



Newsletter of the American Society
of PeriAnesthesia Nurses

Breathline

Volume 30, Number 1

January/February 2010

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New Year's Resolutions

There are many traditions associated with start of a new year. Some involve customary parades, football games, celebrations of the first born baby, family gatherings, and the preparation or eating of special foods.¹ For about 4000 years, since the early Babylonian era, the most popular start-of-the-year ritual is the making of New Year's Resolutions. A resolution is a promise, or a pledge to oneself, to make a change in one's life path. A Babylonian gentleman commonly resolved to "return borrowed farm equipment."¹ However, as time evolved, the intent of resolutions changed. Today, most New Year's resolutions are focused on personal growth and health, eliminating a bad habit or establishing a healthy habit such as losing weight or stopping smoking. A 1998 study reported that the top three most popular New Year's resolutions included initiating an exercise program, improving eating habits, and reducing the frequency of consumption of alcohol and other drugs.² According to this same study, 67% of individuals who make a resolution make more than one, and 75% of individuals who make a resolution fail to keep the resolution.²

Tips for Keeping Resolutions

A number of tactics can help one to achieve New Years' resolutions. Ahlers, McFarlane and Dingfelder offer several strategies than can help turn intention into reality.^{3,4} When identifying a goal, first commit to the goal by writing it down. Next, share your goal. Writing the goal and letting others know about your plans improves personal accountability and support for your intentions.³ While linear thinking can get a person from point A to point B, using the imagination can lead to any destination. Using your imagination, create a plan complete with strategies to accomplish the resolutions. In the plan, include a list of benefits associated with keeping the resolution so that the end



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

result will be more appealing than maintaining status quo. Focus on the practice of visualizing the goals you will achieve. Dingfelder relates the story of one group of basketball players who spent an hour simply visualizing dunking the ball time after time while the second group actually practiced on the court.⁴ The more successful season belonged to the group that visualized their successes.

Self reflection and self knowledge are also useful tools for success. Recognizing behavior patterns and internally programmed responses to challenges and opportunities will support and strengthen the resolve for improvement. Surround yourself with positive energies and people, and ditch and avoid toxic stressors. Examples of harmful influences include: negative self-talk, "I don't have the power to change"; the need for immediate results (some change takes time); the presence of distracting forces (e.g., horizontal violence, unjust work environments); and denial, "Problem? There's no problem!"

A Perianesthesia Nurse's Resolutions

New Year's Eve has always been a time for looking back to the past and, more importantly, forward to the coming year. It's a time to reflect on the changes we want or need to make, and resolve to follow through on those changes. ASPAN is in a perpetual state of change, constantly adapting to environmental and social factors affecting membership and peri-anesthesia practices. As an association, ASPAN resolves to stimulate organizational growth, respond to ongoing challenges and continue to provide quality products and services.

Moving toward the goal of being the leading association for perianesthesia education, nursing practice, standards and research, ASPAN's Strategic Plan⁵ includes several core values. With ASPAN's core values

ASPAN
National
Conference



"Roots of
Knowledge,
Seeds of
Transformation"



April 18-22, 2010
New Orleans, LA

www.aspan.org

Serving nurses practicing in ambulatory surgery, preanesthesia, and postanesthesia care.



as vital guiding principles for peri-anesthesia behaviors, let us strive individually and collectively to achieve the following resolutions:

Building Integrity

- To expand clinical practice skills and knowledge foundations through attendance at ASPAN sponsored educational programs.
- To seek, build and support safe practices that improve patient outcomes and maintain workplace safety.
- To participate in peri-anesthesia nursing-related research opportunities.

Modeling Respect

- To demonstrate workplace tolerance among members of the surgical and peri-anesthesia care teams.
- To strive for improved communications.
- To proudly display your ASPAN membership logos.

Honoring Diversity

- To promote enhanced knowledge and sensitivity of diverse cultures, lifestyles, principles and values.
- To model behaviors of tolerance and acceptance towards culturally diverse patients, healthcare providers and workplace settings.

Promoting Stewardship

- To support clinical practice standards of care in daily routines across the wide scope of practices.
- To promote workplace environments that seek and embrace best practices for optimal patient care and satisfaction.
- To identify areas of peri-anesthesia practice needing improvement.

Providing Mentorship

- To mentor critical thinking and evidence based care using ASPAN Standards as a guiding tool.

- To share knowledge and provide education emulating quality practice, leadership and research principles.

Cultivating Passion

- To embrace challenges in peri-anesthesia nursing as opportunities for creating improved practices.
- To share stories of peri-anesthesia practices with other healthcare providers and the public.
- To encourage peri-anesthesia colleagues to seek or maintain certification.

Supporting Community

- To understand and support healthcare reform measures.
- To recruit new members to the premiere professional organization for peri-anesthesia nurses.
- To ensure success with the above resolutions by maintaining an active membership in ASPAN!

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Deadlines for inclusion in *Breathline*:

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

Register for National Conference Today!

29th National Conference, April 18–22, 2010

New Orleans
in 2010

ASPN invites you to the Crescent City for an action-packed conference designed to meet peri-anesthesia nurses' diverse educational needs. ASPAN members received a registration brochure in the mail. The brochure, also posted on the ASPAN Web site (www.aspan.org), offers comprehensive details on all education sessions and social activities held during Conference week.

Forever New Orleans

Jane Ehrhardt, BSN, RN, CAPA – National Conference SWT Co-Coordinator

There is a new spirit in New Orleans celebrating the inspiration: Forever New Orleans. Today, the most celebrated historic core of the city is thriving. The cultural riches, sensual indulgences and unparalleled service that define New Orleans continue to flourish, as they have for centuries. New Orleans is one of the most walk-able cities in the United States. ASPAN's National Conference host facility, the New Orleans Marriott Hotel, is conveniently located on the edge of The French Quarter. That French Quarter experience boasts a somewhat indescribable leg-

endary atmosphere and old-world charm. Venture along city blocks filled with classic hotels, fine dining, music venues, charming boutiques, antique shops and art galleries. Arrive early to enjoy the French Quarter Festival, April 9–11, 2009, or stay longer to enjoy the New Orleans Jazz and Heritage Festival featuring thousands of musicians. With so many amazing things to do and see in New Orleans, the hardest part will be deciding where to take those walks! The city is alive. The experience continues. Come and fall in love with New Orleans ... Forever!

Component Night *Laissez Les Bon Temps Rouler!*

When translated from French to English, the theme of ASPAN's 29th National Conference Component Night is "Let the Good Times Roll"! This night features a celebration of the famous Mardi Gras tradition. Mardi Gras, a time of revelry, fraternity and festivity, reflects a rich heritage and sets free the joyous soul of our host city. Component members can create a "float" from your table area by choosing a component night themed subject, or perhaps one representing your local region, while using the traditional Mardi Gras colors of purple, green and gold. The colors represent justice, faith and power, respectively. Popular float themes include mythology, history, fairytales and pop culture. "Float members" generally dress in keeping with the float's focus and provide "throws" of the same theme. Attendees will form a parade and journey past every float in the ballroom. Prizes will be awarded for the most creative, the funniest and the liveliest float of them all! With a shower of purple, green and gold, Component Night's good times will roll! Come and party with fellow attendees as ASPAN kicks-off Conference week in style and ... laissez les bon temps rouler!

Sponsored by Arizant Healthcare 

The 2010 National Conference brochure is available on the ASPAN Web site. Convenient online registration is also available!



ASPN Development

**Rise and Shine
with a Dream Walk**

Come and experience the "joie de vivre" while joining us for the 15th Annual ASPAN Development Dream Walk. Enjoy a New Orleans sunrise, exercise with colleagues, and simultaneously help raise money to support ASPAN programs. Begin by completing the National Conference registration form and mark the box for Dream Walk registration. Next, gain sponsorship by recruiting colleagues, friends and family members. Your participation in the Dream Walk can help raise funds that support a priceless ASPAN Development mission.

Mardi Gras Luncheon

Celebrate "New Orleans Style" with a wonderful meal and help to raise money for Development activities. This Mardi Gras celebration has it all ... jazz, dancing, beads, and lots of hand clapping! Space is limited; please register early. See the Conference brochure for registration information.

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ASPN's 2010 – 2011 SLATE OF CANDIDATES

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2010-2011 Candidate Profiles: Your Input is Requested

ASPAN's slate of candidates for the 2010-2011 year is extraordinary, and each candidate brings talent and skills to the role he/she is seeking to lead ASPAN in the coming year(s).

ASPAN is excited once again to be utilizing Web technology to provide its members with all candidate qualifications and background information as well as what each candidate visualizes as his/her immediate and long-term goals and strategic priorities for ASPAN within the next two years.

Go to ASPAN's home page (www.aspan.org) and select the "About Us" button on the top navigation bar. Click on "Governance" and then select "2010-2011 Candidate Profiles". There you will be able to read and/or download the 2010-2011 *Candidate Profiles* and submit candidate recommendations to your component.

Your component is looking for your input!

Here's what you do:

- Review the 2010-2011 Candidate Profiles.
- Scroll to the bottom of the screen and click the box next to the candidate's name of your choice for each position.
- Select your component from the list of component names, and then click to submit.
- Your input will be forwarded to your component representatives to assist them in casting their votes at the Representative Assembly meeting in New Orleans, Louisiana.
- Only one candidate selection submission per member will be accepted.
- Submissions are accepted online only.

Your input must be submitted no later than February 28, 2010. Don't delay! 

Candidates for Nominating Committee

Linda Beagley, BSN, MS, RN, CPAN

Nancy Fishman, RN, CPAN

Susan Greenup, BSN, RN, CPAN

Lonnie Lane, RN, LMT

Patricia Legg, MSN, RN, LHRM, CPAN

Evelyn Medycki, RN

Elizabeth Murphy-Zielinski, RN, CPAN

Pamela Myrum, BSN, RN, CPAN

Renee Smith, MS, RN, CPAN, CAPA

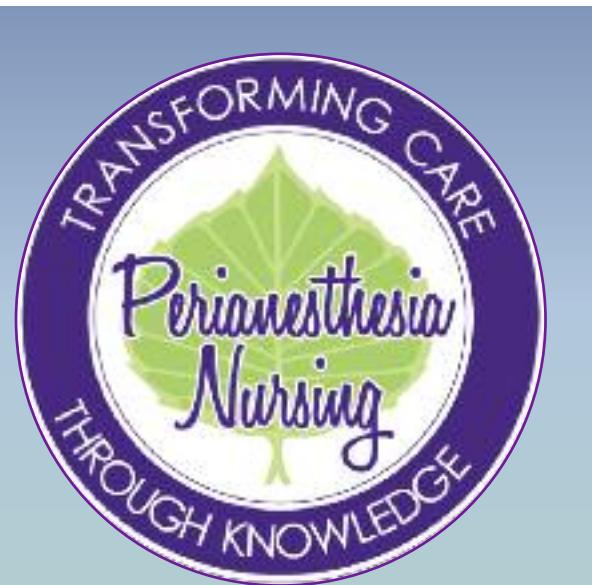
Raymond Young, BSN, RN, CPAN, CAPA

FREE CONTACT HOURS ONLINE ONLY!

ASPAN members may complete up to four (4) CE articles **ONLINE** during PeriAnesthesia Nurse Awareness Week (PANAW), February 1 – 7, 2010. **ASPAN will waive the usual contact hour fee!**

As part of ASPAN's "Go Green" initiative, **only online submissions** will be accepted. For detailed submission information, please visit www.aspan.org. Please allow eight to ten weeks for processing test results.

Happy PANAW!



Call for PANAW Stories

ASPAN invites members to share pictures and activities from this year's facility or component PANAW celebration. Submissions may be featured in the next issue of *Breathline* and/or on the ASPAN Web site. Please e-mail your information to jbrady@aspan.org.

The *Breathline* submission deadline is February 15, 2010.

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Barbara Godden
Director for
Clinical Practice

Frequently Asked Questions **Patient Acuity Systems**

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: Is there an acuity system that ASPAN recommends to help in daily staffing?

A: ASPAN does not have an acuity system, nor does it endorse any particular acuity system. This question is one topic posted on the [ASPN Web site Forum](#). If you are seeking a more formal staffing system to use, you may be able to obtain related forms by requesting those in a posting on the ASPAN Forum.

Determining Acuity

ASPN does define factors that should be considered when determining the acuity of a patient. Acuity is defined as the “clearness or sharpness of perception.”¹ In the nursing world, acuity is the complexity, time requirements and interventions needed for a particular patient. In the *ASPN Standards of Perianesthesia Nursing Practice 2008-2010* publication, ASPAN includes acuity elements when discussing staffing ratios. These elements are found in Resource 2.²

In the preanesthesia area, acuity is difficult to define as these departments function in so many different ways. Some preanesthesia patients may require extensive day-of-surgery preparation, especially if they are not prepared through a preadmission testing process or with a preoperative phone call. If a patient is not prepared prior to the day of surgery, his/her acuity could be considered more intense. If the patient’s history is significant for co-morbidities, this can also raise the acuity level. A patient may need assistance with changing clothes or ambulating to the bathroom, or may require multiple interventions in addition to history taking, such as lab work, electrocardiogram, preoperative block or epidural placement prior to surgery. All of these interventions can increase the acuity of a patient.²

Postanesthesia Acuity

The ASPAN Standards include elements of acuity in the staffing ratios for the postanesthesia patient. The general ratio of 1 nurse: 2 patients in Phase I allows for appropriate care based on the complexity and

requirements of a particular patient. Acuity in a postanesthesia patient often revolves around stability of an airway and the level of consciousness. Critical elements must be met for a patient to be considered stable and less acute. The *ASPN Standards* define critical elements as: “report has been received from the anesthesia care provider, questions answered, and the transfer of care has taken place; patient has a secure airway; initial assessment is complete; and patient is hemodynamically stable.”² The *Standards* further define an unstable airway as: “requiring active interventions to maintain patency such as manual jaw lift or chin lift; evidence of obstruction, active or probable, such as gasping, choking, crowing, wheezing, etc.; and symptoms of respiratory distress including dyspnea, tachypnea, panic, agitation, cyanosis, etc.”² Other elements to consider in determining patient acuity are pain management requirements, interventions for hemodynamic stability, post-operative nausea and vomiting, restlessness, anxiety, and other procedure specific interventions needed by the patient.

Conclusion

It is difficult to determine a patient’s acuity prior to her/his arrival in the preanesthesia area or the PACU. We do know that a simple surgery case can emerge from the OR as a “train wreck”, and that a patient can develop complications or problems in the PACU. Consequently, it is difficult to define acuity or use a specific acuity system in the preanesthesia or postanesthesia period with any solid predictability.

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Is Patient Safety Related to Advance Directives?

Nancy O'Malley, MA, RN, CPAN, CAPA – Safety Committee Member

In the early 1990s, in response to the federal Self-Determination Act of 1990, the American Society of Anesthesiologists (ASA) and the American College of Surgeons (ACS) approved position statements regarding the care of patients who have a Do Not Resuscitate (DNR) order prior to surgery.^{1,2} Some medical and nursing organizations, including ASPAN,³ supported the recommendations of the two groups; others remained silent on the subject. More than fifteen years later, this remains an ethical and emotional struggle for many physician and nurses.

A Patient Approach

How can a safe environment be provided for the surgical patient with a DNR? It is well-known that an anesthetized patient is at risk for severe cardiovascular and respiratory events. In many facilities the traditional approach has been to automatically suspend the DNR during anesthesia; however, ASA and ACS recommend a physician discuss with the patient his/her wishes regarding adverse event resuscitation during surgery or in the immediate postoperative phase. Options in this situation are to: suspend the DNR; fully honor the DNR; modify the DNR by specifying acceptable arrest interventions.⁴ Initially, the approach focused on just specifying interventions. The current emphasis is on identifying desired patient outcomes and then delineating interventions that promote those outcomes. The Joint Commission supports identifying and honoring a patient's end-of-life wishes.⁵

Taking this approach requires a different perspective for physicians and nurses as it challenges engrained professional ethical and legal responsibilities. Some may believe that if they are unable to resuscitate a patient during the perianesthesia period, they will be held morally and/or legally responsible for that patient's death. Indeed, in several legal cases, courts have "declined to recognize wrongful prolongation of life"⁶ in cases of successful resuscitation of a patient with a DNR. If a patient requests no cardiac compressions or re-intubation in case of an arrest post operating room extubation, some physicians refused to proceed with the procedure. How can that patient's safety be ensured if he/she chooses not to be resuscitated during anesthesia? This is a difficult question.

Honoring Individual Desires

If a DNR is not suspended, many critical issues must be addressed and defined in order to honor the patient's wishes. Are processes in place to ensure the

wishes are honored? What if continued intubation is required after surgery? Are Advanced Cardiac Life Support medications and fluid resuscitation included in the discussion? If a patient agrees to suspend the DNR, when is it re-instated? What resources are available to assist the patient, family, and the healthcare personnel involved in both decision-making, process defining, and outcome measurements related to honoring the patient's wishes? What if the nurse involved in the patient's care does not agree with the decisions made? There are many more questions to be answered regarding honoring a patient's wishes.

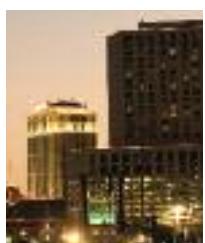
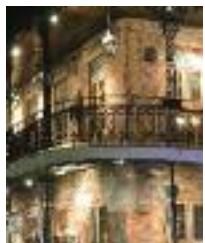
What is a perianesthesia nurse's responsibility as the DNR patient's advocate? And beyond hospital policies, what is the nurse's role in this scenario? Perhaps the key role is to develop a clear understanding of the issues involved and then promote education for physician and nurse colleagues, and patients and families. Most importantly, the perianesthesia nurse must promote a meaningful DNR discussion between patient and physician. Perhaps the concept of patient safety is in the mind of the patient, with clarification of patient self-determination an action of the beholder.

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2010 National Conference Opportunities

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.

ASPA 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 Boudreux at cboud60@aol.com.** Your response is needed no later than February 12, 2010.

Room Sharing

If you're planning to come to Conference unaccompanied and 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. 

WE'RE JAZZED YOU'RE COMING!



Happy Birthday to Esther!

On Nov 16, 2009, ASPAN Historian Esther Watson, BSN, RN, celebrated her 80th birthday. Much to her surprise, Esther's mailbox was flooded with approximately 70 cards from colleagues and friends who honored her on that special day. Esther would like to personally thank her ASPAN friends who took the time to remember her with a card or phone call, and she looks forward to seeing everyone in New Orleans in April!



Esther Watson
ASPA Historian

ASPAR Has A New Home!

The ASPAN National Office moved into a new office building in December 2009. The purchase of this building enabled ASPAN to consolidate its office and storage needs into one location, and the additional functional work space permits ASPAN to serve its members more effectively. If you're ever in the neighborhood, please stop by to see the facility and meet our fantastic National Office staff!

**ASPAR
News**



ASPAR CEO Kevin Dill, with the purchase closing check in hand, stands before ASPAN's new headquarters building in Cherry Hill, NJ

2009 ASPAN SCHOLARSHIP AWARDS

ASPAR members are eligible to apply for annual scholarship funds allocated to support professional enrichment. ASPAN Development proudly acknowledges the 2009 scholarship winners. Congratulations to all!

Humanitarian Mission Scholarship (\$500)

Rhonda Lynn Atwell, RN
Terrell, NC

ASPAR 2009 National Conference Attendance Scholarship (\$500)

Debra Bennett, BSN, RN, CAPA
San Antonio, TX

Perianesthesia Certification Exam Scholarship (\$285)

Mary Ellen Nowak, BSN, RN
Depew, NY

NIWI Scholarship (\$1,250)

Anne Halliday, BSN, RN, CPAN
Marlborough, MA

BSN Scholarship (\$1,000 each)

Vonn Lee, RN
Syracuse, NY

Sue Tetef, RN, CPAN
Simi Valley, CA

Julie Theiss, RN
Canton, OH

MSN Scholarship (\$1,000 each)

Stephanie Kassulke, BSN, RN, CPAN
Milwaukee, WI

Valerie Keenan, BSN, RN, CAPA
St. Pete Beach, FL

Nancy Rueckert, BSN, RN, CPAN
Towson, MD



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Board of Directors Mid-Year Meeting Highlights

November 13 & 14, 2009 ~ Cancun, Mexico

Jacque A. Crosson, MSN, RN, CPAN – ASPAN Secretary

COMMITTEE/STRATEGIC WORK TEAM (SWT) UPDATES

Clinical Practice Committee Between May 1 and September 18, 2009, 675 questions were received. This represents a 9% increase from this time last year. Oral presentations will continue at National Conference for “Celebrate Successful Practices”, which generated 112 submissions. The ASPAN Redi-Ref is currently under revision.

Development awarded ten scholarships totaling \$8,535.00. Recipients included members attending National Conference, participating in the Nurse in Washington Internship, taking perianesthesia nursing certification exams, obtaining continuing education and contributing to mission work. The board reviewed and approved the criteria for the Dream Walker Award.

Evidence Based Practice (EBP) Committee

Discharge criteria from *ASPN Standards of Perianesthesia Nursing Practice 2008-2010* is being evaluated to provide an updated, evidence based discharge guideline.

Governmental Affairs Committee

Partnership with the Americans for Nursing Shortage Relief Alliance continues. Healthcare reform issues are being monitored and disseminated.

International Conference SWT

There continues to be interest for an international conference. The location, cost and date are currently being investigated.

Membership/Marketing Committee

This committee developed the theme and logo for PeriAnesthesia Nurse Awareness Week, February 1-7, 2010, by reflecting the President's theme. The board approved the revised criteria for the Star Award with a focus on recognition for those individual members who make “above and beyond” contributions to ASPAN. The committee continues to assist with the Recruiter of the Year program.

The Nominating Committee, represented by Immediate Past President Lois Schick, presented the 2010-2011 ASPAN candidate slate. A complete list of candidates is included on page 4-5 of this issue.

Safety Committee is currently collaborating with the EBP, Education and Publication Committees on publishing new patient education materials consistent with Joint Commission standards. The *Safety Toolkit* was released in April 2009.

Standards and Guidelines Committee The committee members met in October 2009 to update the *ASPN Standards*. The emphasis remains on supporting the *Standards* with evidence based practice.

BOARD ACTIVITIES

The American Board of Perianesthesia Nursing Certification was represented by President Phoebe Conklin, who reported a current total of 8,577 CPAN and CAPA certified nurses. Online testing continues with no “written exam” being offered at National Conference this year. New pilot questions are included with each exam. New practice exams will be launched no later than July 1, 2010. Recertification is now available online.

Liaisons

Liaison appointments have been reviewed. Several have been retired and new appointments to partnering organizations were made. New appointments include the National Association of Clinical Nurse Specialists and the American Society of Pain Management Nurses.

National Office

Plans are finalized for ASPAN to purchase its national headquarters building in Cherry Hill, New Jersey.

Specialty Practice Groups (SPG)

The board approved formation of a new Informatics SPG.

Strategic Plan Implementation Strategic Work Team

The Board began its weekend reviewing and refining ASPAN's Strategic Plan. Society initiatives, goals and missions are continuously evaluated and updated. This creates a dynamic roadmap for the organization that enables its priorities to become reality. Proposed organizational changes will be brought to the 2010 Representative Assembly.

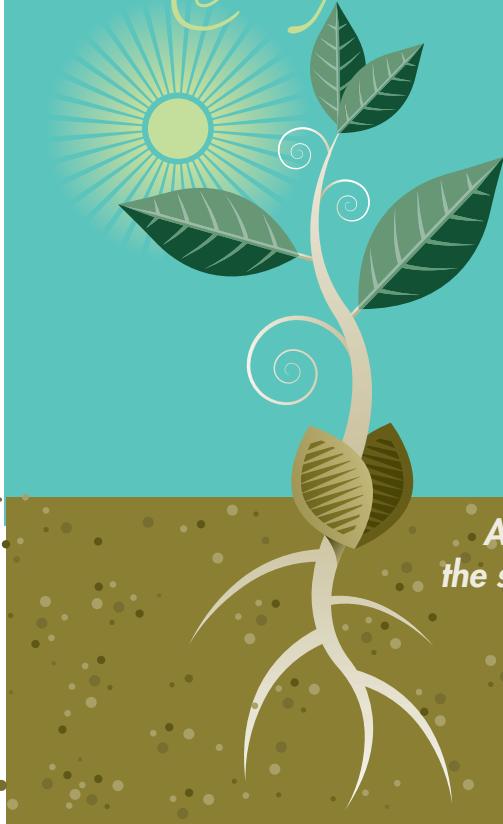


Name Your Star!

The ASPAN Star Recognition Award nomination deadline is March 1, 2010. Nomination forms are available on the ASPAN Web site. [Click here](#) to access the form.

EVERY MEMBER-Get-A-Member

Roots of Knowledge, Seeds of Transformation



Have YOU planted at least one seed by recruiting a colleague to join ASPAN this year? If every ASPAN member recruits JUST ONE new member, the roots of our organization will grow deeper and stronger. This is so important for the continued growth that is essential for perianesthesia nursing transformation.

GET ONE!

ASPA members recruited over 600 new members during this campaign cycle. If you haven't yet done so, join the Member-Get-A-Member (M-G-M) Campaign today. It's easy! Membership brochures are available on the [ASPA Web site](#) or by calling the ASPAN National Office toll free at 877-737-9696 ext 16. Membership information, applications and recruiter standings are available at www.aspan.org under the "Members" tab.

Plant those ASPAN seeds and encourage your colleagues to develop "Roots of Knowledge" by becoming ASPAN members. Please remember to include your membership number on all recruitment applications. You may be ASPAN's M-G-M Recruiter of the Year!

***Any season makes the perfect time to plant
the seeds of ASPAN's growth and transformation!***

This MGM campaign runs through

March 31, 2010.



Pitcher Honored with Nurse Excellence Award

ASPA member and PeriAnesthesia Nurses Association of New Mexico (PANANM) President, Zita Pitcher, RN, was recently awarded The New Mexico Nursing Excellence Award in the Perioperative Nursing Category. If enthusiasm for nursing is one of the strongest attributes a nurse role model can have, then Zita Pitcher is that nurse. Zita inspires everyone who comes into contact with her to become excited about the nursing profession. She works in a busy University of New Mexico Hospitals day surgery unit with many distinct teaching opportunities and care delivery challenges. Zita includes patients' families and caregivers in the plan of care to ensure comprehensive, safe care delivery in



Zita Pitcher
Nurse Excellence
Award Recipient

a characteristically calm and reassuring way. Her compassionate side is revealed as she problem-solves complex social issues encountered in the homeless patient population served.

Zita is the Research Practice Council Chair at her facility, has helped to precept new unit employees, and participates on a team that holds "Boot Camp for Surgical Residents" to ease newcomers into the outpatient surgical rotation. Coworkers describe her as a fun loving personality who puts everyone at ease while breaking down barriers between novice and expert and young and old throughout the interdisciplinary team. **Congratulations to Zita on this outstanding achievement!** 

Breathline

Volume 30, Number 1
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This article was derived from a Celebrate Successful Practices (CSP) presentation delivered at the 2009 ASPAN National Conference. Phyllis Mesko was selected to participate in the inaugural CSP oral and PowerPoint Presentation session offered by ASPAN's Clinical Practice Committee at the 2009 Conference.

Use of Picture Communication Tools in the Perianesthesia Care Unit

Phyllis J. Mesko, RN

Healthcare professionals are experiencing increasing numbers of patients having language barriers.¹ Because nurses are responsible for delivering care to diverse patient populations, those with developmental challenges and complex communication needs present specific care delivery challenges to pediatric and adult post anesthesia care unit (PACU) nurses. While a paucity of perianesthesia research exists to validate the most effective communication practices for a patient population with developmental language barriers, it is known that good communication is necessary for successful nursing care delivery.²

Need to be Heard

In order to deliver high quality perianesthesia care the nurse must identify that a need exists to address the patient's communication barrier(s). The identification and implementation of effective communication actions are associated with decreased patient anxiety and pain, and may also decrease frustration and stress in the healthcare professional.³ While some individuals, including healthcare workers, may resort to speaking loudly or yelling to overcome language barriers this is not a proper communication method.

Speaking clearly and the use of writing, sign language and picture communication are appropriate communication techniques successfully employed through the years. Historically speaking, picture communication has not been used to address communication barriers in the perianesthesia arena. My exploration of this technique was inspired by my son, Mark, a 25-year-old non-verbal young man with autism. On a personal level I can share that it is agonizing to watch your child trying to tell you something, but he is unable. Our family experienced firsthand the importance of picture communication and saw how positively it can impact someone's life.

Many autism patients are nonverbal or have limited speech. When unable to converse these children communicate through inappropriate behavior.⁴ This, in turn, causes stress for the patient, family and hospital staff. Other patients with potential language barriers include: those with cerebral palsy who possess some

speech ability, but not enough to communicate wants and needs; stroke victims with aphasia who become frustrated when not able to talk; those who are intubated and persons with facial trauma. The patient with mental retardation may have a language barrier due to an inability to process what is being asked and subsequently have difficulty answering questions concerning care needs and pain management. Children with ear, nose and throat surgeries are often reluctant to speak due to pain.

Connecting Across Barriers

A disability does not always indicate a lack of understanding.⁵ In my experience, picture communication has served as a valuable tool for interacting with complex communication needs patients. The Boardmaker® program is one method used to converse with persons having language barriers. Boardmaker® is a form of graphic software created as a symbol-based communication tool consisting of more than 4,500 symbols in 44 languages. It is available in both color and black-and-white versions for use in the adult and pediatric environment.⁶

In addition to the Boardmaker® program, Mark tried multiple methods to communicate his wants and needs. Pictures taken with a camera, cut from a magazine or hand drawn to illustrate activities of daily living proved beneficial. Using knowledge gained from everyday use of Boardmaker®, I created multiple cards for use in the perianesthesia area. These cards contain pictures that are large enough for any child or adult to see and have simple accompanying language that can be applied in multiple situations.

Akron Children's Hospital has had great success using Boardmaker® with several different types of patients. Some examples of its use may help other caregivers to better understand the importance of picture communication in the perianesthesia setting.

- A girl with cerebral palsy and limited language was not understood when she was asked what was wrong. With a nurse's insight and picture communication (see Picture 1) the girl indicated that she wanted her mom, and her leg hurt.

Her mother was called and additional pain medication was given. Consequently, her pain and anxiety level decreased. Another PACU situation involved an Amish boy who did not understand English.

- Cooperation during pre-surgical testing is often a challenge when treating patients with developmental barriers. During the initial meeting, our aim is to decrease the anxiety felt by the patient and family. Showing pictures of the equipment that will be used in the perianesthesia setting is quite beneficial. See Picture 2.

Social Stories

Boardmaker® symbols can also be used to create a Social Story. "A Social Story is an individualized short story that describes social relevant cues in any given situation. It includes answers to questions such as who, what, when, where, and why in social situations through the use of visuals and written text."⁷ A Social Story can make the patient's healthcare experience positive, and can be read to the patient multiple times before surgery. Repetition helps to better prepare the patient. Here is one case example:

- An autistic, school-aged male was scheduled for an outpatient MRI. This procedure proved traumatic and anxiety producing to the parents and child. As a result, the parents expressed interest in some ideas to improve the child's preparation for any future procedures required. The family was provided with social stories and cards. The second time the child came to our facility for an MRI the family was more confident and the overall healthcare experience was improved. Admission to PACU went smoothly. The nurse was very pleased to see that dad kept the copy of the first MRI's Social Story (see Picture 3). When the nurse remarked about the boy's great improvement in coping as a patient, the parents seemed proud and relieved. The second PACU stay was a much more positive experience for all involved.

Conclusion

Communication between patient and nurse is vital for the reception and delivery of quality care. When barriers exist the nurse must employ creative ways to establish and manage effective communication. One recent study indicates that picture communication is a promising method for increasing purposeful provider and patient communication.⁸ At Akron Children's Hospital, our use of picture communication has proven to be a valuable tool for enhancing patient and family experiences throughout the peri-anesthesia setting.



Picture 1. Boardmaker® Communication Card
© April 2008, DynaVox Mayer-Johnson. Printed with permission.



Picture 2. PACU Boardmaker® Communication Card
© April 2008, DynaVox Mayer-Johnson. Printed with permission.



Picture 3. Outpatient Boardmaker® Communication Card
© April 2008, DynaVox Mayer-Johnson. Printed with permission.



**Twilla Shrout
Region 2 Director**

The Director's Connection Creating Your Own ASPAN Memorable Membership Moments

Twilla Shrout, BSN, MBA, RN, CPAN, CAPA – Regional Director, Region 2

Last year, ASPAN members recruited 1067 new members to the organization. Making a connection with a fellow member leads to lifelong friendships and bonds within the ASPAN family. Bud Crouch, strategic planning consultant, performed Strategic Plan consulting services for ASPAN on many occasions. Bud describes memorable moments of membership as direct and indirect contacts that a customer may have with a program or service. Contact is a form of opportunity. As members, we need to get to know each other and seek to share those memorable moments of commitment to our specialty nursing practice. Such moments are possible when each member strives to bring another new member into the organization.

You may recall the spark that ignited a first involvement in our organization. With ASPAN, there is beauty in making and then reconnecting with colleagues from the last conference you attended, or friends from years ago when you first made the connection. When you arrive at the next National Conference, start a conversation with the person sitting next to you. This could be the next memorable moment of your ASPAN experience.

ASPA Regional Directors are fortunate to work with a wonderful group of nurses seeking to be the best in her/his respective workplace. Through the nationwide building of a base of committed grassroots members, ASPAN offers every member the potential to make a contribution. Whether a certifying agency is coming to your facility, or the need exists to network regarding a challenging clinical practice issue, ASPAN offers immediate resources for its members. Every member has an advantage of tapping into best practice approaches and the opportunity to build those special memorable moments. I have collected many ASPAN memories over the years, and thank Region 2 for being part of them!

Region 2 News

Arkansas-PACNA www.pacna.org President Stephanie Parson, RN, CAPA.

The newsletter is mailed each spring with information on the annual state seminar held on the first Saturday in August. All other newsletters are posted on the Web site.

Iowa-ISPAN President Molly Schrader, BSN, RN.

The component is working to update its strategic plan and transition checklist. The Gold Leaf criteria



will be utilized to strengthen the component and to better meet members' needs.

Louisiana-LAPAN President Rachael Ballas, BSN, RN, CPAN.

The component is revitalized and getting ready to welcome the 2010 ASPAN National Conference. Members are excited to show attendees what a great time New Orleans offers! Members attended the fall component seminar free of charge this year.

Mississippi-MSPAN www.mspan.org

President Marsha Loftin, BSN, RN, CPAN, CAPA Members can communicate via the Web site as well as on the component's facebook page. Plans are underway for the annual component seminar in February. MSPAN was recognized in 2009 with the highest percentage of recruits in the Member-get-a-Member campaign.

Missouri-Kansas-Mo KAN PANA www.mokanpana.org President Linda Buchmueller, RN, CCRN.

The last two Kansas City district half-day seminars were very successful, with 140-160 members in attendance. The component's goal is to grow the organization at the grassroots level.

Nebraska-NAPAN www.napannebraska.com President Phyllis Bolton, RN, CPAN.

The annual conference began with a Friday evening dinner and education session. Awards were given to the committee member of the year, outstanding member of the year, and two clinical and general interest journalism awards.

Oklahoma-OSPA www.ospan.net President Jo Baggs-Alexander, RN, CPAN, BC.

The component is working to update its board member orientation and strategic plan. OSPAN hosts a component seminar each fall and spring.

Texas-TAPAN www.tapan.org President Susan Norris, RN, BScN, CAPA.

Some districts are finding it difficult to find a full slate of officers, so TAPAN is examining ways to redistrict in order to combine and share resources.

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Certification

Spring 2010 Certification Exams: Important Dates

Online Registration Window	January 25 - March 8, 2010
Online Registration Deadline	March 8 by 11:59 p.m. EST
Time Period for Scheduling Examination Appointment with Prometric	Upon receipt of your Authorization to Test (ATT) letter through May 13, 2010
Examination Administration Window	April 5 - May 15, 2010
Deadline for Cancelling Appointment	3 business days before scheduled test date
Postmark deadline for requesting withdrawal, refund or rollover from Professional Examination Service (PES)	On or before last day of examination administration window

**ABPANC has a brand new Web site
www.cpancapa.org. Check it out!**



The National Association of PeriAnesthesia Nurses of Canada (NAPANC), in cooperation with the PeriAnesthesia Nurses of Alberta, Southern Alberta Chapter (PANASAC) proudly presents its 9th Annual National Conference:

"2010: LIVING THE LIFE WE HAVE IMAGINED"
May 28-30, 2010
Sheraton Suites Eau Claire
Calgary, Alberta
Canada

For more information contact Tracy Boivin Oldale at troldale@telusplanet.net or visit www.napanc.org

Breathline

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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 dlysarz@chsbuffalo.org

January 30, 2010 Surrounding Your Practice with Excellence: Legalities, Standards & Advocacy in Charleston, SC. Hosted by SCAPAN. Contact Karen Thamas at 843-729-0189 or karen.thamas@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 katies-granny@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 Breedon at 865-218-7185 or ShariBreedon@aol.com

February 20, 2010 Perianesthesia Certification Review in Omaha, NE. Hosted by Methodist College. Contact Heidi Grages at 402-354-7125 or heidi.grages@methodistcollege.edu

February 27, 2010 Perianesthesia Certification Review in Portland, OR. Hosted by Portland VA Hospital. Contact Melissa Smith at 503-220-8262, Ext 56042 or melissa.schmidt2@va.gov

February 27, 2010 Foundations of Perianesthesia Practice in Ft. Worth, TX. Hosted by Baylor Health. Contact Sue MacDonald at Susan.McDonald@baylorhealth.edu

March 13, 2010 Perianesthesia Certification Review in Akron, OH. Hosted by Summa Health System. Contact Vicki Wells at wellsv@summa-health.org

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

Component Education Programs

February 6, 2010 Wisconsin Society of PeriAnesthesia Nurses (WISPN) Winter Seminar at the PROMEGA Center in Madison, WI. For information contact carroll_peeper@msn.com or visit www.wispan-aspan.org

March 6-7, 2010 Alabama Association of PeriAnesthesia Nurses (ALAPAN) Spring Conference at The Bradley Lecture Center in Birmingham, AL. For information contact Bill Evans at wce1874@yahoo.com or visit www.alapan.org

ASPAN Seminars

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

June 5, 2010

Surrounding Your Practice with Excellence: Legalities, Standards and Advocacy
Rochester, MN

June 26, 2010

Surrounding Your Practice with Excellence: Legalities, Standards and Advocacy
San Antonio, TX

