Newsletter of the American Society of PeriAnesthesia Nurses

Breathline

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Reinvest In Your Potential

Kim Kraft, BSN, RN, CPAN
ASPAN President 2010-2011

Potential is defined as "capable of being or becoming," "a capacity to develop, succeed, or become something."[1] The book *I Am Potential* tells the story of Patrick Henry Hughes, born 22 years ago with an extremely rare genetic disorder—he had arms that could not straighten; legs that would never allow him to walk; and, most devastating of all, permanent blindness.[2] He was born without eyes. Remarkably, at the age of 9 months, he began to play the piano and today possesses an extraordinary musical talent. His mantra is, **"I am potential."** He has taken his personal challenge and used it to achieve his potential. In the book, he and his father offer lessons on living and reaching your dreams. Many of these lessons can be applied to ASPAN and each of its members.

First, when life gives you lemons accept them and be grateful. Hospitals are struggling to balance the impact of the economy on operating costs, while providing care for our patients. I am sure each of you has experienced changes in your workplace such as taking days off without pay or losing educational funding. These changes are designed to cut costs while striving to preserve staff. No one likes to lose benefits, but if the change will keep nurses at the patient's bedside, it is best to recognize the positive rather than dealing with the alternative. ASPAN will address these economic challenges by exploring new ways to provide programs and services, and by using resources more efficiently to support our components.

Recognize Potential

Second, do all you can to change what you can. Florence Nightingale was appalled by the conditions she saw during the Crimean War. She compiled data about the health conditions and used that data to write reports that proved conclusively that more soldiers died from the unsanitary conditions in the barracks hospital than from the bullets on the battlefield. These reports were the basis for healthcare reform—the first evidence-based reform.[3] As perianesthesia nurses and ASPAN members, you have access to services and programs that can assist you in changing and improving patient care. Use standards of practice, position statements, and practice recommendations to support improvement. ASPAN must be proactive and examine our membership and specialty practice groups to provide services and resources across the scope of practice. We must continue to develop evidence-based practice recommendations, perianesthesia data elements, and standards for perianesthesia nursing practice to provide tools for safe patient care now and in the future. ASPAN services will continue to expand and remain current to meet the needs of our ever growing and changing membership.

Third, pursue your passions as if your life depends on it. Pursue your passion as if your PATIENT's life depended on it - in many instances, it does. Seek every opportunity to increase your knowledge and skills; you owe it to your patient to deliver the best care available. Florence Nightingale's greatest contribution to healthcare reform was her reform of nursing. In her *Notes on Nursing*,[3] she wrote to her students: "To nurse is a field of which one may safely say: there is no end in what we may be learning every day." She believed that nurses were perpetual learners and responsible for teaching themselves.

No Status Quo

Next, ***be the you your mother would be proud of.*** Don't be satisfied with the status quo! Patients trust us to be the best at what we do and to be their advocates during each encounter with us. CPAN® and/or CAPA® certification demonstrates to the public, our patients, and our peers that we have chosen to be

Component Development Institute
September 10-12, 2010
Louisville, KY

www.aspan.org

Kim Kraft became ASPAN's 30th President at the April 2010 National Conference Closing Ceremonies in New Orleans, LA

measured by a higher standard. Certification is a declaration of the perianesthesia nurse's professional competence and is rapidly becoming the norm. Certified nurses have made a commitment to lifelong learning to maintain their certification. This year marks the 25th anniversary of the American Board of Perianesthesia Nursing Certification (ABPANC). They began this year with more than 8500 certified nurses, with 298 of them dually certified.

And finally, set your course, and then burn the map. ASPAN's Strategic Plan guides our course by identifying necessary and desirable goals to promote the continued success of the organization. The strategies and milestones of the past will serve as signposts along the way, but the path will look very different. The strategic plan that is in place will direct the ASPAN Board to redefine the organizational infrastructure to ensure more robust opportunities for our members to become engaged and involved and allow them to maximize their professional potential. What does all of this mean to you as an ASPAN member? Each of us has the capability to stretch our boundaries and to make a difference. We ARE potential!

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

~ Karen Ravn[4]

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Address changes and administrative correspondence to:
ASPAN
90 Frontage Road
Cherry Hill, NJ 08034-1424
877-737-9696
Fax: 856-616-9601
aspan@aspan.org
www.aspan.org

Editorial Comments or Letters to the Editor to:
Joni Brady
HQ USEUCOM
CMR 480, Box 2025
APO AE 09128-2025
jbrady@aspan.org

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

Reinvest in Your Potential

Participate in the 2010 Member-Get-A-Member (MGM) Campaign April 1 - December 31, 2010

ASPAN's goal is to be recognized as the leading association for perianesthesia education, nursing practice, standards and research. This enduring pursuit provides perianesthesia nurses with an excellent basis for reinvesting in personal and professional potential. Brian Tracy, a renowned author and success authority, wrote ***"You have great, untapped reserves of potential within you. Your job is to release them."***[1] ASPAN's 2010 MGM kick-off is the perfect time to encourage perianesthesia colleagues to explore many ASPAN opportunities for involvement, all of which serve to maximize each nurse's potential.

Our patients, practice and profession need **ALL PERIANESTHESIA NURSES** to tap into the exciting possibilities for growth and contribution that can be found within. **You are encouraged to participate** in this year's MGM by actively sharing with others the many benefits that ASPAN membership offers. As a recruiter, you will play a part in the advancement of ASPAN's potential and become eligible for the Recruiter of the Year Award. The award, to be presented at the 2011 ASPAN National Conference in Seattle, Washington, will be given to the individual who recruits the most new ASPAN members during this MGM campaign. The Recruiter of the Year wins one free year of ASPAN membership (excludes component dues) and one complimentary registration to the 2012 ASPAN National Conference. Read about all of the MGM campaign awards in the brochure!

Reinvest now… EVERY MEMBER, Get-A-Member!

REFERENCE

1. Tracy B. *The Great Big Book of Wisdom*. Franklin Lakes, NJ: Career Press; 131, 1999.

Click here to download a membership application form, or contact the ASPAN National Office toll free at (877) 737-9696 ext. 16 to request a hard copy of the membership application or MGM brochure.

What ASPAN Means to Me

Teri Shine, BA, RN, CAPA – Membership/Marketing Committee Member

My journey with ASPAN began at the 1998 National Conference in Philadelphia … and what adventures that first experience has given me! Back in 1998, I never imagined that I would go on to serve in all of the officer positions for the Greater Cleveland PeriAnesthesia Nurses Association, or become component president for the Ohio PeriAnesthesia Nurses Association. I've also been a session moderator at multiple National Conferences and was thrilled to meet and introduce the most influential perianesthesia nurses, many of whom found a passion in this profession, just like me. Through my ASPAN involvement, I've been awestruck and inspired, shared tears and laughter, and made lifelong friends.

Each year, when it's time to make the decision about attending National Conference, I weigh the options of the time and money required. Those potential restraints are usually replaced with anticipation of what I might miss: Component Night and its fun, experienced together with old and new friends from around the United States; the Development Dream Walk; the CPAN/CAPA Breakfast; Opening and Closing Ceremonies; many great speakers; and the combined enthusiasm of fellow nurses in attendance. While I may not make it to every National Conference, I sure do try.

ASPAN is part of my family and I am grateful to those colleagues who touched my heart and soul over the years. The things I learned through my involvement in this professional specialty organization made me a better person and a better nurse. It takes just a few small steps to become involved in ASPAN. I encourage every member to take those steps because involvement is something you will never regret. In closing, special thanks are given to my "roomies" at that very first conference: Pat, Dorothy and Mary. They, and ASPAN, mean so much to me!

The Seeds of Potential
Building an ASPAN Legacy

In honor of ASPAN's 30th anniversary, we will be sharing stories about its development through the years to give members a glimpse into the humble beginnings of our organization and its transformation into a global entity.

In the mid 1970s, small groups of recovery room nurses from around the United States gathered locally to provide postanesthesia care education. Dr. Franklin McKechnie and the Florida Association of Anesthesiologists began sponsoring annual seminars for recovery room nurses. During one of these seminars, the seeds for a national nursing organization were planted. Ina Pipkin, BSN, RN, then serving as President of the Northwest Recovery Room Nurses' Association, received a call from Dr. David Little, Chair of the American Society of Anesthesiologists' (ASA) Care Team Committee. Dr. Little invited Ina to a meeting being held in Chicago to discuss the feasibility of a national organization for recovery room nurses. Nineteen nurses representing local and regional postanesthesia nurses' associations attended that exploratory meeting.

ASA's visionary Dr. Franklin McKechnie

ASPAN's Roots

Dr. McKechnie contributed his time and resources to developing the recovery room nurses' group. He chose the name National Association of Post Anesthesia Nurses, which was soon changed to the American Society of Post Anesthesia Nurses (ASPAN). An interim Board of Directors was appointed and it included President Ina Pipkin (WA), Vice President Hallie Jane Ennis, RN (OK), Secretary Mary Ruszovan, RN (CA), and Treasurer Alma Derway, RN (MA). Six committees were appointed: Nominating, Finance, Bylaws, Publications, Board of Advisors, and an Ad Hoc Committee for the selection of an Executive Secretary. ASPAN's first annual budget totaled $25,000.

The Articles of Incorporation were signed in October 1980 by 19 organizing committee members who then became the first Board of Directors. During its first National Conference in April 1982, chaired by Elaine Brown, RN, and held in St. Louis, Missouri, 19 state or regional groups became chartered ASPAN components. These were:

- *Alabama Association of Post Anesthesia Nurses (ALAPAN)*
- *Arizona Post Anesthesia Nurses Association (AzPANA)*
- *Maryland/DC Society of Post Anesthesia Nurses (MD/DC SPAN)*
- *Connecticut Society of Post Anesthesia Nurses (CSPAN)*
- *Florida Society of Post Anesthesia Nurses (FLASPAN)*
- *Georgia Association of Post Anesthesia Nurses (GAPAN)*
- *Illinois Society of Post Anesthesia Nurses (ILSPAN)*
- *Maine Society of Post Anesthesia Nurses (MESPAN)*
- *Michigan Association of Poszst Anesthesia Nurses (MAPAN)*
- *Post Anesthesia Nurses of Minnesota (PANOM)*
- *Missouri-Kansas Post Anesthesia Nurses Association (MOKAN PANA)*
- *New Jersey Society of Post Anesthesia Nurses (NJSPAN)*
- *New York State Post Anesthesia Nurses Association (NYSPANA)*
- *Northwest Post Anesthesia Nurses Association (NPANA)*
- *Ohio Post Anesthesia Nurses Association (OPANA)*
- *Oklahoma Society of Post Anesthesia Nurses (OSPAN)*
- *Post Anesthesia Nurses Association of California (PANAC)*
- *Texas Association of Post Anesthesia Nurses (TAPAN)*
- *Utah Society of Post Anesthesia Nurses (USPAN)*

Marie Darcy began to develop the first newsletter that later became known as *Breathline*.

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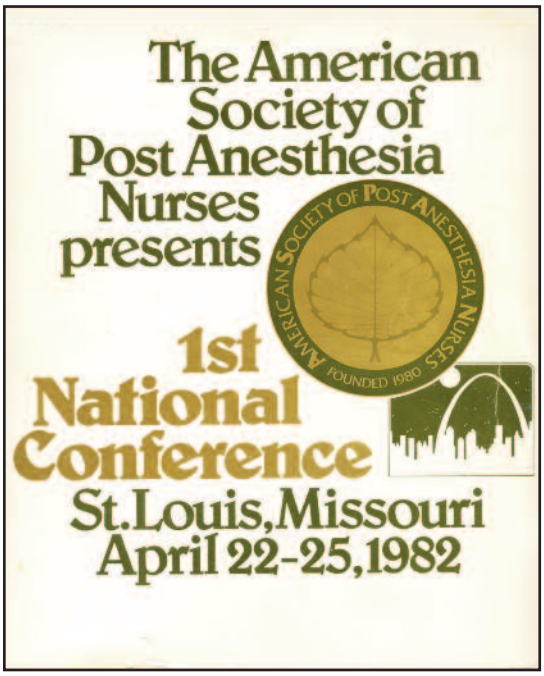
ASPAN founding members together in St Louis, 1982



Inaugural ASPAN Conference brochure cover

Branding ASPAN

The aspen leaf, found in ASPAN's logo, signifies LIFE. The veins of the leaf represent the NETWORKING of perianesthesia nurses through ASPAN. The leaf is centered on a field set within a circle representing a UNIFIED BODY. The circle identifies the name of the society and the date of formation.

The contemporary ASPAN logo

In January 2000, Ina Pipkin shared this perspective in a letter sent to ASPAN members: "During the first year, survival as a national organization was a month-to-month worry. Even though we were inexperienced, I think that today's ASPAN is a testimony to the commitment, sacrifice, dedication and success of the first Board of Directors of ASPAN" (Pipkin, personal communication, January 19, 2000).

The Ponytail Project

Joy Shiller, MS, BSN, RN, CAPA

Our preoperative nursing staff took an innovative approach to a long term perioperative issue. Female patients with long hair were regularly arriving for procedures wearing hair pins, clips, barrettes and other objects containing metal. The request made by nursing staff to remove these items often resulted in patients' long flowing hair becoming tangled in electrodes, or caught under epidural catheter tapings. This, in turn, created patient dissatisfaction.

The unit's Shared Governance Council, inspired by the wife of a preoperative patient who was crocheting hair scrunchies for a church bazaar, made the decision to crochet scrunchies to be given to every female patient with long hair. This effort was named, "The Ponytail Project". Following consultation with the operating room educator, and after obtaining approval from anesthesia providers and management, our nurses and unit secretary industriously began to crochet scrunchies. Once completed, a card is attached to each scrunchie that states: "Hand-made especially for you by the Pre-op Staff. Thank you for using the Methodist Hospital." Scrunchies are then placed in a decorative basket and brought to the patient's bedside.

Nurses involved in "The Ponytail Project" (from left): Joy Shiller, Aurora Chona Ohland, Nenita Queliza, Helen Gonzales, and Unit Secretary Anna Sanchez

Nurses present a handmade scrunchie to a preoperative patient

Scrunch a Bunch

"The Ponytail Project" became an immediate success. Since its inception, staff members have observed tears cease and anxiety levels decrease. Some patients have chosen not to wear their special scrunchie in order to keep it intact with the card. One distraught young patient declined to select a scrunchie, so her husband chose one for her saying, "I know she'll want it when all this is over." He wore that scrunchie on his wrist for self comfort throughout the surgical waiting period. Another patient's sister was so impressed with our project that she asked to help make some scrunchies, completed ten during the time her sister was in surgery and PACU, and later commented that this was the most relaxing wait she'd ever had in a hospital.

The nursing staff recently made a decision to produce the scrunchies indefinitely. The rewards far exceed our minimal effort and the negligible expense involved. Quantities of the covered elastic bands needed for the scrunchies are purchased at dollar stores, and the rest is made from small quantities of left-over yarn. Interestingly, since the project was so well-received by patients and families, an abundance of yarn has been happily delivered to our unit by a variety of people.

Not long ago, a patient sent a beautiful card in appreciation for her surgical experience and the scrunchie, which she called "a labor of love." The nursing profession enables us to design and deliver care using our heads, hearts and hands. Our successful "Ponytail Project" exemplifies that statement.

Joy Shiller is a Clinical Mentor for Main OR Pre-op Holding at Methodist Hospital in Houston, Texas. For instructions on how to make a scrunchie e-mail jshiller@tmhs.org.

Preop nurses assembling scrunchies

Frequently Asked Questions
Co-location of Preoperative and Postanesthesia Patients

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.

Barbara Godden
Director for Clinical Practice

Q: Can we put preoperative patients in the same area where we have patients recovering from anesthesia?

A: This question comes up frequently in the Clinical Practice Network. Many nurses who ask this question work in facilities where preoperative and PACU staff members may be one and the same. The question may also arise later in the day when facility managers are trying to meet caseload demands with the available staff.

Standard II "Environment of Care", found in the *ASPAN Standards*, states: "Preanesthesia patients are separated from patients undergoing procedures and/or recovering from anesthesia/sedation."[1] In addition, a requirement for separation comes from the Centers for Medicare and Medicaid Services (CMS). According to CMS, an "ASC must have a separate recovery room and waiting area."[2]

CMS considers "a 'recovery room' to be an area where patients are brought to recover from procedures and are not yet discharged. A 'waiting area' is considered to be the area set aside for patients and families outside of the areas used to prepare patients for their procedure, the procedure area itself, or recovery from their procedure. Each ASC must have a distinct 'waiting area' and distinct 'recovery room' that are not used by patients for other purposes. Medicare regulations do not address specific requirements for a preop area."[2]

Photo courtesy of Susan Kamerling, Philadelphia, PA

Preanesthesia patients should be separated from those undergoing procedures or recovering from anesthesia

Making it Work

Implementation of the separation requirement can take several different forms. The most common scenario involves a setting in which the number of staff is decreasing for the day and it is desirable to combine resources. In this case, preoperative patients may be placed in the same physical space as patients recovering from anesthesia or sedation, but they should be cohorted and separated from postanesthesia patients as far away as physically possible. Curtains should be used for patient and family privacy, and the noise level should be kept low in the postanesthesia section of the room so that patients waiting for procedures to be performed do not hear activity related to patients waking up. It is also desirable to have separate staff; that is, a preoperative nurse is not also assigned to care for a postanesthesia patient. Using these methods allows for meeting the standard, is a practical use of resources, and promotes an appropriate environment of care for the patient.

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The Directors' Connection
Region 3 Report

Martha L. Clark, MSN, RN, CPAN – ASPAN Regional Director, Region 3

Martha Clark
Region 3 Director

It is hard to believe that a year has passed since I was elected to this Regional Director position. It is even more difficult to accept that a new decade has already begun! Changes in technology are having a major impact on the way people communicate; therefore, one of my priorities as your Region 3 Director is to assure proper and timely communications among ASPAN, its component leaders, and me.

Region 3 consists of ten states forming eight components, so effective communication continues to be a concern. Over the past year, ASPAN moved toward "greener communication" through the expanded use of e-mail. In fact, communicating with all eight components would be very challenging without e-mail! As each year and decade passes, effective communication of positive events and best practices will be increasingly important to our organization and its members. In order to facilitate continued sharing of information, a Region 3 newsletter was created and e-mailed to all component leaders. I hope you have enjoyed this additional method of outreach.

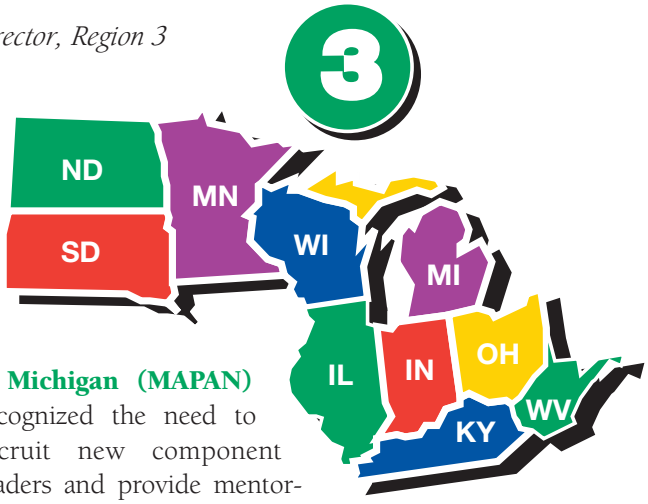
Component Highlights

The following highlights are only a small representation of regional component activities. I encourage every ASPAN member to visit each component's Web site to learn more.

Illinois (ILSPAN) is the home component of Kim Kraft, ASPAN's current president. Congratulations to Kim! ILSPAN is led by President Sylvia Baker, MSN, RN, CPAN. Web site: www.ilspan.org.

Indiana (INSPAN) celebrates 25 years as an ASPAN component this year. INSPAN is led by President Charlotte West. The INSPAN Web site is currently under construction with the help of Debby Niehaus. Thanks Debby!

Kentucky (KSPAN) implemented an "incentive package" this year by paying $50 of a new member's ASPAN/KSPAN membership fees for the first ten new members. KSPAN is led by President Donna Thompson. Web site: www.kspan.org.



Michigan (MAPAN) recognized the need to recruit new component leaders and provide mentorship to that member as she/he moved toward a component leader position. The first step involved looking at the willingness to serve statement and then pairing each intern with an experienced committee member mentor. Finally, the mentor assigned appropriate tasks and answered questions from the intern. MAPAN is led by President Sharon Rombyer. Web site: www.mapan.org.

Minnesota/Dakotas (MNDAKSPAN) placed photos and biographies of the component leaders on its Web site. MNDAKSPAN is led by President Julie Somheil. Web site: www.mndakspan.org.

Ohio (OPANA) recently revived their newsletter, *The Snooze News*, thanks to Renee Garbark. With a little guidance and encouragement, Renee published an excellent newsletter. OPANA is led by President Nancy McGushin. Web site: www.ohiopana.org.

West Virginia (WVSPAN) has grown and thrived during the past year. Accomplishments include Web site creation, several poster presentations at ASPAN's National Conference, Web-based officer elections, teleconferences, and the successful presentation of a fall conference. WVSPAN is led by President Tracey Estep. Web site: www.wvspan.org.

Wisconsin (WISPAN) celebrated 25 years as an ASPAN chartered component during 2009. Its fall conference has the reputation for being a terrific sightseeing opportunity and an excellent educational offering. WISPAN is led by President Cynthia Siebel-Mohler. Web site: www.wispan-aspan.org.

Thanks for your support during my first year in office! I look forward to serving ASPAN and Region 3 components for another great year.

Contact Martha Clark at mclark@aspan.org.

2010 Scholarship Program: Apply Now!

The ASPAN Scholarship Program is a member benefit designed to provide financial assistance to preanesthesia, postanesthesia, ambulatory surgery and pain management nurses aspiring to further their abilities to contribute to the perianesthesia nursing community. Prior to the **application deadline of July 1, 2010**, members must hold a current Active Category membership in ASPAN and a component for the past two full years. Beginning this year, the Scholarship Brochure/Application is ONLY available online.

To access ASPAN Scholarship Program information click here or select "**Scholarship Program**" from the "Members" dropdown menu at www.aspan.org. More specific eligibility requirements for each type of scholarship are detailed in the Scholarship Brochure.

Scholarships Available

- $1,000 for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing.
- $500 for ASPAN National Conference Attendance.
- One $500 Humanitarian Mission scholarship.
- $285 for CPAN or CAPA Certification Exam fees.
- Two Nurse in Washington Internship program scholarships (registration plus expense money).
- Two Nurse in Washington Internship program scholarships (registration plus expense money).

National Conference Reports

Complete coverage of ASPAN's 29th National Conference will be featured in the July/August 2010 edition of *Breathline*. For an advance peek at the Conference action in New Orleans, Louisiana, check out daily *National PArtiCUlArS* news available now on the ASPAN Web site.

CALL FOR EXEMPLARS
Telling Our Stories

ASPAN is requesting clinical narrative submissions to share with the perianesthesia community as a new feature on its Web site. Sharing stories and having stories heard can help create the balance between the intrusive world of healthcare and the caring practices of nurses.

What is the public image of perianesthesia nurses? How can the media accurately portray the work of nurses if nurses are not able to effectively describe that work? By speaking out, we can set the stage for a deepened understanding of the scope of practice and our commitment to safe and ethical practices. As you read the words of Annette Simmons, please heed the call to share your stories:

> "… the problem is that you haven't realized how much your stories matter. You may not realize every story you tell is important … Nothing is more important than the stories you tell yourself and others about your work and your personal and community life."[1]

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

Photo courtesy of Jill Setaro, Stony Brook, NY

REFERENCE

1. Simmons A. *Whoever Tells the Best Story WINS. How to use your own stories to communicate with power and impact.* AMACON: New York, NY; 23, 2007.

The Nurse in Washington Internship Experience

Reported by Kim Kraft, BSN, RN, CPAN – ASPAN President and 2010 NIWI Participant

Each year, the Nursing Organizations Alliance (NOA) hosts the Nurse in Washington Internship (NIWI). Nurses from across the country gather in the nation's capital to become more knowledgeable about the legislative process and health policy advocacy. I had the privilege of representing ASPAN together with ASPAN NIWI Scholarship winner Anne Halliday and Governmental Affairs Committee member Jenny Kilgore, during the week leading up to the House vote on the Patient Protection and Affordable Care Act (H.R. 3590).

The atmosphere was electric in our classroom and on Capitol Hill. One-hundred-thirty-one nurses representing 33 states and 47 nursing organizations and healthcare entities got ready to take on the challenge of meeting with our respective senators and representatives. A panel of expert nursing advocates, including Judith K. Leavitt, co-editor of *Policy and Politics in Nursing and Health Care*, shared thoughts about nurses as advocates and the importance of our visits with legislators. Congressional staffers provided tips to make those visits successful. Representatives from Drinker, Biddle and Reath's Government Relations team provided advocacy training and "Hill Day" preparation sessions.

Kim Kraft on the balcony of the Russell Senate Office Building

The Asks

The NIWI group's goal for meeting with senators and representatives, or their healthcare legislative assistants, was to present "asks". The "asks" would support an increase in the nation's nursing workforce and nursing research. According to Jenny Kilgore, "As delegates of NIWI, we were charged to approach our congressmen and ask for their support of nurses through three actions. We asked them to support nursing by funding $267.3 million for the Nursing Workforce and Development programs, $160 million in FY 2011 appropriations to fund nursing research, and for each of them to show support of nursing by entering a congressional statement on record" (J. Kilgore, personal communication, March 20, 2010).

Anne Halliday shared, "After the sessions at NIWI, I felt even more ready for the visits. Meeting so many nurses from other specialties and states was fascinating. Hearing others' concerns about end of life issues and pre-existing conditions gave me a new perspective on the pending healthcare bill. However, it was good to have funding for nursing education and research as the focus for our visits. Learning that this is appropriations/budget season in Washington helped [me] to understand why this is the time in the year to ask for funding" (A. Halliday, personal communication, March 21, 2010).

As the only nurse from Missouri, I joined in the Illinois group's Senate visits to get a feel for how the meetings would go and then flew solo for meetings with my senators and congressman. I was captivated by the flurry of activity in the congressional offices with the phones ringing off the hook and constituents jockeying for a few minutes of the legislators' time to have specific requests heard. Most visits lasted 10-15 minutes and I was grateful that we had assembled information packets to leave with the staff.

Walking Up the Hill

Although they had practiced, Anne's Massachusetts group was nervous while walking to Capitol Hill. The group began its trek at Senator John Kerry's office, and were all put at ease by his gracious staffer. Senator Kerry supports nursing initiatives, so that part of the meeting was easy. Moving on to Senator Scott Brown's office, the meeting was held with a staffer on the balcony overlooking the Capitol. Anne noted, "Senator Brown said he will take our requests under consideration; he's only been in office for about one month so there are many things on his plate." She acknowledged that she is "most grateful to the ASPAN scholarship committee for awarding me the ASPAN NIWI scholarship. I have learned so much about what happens in Washington that will make my membership on the ASPAN Governmental Affairs Committee more meaningful. I plan to be more attentive to state matters as well ever mindful of how nursing is affected at both the state and federal level" (A. Halliday, personal communication, March 21, 2010).

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Anne Halliday (second from right) with NIWI team members and Senator Scott Brown (MA)

Jenny stated, "I had the privilege to meet with congressional staff members who represent the great state of Mississippi. The staff members were very knowledgeable of our profession and asked pertinent questions that focused on bedside nursing care. All three of the Mississippi representatives pledge their ongoing support to the nursing profession." She continued, "I was very excited to have the opportunity to attend NIWI! I expected it to be an opportunity to experience the legislative process first hand and delve into the grit of how healthcare policy is generated. Clearly, my expectations were met. Attending NIWI revealed a multitude of benefits for personal growth as a nurse. Networking with nurses from around the country and taking the opportunity to sit in the gallery of the United States House of Representatives during debate of the healthcare legislation were unforgettable experiences. I left NIWI with a heightened understanding of the legislative process and how it impacts nursing practice and patient care" (J. Kilgore, personal communication, March 20, 2010).

Mississippi team members Jenny Kilgore and Rowena Elliott on Capitol Hill

Jenny Kilgore (MS), Anne Halliday (MA) and Kim Kraft (MO) at NIWI

2010 ASPAN NIWI Participants

Anne Halliday, BSN, RN, CPAN,
Jenny Kilgore, BSN, RN,
Kim Kraft, BSN, RN, CPAN

Preanesthesia Assessment: A Win-Win for Successful Surgical Outcomes

Marlene A. Hudak King, BSN, RN

While effective communication among surgical team members is essential in all phases of care, a comprehensive preanesthesia assessment of the surgical patient provides a crucial foundation for positive surgical outcomes.[1] The American Society of PeriAnesthesia Nurses' (ASPAN) *Position Statement on Perianesthesia Safety*[2] can be routinely utilized to direct the structure of preanesthesia assessments. The elements of communication required to ensure a culture of safety, as described in the ASPAN position statement, are: communication, advocacy, competency, efficiency/ timeliness, and teamwork.[2]

Observation and implementation of all five core values during the preanesthesia phase of care supports the goal of maintaining patient safety. Effective surgical team communication is the key to safety in all subsequent phases of care. ASPAN asserts that safe communication is characterized by: development and use of effective listening skills; reporting of unsafe practices and errors; and making certain that a complete, systematic approach to transfer of care and hand-off processes is followed.[2]

Effective communication is central to best practice and successful outcomes. The Joint Commission (JC) National Patient Safety Goal (NPSG) #2 regarding effective communication among healthcare providers is reflective of ASPAN standards of perianesthesia safety. JC Resources states:

> "There are numerous types of hand offs, including but not limited to nursing shift change, physicians transferring responsibility of care to another physician, temporary responsibility for staff leaving the unit, and reports between departments, such as surgery to post-anesthesia care and back to the nursing unit. In order for hand-off communication to be effective, up-to-date information regarding the patient's condition, care, treatment, medications, services and any recent or anticipated changes in the patient's condition must be communicated."[3]

Ineffective communication, the single most common breech in patient care-related sentinel events, is preventable.[3] At the Western Pennsylvania Hospital Forbes Regional Campus, we encountered a patient whose course of care shaped our current, comprehensive practice for perianesthesia hand-off communication. This article demonstrates a direct link between an individualized preanesthesia assessment, sound communication practices, standards of perianesthesia safety, JC NPSG #2, and a successful surgical outcome.

The Preanesthesia Phase

Typically, a surgeon or specialist establishes a patient's need for anesthesia evaluation. Subsequently, the preanesthesia office receives the request for anesthesia services with an approval to proceed from the facility's registration department. Contact between the preanesthesia unit and the provider/patient then occurs in order to schedule the preanesthesia assessment. The clinical pathway followed by our preanesthesia office nursing staff is outlined in Flow Chart 1 on page 13.

In the case mentioned previously, the patient was referred to our office and telephone contact was made to obtain specific details regarding the scheduled surgery. The initial nursing assessment included basic demographics and a complete medical/surgical history. Additionally, acquisition and review of all on-site and off-site medical records contributed to a comprehensive preanesthesia patient preparation. The telephone interview revealed pre-existing medical conditions and a high degree of anxiety related to a vague report of previous anesthesia problems termed a "difficult airway". The patient shared memories of an emergency surgery necessitating awake fiber optic intubation, and this recollection elicited fear and anxiety about the impending anesthesia experience. When considered altogether, the pieces of information guided the preanesthesia nurse in formulating an individualized plan of care (see Box 1 on Page 14).[4,5,6]

Communication strategies employed by the preanesthesia nurse in this case included an e-mail and a timely phone call to the department of anesthesia regarding the patient's "difficult airway" diagnosis. The teaching plan and its nursing actions helped to reduce the patient's anxiety and, ultimately, promote positive outcomes by using targeted education, effective preparation for special needs, and addressing future surgery concerns.[1,2,7] It has been reported that effective communication during the final preanesthesia interview enhances patient satisfaction levels.[3,7] To that end, the chief of anesthesia, having been made aware of the preoperative anxiety and "difficult airway" diagnosis, personally telephoned the patient to provide reassurance.

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Connecting Care

It is known that collaboration and teamwork founded in effective communication supports a culture of safety and promotes individualized care for the preanesthesia patient.[1,2,7] In this case, our multidimensional team included the patient, surgeon, nurse, anesthesia providers, surgery schedulers, registration and medical records personnel. Our next best practice initiative was to communicate the specific perianesthesia outcomes to be achieved for this patient.[8] The team provided the patient with diagnosis-specific education and an informational booklet on the MedicAlert® bracelet. She was strongly encouraged to purchase and wear that bracelet to inform others who may render medical treatment regarding her difficult airway diagnosis.

In accordance with nursing action 4 of the individualized care plan, the anesthesia department secretary distributed all the pertinent data regarding the "difficult airway" diagnosis and treatment plan upon completion of the surgery. The secretary was responsible for sending a copy of the anesthesia provider's documented "difficult airway" findings to the patient's home, and the original document was placed in her permanent medical record. Two follow-up phone calls were made by the ambulatory surgery staff to assess the patient's perception of the surgical experience and post operative outcomes. The feedback received was positive.

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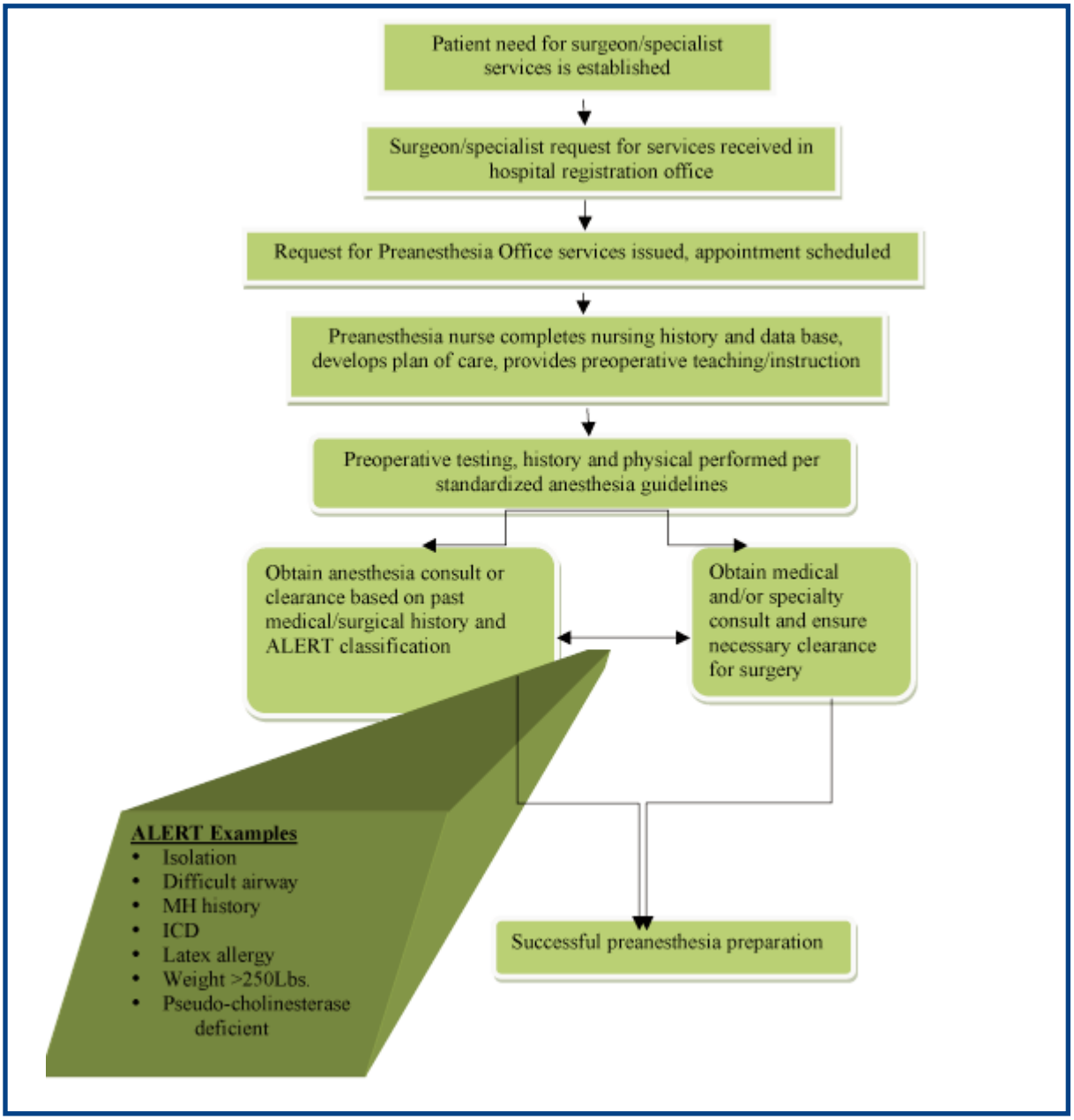
FLOW CHART 1: Preanesthesia Nursing Department Sequence of Events



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Underpinning Safe Communication

Case by case, the best surgical outcomes start with effective communication of the preanesthesia assessment and patient education.[2,3,7] This case scenario motivated our department to standardize hand-off communication for important patient information. Such information became known as an ALERT that must be documented and reported to insure clear communications across the perianesthesia care continuum. ALERTS represent co-morbid, preexisting diagnoses and relevant patient information that can adversely affect a surgical and/or anesthetic outcome if not communicated (see Box 2).

ALERTS are defined as, but are not limited to, those patients having: implanted cardiac defibrillators; isolation needs; difficult airway history; latex allergies; patient/family history of malignant hyperthermia; risk for pseudo-cholinesterase deficiency; and body weight greater than 250 pounds.[4,5,7,9] The anesthesia department chair requested the development of a communication tool to document pertinent ALERT information on the surgery schedule. The preanesthesia nurse was delegated the duty of identifying and reporting all patients to the surgery scheduling staff who fall into an ALERT category. A standardized format for communicating preanesthesia ALERT information eliminates needless hit-and-miss e-mails, phone calls and notes. The ALERT communication process developed in our unit satisfies the JC requirement for NPSG #2[3] and effectively applies the tenets of ASPAN's *Position Statement on Perianesthesia Safety*.[2] In addition to the ALERT documentation process, the preanesthesia nurse provides verbal hand-off communication to the ambulatory surgery center staff.

BOX 1. "Difficult Airway ALERT" Individualized Preanesthesia Care Plan

Objectives

- Discuss and provide specific instructions related to surgery as identified during the patient interview, including routine preoperative instructions per facility's pre-surgical policy.
- Assess for pain control, post-operative nausea and vomiting and deep vein thrombosis risk. Include a review of turning, coughing and deep breathing exercises and specific postoperative complication signs.

Preanesthesia Nursing Actions

1. Educate the patient on basic human anatomy and respiratory functions. Describe the reason for intubation and airway maintenance during surgery. Ask reflective questions to assess level of understanding.
2. Discuss difficult intubation diagnosis. Have patient recount prior difficult airway events. Develop and discuss a plan of care to help reduce patient's fear and anxiety.
3. Explain and reinforce anesthesia provider's teachings regarding difficult intubation process and the importance of wearing a medic alert identification bracelet to direct proper future medical treatment.
4. Develop/document a list of individuals (e.g., patient's significant other, family members/next of kin, power of attorney/legal guardian, primary healthcare provider and/or personal physician) who must be aware of the difficult airway diagnosis to advocate for appropriate medical interventions. Specific details of the case are documented by the anesthesia provider in the form of a letter to be given to the patient. This information will help future caregivers ensure the patient's safe journey through the perioperative arena.

BOX 2. ALERT Categories

- Difficult airway diagnosis
- Implanted cardiac defibrillator (ICD)
- Isolation
- Latex allergy
- Malignant Hyperthermia (MH) history
- Pseudo-cholinesterase deficiency
- Weight >250 pounds/113.4 kilograms

Conclusion

Preanesthesia nurses are an integral part of a collaborative surgical and/or interventional procedures team. Transitioning a patient through several levels of perianesthesia care highlights the vital nature of sound peri-procedural preparation and communication. Overall, surgical safety outcome measures improved at our facility because of the coordinated team efforts made to address safe hand-off communication. To ensure our continued goal of maintaining

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Fall 2010 Perianesthesia Certification Exam Registration

The American Board of Perianesthesia Nursing Certification (ABPANC) online registration window for the Fall 2010 testing period opens July 26, 2010 and lasts through a final deadline of September 6, 2010. The examination administration window is October 4, 2010 - November 13, 2010.

Learn more about ABPANC, perianesthesia nursing certification, recertification, and Computer Based Testing at www.cpancapa.org.

Contact ABPANC

ABPANC
475 Riverside Drive,
6th Floor
New York, NY 10115-0089
Phone: 1-800-6ABPANC
Fax: 212-367-4256
www.cpancapa.org

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best practices, the preanesthesia assessment office staff conducts ongoing evaluations of the ALERT process and reports its findings to management.

An individualized care plan focusing on patient safety for the day of surgery, and in all future healthcare delivery encounters, supports safe care delivery. The preanesthesia nurse lays a foundation for patient safety and positive outcomes through application of an expert skill set and by ensuring comprehensive hand-off communication. Undoubtedly, the promotion of ASPAN's culture of safety and observance of NPSG #2 can be a win-win situation for successful surgical encounters.

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Marlene Hudak King, BSN, RN, Clinical Nurse III-Preanesthesia Assessment, is a staff nurse at The Western Pennsylvania Hospital-Forbes Regional Campus in Monroeville, PA. Address correspondence to marleneking@hotmail.com.

Component Education Program

June 26, 2010 Massachusetts Society of PeriAnesthesia Nurses (MASPAN) "Physiology, Pathophysiology, and Pharmacology" featuring Kim Noble, PhD, RN, CPAN. Contact Maureen McLaughlin at maureen_mclaughlin@lahey.org or visit www.maspan.org.

ASPAN Hosted Seminars

September 25, 2010 Surrounding Your Practice with Excellence: Legalities, Standards & Advocacy in Indianapolis, IN. Hosted by INSPAN. Contact Kyra Hiatt at 812-485-4112, kdray@stmarys.org or kyrastewart@hotmail.com.

September 25, 2010 Systems Review of Pathophysiology in Eugene, OR. Hosted by Sacred Heart Medical Center - Riverbend. Contact Tiffany Gregory at 541-222-3209 or tgregory@peacehealth.org.

October 9, 2010 Perianesthesia Certification Review in Eugene, OR. Hosted by Sacred Heart Medical Center - Riverbend. Contact Tiffany Gregory at 541-222-3209 or tgregory@peacehealth.org.

November 13, 2010 Complexities and Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum in Danville, PA. Hosted by Geisinger Medical Center. Contact Sharon Hanley at 570-271-6692 or shanley@geisinger.edu

ASPAN Seminars

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

ASPAN will offer eighteen Summer/Fall Seminars across the country from August through November 2010. Members will receive a registration brochure in the mail with online registration becoming available in mid-June.

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This year's ASPAN Component Development Institute will be held on September 10-12, 2010, in Louisville, Kentucky. Program details and registration information will be presented on the ASPAN Web site (www.aspan.org) and in the next edition of *Breathline*.