



Breathline

Volume 31, Number 2

March/April 2011

This is the Time

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The New Orleans Conference seems like so long ago ... but surely it was just last week! The past year was full and has flown by while serving as your ASPAN President. I had the opportunity to meet many of you at your component meetings. You shared stories about your workplace, commitment to patients, and passion for perianesthesia nursing. Some of you have been ASPAN members since the beginning, while others were brand new to the organization.

Many of you expressed excitement about recently becoming certified, shared your concerns about sitting for an upcoming exam, or articulated a desire to become certified in the future. Whatever or wherever the exchange occurred, it was evident that each of you were reinvesting in your professional potential. While the travelling was, at times, tedious, I always returned from the visits energized and renewed.

A Year in Life

I would like to share a few highlights from the past year. In May 2010, I was invited to give a presentation on the value of specialty certification for the National Association of PeriAnesthesia Nurses of Canada (NAPANc). In June, the ASPAN Board of Directors sent a letter of endorsement to the Canadian Nurses' Association Certification Review Committee encouraging it to consider approving NAPANc's proposal for a perianesthesia nursing certification examination. Later that fall, ASPAN published the *Perianesthesia Nursing Standards and Practice Recommendations 2010-2012*, culminating work that began a year before as a collaboration between the Standards & Guidelines and Evidence Based Practice Committees. The publication's new name reflected a new approach - this wasn't your same set of Standards. The Clinical Practice Committee fields questions from around the country asking, "What is ASPAN's recommendation for/on ..." Committee members then refer the person to the [Resources](#) in the Standards - which were our



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

[recommendations](#) for perianesthesia practice. It became time to call them such and provide the perianesthesia nurse with tools that carry more weight when advocating for patient safety.

As ASPAN President, I had the privilege of attending or participating at meetings of key stakeholder organizations such as the American Association of Nurse Anesthetists (AANA), American College of Surgeons (ACS), American Society of Anesthesiologists

(ASA), Anesthesia Patient Safety Foundation (APSF) and the Nursing Organizations Alliance (NOA). At the NOA Fall Summit, leaders from specialty nursing organizations discussed the impact of the Institute of Medicine's report on the future of nursing and what role the organizations should play in fostering changes recommended in the document. ASPAN also has a voice at the table of the Council on Surgical and Perioperative Safety (CSPS) - a coalition of organizations whose members are involved in the care of surgical patients. A CSPS sharps safety summary article is found in this issue.

Changing Times

Several programs/projects were started or revised during this presidential year. The Recruiter of the Year program was enhanced to provide more awards for members who successfully recruited new colleagues. The awards include monthly drawings for the ASPAN *Redi-Ref*, ten additional \$75 awards to be presented during National Conference along with the top recruiter and top component awards. The Membership & Marketing Committee also revised and renamed the member service recognition award, now known as the Above & Beyond Award. Ten ASPAN members will be recognized during the 2011 Representative Assembly for exemplary service to ASPAN or its components.

Last summer, ASPAN entered into an agreement with its international perianesthesia specialty organization counterparts, NAPANc, the British Anaesthetic and



**ASPAN
National
Conference**

**"Reinvest in
Your Potential"**

**April 3-7, 2011
Seattle, WA**

www.aspan.org

Celebrating 30 years of perianesthesia nursing excellence.

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President's Message

continued from page 1

*I thank each of
you for being the
face of ASPAN at
the bedside, for
being the
patient's safe care
advocate, and for
reinvesting in
YOUR potential.*

Recovery Nurses Association (BARNA) and the Irish Anaesthetic and Recovery Nurses Association (IARNA), to develop the first International Conference for Peri-Anesthesia Nurses to be held in October in Toronto, Ontario, Canada. Speakers from around the globe will share practice perspectives and research with global attendees. A new Clinical Practice feature on the ASPAN Web site showcases members' stories about the caring practices of perianesthesia nurses. The Education Provider Committee introduced an advanced pediatric seminar and is currently working on a perianesthesia setting pain management seminar. Work began in December to offer on-demand ASPAN Seminars on the Web site. Watch for more information in the coming months!

A Compelling Vision

Perhaps the most notable endeavor is ASPAN's strategic and organizational transformation. The Strategic Plan Implementation Strategic Work Team (SWT), led by Immediate Past President Terry Clifford, met in November 2010 to begin working on the plan. The recently completed ASPAN/ABPANC Environmental Scan was utilized to validate or identify issues that may impact the organization over the next 10 - 30 years. The SWT agreed that long-range goals identified by predecessors remained valid, so the strate-

gies were updated and new milestones (outcomes) were identified. ASPAN's Core Purpose remains unchanged, and two additional core values were added. ASPAN's Big Audacious Goal remains the same but is now called the Compelling Vision. The revised Strategic Plan was approved in February and will be presented during the 2011 Representative Assembly.

Over the past year we have shared information about ASPAN's 30-year legacy, which will culminate with an anniversary celebration during National Conference. I invite those attending the Seattle Conference to visit the anniversary display in the Exhibit Hall and share your story with us. It has been my honor to serve as your 30th President and I look forward to joining an amazing group of colleagues as the newest member of the Past Presidents' Council. I thank each of you for being the face of ASPAN at the bedside, for being the patient's safe care advocate, and for reinvesting in YOUR potential. To borrow from Reginald Hamm's lyrics, "I've tasted each moment and lived it out loud; I knew this was the time to be more than a name or a face in the crowd; I know this was the time of my life!"¹

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

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President's Reception Invitation

Wednesday April 6, 2011
7:00 PM - 9:30 PM

30th National Conference participants and guests are invited to this annual celebratory gathering. Come dressed in your favorite "party attire" to experience a lively, fun-filled evening in Seattle with your ASPAN President, colleagues and friends!

Sponsored by Hill-Rom

Increase in Sharps Injuries in Surgical Settings Versus Nonsurgical Settings after Passage of National Needlestick Legislation

Janine Jagger, MPH, PhD, Ramon Bergruer, MD, FACS, Elayne Kornblatt Phillips, RN, MPH, PhD, Ginger Parker, MBA, and Ahmed E Gomaa, MD, ScD, MSPH

The operating room is a high-risk setting for occupational sharps injuries and bloodborne pathogen exposure. The requirement to provide safety-engineered devices, mandated by the Needlestick Safety and Prevention Act of 2000, has received scant attention in surgical settings.

From 1993 thru 2006, data from 87 hospitals comprised of 31,324 sharps injuries were examined. This illuminated the fact that after passage of the legislation, non-surgical percutaneous injuries dropped 31.6% while they increased in the surgical setting by 6.1%. Most injuries were caused by suture needles (43.4%), scalpel blades (17%), and syringes (12%) and three-quarters of the injuries occurred during use of passing of devices.

In a recent study in an urban hospital, as many as 38% of surgical procedures involved a patient infected with at least 1 bloodborne pathogen, putting surgeons at risk of exposure to human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV). In addition to the risk of illness and death after an exposure, psychological trauma and long-term disability are of great concern. Percutaneous injuries to surgical staff carry a reciprocal risk for patients, with potential for infection transmission from provider to patient. The operating room is the highest-risk setting for this mode of transmission because open wounds are susceptible to contamination, and injury to the hands of surgical staff resulting in bleeding is not uncommon.

The Needlestick Safety and Prevention Act of 2000 explicitly required health care employers to provide safety-engineered needles and sharp instruments “with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.” A majority of injuries from sharp suture needles can potentially be prevented by a combination of blunt suture needles, “sharpless” skin closure methods, hands-free passing and the newest generations of sheathed or retractable scalpel designs.

The need for teamwork in implementing surgical safety measures is emphasized by the finding that most injured members of the surgical team were not the original users of the devices causing their injuries. Educators must also instill the importance of a safety culture for patients and staff within the operating room setting. Hospitals must make safety for employees a priority. Hospital administrators and purchasing departments must also understand that compliance is mandatory, and that new devices are continually coming to the market and must be evaluated for adoption.

A commitment on the part of surgeons, along with cooperation and encouragement from operating room personnel and hospital administrators, to apply the considerable knowledge and available technology to substantially reduce this potentially life-threatening risk is critical to progress and must be implemented.

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Editor's Note: ASPAN, as a member organization of the Council on Surgical and Perioperative Safety (CSPS), honored its request to share a summary from this original article published in the *Journal of the American College of Surgeons*, Volume 210, Number 4. For more information on CSPS partnerships visit its Web site www.cspsteam.org.



Despite enactment of safety legislation in 2000, percutaneous injuries increased in the surgical setting

Electronic Charting Process Improvement Through Use of a Nurse Satisfaction Survey

Tonya Evangelista, BSN, RN, CPN, Susan Harvey, BSN, RN, and Beth Mastrangelo, BSN, RN

The Institute of Medicine asserts that healthcare systems should make a commitment to eliminate hand-written data by the end of the decade.¹ Across healthcare organizations, nursing documentation is moving from paper and pen to electronic health records (EHR), thereby ensuring a readily accessible and more exact picture of a patient's clinical information. It has been shown that the paper data documentation method may lead to disorganized records, illegible information and difficult retrieval, which complicates the care management of chronic conditions.¹

Our facility recently adopted an EHR system. The purpose of the charting satisfaction survey was to evaluate post anesthesia care unit (PACU) nurses' perceptions with use of the new electronic documentation record, assess the nurses' perception of time spent on patient care versus charting, and identify barriers to use of the post anesthesia care flow sheet.

Review of Literature

Nursing documentation is a prominent tool for communication between healthcare providers. Tornvall and Wilhelmsson² noted that nursing records need to be more comprehensive and provide specific information to ensure better communication, and serve as a tool for care quality improvement. The data capture process used for regulatory compliance can be a time consuming task; however, that process can be streamlined when using electronic documentation thus leaving more time for actual process improvement activities. The type of electronic documentation system used can be hardwired for compliance by automatically capturing the specific regulatory data needed.³

Healthcare agencies are expected to implement EHRs to promote patient safety and improve the documentation of care.⁴ Paper documentation has been a time-consuming task involving development of a plan of care, and documentation of that plan and the care delivered to patients and families. Research found that: 36% of nurses perceived that EHR documentation decreased workload; 64% of nurses preferred bedside documentation, but environment and system barriers prevented bedside charting; 75% of nurses thought electronic documentation improved the quality of documentation; and 76% of nurses thought electronic charting would lead to improved safety and patient care.⁴

Nurses can function more efficiently when appropriate technology is instituted, thus allowing greater

concentration on patient care. Research done in a Florida hospital revealed that nurses were available to devote more time to direct patient care after the implementation of an electronic health record.⁵ In the perioperative setting, the anesthesia information management system (AIMS) plays an important role in the improvement of quality patient care, billing, operating room management, and risk reduction.⁶ Ultimately, an integrated online documentation system can improve patient safety.

Background

Advancements in nursing documentation technology occurred at Children's Hospital of Pittsburgh of UPMC facility. The change happened gradually from paper and pen to an EHR, and electronic documentation for the perioperative areas was instituted in phases. Preoperative documentation was done online for one year, while postoperative documentation remained on paper.

A committee was formed in August 2007 in preparation for electronic documentation implementation in the remaining perioperative areas. The committee members consisted of operating room staff, PACU staff, same day surgery staff, an anesthesiologist, a certified registered nurse anesthetist, informatics nurses and a software consultant from the online documentation company. Meetings were held weekly to develop the IVIEW (interactive view) band, comprising documentation used in the PACU. Team members set project milestones for building and testing the documentation.

The committee developed the documentation template and wrote test scripts to ensure that each piece of the record was appropriate. A SharePoint site was developed for committee members to address any issues and to facilitate communication. PACU and same day surgery staff training sessions were held on three different days for three hours each. The training was conducted by informatics nurses who offered four different sessions. Staff training was completed two weeks prior to the go live date.

The electronic documentation system went live in the PACU and postoperative same day surgery area in October 2008. In order to support the staff during this transition, tip sheets and a tip sheet binder were made available to every staff member. Informatics nurses, educators and committee members made rounds for two weeks after the go live date to assist staff members with areas of concern.

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Design and Implementation

Nurses' perception is identified by insight or assessment about the new documentation system.⁴ In our facility, the PACU provided a unique opportunity to assess nurses' perceptions about changing from paper documentation to online documentation. While the preoperative and postoperative areas changed documentation methods in phases, our PACU moved from paper to online documentation on a specific day.

A survey was designed to assess PACU nurses' perception and satisfaction with the online documentation system. Survey questions are shown in Table 1. A cohort comprising twenty-one PACU nurses was sent an e-mail that asked for voluntary participation in the study. The participating nurses completed open-ended questions related to positive and negative aspects of the electronic PACU flow sheet, the impact of charting on the amount of time and attention given to patients and families, and overall representation of the care provided.

The nurses would complete the survey and evaluate the paper documentation being utilized prior to implementation of the new electronic documentation system. The survey would again be distributed after the electronic documentation implementation at the six month and one-year post implementation interval. After completion, the survey results would be analyzed for common themes with results provided to the hospital's Surginet Committee members, informatics nurses and perioperative unit leaders to guide implementation of changes needed to achieve comprehensive electronic documentation of PACU nursing care delivered.

Results and Discussion

The survey was sent via e-mail to the entire PACU nursing staff (n=21). Eleven nurses responded to the pre-survey, 10 responded at the six month follow-up, and 5 responded at the one-year mark. Survey completion reminder e-mails were sent to all participating staff members for the one year follow-up; however, the response rate did not improve. The open ended questions were analyzed by a statistician for common themes. Responses are located in Table 2. Because the PACU nurses were comfortable with a pen and paper system, transition to online documentation was difficult in the beginning. As time progressed, the nurses adapted to the new method and reported that EMR charting was easy, quick, and efficient, and caused minimal impact on the time spent with patients and families. PACU nurses perceived computer use as



Photo by Terri Miller

Electronic charting system implementation in the perianesthesia setting is underway nationwide

more troublesome than the actual electronic flow sheet design. Survey responses related to computers reflected a need to improve the speed of operation, problems related to inability to open two charts at one time, and computers unexpectedly freezing or shutting down. This information was shared with the EMR implementation team so that the technical problems could be investigated and addressed.

It was important to have nurse participation in the Informatics Council because the perioperative areas represented the last of the inpatient units to transition to online documentation. Nursing staff members offered insight into the end-users' issues and concerns and brought that information to the council and, subsequently, we learned some valuable information needed to assist with our transition. It is important to maintain computer downtime procedures and instructional binders for use when the online documentation system is not available. Although PACU nurses have adjusted to online documentation, this may result in difficulty remembering the critical components of paper documentation during unexpected computer malfunction periods. While our survey limitations included a small sample and low response rate at one year, it did serve to identify hardware deficiencies and EMR charting struggles encountered during high patient turnover periods.

Table 1. Survey Questions

Question 1	Identify two positive aspects related to your current PACU flow sheet.
Question 2	Identify two negative aspects related to your current PACU flow sheet.
Question 3	How does your current charting impact the time and attention you give to patients and families?
Question 4	Does your current charting represent the care you are providing?

Table 2. Survey Questions Responses

	Pre-Survey (n=11)	6 Months (n=10)	1 Year (n=5)
Question 1	Easy, quick	Easy, quick	Efficient
Question 2	Not enough space to chart, incomplete documentation (areas need to be added)	Computers are slow, freeze, and shut down without warning	Computers are slow; difficult to complete charting when patient turnover is quick
Question 3	Minimally	Takes away from patient care	Minimally; computers shut down without warning
Question 4	Yes	Yes	Yes

Implications for Practice

Change is rarely easy and often frightening for humans. Although our PACU staff members initially experienced difficulty with transition to EMR documentation, mainly due to fast-paced patient throughput, they became quite successful with its performance with implementation team support and over time. Through sound Informatics Council interdisciplinary collaboration and planning, organized staff educational instruction and supportive oversight during the early EMR go live period, PACU nurses were empowered to achieve success and serve as excellent role models and mentors for anesthesia providers and operating room staff during EMR implementation in their practice setting.

The Informatics Council members continue to utilize the SharePoint site to address identified EMR issues and concerns and hold monthly meetings regarding use of the online documentation system. As a result, continual documentation improvements have been made (e.g., updating patient infection status and incorporating nursing care plans into charting). All of the efforts undertaken during this quality improvement project served to advance patient data capture and helped enhance interdisciplinary and hand-off communications.

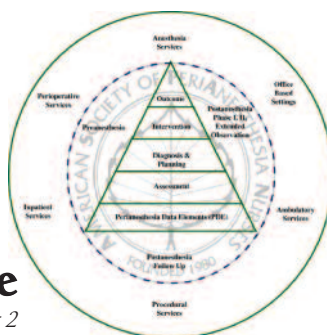
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Tonya Evangelista is a nurse educator, and Susan Harvey and Beth Mastrangelo are patient care supervisors at the Children's Hospital of Pittsburgh of UPMC. Address correspondence to Tonya Evangelista at tonya.evangelista@chp.edu.

Perianesthesia Data Elements (PDE)

ASPAN developed PDE to unify and standardize the electronic charting data collected in various perianesthesia settings. This information can now be applied to clinical practice. **ASPAN members can download a FREE copy of the PDE.** Go to www.aspan.org and log-in using your username and password. PDE information is found under the "Resources" dropdown menu. Select "PDE 2009" and then save the file to your computer.



ASPAN PDE Model

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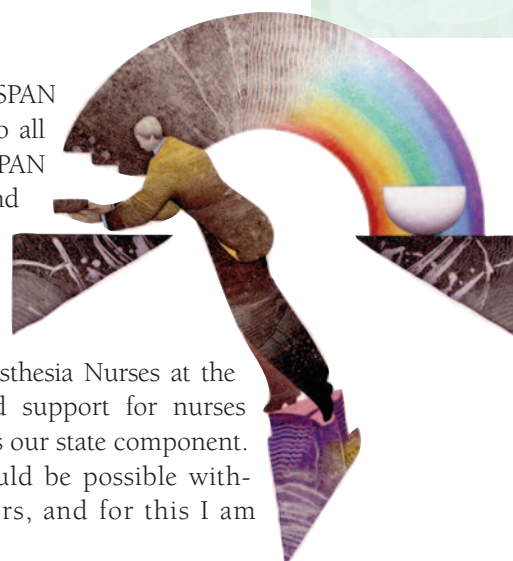
What ASPAN Means to Me

Susan Hardway, BSN, RN - ASPAN Membership/Marketing Committee Member

A bridge is a structure that allows for passage across obstacles or one that serves as a link or method of coming together. ASPAN is my bridge. It is the underlying structure that permits me, as a perianesthesia nurse, to reach out and network with others in the field. My journey began five years ago when ASPAN leaders came to the rescue of a very 'green' and inexperienced perianesthesia nurse. Through the education and unwavering support provided, I was on the way to helping my state component get back on track and begin to grow.

After many phone calls and e-mails, a trip to the Component Development Institute and then my very first National Conference in Anaheim, California, I

realized how valuable ASPAN was not only to me, but to all perianesthesia nurses. ASPAN fosters important growth and leadership skills for those nurses who strive to be the very best. Today, with new leadership for the West Virginia Society of PeriAnesthesia Nurses at the helm, encouragement and support for nurses continues to grow - as does our state component. None of these things would be possible without ASPAN and its leaders, and for this I am thankful! 🌱



2011 Scholarship Program

The ASPAN Scholarship Program is a member benefit designed to provide financial assistance to ambulatory surgery, postanesthesia, preanesthesia, and pain management nurses aspiring to augment their abilities to contribute to the perianesthesia nursing community. **Applicants must be current Active Category members of ASPAN and a component for the past two full years prior to the application deadline.** The Scholarship Brochure and submission forms are ONLY available online, with specific eligibility requirements for each type of scholarship detailed in the [Scholarship Brochure](#).

To access ASPAN Scholarship Program information *and the application forms* [click here](#) or select

"Scholarship Program" from the "Members" dropdown menu at www.aspan.org.

Scholarships Offered:

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

The application deadline is July 1, 2011. 🌱


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Reinvest in Your Potential April 3–7, 2011 Seattle, Washington

Follow the Yellow Brick Road to Component Night

Visit the ASPAN Membership/Marketing table on Component Night for the perfect opportunity to meet with us and learn about the many benefits of ASPAN membership. This year, our fantastic basket raffle includes a copy of the recently published ASPAN *RediRef* and several useful ASPAN logo items. In addition, future ASPAN members can enter a complimentary ASPAN/Component Membership Raffle. One free raffle ticket coupon is included in each non-member's Conference registration packet. **Don't miss out on your chance to win!** 

Research Presentations




Conference posters undergo a peer review and acceptance process to present exciting new perianesthesia research findings

RESEARCH POSTERS display not yet published research study findings. Attendees can move around freely to review visually appealing posters and easily identify the main research findings related to a study of interest or concern to perianesthesia nursing practitioners. The researcher will stand by to share study findings and implications and a summary handout or the primary investigator's business card is often available.

Monday April 4th
7:15 PM - 8:30 PM
Oral Research Presentations

Tuesday April 5th
7:00 AM - 8:00 AM
Research Poster Presentations
and **Poster Grand Rounds**

12:00 PM - 1:00 PM
Poster Grand Rounds

ORAL RESEARCH POSTERS Typically, four presentations are given during which time the researcher has 10-15 minutes to discuss his/her findings and participate in a short question and answer session. Attendees are encouraged to ask questions in both formats because discussion exchanges often spur ideas for future studies. Learn researchers' opinions about the ways in which study findings may influence your practice; such information can be used to improve patient safety and care quality. Learning from actual researchers is invaluable if you are interested in conducting future studies. Ask what would he/she would do differently if repeating the study. 

EBP Coming Attractions

Start an evidence based practice (EBP) group in your PACU and be mentored in the process! The ASPAN EBP Grassroots Program will be discussed during the Conference and will soon become available for download from www.aspan.org. For more information contact Kim Noble, PhD, RN, CPAN (kimnoble@verizon.net).

Make Some Noise at the Silent Auction

The National Conference **Exhibit Hall** not only boasts a gallery of industry partners displaying the latest and greatest products used in perianesthesia nursing practice, it also houses the **ASPAN Development Silent Auction**. Take home a fabulous auction prize while supporting important future Development program initiatives. ***Bid early and often to secure a top bid when the final gavel sounds!***

ASPAN Shoppe Open for Business

The shelves are stocked and ready for you to “power shoppe!” Go green with a sturdy, reusable ASPAN shopping bag ... and then fill it with many useful ASPAN publications and logo items for sale. Lightweight and smaller items are ideal coworker gifts that can be easily packed in your luggage to take back home. Check your Conference pocket guide for store hours and visit us daily to submit an entry for the free merchandise drawing. You don't have to be present to win. Diane Swintek leads this year's volunteer sales team and she invites you to join this excellent networking opportunity. Please contact Diane (dinah613@verizon.net) to volunteer.



The ASPAN Shoppe staff is ready to assist with publication and logo item purchases.

Breathline

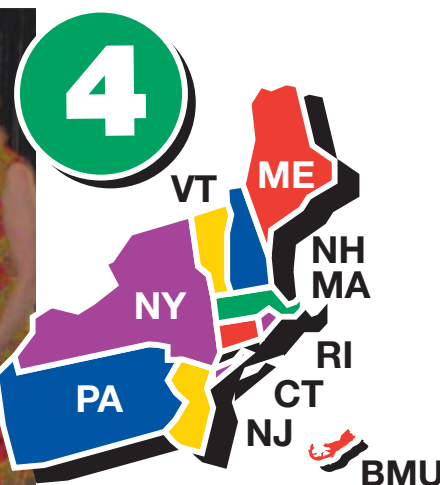
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Region 4 Greetings

Laura A. Kling, MSN, RN, CNS, CPAN, CAPA - ASPAN Regional Director, Region 4

It is with great pleasure that I address you through our professional newsletter. It does not seem so long ago that I was standing before the Representative Assembly as a candidate. As I traveled about Region 4 over the past year, it was inspiring to recognize existing potential, and very encouraging to witness members using the benefits that national and component membership offers. Component discussions centered on economics, “going greener”, engaging members and mentoring.

Reinvesting in potential connotes an understanding of one's own aptitudes and capabilities. I firmly believe every nurse is a leader. Every nurse has intelligence, confidence, strong communication skills, and personal and professional fortitude. I have met new leaders, potential leaders and members and reconnected with others who have been on the ASPAN journey. Now let me share a glimpse into Region 4.



Laura Kling (wearing a red hat) and Region 4 members together at the September 2010 Component Development Institute

Maine (MESPAN) www.mespan.org President Carol Silsby and company hosted the 2010 Fall Conference “Perianesthesia Potpourri” in Portland. The Spring Conference will be held in Brewer. Did you know that Maine won the ABPANC Shining Star Award in six out of the last seven years? Go MESPAN!

Vermont/New Hampshire (VT/NHAPAN) www.vtnehapan.org Karen Flanagan is the president. In Fall 2010, the component celebrated with its Anniversary Conference “Honoring Our Members: 25 Years of PeriAnesthesia Excellence” in Nashua, New Hampshire. The Board of Directors is considering a teleconference meeting format to facilitate communication and encourage new board member participation.

Rhode Island (RIAPAN) President Nancy Crawford and the component members are celebrating its 25th anniversary. An ASPAN provided seminar was held in Warwick during February 2011.

Massachusetts (MASPAN) www.maspan.org Kathy Saball is the new MASPAN President. In October 2010, the component celebrated its 25th anniversary. As a previous winner of the ASPAN Gold Leaf and Newsletter Contest awards, its members are extremely active and engaged. The 2011 Spring Conference was held on March 12th in Medford.

Connecticut (CSPAN) www.ctspan.org Joyce Chase is the component's president. Maintaining and growing CSPAN membership was a hot topic of discussion at 2010 ASPAN Component Development Institute. Members receive the *Stretcher Scene* newsletter by e-mail. The CSPAN Spring Conference was held on March 19th in Hartford.

New York (NYSPAN) www.nyspana.net President Carole Capps leads the largest component in Region 4 with over 800 current members. Its 2010 award winning *Up to PAR* newsletter is published on the Web site. PANAW workshops were held in District 1 and 14 this year.

1st International Conference for PeriAnesthesia Nurses

“Many Practices ... Just One World”

OCTOBER 2 - 5, 2011

Toronto, Ontario ~ Canada

CALL FOR POSTERS:

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Find us on Facebook




*ASPAN Regions
continued from page 10*

New Jersey/Bermuda (NJBPANA) www.njbpana.com Mary Ellen Bednar is the component's president. In addition to a program offered in February 2011, other component educational offerings will occur in May and October of this year.

Pennsylvania (PAPAN) www.papaonline.org President Lynn Sekeres and the PAPAN Board of Directors are planning its first virtual meeting using the "Go-To- Meeting" Web-based platform. There is interest in developing an "Up and Comer's" version for mentoring and succession at the component level.

ASPAN has tremendous talent in the wings, and it is my honor to showcase our inspired and innovative Region 4 leaders and members. I invite you to take President Kim Kraft's challenge whether at the district, component or national level, to "Reinvest In Your Potential." Share your education, experience and expertise with colleagues and accept the challenge to advance perianesthesia specialty practice. Then take it to the next level at the first International Conference for PeriAnesthesia Nurses in October 2011!

Contact Laura Kling at lkling@aspan.org 

Happy 25th Anniversary
**MASPAN
RIAPAN
VT/NHAPAN**

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University of Colorado Hospital PACU staff members (from left) Carolyn Dietrich, Sandy Godcharles and Rachel Romero



Colorado

The 2011 PeriAnesthesia Nurse Awareness Week (PANAW) Celebration at the University of Colorado Hospital in Aurora included several fun and enlightening events:

- A breakfast inservice on perianesthesia documentation
- Jeopardy game
- Perianesthesia patient and family education event
- Food drive for Food Bank of the Rockies
- Lunches sponsored by generous donors
- Slogan contest and poster display

The University of Colorado Inpatient Perianesthesia Nursing Slogan is, **"Practicing State of the Art Nursing Care with Compassion for you and your families ..."**

Illinois

The Illinois Society of PeriAnesthesia Nurses (ILSPAN) obtained a PANAW proclamation from the Governor of Illinois for many years. This year, in honor of ILSPAN member and ASPAN President Kim Kraft, veteran component activist Marigrace Clarke decided to pursue local proclamations. Through a perseverant e-mail and letter writing campaign to both the mayor of St. Louis City and the St. Louis County Executive, she succeeded! Marigrace reported that the ASPAN Web site's sample proclamation posting was supportive of this effort. On a cold, blustery and snowy day, she traveled to the city and county executive offices to obtain the proclamations. Further, Marigrace converted the proclamations into portable document files and e-mailed them to all ILSPAN District III members to be posted at their workplace. Many members replied with excitement and gratitude. She now encourages other perianesthesia nurses to try a similar project next year because not only did it elevate PANAW's visibility, it was fun and rewarding.



ASPAN President Kim Kraft (left) and Marigrace Clarke hold PANAW 2011 proclamations

Michigan

Novi's Providence Park Hospital celebrated PANAW in style. PeriAnesthesia Nurse Educator Terri Miller reports that the hospital opened in September 2008, and since that time it has experienced tremendous growth. This was the first year that a PANAW celebration was observed, and it was done with great spirit. Terri took photos of the perianesthesia nurses in action while providing high quality care to their patients. The photos were displayed on a large flat screen TV in the hospital cafeteria to honor our nurses during PANAW, thus reaching many colleagues and hospital visitors. The hospital president issued a PANAW memo of recognition and leadership staff made breakfast for the nursing staff to show appreciation for their dedication to patients and to each other. 🌱



Action photos showcased perianesthesia nurses to hospital colleagues and the public



A Providence Park Hospital PACU nurse delivers expert care to a postoperative patient

North Carolina

Rex Hospital in Raleigh displayed PANAW banners in different areas of the hospital to increase awareness of the specialty practice. Staff members enjoyed special treats supplied by hospital management each day during PANAW. 🌱



Rex Hospital Level 1 PACU nurses with a custom made banner sporting the PANAW 2011 logo

Texas

The staff at St. Luke's Episcopal Hospital (SLEH) had a great PANAW celebration. The kickoff was held on Monday in a main lobby. It displayed posters of the PACU, Day Surgery & Ambulatory Surgery staff members. Each poster was designed to inform the public and other healthcare workers about various departments in which perianesthesia nurses work and how the nurse's role makes a difference in surgical patients' care. The staff celebrated with a different ethnic cuisine luncheon each day, and the wonderful SLEH anesthesiologists joined in. There was a "Who's Who" game and door prizes. The game revealed that 25 PACU nurses have worked a collective 500 years at SLEH! Truly, perianesthesia nurses are **Exceptional People** providing **Exceptional Care!** 🌿



SLEH's PANAW kickoff was held in a main lobby with nurses and volunteers serving cake to patients, families, physicians and guests



This PANAW poster featuring perianesthesia unit staff members demonstrates total creativity, enthusiasm and pride

Thank you PANAW submission contributors:

Marigrace Clarke (MO)
Terri Miller (MI)
Mary Rachel Romero (CO)
Judy Schneider (NC)
Pamela Windle (TX)

Member-Get-A-Member Campaign


Membership applications are available on the Web site www.aspan.org. For complete information about ASPAN member benefits and participation in the recruitment campaign, click on the "Members" tab and select from the dropdown menu options. 



Photo courtesy of Pamela Windle
Every extraordinary member can inspire one exceptional colleague to join ASPAN

British Anaesthetic and Recovery Nurses Association Annual Conference and Exhibition



"Celebrating 25 Wonderful Years"

July 1, 2011

Clarendon Suites
Birmingham, United Kingdom

For more information or to register visit www.barna.co.uk



Visit the ABPANC Booth
located in the 2011 ASPAN
National Conference Exhibit Hall




American Board of Perianesthesia Nursing Certification (ABPANC) CPAN® and CAPA®
information is found at www.cpancapa.org

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ASPAN Hosted Seminars

April 23, 2011 Perianesthesia Certification Review in Geneva, IL. Hosted by Delnor Hospital. Contact Carolyn Sinclair-Shaw at 630-208-4043 or [carolyn sinclair-shaw@delnor.com](mailto:carolyn.sinclair-shaw@delnor.com) 

ASPAN Seminars

May 7, 2011

Perianesthesia Certification Review
Minneapolis, MN

May 21, 2011

Complexities and Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum
San Diego, CA

June 4, 2011

Safety Begins With Us

San Antonio, TX


Surrounding Your Practice with Excellence:

Legalities, Standards and Advocacy

White Plains, NY 



Emerald City Bulletins April 3-7, 2011

If unable to attend the 30th ASPAN National Conference this year, stay connected and informed with our daily *National PartiCULARS* Web postings. Just visit www.aspan.org each day to read about the events and activities taking place in the Pacific Northwest. 



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