



# Breathline

Volume 30, Number 5

September/October 2010

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Reinvesting in your potential...it's not just a slogan or theme to embrace for a year. It is an obligation nurses have to themselves, their peers, their patients and their workplace. Over the past year, I have read a number of books or articles related to personal or professional potential. Accountability is a recurring concept found in the writings: accountability for one's actions, one's profession, and one's life. Research on nursing accountability kept taking me back to the American Nurses Association's (ANA) *Code of Ethics for Nurses With Interpretive Statements*.<sup>1</sup> After retrieving a copy of the Code of Ethics from the Center for Nursing Excellence at my facility, I found it to be more than statements about a nurse's ethical and moral obligations to patients or society. This document outlined the primary goals and values of our nursing profession through its nine provisions and associated interpretive statements.

## Establishing a Code

The "Nightingale Pledge", believed to be the first code of ethics, was written in 1893 by Lystra Grettler as an adaptation of the Hippocratic Oath.<sup>2</sup> The Code of Ethics evolved from Grettler's work. It wasn't until 1950 that the *Code for Professional Nurses* was officially adopted by the ANA House of Delegates.<sup>1</sup> The first three provisions describe the fundamental values and obligations of the nurse to his or her patients. The next three provide boundaries for a nurse's duties and loyalty. The final three provisions address more global or professional duties such as social reform and advancing the profession of nursing.<sup>3</sup>

One statement in the "Nightingale Pledge" reads, "I will do all in my power to maintain and elevate the standard of my profession..."<sup>2</sup> This serves as the basis for provisions that highlight nurses' obligations



**Kim Kraft, BSN, RN, CPAN**  
**ASPN President 2010-2011**

(accountability) to self, the nursing profession and its organizations. For this discussion, I would like to focus on the perianesthesia nurse's duty to self because it is directly related to potential.

Provision 5 asserts that a "nurse owes the same responsibility to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth."<sup>2</sup>

The foundation of this provision is self-respect and the integration of personal and professional values to achieve professional excellence. Professional excellence is dependent upon maintaining updated knowledge and skills through continuing education, networking with colleagues, and critical thinking.

## Accountability and Growth

In 1999, ASPAN developed *Perianesthesia Standards for Ethical Practice* to help perianesthesia nurses recognize their accountability to patients, society and self and encourage nurses to maintain a consistently high level of care by adhering to the *Standards of Perianesthesia Nursing Practice*.<sup>4</sup> According to the *Standards*, the perianesthesia nurse is personally accountable for professional competency, accepts responsibility for nursing practice in all phases or levels of perianesthesia care, and incorporates evidence-based research into his or her practice.<sup>5</sup>

Professional growth and maintenance of competency may include attending continuing education programs or working toward a higher degree, such as a BSN, MSN or Doctorate. Utilizing a competency-based orientation and performance review process ensures that a perianesthesia nurse's practice will remain current. Achieving a CPAN® and/or CAPA® certification is another way the nurse can demonstrate

# President's Message

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to peers, patients and the public that he or she has made a commitment to continual learning and professional growth. Such continual learning is not isolated to instructor-led classes, but includes varied activities that demonstrate the application of evidence-based practice. For example, learning and growth occurs when one is actively participating in performance improvement activities, reviewing and updating of facility policies, presenting lectures, or keeping involved in unit or hospital based councils or committees.

## Pledge Integrity, Pursue Potential

Preservation of integrity and safety involves an integration of personal values with professional values. Nurses are called to serve patients regardless of their lifestyle, medical condition or culture. A threat to the nurse's integrity, such as falsifying a record in order to obtain insurance or Medicare reimbursement, may be possible in this turbulent economic environment. Organizations utilizing certain work-arounds or shortcuts to save money, supplies, or labor costs (e.g., not following ASPAN staffing recommendations to improve productivity outcomes) can jeopardize patient safety and the nurse's professional licensure.

It is imperative that nurses, coworkers, patients and families are treated with respect; therefore, the nurse has a responsibility to report inappropriate behavior or

verbal abuse from any healthcare professional. The perianesthesia nurse should never accept compromise unless it preserves the well-being of the patient or nurse. Each of us is called to uphold the code of ethics for nursing in general, and specifically within perianesthesia nursing practice. Ethical decision-making entails maintaining an open dialogue among all caregivers regardless of a difference in opinion, and within appropriate professional boundaries. It is our duty to patients and colleagues to practice at the highest level possible and to consistently work toward achieving our greatest professional potential.

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

# Breathline

Volume 30, Number 5  
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## Submit Your Photos for the 2012 Cover Now

### Journal of PERIANESTHESIA NURSING

Winners  
Receive a year  
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#### Congratulations to the 2011 Cover Photo Contest Winners

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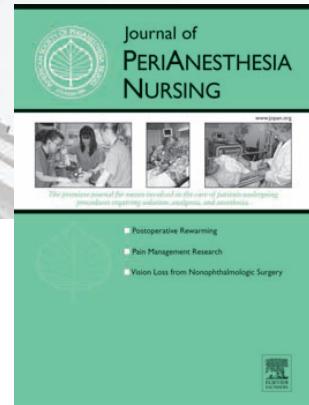
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The annual **Journal of PeriAnesthesia Nursing** Cover Photo Contest is now underway. You are invited to submit photos for consideration for placement on the cover of **Journal of PeriAnesthesia Nursing** during the 2012 volume year.

#### WHAT YOU NEED TO KNOW...

- ✓ Submit up to three black & white photos depicting perioperative practice. If available, also send digital files disc in high resolution.
- ✓ Photos will not be accepted beyond February 18, 2011. Photos and disc will not be returned.
- ✓ Submissions will be reviewed, judged, and announced at the ASPAN National Conference, April 2011
- ✓ All submissions require written permission/acknowledgment from the photo subjects to allow use of their photos by the Journal. Find a sample release form at [www.jopan.org](http://www.jopan.org).
- ✓ Photos will be judged using a subjective scoring grid based on the following criteria:
  - creativity and the use of subject matter
  - copy quality (close-up shots reproduce more effectively)
  - representation of trends in perioperative nursing for all levels of care (preadmission testing, phases I and II and extended observation)
  - patient representation, clinical focus, and presentation
  - appeal to ASPAN membership
  - motivation, inspirational quality
- ✓ Provide your name, credentials, place of employment and e-mail address
- ✓ Submissions by non-ASPA members require endorsement by an ASPAN member at your place of employment. Provide their name and list as a sponsor, along with credentials and email address.
- ✓ All digital submissions will also be considered for use in *Breathline*



#### Submit your photos to:

Chris Price, MSN, RN, CPAN, CAPA  
**Journal of PeriAnesthesia Nursing**  
Cover Contest  
4080 Willey Drive  
Townsend, DE 19734  
[chris\\_price@bayhealth.org](mailto:chris_price@bayhealth.org)

#### Deadline:

February 18, 2011



## Breathline

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# One Component's Journey to Adult Visitation in the PACU

Keith Schumacher BSN, RN – ASPAN Governmental Affairs Committee Member



Keith Schumacher  
serves as ILSPAN's  
Governmental  
Affairs Chairperson

The Illinois Society of PeriAnesthesia Nurses' (ILSPAN) journey on the road to patient and family advocacy began approximately two years ago at the ASPAN National Conference in Grapevine, Texas. Then ILSPAN President Beth Reiches, RN, and Vice-President Kelly Logli, RN, discovered that Illinois was the only state in the United States that did not allow for adult visitation in the PACU. Instead, the existing Illinois Department of Public Health (IDPH) rule allowed for visitation with children 12 and under while cared for in a PACU,<sup>1</sup> but not adults.

## The Problem

The main problem with advocating for a change in the ruling on "practices for operation of postoperative recovery rooms"<sup>1</sup> was actually finding out who had the ability and power to make this change. A first attempt at contact was made through the Illinois legislature, but Beth Reiches and Kelly Logli discovered that because it was an IDPH rule, ILSPAN would need to address the issue with IDPH. Calls were then made to several departments of the IDPH, but without success in identifying how to change this rule.

## Making Progress

Finally, in March 2010, ILSPAN member and current ASPAN President, Kim Kraft, BSN, RN, CPAN, found someone in the IDPH who could help. With the aid of IDPH Acting Director Bill Bell, the ILSPAN Board of Directors and Governmental Affairs Chair proposed a change in the section of the rule dealing with visitation. ILSPAN can now report that it is making progress in changing this rule!

## The Changes

The section of the IDPH Administrative Code, "Part 250 Hospital Licensing Requirements, Section 250.1320, Postoperative Recovery Facilities, Section 9A"<sup>1</sup> was what our organization found problematic. The following paragraph reflects a version of the original rule and the actual changes ILSPAN proposed:

- 9) No visitors shall be permitted in the **Phase 1 PACU** ~~postoperative recovery room~~, except in the case where a hospital has adopted a policy, approved through the Governing Board, that allows **for visitation in the Phase 1 PACU while the patient is a parent or guardian, or other individual selected by a child's parent or guardian, of a child 12 years of age or younger to be present with the child in recovering from**

a surgical procedure. Before allowing individuals to be present in the recovery area ~~with their child~~, the hospital shall have a policy in place that includes at least the following:

A) Written consent of a **patient over 17 both the parent, the parent(s), guardian or legal representative of a patient under 12 or a mentally disabled adult other individual and or** the physician performing the surgery;<sup>1</sup>

Subsequently, the proposed rule change passed in a unanimous vote during an Illinois Hospital Licensing Board Committee meeting.<sup>2</sup> Although the substance of the rule change may not be agreed upon by all hospitals, it provides a foundation to allow for adult PACU patient visitation and will bring comfort to patients and their family members. It is important to note that visitation will still be dictated by hospital policy; therefore, perianesthesia nurses hold an important role in advocating for new facility-based policies.

## The Future

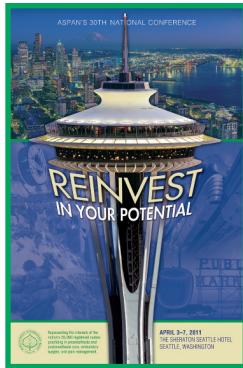
The IDPH legal department completed its review and the proposed rule was published on September 30, 2010, in the *Illinois Register*. The changes will be posted for public comment for forty-five days. If there are no objections, the new language will become an official rule in late 2010.

To view the *Illinois Register* 2010, Volume 34, Issue 40, [click here](#). The changes recommended by ILSPAN and discussed in this article can be found beginning on page 13770.

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2. Illinois Hospital Licensing Board Committee. Meeting minutes. Springfield, IL: Office of Health Care Regulation; May 12, 2010.

**Editor's Note:** ILSPAN's voice in advocating for meaningful change is proof that nurses must become knowledgeable about legislation impacting our patients and profession. Evidence supports the value of PACU visitation. In this case, ILSPAN leaders proved that navigating and working together with representatives in the legislative system can impact meaningful change to enhance healthcare delivery. Great job, ILSPAN! 



# ASPN's 30th National Conference

## April 3-7, 2011

### "Reinvest in Your Potential"

Holly Hunt, BSN, RN, CAPA - 2011 National Conference Local Committee Member

As the fall season kicks off, the National Conference Strategic Work Team (NCSWT) is busy finalizing a list of awesome speakers and enlisting volunteer members who will serve to make the 2011 Conference successful and memorable. We encourage you to come and take advantage of all that incredible Seattle has to offer! When not attending education sessions, visiting vendor exhibits or reviewing poster presentations, check out the fabulous downtown area. Seattle is a fun city in which to walk, shop, and sample the riches of hundreds of local restaurants. Don't miss the [Underground Tour](#), [Space Needle](#) and [Aquarium](#), for each offers something unique and special for its visitors.

The NCSWT is quite excited about the program's faculty and topic line-ups. Conference faculty includes practicing professionals from the Pacific Northwest region, together with some familiar and favorite perianesthesia nursing experts. Two four-hour preconference offerings include sessions on pediatrics and moderate sedation/analgesia. The post conference program covers malignant hyperthermia. Various educational session topics include, but are not limited to: anorexia, bariatrics, pain control, cardiovascular updates, informatics, obstructive sleep apnea, anesthesia awareness, emergence delirium, neuromuscular blockade, neuraxial anesthesia, pre-admission testing and issues associated with diabetes.

The annual ASPAN Development Dream Walk features a trip through the Pike Place Market. Not only is this a fun and healthy way to begin Conference week, the proceeds support member scholarships and awards earmarked to provide perianesthesia nursing profession opportunities for increased knowledge and enhanced clinical training. This is only an introduction to the 30th National Conference, so save the date and we will share much more information as the program dates get closer. Looking forward to meeting y'all in Seattle!

For more information on visiting Seattle [click here](#) or visit <http://www.seattle.gov/html/visitor>



Seattle's Space Needle defines the city's skyline



Pike Place Market offers a feast for ASPAN Dream Walkers' eyes

**Seattle  
in 2011**

**Breathline**

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## **The Independent Double-Check: An Answer to Safe Medication Administration?**

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



**Dina Krenzischek**

**A**n independent double-check of a high-alert medication is a procedure in which two clinicians separately and independently check each component of prescribing, dispensing and verifying the high-alert medication prior to administration to a patient. It is important for the checks to be done separately, and then have the two practitioners compare results.<sup>1</sup> Many hospitals have adopted manual redundancy practices, such as the independent double-check, as an important strategy to detect errors. Additionally, the independent double-check, when performed as advised, can identify human errors and prevent a wrong medication from reaching the patient.<sup>2</sup>

### **Human Error**

The Institute for Safe Medication Practices (ISMP) reported that the independent double-check is vital, but not perfect.<sup>3</sup> Scenarios were cited to show why independent double-checks are needed. For example, one nurse calculated a heparin volume amount for infusion administration. Another nurse looked over the calculation, versus actually performing an independent double-check, and agreed to the miscalculation of volume needed (17 mls. instead of 1.7 mls.). A medication error occurred.

Another scenario involved a morphine infusion bag. A postoperative lobectomy patient was prescribed and administered an epidural fentanyl with bupivacaine infusion. Subsequently, a nursing supervisor retrieved a replacement infusion bag from an

automated dispensing cabinet (ADC) drawer containing two infusions wrapped in brown paper protective wrap. Unfortunately, the identically wrapped bag contained an intravenous morphine mixture. A second nurse independently double-checked the bag, but didn't notice that the medication was wrong because the brown packaging was the same as she expected to see. The wrong medication was administered and the patient suffered respiratory compromise.<sup>3</sup> A similar incident occurred in the PACU where a wrong patient controlled analgesia (PCA) bag was given to a patient. The pharmacy staff placed a fentanyl PCA medication bag in the ADC dilaudid bin. The nurse picked it up while assuming this was dilaudid. The second nurse conducted an independent double-check, but merely assumed that the bag in the PCA device was correct.

### **Get it Right**

The scenarios described above involved independent double-checks that did not prevent a medication error from occurring. Each case involved a certain level of assumption rather than actual thorough investigations of the medication product to be administered. Human errors at various stages of the process played a central role in all the cases. As a lesson learned, the importance of the “5 Rs” of medication administration (right patient, right order, right drug, right dose/amount, right route) remain a critical link

*continued on page 7*

## **SAVE THE DATE: OCTOBER 3-5, 2011**

*The first **International Conference for  
PeriAnesthesia Nurses** will be held  
in fabulous Toronto, Ontario, Canada  
at the Sheraton Centre Hotel.*



ASPN partnered with the British Anaesthetic & Recovery Nurses Association (BARNA), Irish Anaesthetic & Recovery Nurses Association (IARNA) and National Association of PeriAnesthesia Nurses, Canada (NAPANc) to sponsor this exciting educational and networking opportunity for all nurses practicing in periesthesia related fields. Stay tuned for more information in *Breathline* and on the ASPAN Web site ([www.aspan.org](http://www.aspan.org)).

**Many practices ... just one world.**

# Frequently Asked Questions

## Vital Signs

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

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

### Q. What is ASPAN's standard for vital sign frequency in Phase I, Phase II and Extended Care?

**A:** This question comes up almost weekly through questions sent to the Clinical Practice Network. In fact, this question is asked so frequently that our team decided to investigate whether any evidence was available and then brought this topic up for discussion at the Standards review meeting last fall.

Team leaders from the Standards and Guidelines Committee, along with members from the Evidence Based Practice Committee, met face-to-face in October 2009. In preparation for this meeting, the question posed to the Evidence Based Practice Committee was, "How often should vital signs be taken? Two abstracts articles and 521 articles were reviewed by the EBP team. Evidence rankings and consensus were completed. No evidence, NONE, was available to guide perianesthesia practice on how often vital signs should be taken in order to promote optimal outcomes.<sup>1</sup>

### When to Assess?

The discussion continued. Perianesthesia nurses want to know what comprises best practice related to vital sign frequency. Clinical judgment is the essential element in determining frequency of vital signs. Expert opinion from perianesthesia nurses indicates that most units take vital signs every 5 minutes for the first 15-30 minutes of patient stabilization, and then progress to

Safety Alert  
continued from page 6

to patient safety. Nurses must be vigilant to closely inspect look-alike packaging, consider the pharmacy staff's involvement in dispensation of medications, and be aware of human factors in wrong medication administration. While the independent double-check is a process that offers a valuable error detection safety mechanism, it relies on practitioners to perform a true independent double-check process to uphold an error proof practice.

every 15 minutes for the duration of the patient's Phase I stay. If the patient is put into a holding pattern, for example, waiting for an inpatient bed, the frequency of vital signs can progress to the nursing unit standard. For Phase II, expert opinion indicates vital signs are assessed every 30-60 minutes, to include a set of admission and discharge vital signs.<sup>1</sup>

Based on our expert panel discussion, and due to a lack of evidence or specific literature stating what the vital sign frequency should be, the revised 2010-2012 ASPAN Standards will contain the following recommendations:<sup>2</sup>

- For Phase I, II, and Extended Care
  - Frequency of vital signs is institution specific
- There is no available research evidence related to frequency of vital signs. Frequency should be determined by each facility
  - Expert opinion states that vital signs should be taken every 5-15 minutes during initial stabilization, and more frequently if clinically indicated

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**Barbara Godden**  
Director for  
Clinical Practice

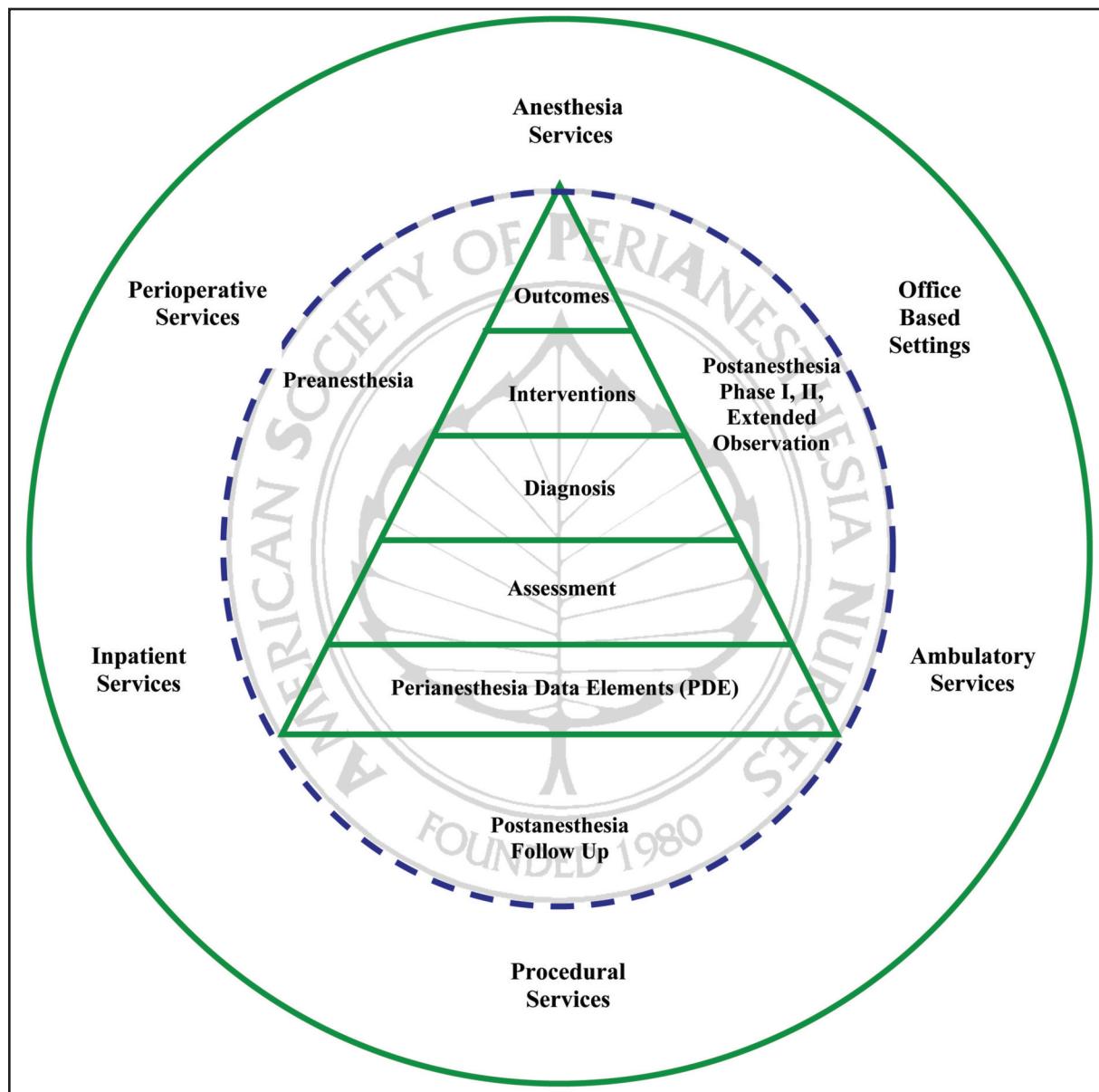
# Perianesthesia Data Elements (PDE) Implementation A Snapshot of Members' Feedback

Dina A. Krenzischek, PhD, RN, MAS, CPAN- ASPAN PDE Committee Member

In 2004-2005, ASPAN leaders had a vision and embarked on a journey to explore the perianesthesia data elements (PDE) that impact perianesthesia care. ASPAN responded by creating a PDE Strategic Work Team (SWT) headed by Denise O'Brien, MSN, RN, ACNS-BC, CPAN, CAPA, FAAN. The subsequent five-year journey was complex and confusing. PDE represented an emerging informatics specialty in which ASPAN lacked internal expertise. In consultation with Marisa Wilson, PhD, MS, RN, an informatics faculty

member from the University of Maryland, clarity and structure was brought to the team's work.

The initial simple vision of a perianesthesia nursing data dictionary evolved into a much broader dimension. A new goal was set to develop standardized terminology suitable for use in computer systems that would ultimately be used to: communicate between and among computer systems; generate evidence to guide practice at a national level; and further quantify and understand the contributions and value of nursing actions in delivering safe patient care.



## Capturing Care Delivery

The PDE capture the essence of perianesthesia nursing care. PDE are concept oriented and can be placed in computerized documentation systems. Our initial PDE SWT members, and the subsequent PDE Committee members, played a very important role in the product development process by bringing clinical expertise to this new framework. The PDE SWT used *Breathline*, the *Journal of PeriAnesthesia Nursing*, and ASPAN National Conferences to disseminate PDE progress and other related topics for ASPAN members' education. In 2009, at the ASPAN National Conference, Denise O'Brien and Marisa Wilson presented and released the PDE product to ASPAN members.

ASPA elected to have PDE accessible at no cost, which was remarkable news for ASPAN members and a very exciting moment for the SWT after five years of work. Members expressed amazement and excitement about the decision to have free access to the PDE product. In 2010, a brief survey was conducted to evaluate current members' feedback

related to PDE information and application. An electronic SurveyMonkey™ questionnaire was used to generate responses. A total of 1,333 respondents participated in the survey. See Table 1 for a summary of the survey's results.

## Looking Ahead

The snapshot survey showed that more member education and support is needed. Although the survey had some notable limitations, the data can be used as a reference for the PDE Committee as it develops ongoing strategic initiatives. The PDE Committee is grateful to the nurses who took the time to participate in the survey.

## BIBLIOGRAPHY

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TABLE 1. 2010 PDE Survey Findings

**A total of 9 questions comprised the PDE Survey. A summary of ASPAN member responses (n = 1,333) follows.**

1. Familiarity with PDE (1 = least to 5 = most): 72% chose "1" on the rating scale
2. The member accessed PDE information located on the ASPAN Web site: 87% responded "No". This may explain why members were unfamiliar with PDE and suggests that dissemination of information or education is most needed
3. Application status of PDE in the workplace: 7.4% plan to incorporate; 8.3% started to incorporate; 84.6% had no plan to implement. It is difficult to assess the reasons why respondents did not have implementation plans. Multifaceted factors may include hospital related costs and/or the associated complexity of PDE implementation when adding on to an existing informatics system
4. Actual addition or existing plan to incorporate sections of the PDE: The response rate for the "Assessment", "Nursing Diagnosis", "Intervention" and "Evaluation" sections ranged from 2.0% to 5.4%. 22.2% selected "All of the Above" sections. 81.8% chose "None of the Above". These responses may be related to previous question regarding PDE application in the workplace
5. Most important needs to assist with incorporation of PDE into documentation: 80.3% selected "More PDE education"; 7.9% want more consultation; 33.4% require assistance in presenting PDE to the management. 305 respondents skipped this question and did not indicate other needs. This area requires exploration
6. Barriers to implementing PDE in the nursing unit: 81.3% cited lack of PDE knowledge; 23.3% are unsure/do not know how to present to management; 9.8% lack hospital information technology resources; 7.4% lack of management support; 5.4% lack of computer skills. 133 respondents skipped this question, so other potential barriers may exist
7. Size of the hospital: 42% indicated <250 beds; 250 - 500 beds = 40%; 18.9% = >500 beds
8. Perianesthesia location of work: 87.6% selected PACU Phase I and II; Pre-admission = 22%
9. Institutional documentation technology type: Five brand names in use were identified; 428 respondents skipped this question

**Don't  
Miss the  
Conference  
Abstract  
Deadline**

ASPAN's 30th National Conference in Seattle, WA, will feature abstracts/posters displayed in two categories: the Celebrate Successful Practice (CSP) category and the Research and/or Evidence Based Practice category. There are very specific guidelines and requirements for each grouping detailed on the ASPAN Web site. **It is the members' responsibility to select the appropriate category and to meet the appropriate calendar deadline for submission.** 

## **Research and Evidence Based Practice**

The ASPAN Research Committee provides active perianesthesia nurses with an opportunity to present previously completed, unreported, original research findings from studies pertaining to all phases of perianesthesia nursing. A choice of oral and/or poster format may be selected for the 2011 National Conference presentations. Poster presenters are required to be in attendance to answer questions during grand rounds. Posters for Research and Evidence Based Practice will be displayed together but marked to differentiate.

Those submitting oral and poster abstracts are given the opportunity to have their abstracts published in the June issue of the *Journal of PeriAnesthesia Nursing (JoPAN)*. Past issues of *JoPAN* may be helpful for abstract development. Other helpful resources are available in the Research section of ASPAN's Web site.

If you are interested in presenting research and/or evidence based findings, please submit an application for anonymous peer review. Research and evidence based practice evaluation tools are posted on the ASPAN website. Acceptance of abstracts is based on scientific merit and strict adherence to submission guidelines. All project contributors receive an award certificate.

**Important Research and Evidence Based Practice**

**Abstracts information and dates:**

- If interested in presenting research and/or evidence based findings at the 30th National Conference in Seattle, WA, please carefully follow the guidelines available on the ASPAN Web site for abstract submission
- Complete and submit the ASPAN Research/Evidence Based Abstract Submission Form
- **New this year: abstracts submissions will only be accepted via e-mail in the indicated format**
- Submissions for Oral Paper Presentation and Poster Display Presentation MUST be emailed by **October 15, 2010**. Any applications received after this date will be returned and not reviewed
- Applicants will receive notification from the reviewers by February, 2011

For complete Research/Evidence Based Abstract application information [click here](#) or visit the [ASPAN Web site](#), click on the "Research" tab, and then click "Research Abstracts". 

## **Celebrate Successful Practices**

“Celebrate Successful Practices” is an excellent opportunity to present and share great ideas that you have found to be successful. This program offers a way for members to showcase the wonderful work being done at the grass roots level with other ASPAN colleagues. Patient education, process improvements, improved patient care, leadership strategies, and staff education are just a few of the topics you may want to consider. Topics may be derived from any successful practice related to perianesthesia nursing.

Please consider submitting your successful practice to the committee for review. Abstracts will undergo an anonymous peer review process. A team of reviewers will examine your abstract for specific criteria. If your abstract is accepted, you will be assigned to EITHER a poster presentation OR invited to participate in a Celebrate Successful Practice PowerPoint Presentation/Discussion in a specific lecture room. In this latter format, you would join other colleagues in presenting a seven-minute PowerPoint Presentation of your successful practice followed by five minutes of questions and discussion with the audience.

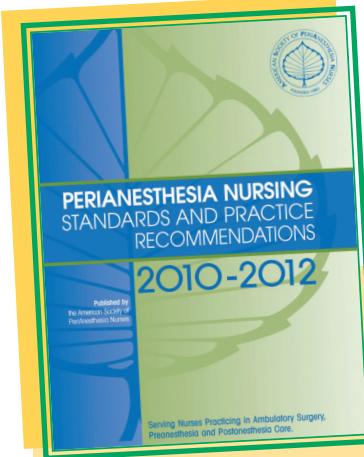
**Important CSP information and dates:**

- Celebrate Successful Practices is intended to be an interactive poster session with at least one member of the project team present to answer questions during Grand Rounds. Acceptance of your poster is conditional pending this verification. If you receive a letter of acceptance you will be asked to confirm which member of the team will be present during Grand Rounds
- Identified project leaders must be ASPAN members
- **New this year: abstract submissions will only be accepted via e-mail in the indicated format**
- Applications MUST be emailed by the **October 15, 2010** deadline to be considered. Any applications received after this date are returned and not reviewed
- Applicants are contacted with a notification of acceptance to EITHER poster session OR power point oral presentation by February, 2011

For complete Celebrate Successful Practices Abstract submission information, [click here](#) or visit the [ASPAN Web site](#), click on the "Clinical Practice" tab, and then click "CSP Abstracts" and "2011 CSP Call for Abstracts" from the dropdown menu.

# New ASPAN Publications Released

ASPAN  
News



The 2010-2012 edition of the ASPAN Standards, which is reviewed and updated biennially, provides a framework for the care of a diverse patient population across the perianesthesia care continuum. This edition incorporates current evidence-based practice, changing technology and nursing practice, and regulatory requirements. It also features a new title reflective of the re-titling traditional elements of the publication.

#### This edition includes:

- Standards of perianesthesia nursing practice
- Practice recommendations (formerly titled resources)
- Evidenced-based clinical practice guidelines
- Position statements
- Resources from partnering organizations

#### New content includes:

- Practice recommendation for fast tracking the ambulatory surgery patient
- Practice recommendation family visitation in perianesthesia care unit
- Position statement on workplace violence in the perianesthesia setting
- Position statement on the pediatric patient

The Standards go into effect December 27, 2010, 90 days after the official publication date.

ASPAN recently published updated versions of two highly regarded and widely read publications. Each is now available for purchase, and ASPAN members receive a special price discount!

#### **Perianesthesia Nursing Standards and Practice Recommendations 2010-2012**

#### **2010 Redi-Ref for Perianesthesia Practices, 4th edition**

The newly revised and expanded Redi-Ref is a user-friendly bedside reference tool designed to support perianesthesia nurses across the care spectrum. This practical pocket-sized reference book, also available on flashdrive with .pdf files, is helpful for practicing nurses in all phases of perianesthesia care and pain management.

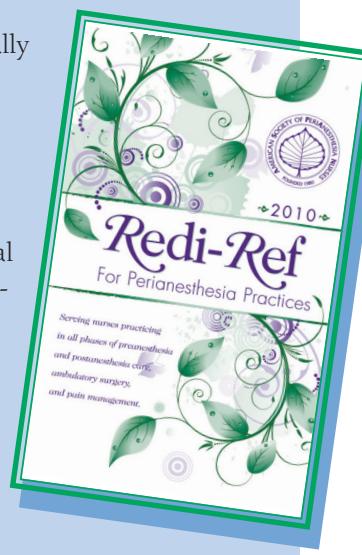
#### This edition includes:

- Clinically relevant perianesthesia care topics
- The latest references for those seeking additional information on a topic
- Expanded sections on anesthesia, geriatrics, pediatrics, and culturally diverse care

#### New content includes:

- Information for pain assessment and treatment
- A section on special procedures and interventional radiology

Visit the ASPAN's Web site ([www.aspan.org](http://www.aspan.org)) and place your online order today!



## Potential is on Your Horizon Call for Willingness to Serve

This is an exciting time to be an ASPAN member! With a focus on professional involvement, YOU can provide a vision, influence the future of healthcare delivery, and support the success of our specialty nursing organization. A willingness to serve supports meaningful change. ASPAN Vice President/President-Elect Chris Price, MSN, RN, CPAN, CAPA ([cprice@aspan.org](mailto:cprice@aspan.org)) invites you to become involved and share your special passion for perianesthesia nursing.

Please visit the ASPAN Web site, check out the volunteer opportunities that match your special talents or interests, and complete a Willingness to Serve for the 2011-2012 volunteer year. **The deadline for submission is October 31, 2010.**

For information and descriptions of ASPAN committees and work groups, please visit the [ASPAN Web site](http://www.aspan.org).

The **Willingness to Serve** information and submission form is posted on the ASPAN Web site. [Click here](#) to access the form. 

**Breathline**  
Volume 30, Number 5  
September/October 2010

## ASPAN Award Nominations Sought

Make time to honor a deserving colleague for his or her exceptional professionalism. Nominations are currently being accepted for the ASPAN's 2011 Award for Outstanding Achievement (AOA) and Excellence in Clinical Practice (ECP). The prestigious award winners will be announced at ASPAN's 30th National Conference in Seattle, Washington.

NOMINATION PACKETS  
MUST BE POSTMARKED  
NO LATER THAN  
NOVEMBER 30, 2010.



### Award for Outstanding Achievement

Accomplishing something using knowledge, skill and expertise defines achievement in nursing practice. The AOA nominee is recognized as leader and expert in the field, possessing outstanding knowledge in the practice, education, research and/or management of perianesthesia nursing. Every nurse should recognize

an exceptional colleague whose achievements made a difference in the lives of others and furthered the art and science of perianesthesia practice.

### Excellence in Clinical Practice

Excellence in clinical practice is at the core of an exemplary perianesthesia nursing professional. This expert clinical practitioner embodies advanced nursing perianesthesia knowledge and engages in practice advocacy through program contributions, committee work and special projects involvement.

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

## Component Milestones

*Kim Kraft, BSN, RN, CPAN – ASPAN President*

ASPAN's rich history was closely woven with its 40 functioning component societies throughout the years leading up to, and following, incorporation. As ASPAN celebrates thirty years of service, she pays tribute to the numerous components comprising the organization. The May/June 2010 *Breathline* issue listed the nineteen ASPAN components that became chartered in 1982. Over the next two years, twelve more component societies were added:

### 1983

**Iowa Society of PeriAnesthesia Nurses (ISPAN)**  
**Kentucky Society of PeriAnesthesia Nurses (KSPAN)**  
**Mississippi Society of PeriAnesthesia Nurses (MSPAN)**  
**North Carolina Association of PeriAnesthesia Nurses (NCAPAN)**  
**Pennsylvania Association of PeriAnesthesia Nurses (PAPAN)**  
**Tennessee Society of PeriAnesthesia Nurses (TSPAN)**  
**Virginia Society of PeriAnesthesia Nurses (VSPAN)**

### 1984

**Nebraska Association of PeriAnesthesia Nurses (NAPAN)**  
**PeriAnesthesia Nurses Association of New Mexico (PANANM)**  
**Rocky Mountain PeriAnesthesia Nurses Association (RMPANA)**  
**South Carolina Association of PeriAnesthesia Nurses (SCAPAN)**  
**Wisconsin Society of PeriAnesthesia Nurses Association (WISSPAN)**

This year marks the 25th anniversary for five more chartered components, bringing the total number to thirty-six with at least 25 years of service to perianesthesia nurses. This group includes:

**Indiana Society of PeriAnesthesia Nurses (INSPAN)**  
**Louisiana Association of PeriAnesthesia Nurses (LAPAN)**  
**Massachusetts Society of PeriAnesthesia Nurses (MASPAN)**  
**Rhode Island Association of PeriAnesthesia Nurses (RIAPAN)**  
**Vermont/New Hampshire Association of PeriAnesthesia Nurses (VT/NHAPAN)**

Three additional components celebrated a twenty-year milestone and will reach a silver anniversary in the next three years:

**Nevada PeriAnesthesia Nurses Association (NevPANA)**  
**PeriAnesthesia Care Nurses of Arkansas (PACNA)**  
**Hawaiian Islands PeriAnesthesia Nurses (HIPAN)**

Lastly, the **West Virginia Society of PeriAnesthesia Nurses (WVSPAN)** will be celebrating its 20th anniversary in 2011. As you can see there are many years, components and dedicated nurse members that created ASPAN's legacy. Here's to a bright future! 

# Reporting Qualitative and Quantitative Research Findings

Jennifer Wallin, MSN, RN, CPAN – ASPAN Research Committee Member

Composing research findings can be a challenging and arduous task. Developing a solid plan and organizing the findings is critical as the strengths and weaknesses of a study's results are identified.<sup>1</sup> It is crucial to translate results into a language that readers understand.<sup>2</sup> Whether you are writing or speaking about research, always identify your audience. Does the audience consist of experts in the field, community members, or individuals who are unrelated to the subject?<sup>3</sup> The audience should direct how best to communicate findings.

Meanwhile, it is important to make decisions regarding the length and substance of your presentation or paper. For example, community members are less interested in detailed results while healthcare professionals gain additional benefit from statistical data, specifics of the research study, and how the findings impact the profession.

## Analyze the Results

Always carefully review the findings with your research team to gain a full understanding of the data. Important questions to ask while reviewing are:<sup>2</sup>

- What are the significant and insignificant findings?
- Do the findings correlate to the hypothesis and question?
- Are the results clinically significant?
- Are there any unexpected results?
- What are the study's limitations?
- Are there any indications or suggestions for future research?

The researcher presents statistical analysis such as the mean, standard deviation, sample, and other variables (including the significance level if appropriate). It is important to describe the details of the research sample's characteristics such as age, sex, and ethnic origin. Placing this information into charts and diagrams allows the presenter and audience to keep on track. Refrain from complex statistical data. Instead, keep it simple to prevent misunderstandings, while maintaining the listeners' attention.



## Findings Matter

Always search for and consider previous research studies to compare with your results. According to Burns and Grove,<sup>2</sup> it is important to know whether the study findings are consistent with past research. Assess for any conflict or inconsistencies found in comparison to previous studies.

Writing research results requires a meticulous examination of data to draw conclusions, while abstract and concrete thinking skills are utilized in building knowledge of the subject matter, identifying other studies to conduct, and disseminating data to your audience.<sup>2</sup>

## Invest Others

Dissemination of the findings through oral communication, poster presentation or a written document is highly recommended. Identify the journals most interested in publishing the study's topic and review the guidelines for submitting a manuscript. It's always wise to follow the format suggested by a journal in order to gain acceptance and become published.

Healthcare professionals are unaware of the value and impact that research can have on the future of the profession.<sup>4</sup> This reality makes the successful dissemination of a study's results so important. Research findings should be easily understood to enhance the audience member's engagement and hopefully spark more interest in reading other studies or actually conducting research that could ultimately improve the quality of patient care.

## REFERENCES

1. Rudemstam K, Newton R. *Surviving your dissertation, A comprehensive guide to content and process*. Thousand Oaks, CA: Sage; 2001.
2. Burns N, Grove S. *The practice of nursing research: conduct, critique, and utilization*. St. Louis, MO: Elsevier; 2005.
3. Byrne M. Disseminating and presenting qualitative research findings. *AORN Journal*, 74(5): 2001, 731-732.
4. Floyd F, Roop J. Presenting research to clinicians: Strategies for writing about research findings. *Issues in Research*, 13(4), 2006, 66-74.



**Tanya Spiering**  
Region 5 Director

## The Director's Connection Greetings from Region Five

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

The past several months have been a busy time for us in Region 5 as we work toward the goal of hosting a regional conference. After presenting plans to the ASPAN Board of Directors and Region 5 component leadership, it was decided that the program focus would concentrate on leadership and mentoring, similar to a program offered for component leadership in Region 4.

As I moved into leadership roles, I sought mentors and tools needed to develop my skills. I am finding that these strategies supported success in my journey to become a leader. After listening to component presidents and other leaders within Region 5, I see that many of you feel the same way. To that end, we have developed a list of topics that will appeal to members serving in many aspects of component leadership. A survey was conducted to identify topics that our leaders feel are important, such as succession planning, newsletter and Web site development, budgeting, strategic planning, conference planning and utilizing technology in your component. As you can see, many of these topics can impact various levels of professional development, and I am very proud of the Region 5 leaders for their insight.

### Regional Mentorship

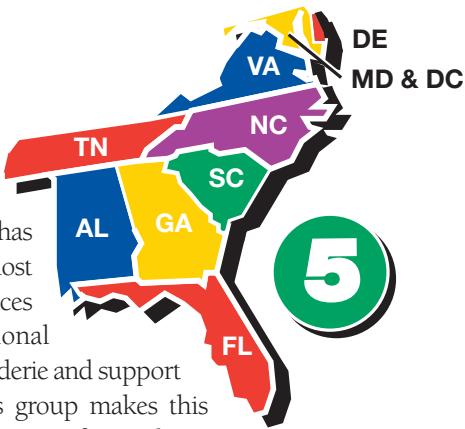
I have personally found one of the greatest benefits of being Region 5 Director is the ability to witness how individual components conduct business. Attendance at board meetings allows me to share ways in which other components accomplish goals. By introducing the concept of a leadership and mentoring conference, Region 5 will promote such dialogue in a greater, more personal capacity. The purpose of this meeting is to assist members in component leadership roles, or those interested in moving in that direction, to develop skills that support successful volunteer endeavors specific to the needs of Region 5 components. This meeting is not meant to replace ASPAN's Component Development Institute (CDI), but could build on the information and skills presented at the CDI through a regional mentoring opportunity. In the coming months, we will be exploring a centralized location for the meeting and anticipate holding the first event in 2012.

### Breathline

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Over the past year, serving as Region 5 Director has been among the most fulfilling experiences of my professional career. The camaraderie and support found among this group makes this role a joy. As we move forward, I am confident that our regional leadership conference will not only be a success, but will set the stage for many more good mentoring opportunities to come. Please join me in congratulating the Region 5 leaders for their perseverance and willingness to provide additional development opportunities for component members. Without such insight, we would not have had this conversation or work to make it become a reality. I am so very proud to wear the title of Region 5 Director!

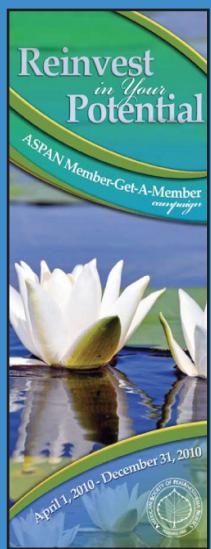
Contact Tanya Spiering at [tspiering@aspan.org](mailto:tspiering@aspan.org)



## Member-Get-A-Member Campaign Update

The Member-Get-A-Member (MGM) Campaign is off to a great start this year. As of August 1, 2010, there were 338 new ASPAN members! Thank you to all members who have chosen to "Reinvest in Your Potential" through recruitment activism. The campaign continues through December 31, 2010. Visit the ASPAN Web site ([www.aspan.org](http://www.aspan.org)) "Members" tab and to locate MGM Campaign details. [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.

*Will you be ASPAN's Recruiter of the Year? There's no time like the present to get involved and make it happen!*



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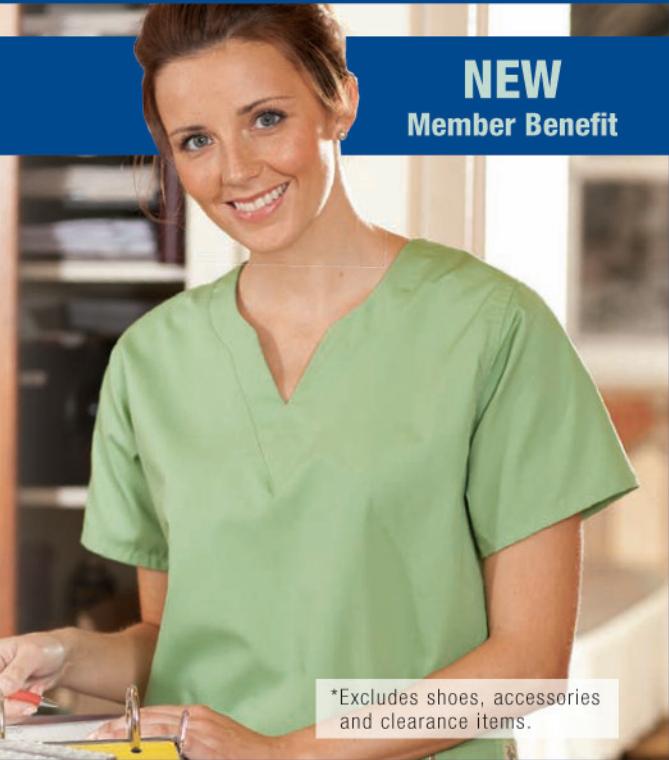
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For more information visit us at  
**tafford.com** or call **1-888-TAFFORD**



\*Excludes shoes, accessories  
and clearance items.

## New Online Practice Examinations

The American Board of Perianesthesia Nursing Certification, Inc. (ABPANC) has taken a new design approach to the CPAN® and/or CAPA® practice exams enabling participants to take numerous versions of the practice exams, versus having a limitation to just one or two practice exams. Each fifty-question practice exam is designed to randomly select its questions from a practice exam bank, thereby offering a unique questions mix.

The purpose of the online practice exam is to provide a simulated, similar experience to taking the actual CPAN and/or CAPA certification examinations. ABPANC practice exams are hosted on the Professional Examination Service (PES) Computer-Based Testing Site in collaboration with TesTrac. Look for the ABPANC logo when selecting a practice examination. Each exam costs \$35. [Click here](#) for more information about the perianesthesia nursing certification practice exams.

## Certification



**ABPANC Seeks Nominations for its  
Board of Directors**

**The deadline for nominations is  
November 30, 2010.  
Click here for more details.**

**Contact  
ABPANC**

ABPANC

475 Riverside Drive,

6th Floor

New York, NY 10115-0089

Phone: 1-800-6ABPANC

Fax: 212-367-4256

[www.cpancapa.org](http://www.cpancapa.org)



## Breathline

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## PeriAnesthesia Nurse Awareness Week (PANAW) February 7-13, 2011

Plan now to host an extraordinary PANAW observance. In addition, fall is an opportune time to submit PANAW proclamations to local and state officials to gain recognition and better inform the public on the importance of profes-

sional perianesthesia nursing practice. PANAW resources and a 2011 logo items link are available on the [ASPAN Web site](#) under the "Events" tab. Get started early and prepare to commemorate PANAW 2011 in exceptional style! 

### ASPAN Hosted Seminars

**October 16, 2010** Perianesthesia Certification Review in Abilene, TX. Hosted by Hendrick Health System. Contact Elena Abaquin at 325-670-2274 or [eabaquin@hendrickhealth.org](mailto:eabaquin@hendrickhealth.org)

**October 23, 2010** Pediatrics: Little Bodies, Big Differences in Bend, OR. Hosted by St. Charles Health System, Inc. Contact Joyce Tittle at 541-706-6925 or [jtittle@stcharleshealthsystem.org](mailto:jtittle@stcharleshealthsystem.org)

**October 30, 2010** Systems Review of Pathophysiology in Portland, OR. Hosted by Portland VA Research Foundation. Contact Melissa Schmidt at 503-220-8262 ext. 56042 or [melissa.schmidt2@va.gov](mailto:melissa.schmidt2@va.gov)

**November 6, 2010** Perianesthesia Certification Review in Chico, CA. Hosted by Enloe Medical Center. Contact Kim Pospsychalla at 530-332-7419 or [kim.pospsychalla@enloe.org](mailto:kim.pospsychalla@enloe.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](mailto:shanley@geisinger.edu) 

### Component Education Program

**N**ovember 6, 2010 PeriAnesthesia Nurses Association of New Mexico (PANANM) holds its annual Fall Conference "Knowledge: The Key to Unlocking Your Potential", at the University of New Mexico Domenici Center Auditorium in Albuquerque, NM. For information contact Connie Hardy Tabet at 505-925-4852 or [toatea2@yahoo.com](mailto:toatea2@yahoo.com) 

### ASPAN Seminars

#### October 22, 2010

Perianesthesia Certification Review  
 Honolulu, HI

#### November 6, 2010

Safety Begins with Us  
 Medford, MA

#### November 13, 2010

Surrounding Your Practice with Excellence: Legalities, Standards and Advocacy  
 San Francisco, CA

#### October 23, 2010

Perianesthesia Certification Review  
 Altoona, PA  
 Knoxville, TN

#### Foundations of Perianesthesia Practice

Roanoke, VA

Perianesthesia Nursing: A Systems Review of Pathophysiology  
 Oak Brook, IL

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



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