyes of the OR circulator I only needed to hear one word. DIC.

At one point, a third surgeon arrived to help control the rage of the DIC and to coach the weak and boggy uterus into clotting and contracting. It did not work. After persistent and determined efforts the surgeons together decided to perform a hysterectomy. In that moment I felt strangely aware of the juxtaposition between new life and death, of the potential to create new life and the ease with which it can be destroyed.⁴

While mother and baby survived, the bleeding did not stop and the delivery ended with a life saving

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President's Message

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hysterectomy. When that work night came to an end I felt a compulsion to record the narrative and reflect on the events:

As dawn drew near, I remembered my fatigue and marveled at how quickly it was forgotten in those frenzied moments of care and concern. Later that afternoon, I felt a strong sense that I had been exactly where I needed to have been, had done exactly what I needed to do, and had been exactly who I needed to be during those long hours of the night. It occurred to me that the privilege of being in the right place at the right time calls up the sacred and profound art that caring has been and will always be for me.⁴

“... the problem is that you haven’t realized how much your stories matter. You may not realize every story you tell is important ... Nothing is more important than the stories you tell yourself and others about your work and your personal and community life.”⁵

~ Annette Simmons

Telling Our Stories

What is the public image of perianesthesia nurses? How can the media accurately portray the work of nurses if we are not good stewards of our stories? As perianesthesia nurses, advocates, members and contributors to the surgical healthcare team, it is time to tell our stories. Sharing stories during PeriAnesthesia Nurse Awareness Week and throughout the year, and having those stories heard, can help to create a balance between the intrusive world of healthcare and the caring practices of nurses. By speaking out, nurses set the stage for a deepened public understanding of the scope of practice and a professional commitment to safe and ethical practices.

If you have a clinical narrative to share, please send it to tclifford@aspn.org.

REFERENCES

1. Robinson-Wolf Z. *Nurses' work: The sacred and the profane (studies in health, illness & caregiving)*. Philadelphia, PA: University of Pennsylvania Press; 1988.
2. American Society of PeriAnesthesia Nurses. *2008-2010 Standards of perianesthesia nursing practice*. Cherry Hill, NJ: ASPAN; 4, 2008.
3. Benner P. *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley; 1984.
4. Clifford T. *Exemplar 2000*. Unpublished work.
5. Simmons A. *Whoever tells the best story WINS: How to use your own stories to communicate with power and impact*. New York, NY: AMACON; 23, 2007. 

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Address changes and administrative correspondence to:

ASPN

10 Melrose Avenue, Suite 110
Cherry Hill, NJ 08003-3696

877-737-9696

Fax: 856-616-9601

aspn@aspn.org

www.aspn.org

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Editorial Comments or Letters to the Editor to:

Joni Brady

HQ USEUCOM

CMR 480, Box 2025

APO AE 09128-2025

jbrady@aspn.org

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JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

Breathline

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November/December 2009

PeriAnesthesia Nurse Awareness Week

February 1-7, 2010

Boni Hart, BSN, MA, RN – ASPAN Membership/Marketing Committee Member

Today's perianesthesia nurse is so much more than the sum of his or her "parts". Look what's become of us! We have transformed the care of patients through hard work and a realization that there is always more to learn. Through observation, education and a constant search for a better way to accomplish tasks, perianesthesia nurses have given patients the gift of excellence. What better way to celebrate such continuous growth and achievement than to participate in PeriAnesthesia Nurse Awareness Week (PANAW) activities?

Specialized Knowledge

Beginning with the early pre-surgical assessment phase, we nurses serve as an important knowledge resource to patients and family members.

We ask pertinent questions, listen intently and respond to potential needs before the patient even enters a surgical facility. We share knowledge gained from the patient with other healthcare team members and follow up to be sure nothing is missed. We also begin the patient teaching process at the initial meeting, so that other team members can build on this and help to ease patient anxiety. While we may not spend more than an hour doing all of this for each patient, the momentum created continues throughout the entire surgical experience. Thus, the transformation has begun.

Whether anticipating a minor surgical procedure or a life threatening intervention, our patients look to us as the root of their experience. The perianesthesia nurse is responsible for calming fears and enabling the patient to hear and understand what will happen during the procedure and while under anesthesia. On the day of surgery, we use our knowledge and expertise to assess the patient's ability to comprehend and tolerate what is happening in the care environment.

As nurses build upon the pre-surgical patient experience, we skillfully instill trust while inserting intravenous lines, continue the teaching process, and prepare the patient for emergence from anesthesia. As that patient wakes up, imagine the sense of comfort he or she feels knowing that a skilled perianesthesia nurse is

there to make critical assessments and deliver safe care that will continue until they are discharged and on the way to further treatments and recovery!

The Seeds of Growth

We nurses represent the remarkable product of knowledge, mentoring and continuing professionalism. In fact, we transform care through knowledge! As we celebrate all that we have become, and are yet to be, it is important to spread the word and celebrate perianesthesia practice. It's easy to participate. Begin by checking the ASPAN Web site (www.aspan.org). Click on the "Events" tab and select "PANAW" from the dropdown menu. You will find instructions on how to request a PANAW Proclamation from local and state officials.

Don't stop there! Notify radio stations and promote ASPAN and perianesthesia nursing through public service announcements. Hold media events designed to educate the public so they better understand and appreciate the important work we do every day. Take photos and post them where patients and family members can see our perianesthesia practice in action.

Present perianesthesia seminars for multidisciplinary colleagues. Celebrate our continuing efforts to grow nursing knowledge and skills and draw attention by decorating your unit and facility with balloons and posters. Check to see if your unit has funds available to purchase staff PANAW gifts or to host a party. Do whatever it takes to show everyone how far our specialty practice has come. More importantly, show them evidence based and best practice achievements that demonstrate how much we are growing. I am so proud to be a perianesthesia nurse!

Spread PANAW Roots

A PANAW commemoration is the perfect way to educate the public about our unique perianesthesia specialty practice while honoring special nurse colleagues. There are several distinctive logo items available that have been designed to make your facility's 2010 PANAW event a transformative celebration to remember!



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

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Keeping Secrets from Our Patients: Perianesthesia Data Elements

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

Perianesthesia nurses often joke that anesthesia prevents memorable discussions with their patients. What if the care that perianesthesia nurses deliver was as fleeting as these conversations? Unfortunately, important aspects of nursing care are virtually muted by the lack of standardized professional and specialty voices. The 2015 federal mandate for electronic health records and development of the Perianesthesia Data Elements (PDE) has created an unprecedented advancement opportunity. Through PDE, perianesthesia nurses can speak with one unified voice and share the best kept secret of surgery and procedural care: nursing care makes a difference in patient outcomes.

Virtual Speak

A federal mandate for the conversion to electronic health records (EHR) within the next four years is intended to build a national health information infrastructure. For patients and care providers, EHR could mean optimal access to the best available information for decision-making about a course of treatment. Imagine having every portion of the patient's health record, no matter where created or in what format, fully packaged into one computer system that is programmed to help improve clinical decision-making.

In order to ensure that the voice of all nurses is included in this sweeping reform, it is important for all nurses speak the same language. PDE forms the language of perianesthesia nursing. Standardizing the ways in which perianesthesia nurses describe what they see and do for a patient allows for a number of positive benefits. All standardized language, often called terminologies, can support the profession in multiple ways. Ideally, regional practice habits can be turned into universal best practices through national and international comparisons. Researchers can identify dangerous event patterns or decipher outcomes trends that may save lives and improve quality. Other benefits of standardized terminologies, like the PDE, include: continuity of care, unambiguous communication, ability to measure and validate nursing care and its impact, facilitating critical thinking and clinical decision-making, enhancing evidence-based practice development, and allowing for coded data repositories intended for analysis and aggregation.¹

Quantifying Nursing's Impact

Nurses often view the financial and political side of healthcare as something outside of their scope and not a top concern. Ironically, politics and finance have an enormous impact on nursing practice. The ability to "name" perianesthesia nursing practice in a standardized manner can reduce the clinical invisibility from which the nursing profession currently suffers. The lack of unified voice in the form of terminologies reduces political clout, authority, knowledge-building and financial backing. There are currently few, if any, databases that capture nursing information. This further worsens the situation and traps nursing care in anonymity.²

Nurses will continue to struggle to justify their existence and the importance of professional nursing knowledge and actions if the means for collecting practice data is not accomplished in a standardized fashion. Through standardization and data capture, measurable nursing interventions and outcomes can be effectively presented to those who make financial and political decisions to accurately guide and influence the process.

No More Secrets

The inconsistent use, lack of standardization and exclusion of nursing languages in EHR hampers consistent capture of perianesthesia nursing practice through electronic documentation. Without standardized nursing terminologies, particularly the PDE, a virtual confusion will continue to exist in nursing and medical records. The lack of standardization impairs providers' and patients' ability to consider all data when making healthcare decisions, or when shaping healthcare policy. Understanding and integrating the PDE into practice setting offers perianesthesia nurses an opportunity to transform practice on an unprecedented scale!

Nurses should direct and advance care related decisions versus being forced to react after a decision impacting the profession has been made without nursing's voice at the table. Currently, due to the lack of standardized languages, the care provided by perianesthesia nurses is under-recognized, unappreciated, and remains one of the best kept secrets of surgery.

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The Leadership Role in Safety

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

The Joint Commission President, Dr. Mark Chassin, alerted healthcare executive leaders to be engaged in implementation of safety strategies. He asserted that healthcare leaders have the direct responsibility for establishing a safety culture.¹ Another recent alert expressed concern about a link between staff outbursts and use of condescending language with the increased risk for medical errors.²

Although “speaking up” has been encouraged in the healthcare environment, for some it may be uncomfortable, especially when talking with a person in a position of authority. In the workplace, the discomfort to speak out may not only be with a middle or upper management leader, but also among peers. As a result, nurses may: avoid asking important questions or sharing key thoughts; ignore the situation; decrease involvement; and/or limit attention. Such behavioral responses directly compromise patient care and teamwork.

Bridging the Safety Gap

Every member of the healthcare team has a right and responsibility to speak his or her concerns regarding safe care practices. To that end, Joint Commission recommendations include: creating and enforcing a code of conduct; ensuring organization-wide transparency regarding issues of patient safety; including safety as part of organizational leadership perform-

ance evaluations; establishing and communicating policy that defines behaviors which are referred for disciplinary action; allowing patients to communicate their experiences and perspectives; and giving recognition and rewards for safety contributions.¹

The healthcare leadership role includes the primary accountability for creating a safety climate through implementation of strategies that decrease and prevent harm to patients. In creating a safety culture, leaders and practitioners must not forget the constant need for civility in the workplace. Disruptive behaviors are dangerous in many ways. Peter Forni, in his excellent book about civility, said: “Speaking with consideration and kindness is at the heart of civil behavior. By speaking with kindness, you will improve the lives of those around you.”³

REFERENCES

1. Medical News Today. Joint Commission Alert: Effective leadership critical to preventing medical errors. Available at www.medicalnewstoday.com/articles/162158.php. Accessed October 10, 2009.
2. Medical News Today. Joint Commission alert finds doctors who bully nurses threaten patient safety, calls for zero tolerance. Available at www.medicalnewstoday.com/articles/114658.php. Accessed October 10, 2009.
3. Forni PM. *Choosing civility: The 25 rules of considerate conduct*. New York, NY: St. Martin's Press; 60, 2003.

Research Corner
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PDE positions perianesthesia nurses as increasingly able to demonstrate how this dynamic specialty practice helps to reduce complications of surgery and improve overall perianesthesia patient outcomes and experiences.

For more information about PDE, visit the ASPAN Web site (www.aspan.org). Click on the “Resources” tab and then select “PDE” from the dropdown menu.

REFERENCES

1. Lundberg C, Brokel JM, Bulechek GM, Butcher HK, Martin KS, Moorhead S, et al. Selecting a standardized terminology for the electronic health record that reveals the impact of nursing on patient care. *Online Journal of Nursing Informatics*, 12(2): 19, 2008.
2. Saba VK, Taylor SL. Moving past theory: Use of a standardized, coded nursing terminology to enhance nursing visibility. *CIN: Computers, Informatics, Nursing*, 25(6): 324-333, 2007.

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29th ASPAN National Conference

Hosts and Hostesses Wanted

You are invited to help ASPAN throughout National Conference week at the New Orleans Marriott, April 18-22, 2010. Hosts and Hostesses are able to participate at National Conference, earn contact hours, and be paid a small stipend to help reimburse Conference expenses! The duties of a Host/Hostess include: collecting event tickets, providing directions within the conference area, staffing the registration booth, facilitating session seating and distributing hand-outs, and assisting with Provider Directed Learner Paced Study sessions.

Please consider this fantastic opportunity to network with peers while supporting your professional organization. ASPAN NEEDS YOU to engage in a role central to making our Conference a success! **To sign up for the Host/Hostess program, or to obtain more information, please e-mail Clara Boudreaux at cboud60@aol.com. Your response is needed no later than February 12, 2010.**

Room Sharing

Are you planning to come to Conference unaccompanied? If you have an interest in sharing a hotel room, simply submit your name to be included 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, 2010**
- A room sharing list will be distributed in mid-February to those who asked to be included
- Participants must directly contact others on the list to coordinate room sharing arrangements and reservations

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

Janet Waddell
10354 HWY 22W
Pontchatoula, LA 70454
Email: jwaddell55@bellsouth.net

The New Orleans Marriott hotel room reservation deadline is March 9, 2010.

Reservations made beyond this date are based upon a space and rate availability basis only.

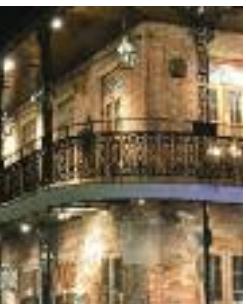
New Orleans Cuisine

Time in New Orleans isn't kept in hours or days, but in meals. So leave your watch behind and pull up a chair! The Big Easy culinary mosaic owes as much to the cooking and dining traditions of the city's early settlers as it does to the bounty of the region. New Orleans hosts amazing world class chefs who create art for the taste buds and nourishment for the soul. Please come and sample the Crescent City's delectably diverse menu. And as always, we wish you "Bon Appétit"!



Experience the French Market

The French market is located on the riverfront in the French Quarter, just past Jackson Square and Café du Monde. Come and experience fabulous shopping, entertainment and foods while becoming fully immersed in the atmosphere of the nation's oldest public market. This is a tradition as old as the city itself! 



Frequently Asked Questions

Defining Perianesthesia Care Phases

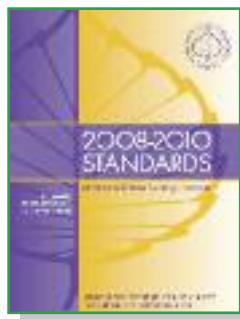
Barbara Godden, MHS, RN, CPAN, CAPA – ASPAN Director for Clinical Practice

The Clinical Practice Committee receives many questions via the ASPAN Web site each month. Committee members then research the answer and respond to the query. This is one frequently asked question.

Q: What are the differences between Phase I, Phase II, and Extended Observation (Phase III)?

A: This question comes through the Clinical Practice network very frequently. The typical questions range from: "What are the differences between Phase I, Phase II, and Phase III?" to "Can I get a patient out of bed in Phase I?" to "Can I discharge a patient home from Phase I?"

The ASPAN Standards define Phase I, Phase II, and Extended Observation (previously known as Phase III) as levels of care, and not physical places. Therefore, the care provided is dependent on the stage of physical recovery the patient is experiencing, and not his or her physical location.¹



home from a typically Phase I unit. If a patient is ready to go home, they have progressed beyond Phase I level of care, into Phase II level of care, and may go home if they meet discharge criteria. Again, the Phases are NOT locations, but LEVELS of care.

Extended Observation may also be administered in the same physical location as care provided to Phase I and Phase II progression patients. The extended observation phase is intended for patients who have met criteria to leave Phase I, but are unable to physically move to another place. The most common reason for this patient to stay in the perianesthesia unit is the absence of an available nursing unit bed. In such cases, the patients may remain in the same location where a Phase I level of care was delivered because there is no other option to transfer elsewhere. At this point the extended observation patient is basically a medical-surgical patient, so the required assessments and care would differ. The staffing expectations for such patients would also be different, as defined in the *ASPN Standards*.¹

The Phase Maze

Phase I is the level of care in which close monitoring is required, to include airway and ventilatory support, progression toward hemodynamic stability, pain management, fluid management, and other acute aspects of patient care. When the patient's condition has safely progressed beyond these elements of care, a progression to the Phase II level of care occurs.

Phase II is the level of care in which clinical care and strategic planning are provided to progress the patient home. This activity may occur in the same location as Phase I care is delivered. Many PACUs are now providing blended levels of care in which all three levels of care are provided in the same location. This is often done for staffing reasons or for continuity of care. If a patient is awake with a stable enough condition and is ready to ambulate to the bathroom, he/she is not necessarily a Phase I patient anymore. Instead, that patient has progressed to the Phase II level of care despite being physically located in the same unit as previously. The same is true for discharging a patient to

Point of Care Considerations

The elements to consider for recommended clinical assessments and readiness for transfer and progression of care from the Phase I, Phase II, or Extended Observation level of care can be found in "Resource 3" of the *ASPN Standards*.² Measurable elements determine a patient's current phase of care. When a patient is ready to progress to the next level of care, this can happen no matter where the location of care occurs.

REFERENCES

1. American Society of PeriAnesthesia Nurses (ASPN). Resource 2: Patient classification/recommended staffing guidelines. *Standards of Perianesthesia Practice 2008-2010*. Cherry Hill, NJ: ASPN; 59-61, 2008.
2. ASPN. Resource 3: Components of initial, ongoing, and discharge assessment and management. *Standards of Perianesthesia Practice 2008-2010*. Cherry Hill, NJ: ASPN; 62-67, 2008.



Barbara Godden
**Director for
Clinical Practice**

Call for Resolutions: 2010 ASPAN Representative Assembly

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2010 Representative Assembly (RA) meeting on April 18, 2010 in New Orleans, LA.

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

The following groups may submit a resolution to the RA:

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

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

SUBMISSION DEADLINES

- Resolution forms relating to **bylaws** changes – no later than **December 19, 2009**
- Resolution forms relating to **position statements, policy matters or other issues** – no later than **January 18, 2010**

Resolutions must be received in the ASPAN National Office no later than the above 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 needs to be prepared to speak to the issue.

ASPAN on

The American Society of PeriAnesthesia Nurses recently launched a Facebook online community page. As a fan, you can connect with a network of contacts to post news,



share photos, join discussion boards, and so much more. A link to the popular social networking site is available on the ASPAN Web site home page.

To join the ASPAN group:

- Go to the ASPAN home page (www.aspnn.org)
- Click on “Visit ASPAN on Facebook”
- Click on “Sign Up”
- Complete the requested information and become an ASPAN Facebook fan! 

Growing International Partnerships



Dublin conference goers (from left): Phil Lohan, Conference Organizer; Aoife Buckley, IARNA Treasurer; Fionuala O'Gorman, IARNA Immediate Past Chairperson; Joni Brady; Lois Schick; Grainne McPolin, IARNA Chairperson; Sharon McNamara, AORN Past President; Sheila Murphy, IARNA Web Manager and founder; and Caroline Tracey, Assistant Conference Organizer

ASPN continued its representation at the annual Irish Anaesthetic Recovery Nurses Association (IARNA) held in Dublin in late September 2009. ASPN Immediate Past President Lois Schick, MN, MBA, RN, CPAN CAPA, attended the conference and served on a judging panel for the poster presentation contest. *Breathline* Editor Joni Brady, MSN, RN, CAPA, who serves as an elected governing committee member for the British Anaesthetic and Recovery Nurses Association (BARNA) and is IARNA's International Representative, represented BARNA at the meeting.

The conference featured a variety of topics delivered by excellent speakers from academic and community hospitals located in the Dublin area. IARNA is one of three global organizations that is working with ASPN to explore the possibility of convening an international perianesthesia nursing conference. 



IARNA's 8th Annual Conference focused on safety in practice

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. Editor contact information is located on page 2. 



A Gold Leaf Unlike Any Other

ASPN components work very hard to cultivate the "Roots of Knowledge, Seeds of Transformation". The prestigious ASPN Gold Leaf Award recognizes a superior component's activities, from January 1, 2009 to December 31, 2009, that clearly demonstrate excellence in leadership, member development, education, research, communication and community.

This year's application packet was mailed to component leaders at the end of October. Now it's time to gather supporting documentation, complete and submit the application as outlined in the packet. Please remember to include all requested validation materials at the time of submission. [Gold Leaf Award](#) entries must be postmarked by March 1, 2010. 

ASPN is Moving!

The ASPN National Office is relocating to a new home. Effective December 21, 2009, all correspondence should be addressed to:

ASPN
90 Frontage Road
Cherry Hill, NJ 08034-1424 



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Nancy O'Malley
Region 1 Director

Directors' Connection Region 1 Roundup

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

Once again, I have the pleasure of showcasing Region 1 components and leaders. The leaders were asked to share some of the goals for their components. The consistent themes were increasing membership, involving members in activities, and improving communications. Many leaders attended the Component Development Institute to find ways to meet those goals.

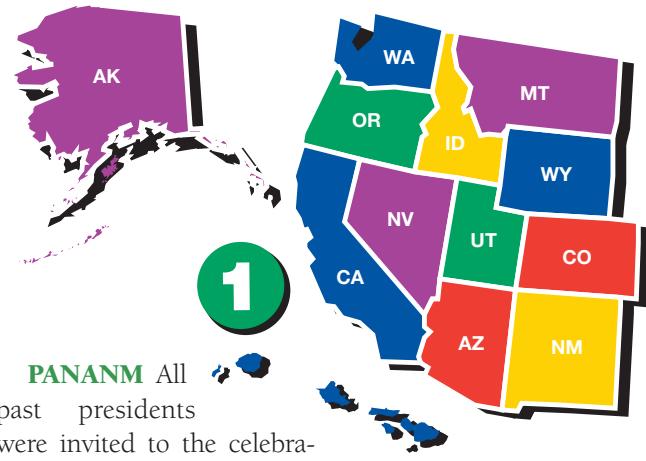
Regional News

AzPANA In June, Karen Clark, BSN, RN, passed the presidential torch to **Ellen Steele**, BSN, RN, CPAN, CAPA. This component always has strong leaders and is so active in supporting their nurses. They are a fun-loving group with lots of opportunities for involvement while consistently providing excellent educational opportunities twice a year. Join them!

PANAC With a membership of over 1,000 nurses, this component continues to be another role model by offering seminars in various areas of the state. President **Deborah Bickford**, BSN, RN, CPAN, handed the gavel to **Carol Bowen**, RN, in October. PANAC has a strong support team for developing new leaders in various areas, so let them know that you want to join them!

HIPAN What a year! Last year, when President **Hang Saito**, RN, had her first beautiful baby, Vice-President **Kim Glynn**, RN, filled in for her. With support from a wonderful team, Hang was able to complete her term. This fall, Kim, supported by a strong team of dedicated Hawaii nurses, met with ASPAN Past President **Dina Krenzischek**, PhD, MAS, RN, CPAN, to strengthen HIPAN strategic plans for the future. Have you seen the new Web site?

NevPANA President **Christine Squire**, BSN, RN, CAPA, with support from **Deborah Bennett**, RN, CAPA, and **Loida Huffaker**, RN, CPAN, welcomed **Carlito Baginda**, BSN, RN, CPAN, as new Vice-President. Chris, Deb, and Loida provided educational and networking opportunities for Nevada nurses for several years in a very challenging environment. They would love to have new members help their component. Goals include having more involvement from southern Nevada nurses, hosting a meeting in the southern part of the state, and developing a Web site.



PANANM All past presidents were invited to the celebration of its 25th year as an ASPAN component! Involvement in the lovely “silver” ceremony included the new President, **Zita Pitcher**, RN, and Vice-President **Connie Hard-Tabot**, RN, CPAN. PANANM has struggled, at times to find component leaders for New Mexico nurses, but these two stepped forward to take over for **Corinne Flores**, BSN, RN, who served as president for two years.

NPANA **Cheryl Gettelfinger**, BSN, RN, CAPA, and **Patrice Moffet**, RN, CPAN, CAPA, led this great component over the past year. We also must recognize the amazing **Judy Evans**, BSN, RN-C, CPAN, who has raised the most money for ASPAN scholarships by her Dream Walk supporters – almost \$5,000! She also edits the component newsletter, *Off the Cuff*.

RMPANA In October, President **Pam Myrum**, BSN, RN, CPAN, took over the reins from **Lynda Marks**, RN, CAPA. The annual “Retreat in the Rockies” was a great success, as were the “road shows” that component members who like to educate take to the different districts of the component. RMPANA celebrated 25 years as an ASPAN component. Congratulations!

USPAN How about USPAN? They just keep getting better and better! Under President **Lauri Rosenlof**, BSN, RN, CAPA, with support from **Robbyn Perry**, RN, CAPA, this component is thriving! The spring 2009 meeting focused on providing education for nurses planning to take the certification exams. These members are truly passionate about our profession and have a lot of fun.

There are always so many people “behind the scenes” that make a component successful, such as officers, newsletter editors, Web designers, governmental affairs chairs, education planning teams. While space limits recognition to only those who have accepted leadership roles, know that each of you is very valuable to ASPAN and your component.

Many thanks for all you do for perianesthesia patients and perianesthesia nurses!

Roots of Knowledge, Seeds of Transformation



RECRUIT, RECRUIT, RECRUIT!

So far this year, the Member-Get-A-Member Campaign enlisted 397 new perianesthesia nurses into ASPAN's ranks. **EVERY MEMBER** can become part of this year's recruitment drive! Membership brochures are available on the ASPAN Web site. Check out the "Members" section for complete membership information, recruiter standings, and to download a membership application form. To request a brochure call the ASPAN National Office toll free at 877-737-9696 ext 16. **Awards are given to the top recruiters at ASPAN's National Conference!** In order to receive credit for the Recruiter of the Year Award, please remember to include your membership number on all applications.

Spread and deepen ASPAN's roots!

This MGM campaign runs through

March 31, 2010.



Benefits of ASPAN Membership

Free Publications Subscriptions

- *The Journal of PeriAnesthesia Nursing* (published bimonthly)
- *Breathline* (online newsletter published bimonthly)

Education

- Annual National Conference
- Seminar/Co-Hosted Seminar programs
- Component Development Institute
- Scholarship program
- Research Grants program
- Contact hour articles in the *Journal* and online

Other Benefits

- Member discounts on ASPAN publications and educational offerings
- Access to clinical practice consultation network
- Legislative awareness
- Opportunity to join Specialty Practice Groups
- Significant discounts for CPAN/CAPA examinations
- Peer recognition award programs
- Career Center on Web site

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ASPAN Component Development Institute Leadership: The Key to Balance

Twilla Shrout, BSN, MBA, RN, CPAN, CAPA - ASPAN Regional Director, Region Two and Martha L. Clark, MSN, RN, CPAN - ASPAN Regional Director, Region Three

The 2009 Component Development Institute (CDI) was held in September in Portland, Maine. This annual ASPAN leadership event is targeted at enrichment of component leaders through mentorship and the provision of necessary tools for successful component management. This year, techniques aimed at striking a balance between the operational aspects of components and the needs of component members were shared. Over 100 attendees engaged in a variety of instructive topics to include: recommendations for succession planning and membership recruitment; tips on how to create a budget; an overview of legal issues; and useful strategies for accreditation of educational programming. Along with invaluable learning and networking sessions, attendees experienced postcard-like coastal scenes, classic lighthouse views and all the Maine "lob-stah" one could eat.

"Wicked Good" Weekend

The program kicked off on Friday evening with five rotating roundtable discussion groups, each led by one ASPAN Regional Director and an assistant. The director gave an overview of the discussion topic and then group participants added suggestions and shared ideas and accomplishments made toward meeting the selected topic goal. Friday evening's session was followed by famous Maine lobster, whoopee pies and lovely chamber music. This was a perfect way to wind down and ready participants for Saturday's jam-packed educational program.

ASPAN is grateful to Eisai Pharmaceuticals for its support of the evening's reception.

The Saturday program built on Friday night's roundtable sessions with topics ranging from balance in leadership styles to balance for financial success. Dedicated networking time was made available for component leaders to meet with their respective Regional Director. A special Saturday evening ASPAN Board of Directors meeting was called by President Terry Clifford. ASPAN CEO Kevin Dill presented the Board with an exciting opportunity for ASPAN to purchase its first stand alone headquarters office building. The Board unanimously voted to purchase the property.

"Ayuh, Ayuh, Ayuh"

ASPAN's future leaders generally begin their involvement with volunteerism at the grassroots level. Any ASPAN member is welcome to attend the CDI in preparation for involvement at the district, component or national level. During Sunday's closing session, Regional Directors reported having been stopped throughout the weekend by excited members who expressed how helpful and enlightening attendance at the CDI was for a component leader. President Clifford reported receiving another very enthusiastic comment from one Maine participant, said in the classic regional dialect: "WICKED good cawnfrence, deah!" For many, that simple statement perfectly summed up the 2009 CDI! 



The Portland Head Light, in Cape Elizabeth, is Maine's oldest lighthouse





American Board of Perianesthesia Nursing Certification (ABPANC)

Certification is Within Your Reach Read All About It!

Are you interested in becoming CPAN and/or CAPA certified? Please download the *Certification Candidate Handbook* from the [ABPANC Web site](http://www.cpancapa.org) to read all about the nationally accredited examinations for perianesthesia nurses. Taking the time to Read about the examination process is a critical step toward applying online to take an examination. *Interested in taking BOTH the CPAN and CAPA examinations on the same day?* Read about the first examination candidate's experience in becoming both CPAN and CAPA certified on the same day at www.cpancapa.org.

Group Discount Program: Purchasing Vouchers

Did you know... that ABPANC offers a group discount on examination fees? Vouchers can be purchased in sets of ten for a flat fee of \$335 per voucher. To purchase vouchers, visit www.cpancapa.org and click on "Group Discount Program" found under the "Certification" link. Employers are finding this a cost effective strategy!

Board of Directors Nominations Sought

ABPANC is accepting nominations for RN Director positions for the 2010-2012 term of office. A two-year term of service on the ABPANC Board is a truly exceptional way to fulfill a desire for professional involvement and to influence the premiere level of care demonstrated to perianesthesia patients and their loved ones through national certification. Please visit www.cpancapa.org for complete information about the nomination process.

Calling all CPAN and CAPA Certified Nurses

ABPANC has created a new Online Recertification System. CPAN and CAPA certified nurses can now store and track accumulated contact hours in the new electronic filing cabinet. Here, certified nurses may also: update personal contact information; receive emails from ABPAC delivering information you need; and recertify online.

To use this new system, one must first create a user account. Visit www.cpancapa.org, click the "Recertification" link, and then follow the prompts. Because you will again use the e-mail address and password selected when creating your account to access the recertification system, document that information in a safe place for future reference.

Two Keys to Successful Recertification

1. Thoroughly read the first renewal notice sent to you 120 days prior to the expiration of CPAN/CAPA status.
2. Thoroughly read the *Recertification Handbook*, available for download at www.cpancapa.org.



ASPAN Hosted Seminars

January 30, 2010

Pediatrics: Little Bodies, Big Differences in Buffalo, NY. Hosted by Sisters of Charity Foundation. Contact Dianne Lysarz at 716-891-2725 or dlyszar@chsbuffalo.org

January 30, 2010

Surrounding Your Practice with Excellence: Legalities, Standards & Advocacy in Charleston, SC. Hosted by the South Carolina Association of Peri-Anesthesia Nurses (SCAPAN). Contact Karen Thames at 843-729-0189 or karen.thames@rsfh.com

February 6, 2010

Perianesthesia Nursing: A Systems Review of Pathophysiology in Greeley, CO. Hosted by Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) District IV. Contact Linda Davis at 970-352-6094 or katiesgranny@cardinalbroadband.net

February 6, 2010

Complexities and Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum in Knoxville, TN. Hosted by Tennessee Society of PeriAnesthesia Nurses (TSPAN). Contact Shari Breeden at 865-218-7185 or ShariBreeden@aol.com

February 20, 2010

Perianesthesia Certification Review in Omaha, NE. Hosted by Methodist College. Contact Heidi Gragesat 402-354-7125 or heidi.grages@methodistcollege.edu

February 27, 2010

Foundations of Perianesthesia Practice in Ft. Worth, TX. Hosted by Baylor Health. Contact Sue MacDonald at Susan.McDonald@baylorhealth.edu

March 20, 2010

Perianesthesia Certification Review in Lebanon, NH. Hosted by Dartmouth Hitchcock Medical Center. Contact Natalie Auerbach at 603-650-7078 or Natalie.E.Auerbach@hitchcock.org 

PAPAN Newsletter Available Online

The Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) is joining the "Going Green" movement! Its newsletter, *Pulse of PAPAN*, can be found posted on the component webpage and is now accessible for anyone to read. This step eliminates additional

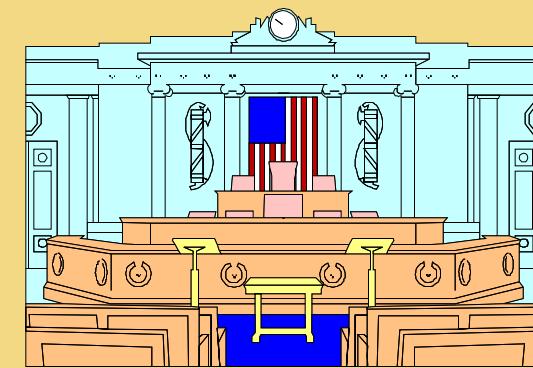
Register Now! *Nurse in Washington Internship (NIWI)*

March 14-16, 2010
Washington, DC

NIWI offers nursing professionals the unique opportunity to experience advocacy training in the nation's capital while preparing for a personal meeting with your state Representative and Senators on Capitol Hill. The program includes: an overview of the public policy process; networking opportunities with multidisciplinary nurse colleagues from your region and across the country; and panel sessions featuring expert nurse advocates and congressional staff members.

Participation in NIWI empowers a nurse to become more influential in local and national health-care policy and effectively educate and inform legislators who advance health policy agendas. NIWI attendees identify political, economic and legislative trends impacting healthcare delivery and policy, and learn techniques to proactively address professional nursing issues. The internship program wraps up with exciting Capitol Hill office visits with legislators and legislative staff members. Let NIWI help you tell your nursing stories and raise your voice!

Please contact the [Nursing Organizations Alliance™](http://nursing.org/alliance) for complete details on NIWI 2010.



printing and mailing. Visit www.papanonline.org and click on the "Newsletter" link. The newsletter is published each year in January and August. For more information contact *Pulse of PAPAN* Editor Evelyn Medycki at erm1136@verizon.net. 

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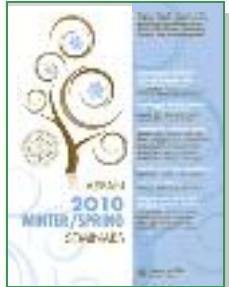
ASPN National Conference
“Roots of Knowledge, Seeds of Transformation”
April 18-22, 2010
New Orleans, LA



❖ WE'RE JAZZED YOU'RE COMING! ❖



ASPN Seminars



January 9, 2010

Perianesthesia Nursing:
A Systems Review of Pathophysiology
Albuquerque, NM

January 16, 2010

Perianesthesia Certification Review
Las Vegas, NV

Perianesthesia Nursing:
A Systems Review of Pathophysiology
Tucson, AZ

January 23, 2010

Complexities and Challenges of Perianesthesia Nursing:
Across the Ambulatory and Perianesthesia Continuum
Oak Brook, IL

January 30, 2010

Surrounding Your Practice with Excellence: Legalities,
Standards and Advocacy
Eatontown, NJ

February 6, 2010

Perianesthesia Certification Review
New York City, NY

February 20, 2010

Complexities and Challenges of Perianesthesia Nursing:
Across the Ambulatory and Perianesthesia Continuum
Anchorage, AK

February 21, 2010

Safety Begins With Us
Anchorage, AK

March 6, 2010

Surrounding Your Practice with Excellence: Legalities,
Standards and Advocacy
Omaha, NE

March 13, 2010

Perianesthesia Certification Review
Torrance, CA

March 20, 2010

Perianesthesia Certification Review
Santa Clara, CA

March 27, 2010

Perianesthesia Certification Review
Collinsville, IL

May 22, 2010

Pediatrics: Little Bodies, Big Differences
Springfield, IL

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