



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 29, Number 5

September/October 2009

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ASPN
National
Conference

April 18 - 22,
2010
New Orleans, LA

www.aspan.org

The Virtual World

I am in the process of climbing Makalu, the fifth highest mountain in the world, on the Nepal and Tibet border. Actually, I have climbed 12,198 feet toward the massive peak of 27,766 feet, and will reach the summit within the next few weeks. Over the past 14 months, I climbed Mount Everest, K2, Kanchenjunga and Lhotse, the four tallest rock piles in the world!

In reality, I have never been to Nepal, Tibet or China. However, in my virtual world I witnessed snow covered peaks, felt the squeeze of lower atmospheric oxygen concentration in my lungs, and wished for more time to meet a native Sherpa. All of this activity happens only three miles from my home, dressed in gym shorts with an iPod blasting, in the comfort of my local fitness center. Sir Edmund Percival Hillary, a professional mountaineer and explorer from Auckland, New Zealand, is well-known as the first climber to reach the summit of Mount Everest. He died in 2008 at the age of 88, and is often quoted as saying: "It is not the mountain we conquer but ourselves."¹

I found a wonderful definition of "virtual": having the power of acting or of invisible efficacy without the agency of the material or sensible part; potential; energizing.² Why have I created such an ambitious virtual journey? What stirred this quest to climb the ten tallest mountains? There were many reasons. Most importantly, a dear friend and her husband guide international high altitude treks and climbing expeditions. Their commitment to follow a passion for outdoor adventures is outstanding and inspiring. Unable to attend their real-life voyage, I decided to set a workout goal that would keep me motivated and fuel my desire to find adventure.

Virtual Goals

Most goals are virtually aimed at achieving a new state of being. The making of a Big Audacious Goal (BAG) is driven by passion, the desire to achieve, and a quest to create meaningful future impact. The goal can be accomplished and has a clear finish line, but



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

will require bold effort and good fate. Generally, the result of achieving a BAG is immeasurable. The effects of the accomplishment are widespread and transformational, like ripples on water.

ASPN embarked on a challenging BAG; its brazen goal is to be recognized by the healthcare community as the leading association for perianesthesia nursing education, practice, standards and research.³ This goal, to be the premier resource for perianesthesia nurses, sets a direction for the progression of

ASPN's three to five-year strategic plans. Goal achievement requires: creative planning; increased grassroots and membership activity; renewed commitment; and contributions from beyond the elected leadership.

When Virtual Becomes Real

Every strategic direction for an organization requires mini-goals or smaller strategies that cumulatively reach the main target. Mini-strategies are also known as SMART goals.⁴ A SMART goal is like a milestone. As these stepping stones to the bigger, more global goal are climbed, the process of transformation begins. SMART goals are Specific, Measurable, Attainable, Realistic and Timely.⁴

To understand this concept, imagine that your goal is to work in a healthy, safe perianesthesia environment. While not an impossible goal, it is a bit vague. What does a healthy, safe workplace look like? To achieve this goal, consider mini-goals that support the BAG. Solicit two or three unit members to review the literature to identify best practices related to healthy and safe work environments and report the findings at the next staff meeting. This mini-goal meets all of the SMART criteria: it is precise, clear, manageable, realistic, and has a defined time frame. Another mini-goal might be to provide incentives for every perianesthesia department clinical staff nurse to become certified in perianesthesia nursing as the testing eligibility criteria are met.

continued on page 2

The Membership Mini-Goal

ASPN's core purpose is to advance the unique specialty of perianesthesia nursing. There is no other nursing organization focusing 100% on perianesthesia practice. As such, ASPAN is committed to providing one voice for diverse perianesthesia care settings and those comprising invasive and/or specialty procedures. The Member-Get-A-Member campaign is one strategy for keeping ASPAN strong. All nurses practicing in preadmission testing centers, preanesthesia care, postanesthesia care, ambulatory surgery centers and specialty procedure units are eligible for ASPAN membership. Current ASPAN membership is close to 13,500. Imagine if each member brought in a new member this year? That's double the voices, double the resources and double the power!

"It is not the mountain we conquer but ourselves."

~ Sir Edmund Hillary

ASPN's three primary missions are rooted in knowledge and include education, clinical practice and research. Combined, these missions provide exceptional educational opportunities, shared clinical expertise for practice support and grounded standards, and the tools for scientific and evidence based nursing research. Encourage your colleagues currently engaged in perianesthesia practice to join ASPAN. Membership in the national organization offers resources and networking that improve the ability to respond to constant and challenging demands of a transforming healthcare environment.

What's Your BAG?

Harold V. Melchert said: "Live your life each day as you would climb a mountain. An occasional glance toward the summit keeps the goal in mind, but many beautiful scenes are to be observed from each new vantage point."⁵ What are your personal and professional goals? What inspires you? Do you seek to discover true passion? Where do you see yourself in five years? What is the secret to balance in your life?

There are two basic steps to attaining dreams. The first is to identify your BAG, be it virtual or real. The second is to identify the smaller steps to help you reach your goal. Membership in ASPAN is a critical step toward making the organization the leading resource for the full scope of perianesthesia nursing practices. And your personal ASPAN membership is a critical step for helping you meet those professional goals. Our patients, practice, and profession need **YOU** to help spread the perianesthesia roots of knowledge and nourish the seeds of transformation.

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JanuaryNovember 1

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Roots of Knowledge, Seeds of Transformation



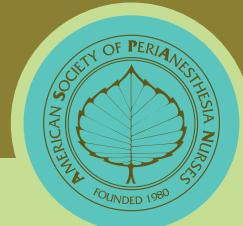
Join the Member-Get-A-Member Campaign

Transformation relies on every member to plant the powerful seeds of belonging, and thereby spread our vital organization's roots. To become part of this year's membership drive, start recruiting today! Membership brochures are available on the [ASPN 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. **In order to receive credit for the Recruiter of the Year Award, please remember to include your membership number on all applications.**

Please plant those seeds!

This MGM campaign runs through

March 31, 2010.



Growing Potential

Every nurse has the potential to tap into her or his natural ability and make meaningful contributions to the profession. It's time to reflect on your personal passion, consider the possibilities, and then unlock the talent that lies within. As an ASPAN member, you are vital to the Society's success. ASPAN evolved and grew because willing volunteers served as leaders and members of committees, strategic work teams, ad hoc and specialty practice groups. By sharing time, talents and enthusiasm for perianesthesia nursing, numerous members have displayed amazing professional and personal potential.

ASPN offers a variety of opportunities for involvement. For information and descriptions of our committees and work groups, please visit the [ASPN Web site](#). The **2010-2011 Willingness to Serve (WTS)** form is accessible on the ASPAN Web site. Early submission allows us to match volunteers' skills, time availability and interests to the projects linked to ASPAN's strategic plan. Current committee members seeking reappointment must submit a WTS and resume each year. Please submit your WTS and a professional resume to channel your potential into a rewarding future!

The WTS application deadline is October 31, 2009.

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ASPAN National Conference • April 18-22, 2010

“Roots of Knowledge, Seeds of Transformation”

Michael D. Guillory, BSN, RN, CPAN, CAPA – National Conference Strategic Work Team Member

ASPAN's 29th National Conference will be held at the New Orleans Marriott Hotel, located in the celebrated French Quarter. Rich in culture and history, New Orleans offers many opportunities for everyone, both young and old. The new strength of spirit found in New Orleans celebrates the idea: "Forever New Orleans".

Nestled in a little corner of the American South, New Orleans offers a blend of European traditions and Caribbean influences. "Forever New Orleans" signifies renewal and permanence for a people and a municipality that represents an authentic destination like no other. This is a city of strong roots and obvious transformation. Its history is as colorful - the local architecture, and the cuisine is legendary. Haitian and African Creoles were instrumental in creating Jazz and Zydeco and also developed exotic, spicy cooking that is world-renown.

Local Flair

Louisiana has a popular French saying: "Laissez le bons temps rouler" (let the good times roll). We natives celebrate almost anything in our city coined "The Big Easy" and the "Crescent City". We observe our differences together in a cultural gumbo. New Orleans' street names are French and Spanish, the architecture is Creole and voodoo is a Caribbean import. Cajuns brought a *joie de vivre* (joy of living), lively music and a famed cuisine.

Cultural riches, sensual indulgences and the unparalleled services that define the New Orleans experience continue to flourish, as they have for centuries. Today, the most celebrated and historic core of the city is thriving. This area includes: the French Quarter; Central Business District; Warehouse and Arts District; Magazine Street corridor; Garden District; Audubon

Zoo and Nature Park; and the beautiful St. Charles Avenue lined with shady oaks, stately homes and historic mansions.

It is said that time in New Orleans is not kept in hours or days, but in meals. Indulge with beignets and café au lait for breakfast, and a shrimp po'boy or muffuletta sandwich and red beans and rice for lunch.

Dinner could include gumbo, shrimp remoulade and grilled oysters. For dessert try the crème brûlée, bread pudding with rum sauce, or a nice crunchy piece of pecan praline. Come hungry and leave full!

Get Jazzy

We invite you to come to ASPAN's 29th National Conference and stay for a while. Bring the family, friends and co-workers to experience all that New Orleans has to offer. The

Marriott Hotel is surrounded by shops, restaurants, street cars and live entertainment. Immerse in the legendary nightlife, historic charm and famed cuisine that make this city a must-visit destination. Make plans to arrive early for the award winning French Quarter Festival held April 9-11, 2010. This three-day local music showcase is scattered throughout the French Quarter and is Louisiana's largest FREE music event. Or you may want to attend The 40th Anniversary Jazz & Heritage Festival held April 23-May 2, 2010. Both events are sure to get your feet tapping and body moving!

The Crescent City is many things ... it is rich in culture and history, a sportsman's paradise, filled with famous chefs and delectable cuisine, and the birthplace of jazz. The Big Easy is immersed in arts and architecture and teeming with music bubbling up from the streets. Lavished in celebration and beauty, the experience continues. New Orleans is forever a feast for the soul! Come and see for yourself. 



WE'RE JAZZED YOU'RE COMING!

Frequently Asked Questions

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

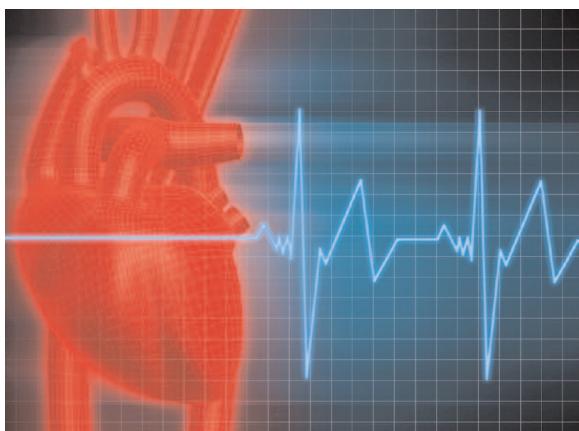
Clinical Practice

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: Is ECG interpretation necessary in the PACU, along with running and mounting an ECG Strip?

A: The Standards of Perianesthesia Nursing Practice 2008-2010 speak to assessments that should be done in Phase I PACU. The *Standards* state: “Cardiac monitor rhythm documented per institutional protocol.”¹ Many experienced nurses can look at an electrocardiograph (ECG) monitor and quickly tell what rhythm is displayed; however, in order to accurately interpret the rhythm it is necessary to calculate the PR and QRS intervals, along with the rate. This interpretation can only be done by running the strip and doing the measurements.

“Mounting a strip” is an individual facility policy and many still subscribe to the motto: “If it’s not documented, it’s not done.” Stating the observed rhythm is in one’s nurses notes is fine, but the actual proof is not found in written words, it is confirmed by visual documentation of a patient’s ECG strip. The increasing use of electronic documentation causes many nurses to ask, “Where do I put the ECG strip?” The best advice is to use a blank sheet of paper for mounting a strip if there is no hard copy of the PACU record. Another frequently asked question is, “Why is ECG rhythm interpretation even necessary?” Some nurses say, “We just need to be able to tell that something isn’t right.”



Necessary Knowledge

As critical care nurses, we need to be able to accurately assess our patients, and then share that information with the anesthesia provider. As perianesthesia nurses, we know that all anesthetic agents affect the cardiac muscle and can slow cardiac conduction and/or cause increased ventricular excitement. Other anesthetic drugs, such as catecholamines and anti-cholinergics, can alter the balance between the sympathetic and parasympathetic nervous systems. During emergence, lighter anesthesia can cause cardiac dysrhythmias. Research indicates that about 60% of all patients undergoing anesthesia develop some type of dysrhythmia in the perianesthesia period.²

Fluid status affects heart rate and rhythm. One of the most common causes of tachycardia in the PACU is hypovolemia. Premature ventricular contractions are often a sign of hypoxia in the PACU patient. Pain and bleeding can affect cardiac rate and rhythm as well. The perianesthesia nurse must recognize the rhythm and intervene appropriately. Interventions can often be done without additional physician orders.³

Along with respiratory assessment and airway management, cardiac assessment is one of the most important elements of perianesthesia nursing practice. Hemodynamic stability is an element of safe discharge. A thorough cardiac assessment, including interpretation the ECG rhythm, is one of the best ways to assess what is going on with our patients.

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Barbara Godden
Director for
Clinical Practice

An archive of FAQs is available on the ASPAN Web site under the “Clinical Practice” dropdown menu. Questions may be submitted by accessing the same dropdown menu.

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Nursing Shortage Relief

David Kay, MSN, RN, CAPA – ASPAN Governmental Affairs Committee Chair

The national nursing shortage is a subject that is not going away, even with the current economic downturn, hiring freezes, and/or layoffs in some regions of the nation. The nursing shortage is here to stay. Of concern is a realization that the current economic situation may tempt lawmakers and nursing school officials to cut nursing education program budgets in an attempt to adjust to the economy. I advise that funding should not be cut or trimmed. Instead, leaders should maintain or increase support that ensures the pipeline of nurses becomes strengthened in order to meet short-term and long-term demands for licensed nursing professionals.

Nursing Workforce Development

Nursing is the largest group of healthcare providers in the United States.¹ Unfortunately, the demand for nurses is outpaced by the supply. Current and future projections demonstrate that the supply of nurses will not meet the nation's increasing healthcare demands. The existing shortage is expected to intensify as the baby boomer population continues to age and the need for healthcare services grows. A significant shortage of nurses would drastically affect the health and safety of hospitalized patients.² In 2007 the U.S. Bureau of Labor Statistics reported that the nation's nursing shortage will grow to more than one million new and replacement nurses by the year 2016.³

Workforce analyst Dr. Peter Buerhaus stated: "Over the next 20 years, the average age of the RN will increase and the size of the workforce will plateau as large numbers of RNs retire. Because demand for RNs is expected to increase during this time, a large and prolonged shortage of nurses is expected to hit the U.S. in the latter half of the next decade."³

In order to address and combat the nursing shortage, ASPAN joined the Americans for Nursing Shortage Relief (ANSR) Alliance to address the national nursing shortage. ANSR comprises a diverse cross-section of healthcare organizations and providers. The Alliance is leading the charge to urge Congress to sustain Nursing Workforce Development Programs under Title VIII of the Public Health Service Act.⁴ The Alliance advocates enactment and funding to ensure the nation has an adequate infrastructure of well-qualified nurses. Recommendations include:⁵

- Expanded funding for nurse faculty loan program grants, nurse loan repayment and scholarship programs (Title VIII, Sec. 846A and 846)
- Boosting funding for advanced practice nurse education programs to assure qualified nursing faculty personnel are available to staff schools of nursing
- Investment to enhance nursing research and evaluation studies that test models of nursing practice and nursing workforce development
- Expanded recruitment of new nurses with an emphasis on diverse backgrounds

Inform Decision-Makers

Nurses know all too well that there is a negative impact on practice related to nurse shortages and unsafe staffing levels. As expert practitioners and patient advocates, we must share our knowledge with local and federal lawmakers. It is vitally important to educate elected representatives on the significance of funding nursing education programs each year. Please share your professional stories and give voice to practice implications related to inadequate staffing. Please make the effort to contact your elected officials and inform them on the importance of continued support for the Nursing Workforce Development Programs.

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ASPAН's GROVE Project

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

We are excited to introduce ASPAN's Growing Researchers Out of VExperiences (GROVE) project. Over the years, I have heard common themes from perianesthesia nurses, such as: "I do not understand how to plan a research study"; "Research intimidates me, so I simply avoid it"; and "I can't complete a research study because I need a PhD". Yet, I have also heard these comments over the years: "I want to be involved with research, but am not sure where to begin" or "I would love to be part of a research team".

Planting a GROVE

Many ASPAN members have expressed a desire to participate in research studies, but lack research experience and expertise. With such thoughts in mind, Research Committee member, Matthew Byrne, MS, RN, CPAN, envisioned GROVE. Within ASPAN exists a small, dedicated group of experienced researchers. These veteran researchers can serve as either principle investigators or project consultants to facilitate the repackaging of past projects, or to pilot new projects for multi-site replication.

The GROVE project will engage ASPAN member involvement in scientific studies. Many members have the ability to facilitate or participate in the research process within a hospital or ambulatory perianesthesia practice facility. The GROVE experience can lead to professional satisfaction and increased knowledge that will build a nurse's confidence to complete other studies. The end result is the addition of knowledge to the science of perianesthesia nursing.

Spreading the Seeds

The GROVE program will be introduced in phases. ASPAN recently conducted a Delphi study which identified the major research problems for perianesthesia nursing. The results of this study were published in the February 2009 *Journal of PeriAnesthesia Nursing*.¹ Three questions focused on perianesthesia nurse fatigue:

- How does fatigue affect performance, nurse's satisfaction and patient outcomes?
- What are the safety implications to the nurse working long hours (>12 hours), extra shifts (>40 hours/week), and on call after working an 8 hour shift?
- What is the relationship of the total amount of hours worked (including on-call) to the nurse's ability to provide safe care (before he/she is relieved)?

Little evidence exists to describe the relationship between perianesthesia nursing and fatigue, and no documented evidence exists regarding the effect of on-call and staggered shifts. Thus, the first phase GROVE study will focus on fatigue. An ASPAN Research Committee team is in the final stages of this study's development. The study will include completion of a two-week online diary designed to follow a perianesthesia nurse's experience. This diary serves to examine fatigue and its effect on patient safety. ASPAN members will be included in this study in three different manners: fatigue log content reviewers; participants in the piloting of the online diary; and champions within components to promote the study. The study pilot is expected to begin in October 2009, with the actual study commencing in January or February 2010.

Cultivating an Orchard

GROVE's second phase involves multi-site study development. An ASPAN research team will develop a complete study, including the purpose, a sample Institutional Review Board (IRB) application, research questions, sampling, method and proposed statistics, etc. An application process will be developed, and one hospital from each ASPAN component will be chosen to participate. The next phase will include more participating sites completing the same study.

ASPAН is committed to expanding the science of perianesthesia nursing. Our vision is to involve more perianesthesia nurses in the research process. While GROVE is an evolving program, its potential strength lies in an ability to engage multiple sites with a variety of patient mixes. This broader reach improves the reliability of the results and leads to improved care delivery outcomes. The GROVE program provides a mechanism to complete both of these goals. As the program progresses, more information will be shared via the ASPAN Web site. Stay tuned!

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Research Corner



Jacqueline Ross
Director for
Research

Conference Abstract Deadlines Nearing

ASPN's 29th National Conference in New Orleans, LA, will feature abstracts/posters displayed in two categories: the Celebrate Successful Practice (CSP) category and the Research and/or Evidence Based Practice category. There are very specific guidelines and requirements for each grouping. **It is the members' responsibility to select the appropriate category and to meet the appropriate calendar deadline for submission.**

Celebrate Successful Practices

Celebrate Successful Practices (CSP) is an opportunity to present ideas found to be successful in practice and share them with perianesthesia colleagues. The CSP program showcases the brilliant work of our members at the grassroots level. Topics can originate from any successful practice related to perianesthesia nursing. Potential project ideas include: process improvements, patient education or improved

patient care, staff education and leadership strategies.

Please consider submitting a successful practice for review. Abstracts undergo an anonymous peer review process. A team of reviewers will examine your abstract for specific criteria. If accepted, your abstract is be

assigned to EITHER a poster presentation, OR invited to participate in the new Celebrate Successful Practice PowerPoint Presentation/Discussion (to be held in a specific lecture room). In the latter format, presenters join other colleagues to deliver a 10-minute PowerPoint Presentation of the successful practice, followed by a five to seven minute audience question-and-discussion period.

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 the October 30, 2009 deadline to be considered.** Any applications received postmarked after this date are returned and not reviewed
- Applicants are contacted with a notification of acceptance to EITHER poster session OR PowerPoint oral presentation by January 18, 2010

For complete Celebrate Successful Practices application information, visit the [ASPN Web site](http://ASPN.org), click on the "Clinical Practice" tab, and then click "CSP Abstracts".



The CSP and Research Poster displays serve as a popular gathering place during National Conference

Research Abstracts

The ASPAN Research Committee provides perianesthesia nurses with an opportunity to present 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 2010 National Conference presentations. Poster displays and oral presentations will be scheduled during the week. See Conference registration brochure for a schedule of events.

A copy of the Institutional Review Board approval letter must be submitted for research abstracts. The EBP format may not require such approval. Those submitting oral and poster abstracts are given the opportunity to have their abstracts published in the June issue of the *Journal of PeriAnesthesia Nursing* (JoPAN). Past issues of JoPAN may be a useful resource for abstract development. Other helpful resources are available in the Research section of ASPAN's Web site.

If you are interested in presenting research and/or evidence based findings, please submit an application for anonymous peer review. Research and EBP evaluation tools are posted on the ASPAN Web site. Acceptance of abstracts is based on scientific merit and strict adherence to submission guidelines. All project contributors receive an award certificate. The Research Committee thanks you in advance for your interest, participation and support of perianesthesia research.

Important Research and/or EBP Abstracts information and dates:

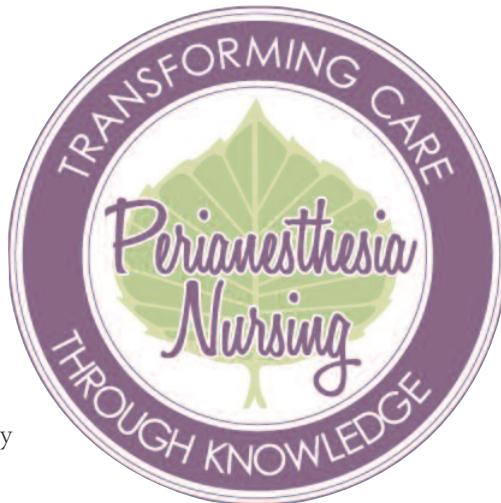
- If interested in presenting research and/or evidence based findings at the 29th National Conference, please carefully follow the guidelines for abstract submission
- Complete and submit the ASPAN Research/Evidence Based Abstract Submission Checklist Form
- **Application for Oral Paper Presentation and Poster Display Presentation MUST be postmarked by October 30, 2009.** Any applications received postmarked after this date are returned and not reviewed
- Applicants will receive notification from the reviewers by January 18, 2010

For complete Research/Evidence Based Abstract application information, visit the [ASPN Web site](http://ASPN.org), click on the "Research" tab, and then click "Research Abstracts".

PeriAnesthesia Nurse Awareness Week (PANAW)

February 1-7, 2010

Plan early to host a special PANAW observance at your facility. In addition, now is a great time to submit PANAW Proclamations to your local and state officials, and to better educate and inform the public about the value and importance of perianesthesia nursing practice. Helpful PANAW resources are available on the [ASPN Web site](#) under the "Events" tab. Start planning early and get ready to celebrate in style! 



Honor a Colleague Today Award Nominations Underway



Nominations are being accepted for the ASPAN's 2010 Award for Outstanding Achievement and Excellence in Clinical Practice. The prestigious award winners will be announced at ASPAN's 29th National Conference in New Orleans, Louisiana. Take the time to recognize your exceptional peer's achievements and place his or her name in nomination.

Award for Outstanding Achievement

Achievement happens when one accomplishes something using skill, knowledge and expertise. Nurses can easily identify an exceptional colleague whose achievements furthered the art and science of perianesthesia nursing practice. Such nurses make a notable difference in the lives of others. The nominee is recognized as a leader and expert in the field, possessing outstanding knowledge and expertise in the practice, education, research and/or management of in perianesthesia nursing.

Excellence in Clinical Practice

This award recognizes excellence in clinical nursing practice, which is at the foundation of perianesthesia nursing. This clinical practice expert nurse exemplifies an advanced level of involvement and knowledge demonstrated by contributions to perianesthesia practice through program involvement, committee work, and special projects.

For more information on the nomination process and to download a nomination packet, visit the [ASPN Web site](#), click on the "Members" tab and then select "Awards" from the drop down menu. You may also contact the National Office toll free @ 877-737-9696 Ext 13.

NOMINATION PACKETS MUST BE POSTMARKED

NO LATER THAN NOVEMBER 30, 2009. 

**ASPN
News**

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International Connections

ASPA continues to nurture its relationships with perianesthesia colleagues around the world. The British Anaesthetic and Recovery Nurses Association (BARNA) is one of three international organizations that is working with ASPAN to explore the possibility of convening an international perianesthesia nursing conference.



Photo courtesy of Denise O'Brien

Post-conference social hour gathering (left to right): Denise O'Brien, BARNA President Pat Smedley, Lois Schick, Joni Brady, British Journal of Anaesthetic and Recovery Nursing Editor Jessica Inch, BARNA Secretary Gaye Ward, and BARNA Immediate Past President Mark Radford

In June 2009, Immediate Past President Lois Schick, MN, MBA, RN, CPAN, CAPA, represented ASPAN at the BARNA annual conference held in Greenwich, England. She presented a session on pediatric perianesthesia care. Long-time BARNA friend Denise O'Brien, MSN, RN, ACNS-BC, CPAN, CAPA, FAAN, was invited to present a lecture on the perianesthesia data elements. *Breathline* Editor Joni Brady, MSN, RN, CAPA, currently serving as the International Representative for BARNA's elected governing committee, attended her fifth BARNA Annual Meeting and Exhibit. 



Going Green Stay in Touch

As ASPAN transitions its operations to a more eco-friendly organization, it is more important than ever for every member keep us informed:

- Notify ASPAN with any e-mail address change
- Ensure that your ASPAN Web site member profile is accurate

If you need help to establish a member account and profile on the redesigned ASPAN Web site, please contact us at aspan@aspan.org.

*Thank you for supporting ASPAN's "Go Green" initiative.
Every ecological action matters!* 

All at Your Fingertips

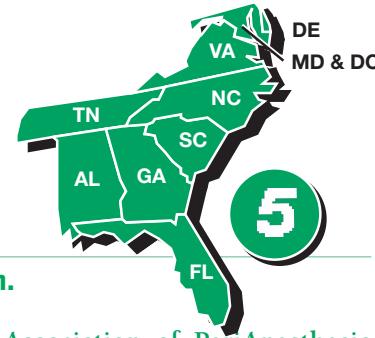
The ASPAN Web site www.aspan.org has it all!

- Check out the "Resources" tab for advocacy/governmental affairs, geriatric, and Perianesthesia Data Elements information
- The "Research" tab hosts the EBP Online Journal Club and the Safety Committee's Web-based resources, clinical SBAR scenarios and lessons learned
- ASPAN members must be logged on to the site to enter the extensive Journal Club section with its hands-on instructional components that guide nurses through a complete research article review process. Come and join the Journal Club today!

The Director's Connection

Greetings from Region Five

Tanya Spiering, BSN, RN, CPAN – ASPAN Regional Director, Region Five



Here is some information about the fantastic components around our region.

Alabama Association of PeriAnesthesia Nurses (ALAPAN) President Rhoda Vanderhart, BSN, RN, CPAN, is working hard to increase membership and member involvement. Although ALAPAN had no plans to formally “go green”, the component meets face-to-face just once annually with the remainder of its meetings conducted via teleconference. Webmaster and newsletter editor, Bill Evans, BSN, RN, CPAN, produced a seminar planning template and CD-ROM for district members’ use.

Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN) welcomes its new President, Pat Sendelbach, MSN, RN, CAPA. Pat was sworn into office at the summer board meeting and retreat. This year’s retreat included two-and-one-half days at the Biden Center in Lewes, Delaware. The Baltimore District hosts the Annual Fall Seminar on October 3, 2009. A special thank you is given to CBSPAN members who helped, in so many ways, to host the 28th ASPAN National Conference in Washington, D.C. The component was a proud winner of the ASPAN Newsletter Contest People’s Choice Award and the American Board of Perianesthesia Nursing Certification Shining Star Award.

Florida Association of PeriAnesthesia Nurses (FLASPN) President Tina Johnson, RN, greets each new member with a personal letter. She also attends district meetings, only missing one of ten thus far! FLASPN maintains contact with its membership through the AIRWAY newsletter and a revamped Web site. Six research posters and a number of research presentations were delivered at last year’s Fall Seminar. This year’s conference, “The Magic is Still Strong after 40 Years”, is held on October 23-25, 2009 at the Regal Sun Resort.

Georgia Carolina Association of PeriAnesthesia Nurses (GAPAN) President Monica Anadu, BSN, RN, CAPA, reports that the GAPAN Research Committee is working on a hypothermia project. Members use the component Web site to provide and share district and component information. “Embracing the Cutting Edge of Surgical Innovations” is the component’s annual fall conference, happening October 18-20, 2009 at the Peachtree Plaza Hotel in Atlanta.

North Carolina Association of PeriAnesthesia Nurses (NCAPAN) Immediate Past President Debbie Marshall, BSN, RN, CPAN, notes that the component meets every two months and utilizes a Web site chat room for some of the meetings. This component is congratulated for its number of certified nurse members; out of 494 members, 329 are certified! NCAPAN will host a fall seminar in Greensboro on September 18-20, 2009.

South Carolina Association of PeriAnesthesia Nurses (SCAPAN) celebrates its 25th anniversary this year. *Congratulations!* A special thank you is given to President Samantha Hanna, RN, CPAN, who initiated a survey to investigate the possibility of convening a proposed Regional Conference. SCAPAN will host its annual fall conference at Shriner’s Hospital for Children in Greenville. During this event, a community project involves the collection of toys for donation to Shriner’s Hospital.

Tennessee Society of PeriAnesthesia Nurses (TSPAN) President Shari Breedon, RN, CAPA, is working hard with other members to develop and host a component conference on September 19, 2009 in Pigeon Forge. TSPAN welcomes all new members with an information packet which includes a \$20 coupon to be used at the fall conference. TSPAN made a contribution to the Second Harvest Food Bank as a community service initiative.

Virginia Society of PeriAnesthesia Nurses (VSPAN) President Deirdre Cronin, BSN, RN, CPAN, reports, “We have gone green!” VSPAN launched 2009 with a “going green” announcement made at the 2008 statewide conference, followed by an informational postcard sent to all members. The newsletter is now offered via the Web site, registration for all conferences is handled online, and all component business and voting is conducted via e-mail. The fall conference, “Creating the Paths ... Fulfilling our Dreams”, is on September 26-27, 2009 at the Stonewall Jackson Hotel in Staunton.

It is my privilege to represent such a wonderful group of leaders and members. The dedication and leadership of such advocates shapes the values and ideals of our perianesthesia nursing specialty.

**ASPA
Regions**



Tanya Spiering
Region 5
Director

Breathline
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Balancing Surgical Patient Safety

Pamela Windle, MS, RN, NE-BC, CPAN, CAPA, FAAN - ASPAN Liaison, Council on Surgical & Perioperative Safety

Even organizations have partnered for the common goal of improved patient safety. The Council on Surgical & Perioperative Safety (CSPS) is “an incorporated multidisciplinary coalition of professional organizations whose members are involved in the care of surgical patients.”¹ The CSPS Board of Directors includes two voting representatives from each organization and represents a combined 250,000 specialty organization members and over 2 million perioperative practitioners.² Member organizations include:³

- American Society of PeriAnesthesia Nurses (ASPN)
- American Association of Nurse Anesthetists (AANA)
- American Association of Surgical Physician Assistants (AAPA)
- American College of Surgeons (ACS)
- American Society of Anesthesiologists (ASA)
- Association of periOperative Registered Nurses (AORN)
- Association of Surgical Technologists (AST)



Safety is of paramount concern to all practitioners across the perioperative spectrum

ASPN has been actively involved with CSPS since its inception. The Council first met informally in 2004, and later incorporated in Illinois during February 2007. CSPS held its tenth strategic planning meeting in January 2009 at the ACS headquarters in Chicago. Major goals for the meeting included: a review of the overall CSPS function, mission and vision statements and its guiding principles and values; to further develop organizational goals and objectives. Box 1 contains some meeting outcome highlights.⁴

Mission

The CSPS promotes excellence in patient safety in the surgical and perioperative environment.

Vision

The CSPS envisions a world in which all patients receive the safest surgical care provided by an integrated team of dedicated professionals.

Guiding Values/Principles

1. A commitment to implement all strategies that support safe surgery for all patients.
2. Treat everyone respectfully and appreciate individual and organizational differences.
3. Value each team member's diversity and unique role in the delivery of surgical care.
4. A commitment to collaboration and effective communication between all perioperative care team members.
5. A commitment to public, private, regulatory, and research agency partnerships that improve patient safety.
6. Value a culture of patient safety and a caring perioperative workplace environment.

Box 1. About CSPS⁴

CSPS Goals

The Council's current goals include: increased awareness of perioperative workplace issues and surgical patient safety; provision of expert surgical patient safety knowledge; external organization collaboration, surgical patient safety advocacy and the fostering of a caring perioperative workplace environment; to make possible joint educational opportunities for perioperative team members; and to support, endorse, and employ quality surgical patient care research initiatives.

In May 2009, CSPS and the Joint Commission Resources, Inc. co-sponsored the second Perioperative Safety Symposium, “Improving, Enhancing and Sustaining Positive Patient Outcomes”. Representatives from each CSPS organization participated in a panel discussion, “Workplace Violence: Never Tolerated Events”. Additionally, CSPS requested that each member organization publish its joint position statement on “Violence in the Workplace”. ASPAN published this statement in the April 2009 edition of the *Journal of PeriAnesthesia Nursing*.⁵ The 2009 conference goals, to increase teamwork and improve communication, will promote better patient outcomes and improved healthcare leadership.

Safe Surgery Principles

CSPS has developed a list of Safe Surgery Principles (SSP). It will continue to develop new principles and statements as an identified need arises. Several core principles introduced in May 2007 have not been fully developed, and are not yet approved by voting membership of the council. The developing SSP include: evidence-based standards of practice, perioperative medication error, operative specimen safety, maintenance of perioperative normothermia and patient resuscitation plans. See Box 2 for a list of SSP posted on the CSPS Web site.⁶ Each SSP links to an expanded set of hyperlinks, comprising both member and nonmember supporting evidence that directly addresses the particular SSP. Future SSP include, but are not limited to: on-call practices, fatigue, and provider credentialing.

“One Team. One Goal. Surgical Patient Safety.”

Safety will continue to occupy a main focus in every healthcare delivery setting. The CSPS team embraces a “can-do” spirit. It envisions a world in which all surgical patients receive the safest care provided by an integrated team of professionals. CSPS participation presents an exciting opportunity for ASPAN. It allows our specialty organization to remain seated at a collaborative table and have an important voice in decisions regarding safety recommendations and processes in the surgical workplace environment.

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1. Council on Surgical & Perioperative Safety (CSPS). Home. Available at <http://www.cspsteam.org/index.html>. Accessed August 3, 2009.
2. CSPS. Press release and news. Available at <http://www.cspsteam.org/education/education7.html>. Accessed August 3, 2009.
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5. Goode D. Statement on violence in the workplace The Council on Surgical & Perioperative Safety (Approved October 9, 2007). *Journal of PeriAnesthesia Nursing*, 24(2); 72-74, 2009.
6. CSPS. CSPS safe surgery principles. Available at <http://www.cspsteam.org/information/information1.html>. Accessed August 12, 2009.

1. Universal Nomenclature
2. Patient Monitoring
3. Transfer of Patient Care
4. Safe Surgery Checklist
5. Sharps Safety
6. Foreign Body Retention Prevention
7. Fire Safety
8. Perioperative Prophylaxis
9. Prevention of Ventilator-Associated Pneumonia, Catheter-Related Bacteremia, and Surgical Site Infection
10. Violence in the Workplace
11. Evidence-Based Standards of Practice
12. Perioperative Medication Error
13. Operative Specimen Safety
14. Maintenance of Perioperative Normothermia
15. Patient Resuscitation Plans

Box 2. CSPS Safe Surgery Principles⁶

Component Education Programs

September 18-20, 2009

Georgia Association PeriAnesthesia Nurses (GAPAN) State Seminar "PeriAnesthesia Nursing: Embracing the Cutting Edge of Surgical Innovations" in Atlanta. For more information, please contact Keisha Franks Keisha.Franks@Wellstar.org

September 19, 2009

Tennessee Society of PeriAnesthesia Nurses (TSPAN) Fall Fling Conference at the Music Road Hotel & Convention Center in Pigeon Forge. For information contact Shari Breeden sharibreeden@aol.com, Kay Fecher kfecher@comcast.net, or visit <http://tspanonline.org>

September 19-21, 2009

Texas Association of PeriAnesthesia Nurses (TAPAN) 33rd Annual State Conference at the J.W. Marriott in Houston. For information contact Meggie Kwan Mkwani1@sleh.com or Lillian Bailey lbaily@sleh.com at 823-355-3270, or visit www.tapan.org

September 20-21, 2009

North Carolina Association of PeriAnesthesia Nurses (NCAPAN) presents "Sowing Seeds of Knowledge, Harvesting Perianesthesia Excellence" at the Sheraton Four Seasons Towne Center in Greensboro. For information contact Pattie Schenk at 336-601-4289 or visit www.ncapan.org

September 26, 2009

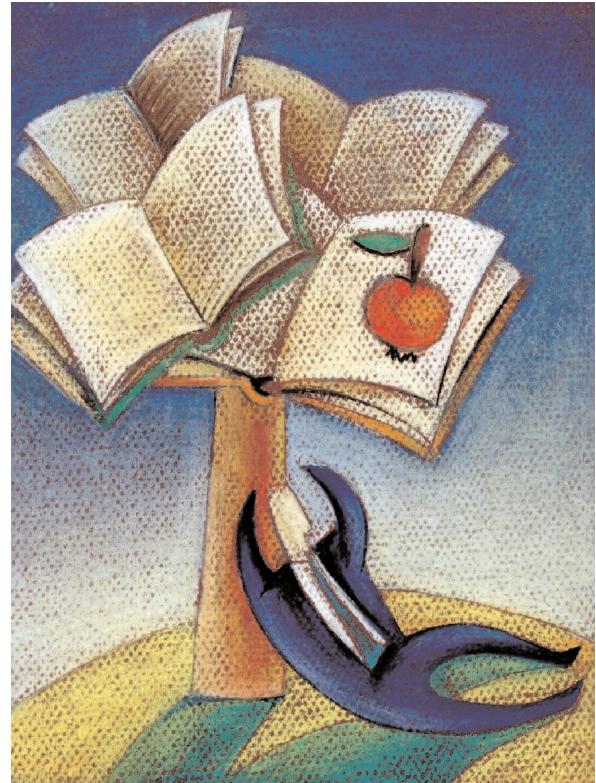
Metro KC PANA hosts a half day seminar, "Changing Times in the PACU", at St Joseph Medical Center in Kansas City, Missouri. Contact Patty Welch at pjwelc@aol.com

October 3-4, 2009

Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) hosts "Perianesthesia PRIDE XVIII" at the Riverside Inn in Cambridge Springs. Contact Beverly Kantz at bkantz@mmchs.org

October 9-10, 2009

PeriAnesthesia Nurses Association of California (PANAC) 30th Anniversary Meeting and Conference at Hilton Garden Inn in Emeryville. For more information, please contact Sheryl Michelson at 408-252-8723 or michelson.clayborn@sbcglobal.net or visit www.panac.org



October 16-18, 2009

New York State PeriAnesthesia Nurses Association (NYSPANA) 2009 State Conference, "Capitalizing on PeriAnesthesia Nursing", at the Wolf Road Holiday Inn in Albany. Contact Barbara Ochampaugh at barbochampaugh@verizon.net

October 23-25, 2009

Florida Society of PeriAnesthesia Nurses (FLASPAN) presents its 40th Annual Conference, "The Magic is Still Strong after 40 Years", at the Regal Sun Resort in Lake Buena Vista. Contact Kim Godfrey at 904-622-6322 or pacurn32068@hotmail.com

October 24, 2009

Ohio PeriAnesthesia Nurses Association (OPANA) Fall Seminar "Continued Growth Through Sharing" at the Siegel Center, Mt. Carmel East Hospital in Columbus. Contact Nancy McGushin at 740-689-6417 or gushin@sbcglobal.net

Nov 7, 2009

Kentucky Society of PeriAnesthesia Nurses (KSPAN) Fall Conference, "Continuing Our Legacy", at the Hilton Garden Inn in Bowling Green. Featured speaker is Linda Wilson, PhD, RN, CPAN, CAPA, BC, CNE. Contact Gayle Atwell at 270-842-1928 or atweag@chc.net

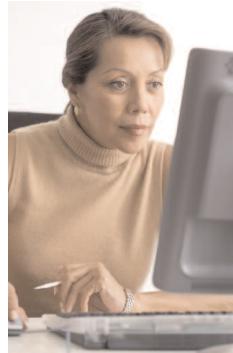
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American Board of Perianesthesia Nursing Certification (ABPANC)

Certification

ABPANC's Mission: To assure a certification process for perianesthesia nurses that validates knowledge gained through professional education and experience, ultimately promoting quality patient care.



Computer-Based Testing Underway

ABPANC offered CPAN and CAPA computerized examinations at Prometric testing centers located around the country during April 2009. Those candidates testing in April shared positive feedback about their computer-based testing (CBT) experience. For information about the online registration process and CBT, visit www.cpancapa.org.

- The Fall 2009 registration window for examination administration is open July 27, 2009 - September 21, 2009.
- The examinations administration window is October 5, 2009 - November 14, 2009.



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www.cpancapa.org



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ASPAN Hosted Seminars

September 25, 2009

Pediatrics: Little Bodies, Big Differences in Staunton, VA. Hosted by VSPAN. Contact Brenda Gilliam at 540-981-7795 or bgilliam@carilion.com

September 26, 2009

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum in Wailuku, HI. Hosted by Maui Memorial Hospital. Contact Marianne Vasquez at 808-242-2252 or mvasquez@hhsc.org

September 26, 2009

Surrounding Your Practice with Excellence: Legalities, Standards & Advocacy in Buffalo, NY. Hosted by NYSPANA with Sisters Hospital Foundation and St. Joseph Campus Foundations. Contact Diane Lysarz at 716-891-1715 or dlysarz@chsbuffalo.org

October 3, 2009

Foundations of Perianesthesia Practice in Detroit, MI. Hosted by Detroit Medical Center-Detroit Receiving Hospital. Contact Christina Gravalese at 313-966-0155 or cgravale@dmc.org

October 17, 2009

Perianesthesia Certification Review in Bethesda, MD. Hosted by Suburban Hospital. For more information, please contact Karin Nevius at 301-896-2432 or knevius@suburbanhospital.org

October 17, 2009

Perianesthesia Certification Review in Houston, TX. Hosted by TAPAN District 1. Contact Maggie Kwan at 832-355-3885 or mkwan1@sleh.com

October 24, 2009

Perianesthesia Certification Review in Berwyn, IL. Hosted by MacNeal Hospital. Contact Kim Serrano at 708-783-2026 or KSerrano@macneal.com

October 31, 2009

Surrounding Your Practice with Excellence: Legalities, Standards & Advocacy in Danville, PA. Hosted by Geisinger Medical Center. Contact Renee Smith at 570-214-9641 or rasmith@geisinger.edu

November 14, 2009

Foundations of Perianesthesia Practice in San Angelo, TX. Hosted by San Angelo Medical Center. Contact Patricia McGrath-Vanover at 325-947-6423 or patricia_mcgrath-vanover@chs.net



ASPAN Seminars

September 18, 2009

Perianesthesia Certification Review
Atlanta, GA

September 19, 2009

Perianesthesia Nursing: A Systems Review of Pathophysiology
Binghamton, NY

October 3, 2009

Perianesthesia Certification Review
Madison, WI

Foundations of Perianesthesia Practice
Tacoma, WA

October 10, 2009

Foundations of Perianesthesia Practice
New York, NY

October 17, 2009

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum
San Antonio, TX

October 24, 2009

Surrounding Your Practice with Excellence: Legalities, Standards & Advocacy
St. Louis, MO

November 7, 2009

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum
Syracuse, NY

November 14, 2009

Complexities & Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum
Moline, IL
Islandia, NY