



Breathline

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INSIDE:

CHANGE AND TRANSFORMATION: The Right People at the Right Time

Every perianesthesia nurse comes into this specialty for a variety of reasons. During a fateful summer of mine, my critical care experiences had me and my colleagues caring for airmen from Dover Air Force Base with multi-trauma and significant head injuries. Caring for military heroes was a privilege. The work was exhausting, exciting, tedious, horrible and glorious all at the same time. I loved the demands and heart of this type of nursing. I relished the unpredictability of these patients' outcomes, not unlike living on the edge some nights.

Still, I found myself driving home and wondering if I was making a difference, especially after a death or life altering injury. I knew I was a 'crackerjack' ICU nurse, and knew the value of my work and dedication, but those demands were taking a toll on my personal life and perspective. I found myself dismissing any illness less critical, even with loved ones, as trivial or irrelevant. For the first time, I found myself at a crossroads – and realized I needed a change to be able to put everything back into perspective.

Change and Transformation

I didn't realize at the time that this part of my nursing career was preparing me for the next level and perspective, one all the more challenging and rewarding! That same summer I was offered a relief position in the PACU. For me, after working in the critical care unit, the post anesthesia care unit felt like coming home. But changing from a part-time RN in the ICU to a per diem in the PACU meant no benefits, an unpredictable



Chris Price, MSN, RN, CPAN, CAPA
ASPAN President 2011-2012

schedule, a significant change in income and a potential loss of stability in my work life. Transformation was occurring. According to Kipfer,¹ **transformation** is defined as "to change completely, reconstruct, remodel, translate, renew, and metamorphose." By the same token, **change** is defined as "make or become different, adjust, alter, evolve, modify, recondition, revolutionize and transfigure."²

My transformation was a decision that introduced me to a lifelong love of perianesthesia practice, involvement in my professional organization, and boundless opportunities. I gained new colleagues, lifelong friends and a window of opportunity I never dreamed of, a transformational change to my own development and understanding of my professional organization. This year, as your president, I have learned about the value of transformation and change. Each is a necessary part of our own growth and development, and equally so to the evolving needs of our organization and members. Change takes initiative, tenacity, risk, creativity and questioning popular thinking.³ Maxwell asserts that 'stretching' our thoughts will provide the right formula to achieve a real impact and legacy.

The Right People at the Right Time

"The Right Thought plus the Right People in the Right Environment at the Right Time for the Right Reason will equal the Right Result."⁴ As a perianesthesia nurse since 1987, I have seen the results of the right people in 24 ASPAN presidents

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ASPN
National
Conference

"Beacons of
Change ...
Focusing on the
Future"

April 15-19, 2012
Orlando, FL



President's Message

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*"The Right Thought plus the Right People in the Right Environment at the Right Time for the Right Reason will equal the Right Result."*⁴

and their leadership teams, members, and colleagues, utilizing this same process and effort to assure that ASPAN remains viable and successful. The visions and goals of these leaders have been and continue to be pioneering since the inception of this society.

Further, these same leaders who envisioned that change and transformation were needed, created an ongoing journey, customizing it to provide the outcomes that will continue to define us as a society. General George Patton said, "Successful generals make plans to fit circumstances, but do not try to create circumstance to fit plans."⁵ ASPAN's Strategic Plan must be an ever changing, dynamic and living entity, critical to ASPAN's success, giving direction and credibility to going in the right direction. It cannot look the way it did 10 years ago, nor will it look the same today as it will as we move towards tomorrow.

What the Future Holds

As ASPAN focuses on the future, its compelling vision will become all the more defined. As a society, ASPAN must never lose sight of its sacred trust to members to be the premier provider of education, research and clinical practice. I eagerly anticipate ASPAN's 32nd president, Sue Carter, BSN, RN, CPAN, CAPA, continuing ASPAN's vision. She will assure that ASPAN and its leadership collaborate to 'stretch our thoughts' to


maintain membership advocacy and focus. Like so many before her, I look forward to her continuing the legacy of making a difference in the practice for our patients.

Linda Staten said:

"As you journey through life, choose your destination wisely, but don't hurry there. You will arrive soon enough. Wander the back roads, the forgotten paths, the unknown ways, as you keep your dreams in your heart as the light that guides you. Seek out new voices, strange sights, and bold ideas. Such are the riches of the soul."⁶

My very warmest and best regards to all of you as you continue your own journey in life and practice. Thanks sincerely for being a part of mine.

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Deadlines for inclusion in *Breathline*:

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

YOUR INVITATION

to National Conference Activities

Sylvia Baker, MSN, RN, CPAN - Membership & Marketing Strategic Work Team Coordinator

ASpan membership now exceeds 15,000! This year's National Conference promises to bring many, many perianesthesia nurses together to celebrate our commonalities. The annual Conference offers members and non-members alike an opportunity to enjoy some great networking, while supporting many activities of this Society. Everyone attending the Orlando National Conference will find Membership/Marketing (M/M) Strategic Work Team (SWT) members busily attending to varied activities taking place during the week.

Just for Starters

Be sure to swing by the M/M booth at Sunday's Component Night. Come and spend a few minutes chatting with peers and share your thoughts about the ways in which M/M can support you. While there, take a chance on the raffle for a basket of goodies that ASPAN Membership Services Manager Eileen Zeiger is putting together.

Next, we invite you visit the ASPAN Shoppe filled with some great logo items, souvenirs, and the famous ASPAN specialty publications designed to elevate the care you provide on a day-to-day basis. ASPAN will, again, be offering a daily free prize drawing for those shoppers making a purchase on that day. So do shop early...and shop often! The hours of operation will be listed in the Conference program schedule. Please note that



▲ Jane Lind manning the 2011 Component Night M/M table

there are NO Shoppe hours on Thursday. If you're looking for something fun to do in Orlando, contact Jane Lind (janelind@sc.rr.com) to offer your help in the Shoppe during Conference week.

The M/M SWT has been busy judging a number of awards over the past couple of months. During Opening and Closing Ceremonies, all conference attendees will have the opportunity to honor and celebrate the accomplishments of individual members and components.

We look forward to meeting up with old friends and establishing new relationships in Orlando. See you there! 🌿

Scholarship Program Accepting Applications

The ASPAN Scholarship Program is a member benefit designed to provide financial assistance to ambulatory surgery, postanesthesia, preanesthesia, and pain management nurses aspiring to enhance 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/Application is ONLY available online, with specific eligibility requirements for each type of scholarship detailed in the

To access ASPAN Scholarship Program information and an application form or select "Scholarship Program" from the "Members" dropdown menu at www.aspan.org.

Scholarships Offered:

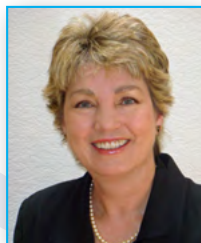
- \$1,000 for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing
- \$500 for ASPAN National Conference Attendance
- \$285 for CPAN or CAPA Certification Exam fees
- Two Nurse in Washington Internship (NIWI) program scholarships
- A minimum of one \$500 Humanitarian Mission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

The application deadline is July 1, 2012. 🌿



Frequently Asked Questions

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



Barbara Godden
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 discharge scoring system does ASPAN recommend?

A: The ASPAN Standards do not require nor recommend any particular scoring system. Practice Recommendation 2, Components of Initial, Ongoing, and Discharge Assessment and Management, states in its assessments: "postanesthesia scoring system if used."¹

Common Scoring Systems

Scoring systems commonly used include: Aldrete; Modified Aldrete, also known as the Postanesthesia Recovery Score for Ambulatory Patients (PARSAP); Postanesthetic Discharge Scoring System (PADSS); and White, to name a few. Aldrete scoring is traditional, was developed in 1970, and includes scoring for activity, respiration, circulation, consciousness and color (later changed to oxygen saturation). The maximum score for Aldrete is 10. The Modified Aldrete was developed in response to ambulatory surgery trends. This scoring system is useful where Phase I and Phase II are combined units, and it includes 10 elements consisting of activity, respiration, circulation, consciousness, oxygenation, dressing, pain, ambulation, feeding, and urine output. The maximum score for Modified Aldrete is 20.

The White scoring system was developed in 1999 to use for fast-tracking patients. The elements for the White scoring system include level of consciousness, activity, hemodynamic stability, respiratory stability, oxygen saturation, pain, and emetic symptoms. The White system has a maximum score of 14.^{2,3} Many facilities use the PADSS for Phase II patients. Its elements include vital signs, activity, nausea and vomiting, pain, and surgical bleeding. The maximum score for this system is 10.³ Policies for the respective discharge scores for each scoring system should be established in consultation with the anesthesia department.^{1,4} Deviations from an established discharge score would require a discharge order from the anesthesia provider.

Individual Facility Practices

The use of scoring systems varies widely across perianesthesia practice. Many facilities use one or more of the scoring systems mentioned above. Still others do not use a scoring system at all, but instead use defined discharge criteria from each phase of care. Many other facilities


use a combination of a scoring system along with defined discharge criteria.

Additional questions submitted ask how to score certain elements. One example is how to score activity for a patient who has had a stroke. This type of situation suggests that a preoperative baseline score, in the presence of a pre-existing diagnosis that may impair function, can be helpful to establish the postoperative comparison. Another common question is how to score a patient who is drowsy but arousable - is the score at 1 or 2? A helpful assessment to determine this score and the patient's readiness for transfer to the next phase of care is: does the patient arouse on his/her own, look around, and go back to sleep? This level of consciousness merits a score of 2 and would indicate that the patient could progress to the next level of care if all other discharge criteria are met. If going to a nursing unit bed, the receiving nurse anticipates that the patient will be comfortable, and not wide awake and hurting. If the transfer is made to Phase II PACU, then the assessment would require a more awake patient who is off oxygen, comfortable, and with stable vital signs.

Conclusion

The bottom line on scoring systems is: discharge criteria are developed in consultation with the anesthesia department.^{1,4} A scoring system should not be used exclusively as the discharge criterion for a post anesthesia patient. If using a scoring system, clinical assessments must be considered in addition to the score. Further, due to varying patient conditions a time frame for discharge cannot be stated. Critical thinking and nursing judgment are important factors in determining a patient's readiness for discharge.^{3,4}

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Post Anesthesia Care Unit Staffing

Jen Franklin, MSN, RN, NE-BC, CPAN – ASPAN Safety SWT Member

The Post Anesthesia Care Unit (PACU) presents a challenge when determining the number of staff needed daily to maintain the quality of care and ensure the safety of patients. A few key points to consider when calculating staffing are: the number of procedures, patient acuity levels, and number of hours spent holding a patient before transfer to another unit. Workday difficulties can be exacerbated when cases are added, patient stays in the PACU become extended due to limited intensive care or medical-surgical beds, and pediatric cases increase in volume.

The PACU has many variations in workload and census, quite unlike other departments such as a surgical unit, emergency room or operating room.¹ It is crucial to comprehend specific preoperative unit, operating room, and PACU operational logistics entailed across the continuum of care in order to perform a successful patient procedure. The following illustrations may assist with the creation of scheduling plans while providing an explanation for additional staff requirements.

Floor Hold Area

The floor hold patients are those that have been discharged from the PACU and a physical hospital bed is not available for which to transfer the patient. Thus, moving the patient to another physical location nearby the PACU, staffed by a PACU RN or a medical-surgical float nurse will prevent bottlenecks from occurring related to holding patients in the operating room. Unfortunately, if a PACU nurse is used, this plan removes one RN from the PACU staffing mix responsibilities.

Collect Data

It is important to track the number of patients arriving into the PACU every hour each day of the week, acuity levels, average time patients spend in the PACU, and floor hold hours. If patterns are present, adjust staffing based on the results. For example, increase staffing on Tuesdays and Thursdays, then decrease on Fridays. Greater staffing in the evening may be needed on Thursdays. These patterns will most likely approximate in two months, and data may have to be recollected. Trends will be seen over a period of time, and adjustments to staffing can be justified with upper management.



Collect data to create safe staffing

Cross Train Staff

Precepting staff to cross train in the preoperative, inpatient and outpatient PACU, Phases I and II can be very beneficial. A process improvement can focus on orientation and skills checklists to ensure a successful cross training RN program. Many times, cross training can thwart staffing shortages if the charge

nurse and manager review the surgery schedule the day before.

Work with the Management Engineers

Establishing a relationship with those who oversee your staffing patterns is crucial. Allow him/her to observe the departmental operations to develop a greater understanding of the staffing levels needed to maintain safe patient care. Review daily operations, patient flow and unit data to ensure correct calculations for staffing budgets. According to Dexter, Wachtel, and Epstein, "patient acuity must be incorporated into the staffing plan."²

The Right Numbers

Since the PACU is very different from other units in a hospital, many administrators do not fully comprehend this environment. In conclusion, review statistical data every few months and present it to hospital administrators to sustain and possibly increase staffing to maintain high quality patient care in the PACU. Most importantly, follow the ASPAN staffing guidelines and consult with ASPAN colleagues to determine what measures other organizations are taking to maintain safe staffing levels.

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Katrina Bickerstaff
Treasurer

ASPAN'S FEES:

Where Do They Come From, Where Do They Go?

Katrina Bickerstaff, BSN, RN, CPAN, CAPA - ASPAN Treasurer

Have you ever thought about how ASPAN determines the dues for membership, the cost of National Conference registration, or the fees for the Seminar series? As an ASPAN member, I have often thought about this. Now, as ASPAN Treasurer, I want to share information in more detail along with my thoughts and findings.

The Process

Early August is one of the busiest times of the year for ASPAN's President, Vice President/President-Elect, Chief Executive Officer and Treasurer. This time is dedicated to creating the next year's budget and scrutinizing each budgetary line item. Included in these line items are our operating costs and fixed costs. Expenditures and publication outlay cost are reviewed. Prior to this meeting, I review all budget requests from committees, specialty practice groups, strategic work teams and liaisons. The ASPAN Finance Committee also examines the fee structure of both membership dues and educational programs. We discuss, debate, and thoughtfully make suggestions for the upcoming year's budget. The budget is then presented to the Board of Directors for a vote.

Well before we begin to look at any change in fees, many queries are sent out via our Finance Committee to look at other professional nursing organizations, their fee structures, benefits, and educational programs. Any recommended changes to membership fee schedules are discussed at the mid-year Board of Director meeting, and presented for a final vote at the Representative Assembly. This process assures that all member representatives have ample time to discuss and debate the merits of an increase prior to the final vote.

Breakdown of Fees

Provision of member education is an integral part of ASPAN's strategic initiatives. One key product is its annual National Conference. These conferences are planned years in advance with a great deal of research, planning and subsequent work done by the ASPAN Meeting Planner. A meeting planner's role includes seeking out reasonable prices in easily accessible cities for most attendees. Such cities offer more than just a National Conference site, but provide a desirable destination for accompanying family and friends. Once the Board of Directors votes on a particular city and venue, contracts are then signed with prices set.

The cost of a National Conference is further examined. For example, the final cost and analysis of the 2010 New Orleans National Conference is depicted in Table 1. The many line items are combined into seven categories. It may not be a surprise to anyone that thirty-percent of a National Conference registration is spent on food and entertainment. Anyone who has ever catered an event is aware of the associated cost for food and entertainment. Fortunately, ASPAN offsets a portion of these costs through industry grant money, supplementing the majority of expenses for certain events during National Conference week. The use of the host hotel's audio/visual equipment and support services cover another one-third of the cost. Publication, printing, and postage costs have gone down significantly since ASPAN transitioned to an online syllabus. In addition, ASPAN is very fortunate to maintain relationships with many nationally renowned speakers who lecture at its National Conference and may present more than one session, which also keeps the costs down.

Review of Conference Feedback

Feedback from National Conference evaluations is reviewed in detail. ASPAN firmly believes it is its responsibility to the members to be conscientious about pricing, and still provide as many educational offerings as possible. ASPAN continues to offer a great National Conference at a very reasonable cost. Not many other national organizations can boast the provision of as many as 40 contact hours in less than a week, equating to a cost of \$9.32 per contact hour.*

Seminar Series

The ASPAN Seminar series is also an area where costs are examined. The cost to ASPAN is an average of about \$1,800 per seminar offering, which includes the venue, printing, speaker's travel and honorarium. The cost of ASPAN Seminar registration is \$115,** and a value for the money when one can listen to and learn from esteemed faculty, many of whom are internationally recognized.

*Based on 2010 National Conference early bird member registration price

**Based on Seminar early bird member registration fee

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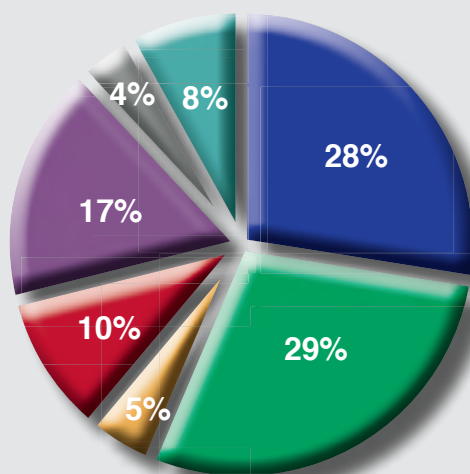
Membership Requests

ASPAN is fortunate that its membership remained stable despite the recent economic downturn. Operating costs continue to rise along with programming requests from committees and work teams, each of which supports vital functions of the Society. This year alone, ASPAN met the majority of the twenty-four mission team requests received and most 'asks' made it into the budget. Scholarship and research grant applications show a consistent increase, and those accommodations were factored into the budget.

ASPAN Future Plans

ASPAN's future plans include increasing online education opportunities, and the ongoing provisions of answers to hundreds of clinical practice questions. With the launch of ASPAN's new logo, a new campaign for recruiting members will unfold. ASPAN continuously watches over expenditures and considers innovative means to keep costs low without sacrificing the quality that its membership expects and deserves. As ASPAN Treasurer, my goal is always to realistically optimize membership pricing, while keeping fees and educational offerings competitive in order to maintain a high level of service. 🌱

Table 1. 2010 New Orleans ASPAN National Conference*



- Audio visual/Administration/Temps
- Food and Entertainment
- National Conference Committee
- Faculty
- Publication; Printing, Postage
- Staff travel
- Supplies, Souvenirs, Hostess stipend

*Calculated with the inclusion of corporate grant money



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Seeking Director of Perianesthesia Services

This role will focus on achieving national quality benchmarks and core measures and serves as a liaison to the Preoperative Clinic. Responsibilities include developing processes and procedures to improve patient assessment and managing handoffs between levels of care. The clinical managers of PACU, OPAD and Endoscopy, and a maximum of five float nurses will report to this director. Completion of an accredited collegiate RN program, BSN and MSN required.

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ASPAN 2012
National Conference

"Beacons
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Beacons of Change

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April 15 - 19, 2012 • Orlando, Florida

COMPONENT NIGHT Through the Looking Glass

*N*ow don't be late for this very important date! Kick off Conference week with fun and frivolity associated with a neighboring Orlando children's theme park. Climb down the rabbit hole and through the looking glass with Alice in Wonderland! Meet the White Rabbit, Mouse, Cook, Duchess, Cheshire Cat, March Hare, Caterpillar, Mock Turtle, and King and Queen of Hearts while visiting the various component tables. Take some chances on raffle prizes, and whether eating cake or mushrooms with Alice, while growing big or

small, this celebration is the perfect way to begin an enjoyable Conference experience. Be sure to stop by the ASPAN Membership/Marketing table to meet with team members and learn about the many benefits of belonging to YOUR professional nursing specialty organization. Come dressed in character and get ready to meet new and old friends in the City Beautiful!

Sponsored by Arizant Healthcare, Inc., a 3M company. 🌱



Rock the ASPAN Shoppe

*T*he Shoppe's shelves are stocked and ready to rock! Because the hours of operation vary, please consult your pocket schedule guide for the exact hours. Stop in to pick up a well-built, reusable shopping bag, and then fill it with ASPAN logo items and must-have practice-focused publications. Visit the Shoppe to make a daily purchase and you will automatically be



▲ An "ASPAN Shopper" peruses logo items for sale



▲ ASPAN publications are a popular Shoppe item

entered into its free merchandise drawing - no need to be present to win. Jane Lind, this year's volunteer sales team leader, invites you to take part in this excellent networking opportunity. To volunteer, please contact janelind@sc.rr.com. 🌱

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Exhibit Hall Happenings

The Exhibit Hall features industry partners displaying the latest and greatest products used in perianesthesia nursing practice. It also hosts some fun **ASPAN Development activities**. Participate in the annual **Silent Auction** and, because the competition heats up on Wednesday morning, be sure to revisit items to place the final bid. The winning bidder will take home a fabulous auction prize while supporting important future Development program initiatives. The **Wheel of Standards** offers another chance to take a spin, test your knowledge, and potentially win a prize. Stop by and show us what you know! 🌿



▲ Development SWT Coordinator Candace Taylor (left) hosts the Wheel of Standards

First Timers Orientation

For those attending ASPAN's National Conference for the first time, two sessions are offered to help you learn more about the ways in which to maximize the opportunities presented. Experienced Conference-goers share useful tips by providing an overview of the many participatory activities available throughout the week. If you've never come to Conference before and want to get the most out of your investment, please plan to attend an orientation session and begin meeting colleagues from across the country right away! 🌿

Sunday April 15: 5:30 PM – 6:30 PM

Monday April 16: 7:00 AM – 8:00 AM



▲ The Silent Auction tables draw enthusiastic crowds of bidders

PRESIDENT'S RECEPTION

Tuesday April 17, 2012

7:00 PM - 10:30 PM

3rd National Conference participants and guests are invited to this annual celebratory gathering. Come dressed in your favorite "party attire" to experience a vivacious, celebratory evening in Orlando with your ASPAN president, colleagues and friends. 🌿

Sponsored by Hill-Rom



▲ Chris Price (center) hosts the Tuesday evening President's Reception

SPECIALTY PRACTICE GROUPS

ASPAN Specialty Practice Groups (SPG) allow perianesthesia sub-specialty practice nurses to network and nurture their commitment and desire to provide safe practice, sound clinical practice standards and quality patient care. Any active ASPAN member may join an unlimited number of SPGs with each membership requiring a nominal participation fee. Members belonging to a particular SPG share an interest in perianesthesia practice and professional issues associated with its specialty area.

For more information and to contact a SPG Coordinator or Vice-Coordinator, please visit the .

2012 National Conference SPG Meeting Schedule*

Monday April 16, 2012. 7:15 PM–8:30 PM

Geriatric, Informatics, Pediatrics, Publications

Tuesday April 17, 2012. 12:15 PM–1:30 PM

Advanced Degree, Pain Management, Perianesthesia Nurse Educator

Wednesday April 18, 2012. 5:15 PM–7:00 PM

Management, Preoperative Assessment

*Annual SPG meetings are limited to current SPG members only. Any ASPAN member may join a SPG at the National Conference Registration Desk in order to attend a SPG meeting presentation and receive one contact hour.

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ASPAN MILITARY HEROES

Lieutenant Commander Kevin Gue
Current Assignment: USS John C. Stennis, Bremerton, Washington

Kevin's Travels

Lieutenant Commander Kevin Gue was reassigned to the USS John C. Stennis aircraft carrier, after completing a seven month deployment to the Middle East, as the Ship's Nurse Officer. Kevin is the only billeted nurse onboard and has oversight of all nursing care for the five-thousand plus sailors on board. Prior to his current assignment he served as the Critical Care Department Head, Naval Hospital Bremerton, Washington. Here he had responsibility for the Intensive Care Unit (ICU) and staffing support to the Post Anesthesia Care Unit (PACU). He was an active member of the Pharmacy and Therapeutics, ORYX, and Infection Control committees. Additional responsibilities included the hospital's nursing technology, medication and supply management.



▲ On the aircraft carrier USS John C. Stennis' flight deck



▲ Visiting the USS Arizona Memorial in Pearl Harbor, Hawaii

Sharing Post Anesthesia Knowledge

LCDR Gue was the only active duty nurse with CPAN credentials assigned to the Naval Hospital Bremerton. To maintain his credentials, he participated in bedside care of ICU recoveries. He devoted a large amount of time with the nurses, hospital corpsmen (unlicensed assistive personnel) and anesthesia providers, teaching about recovery from anesthesia with a primary goal of improving patient care processes. Since the ICU staff does after-hours recovery of surgical patients, Kevin spent much of his time teaching the staff about the ASPAN Standards. Kevin was the only nurse with PACU experience during his deployment to Afghanistan in 2009. This experience was invaluable in training nine nurses and



▲ Kevin Gue aboard ship traveling with a battle group in the Pacific Ocean

several Hospital Corpsmen on the intricate details of post anesthesia nursing. LCDR Gue is Flight Nurse, Fleet Marine Force and Surface Warfare Medical Department Officer qualified.

The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.

PeriAnesthesia Nurse Awareness Week (PANAW):

Nurses across the country took the opportunity to celebrate this special week with celebrations, education, community partnerships, and recognition amongst each other and their colleagues.



▲ The University of New Mexico PANAW celebration collage. Nurses pictured include Marsha Deaton, Louise Kaiser, Carol Poyer-Squibb, Debbie Martinez, Valerie Boatwright, Jacqueline Lemoine, Kathy Cramer, Pat Jacobs, Geretta Abyeta, Connie Hardy Tabet, Zita Pitcher, Rosalinda Meza, Holli Strong, Juanita Carpenter, Judy Haye, Jennifer Burks, Angela Holmberg, Sandra Achenbach, Marcie Wallin, Bruna Shaaf, Chris Anderson-Sanchez, Kim Renee Breen, Robert Payett

New Mexico

New Mexico celebrated PANAW with a photo poster presentation created by the PeriAnesthesia Nurses Association of New Mexico (PANANM) members Connie Hardy Tabet, RN, CPAN, CAPA, and Valerie Boatwright, RN, CPAN, CAPA. PANANM was able to provide PANANM commemorative buttons to perianesthesia nurses and posters were displayed around Albuquerque at its local hospitals. The nurses celebrated with potluck lunches, and vendor-provided educational lunches in their workplaces. Three different poster boards were created and displayed for patients to see who perianesthesia nurses are and the professional work that they do. PANANM received a PANAW Proclamation signed by New Mexico's Governor Martinez. 🌿



▲ University of Colorado PACU nurses celebrating PANAW (from left) Katy Liston, Deb Anderson, Marie McManus and Patricia Schillereff

Colorado

Perianesthesia nurses in Colorado, part of Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) celebrated with the theme "Perianesthesia Nurses, A Vital Role in Patient Care." The week started with motivating inservices given by expert speakers. Past ASPAN president and co-editor of *PeriAnesthesia Nursing Core Curriculum: Preprocedure, Phase I and Phase II PACU Nursing*, Lois Schick, gave a lecture on perianesthesia care. Dr. Brian Davidson presented a session on quality and safety in healthcare. Nurses also participated in a trivia challenge game.

Lunches and treats were provided by special donors, which made the staff feel truly appreciated. One of the week's highlights was the Patient/Family Education Event. PANAW Chairman Mary Rachel Romero, RN, said, "This is the third time we have held this activity and it gets better and better every year. Working in the peri-

anesthesia setting does not mean we are limited in our abilities to promote preventative health-care. Our knowledge of what goes on when patients undergo surgery and anesthesia should encourage us to reach out to all consumers, reminding them why it is important to maintain healthy habits. It takes less than two minutes to have your blood pressure taken. That two minutes can save your life if you know what your values are." The nurses also held a food drive to benefit Food Bank of the Rockies. 🌿



▲ University of Colorado PACU nurses (from left) Monica Brock, Haley Anderson, Karen Wolf, and Rachel Romero

A VITAL ROLE IN patient care PeriAnesthesia Nurses

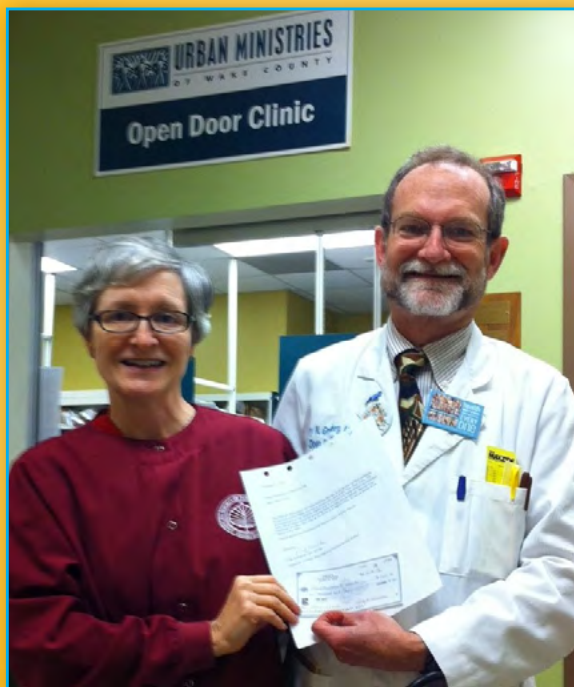
PANAW 2012

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Chesapeake Bay

The Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN) Board of Directors recognized all perianesthesia colleagues in the statewide nursing newspapers, *DNA Reporter* and *The Maryland Nurse*, with an advertisement that ran during PeriAnesthesia Nurse Awareness Week. Each of the three districts in CBSPAN held individual events to recognize perianesthesia nurses and the vital role they play in patient care. In the D.C. District, the members came together for a breakfast and educational event on February 11th. All certified nurses were recognized at the breakfast.

The Baltimore District celebrated with a dinner and educational program on February 7th. Each member present received a logo pin recognizing them as having 'A Vital Role in Patient Care.' All certified nurses received a long stem rose. On the Eastern Shore the celebrations took place on a daily basis. Anesthesia departments recognized their colleagues with breakfast or lunch, employers distributed tote bags or sports bottles with the logo 'A Vital Role in Patient Care', and posters and banners proclaimed the 'Vital Role' of the perianesthesia nurse. In each district, the certified nurses were singled out for recognition of their commitment to excellence in perianesthesia nursing practice. 🌿



North Carolina

The Triangle Association of PeriAnesthesia Nurses, a district of the North Carolina Association of PeriAnesthesia Nurses (NCAPAN), donated \$1,000 to the Open Door Clinic located in Raleigh. Several members of this district volunteer time and talents to the clinic monthly, serving as nurses and phlebotomy techs. The clinic, established in 1985 as one of the first free clinics in North Carolina, is a thriving non-profit medical facility that operates through individual, Wake County, United Way, and foundation contributions to provide comprehensive medical care for uninsured adults. Dr. Greenberg stated, "For every dollar donated, we are able to provide seven dollars of service to the community." The Triangle Association of PeriAnesthesia Nurses is very excited to help multiply those needed services. 🌿

◀ Judy Schneider, RN, CPAN, presented a donation for the Open Door Clinic to Dr. Greenberg

Thank you PANAW submission contributors:

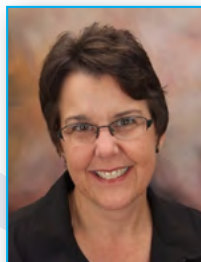
Connie Hardy Tabet (NM)
Valerie Boatwright (NM)
Mary Rachel Romero (CO)
Diane Swintek (MD)
Judy Schneider (NC)

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The Director's Connection

Laura Kling, MSN, RN, CNS, CPAN, CAPA – Regional Director,
Region 4



Laura Kling
Region 4 Director

4



Region 4 represents over 4000 perianesthesia practice professionals and patient advocates. Special acknowledgement goes to Region 4 experts who presented at the inaugural International Conference of PeriAnesthesia Nurses (ICPAN) in Toronto: Amy Dooley (VTNHAPAN), Linda Lakdawala (PAPAN), Maureen McLaughlin (MASPAN), and Wanda Rodriguez (NYSPANA).

Many Region 4 components regularly meet member educational needs through ASPAN Seminars. Geography allows many members to travel to nearby components and share opportunities for networking and education. At the Component Development Institute in September; component representatives embraced the interactive sessions, especially the Mock Representative Assembly, with its inherent responsibilities and accountability to move ASPAN forward. Myrna Mamaril, a Region 4 member and ASPAN Past President serving in Afghanistan, received outstanding support from every component in Region 4.

Maine (MESPAN): www.mespan.org President Shelly Rinfret, BSN, RN, CPAN, presided over the 2011 Fall Potpourri conference held in Portland October 22. Plans are solidly in place for the spring conference to be held on April 28, 2012.

Massachusetts (MASPAN): www.maspan.org President Kathy Saball, MSN, RN, CPAN, CAPA, is busy overseeing several conferences for MASPAN. These included a conference October 15 and an additional conference November 12 entitled "Complexities of Peri-anesthesia Nursing across the Ambulatory and Peri-anesthesia Continuum." Plans are underway for the next conference March 24, 2012 in Worcester, MA. MASPAN celebrated two of its members: Katrina Bickerstaff, who was elected as the ASPAN 2011–2013 Treasurer, and Meg Betune, ASPAN Past President, who received the Outstanding Achievement Award at the 2011 National Conference in Seattle. The Board of Directors (BOD) is busy working on strategic planning and organizational transparency.

Connecticut (CSPAN): www.ctspan.org President: Dottie Fox, BSN, RN presides over CSPAN. This group had their fall conference on September 24 with a "Perianesthesia Certification Review Course." CSPAN also has bimonthly educational meetings for networking and education. The annual spring conference is scheduled for March 24, 2012.

Vermont/New Hampshire (VTNHAPAN): www.vtnhapan.org The President is Karen Flanagan, BSN, RN, CPAN. This group celebrated their fall 2011 conference with the title of "Celebrate Autumn in Vermont" on October 22. The spring conference is entitled "Spring onto the River's Edge," and will be held in Manchester, NH on March 10, 2012.

New York (NYSPANA): www.nyspana.net President Barb Ochampaugh, BSN, RN, CPAN, presides over 800 members. The 2011 fall conference was October 21–23, in Binghamton entitled "Many Colors of Perianesthesia Nursing." The topics included visitation, holding patients, robotics, caring models of nursing, and nurses and their stories. NYSPANA's community initiative is "My Brother's Keeper" which received over \$500 from members' generosity and support. The New York State Nurses Foundation also recognizes a NYSPANA member for an Evidenced Based Practice (EBP) project that demonstrates improved patient outcomes. Kathy Pecoraro, BSN, RN, CPAN, received the 2011 award for her project, "Maintaining Perioperative Normothermia."

Pennsylvania (PAPAN): www.papanonline.org Renee Smith, MSN, RN, CPAN, CAPA, is the current President of PAPAN, with over 500 members. The annual fall conference, PRIDE XX, was held October 15 and 16, and Certification Review will be March 10 in Pittsburgh. Two members, Patty Elliott and Gloria Echols, who first certified in 1986, were recognized at the conference. The next PRIDE XXI will be October 13–14, 2012 in Pittsburgh.

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▲ Region 4 representatives together at the 2011 CDI in Philadelphia

Rhode Island (RIAPAN): no Web site at this time. President Nancy Crawford, BSN, RN, CPAN, has played an active role in revitalizing this component and recruiting new members. RIAPAN now has a membership of over 50 members and monthly BOD meetings have re-engaged the membership. An ASPAN's "Safety Begins with Us" seminar was held on September 10, 2011. Another conference was held on February 12 in Warwick. RIAPAN participated in calls for military assistance from Myrna Mamaril, and sent over 70 sets of sheets to the NATO hospital in Afghanistan.

New Jersey Bermuda (NJBPANA): www.njbpana.org President Tom Moss, BSN, RN, CPAN presided over the fall conference in Morristown, New Jersey on October 8. Lois Schick presented "Perianesthesia Critical Issues" at this conference. The next conferences scheduled are "Certification Review" in Cape, NJ on February 11 and "Perianesthesia Hot Topics" in Sewell, NJ on May 5.

Contact Laura Kling at lkling@aspan.org.

CERTIFICATION

Buy One, Get One Free!

CPAN® and/or CAPA® practice exams are currently on special offer: "Buy One, Get One Free" until July 2012. Buy two practice exams for only \$35! These online practice exams are useful for nurses studying for CPAN or CAPA certification. Each exam contains 50 questions and contact hours can be earned. For all the details you need to pursue perianesthesia nursing certification, visit www.cpancapa.org.



Visit the ABPANC booth in the Orlando Exhibit Hall to get answers to your questions about certification and recertification



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Component Education Programs

April 14, 2012 MEAPAN Spring Conference at Lehigh Valley Hospital in Allentown, PA. For more information contact Karen Griffith at karen.griffith@lvhn.org

October 13-14, 2012 Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) hosts PAPAN PRIDE XXI at the Doubletree Hotel, Pittsburgh/Monroeville Convention Center. For information contact Marlene King at pridexxi@gmail.com



April 28, 2012

Perianesthesia Certification Review
Raleigh, NC

May 12, 2012

Pediatrics: Beyond the Basics
Ontario, CA

May 19, 2012

Pediatrics: Beyond the Basics
Sacramento, CA

June 2, 2012

Pediatrics: Beyond the Basics
Johnson City, TN

June 23, 2012

Surrounding Your Practice with Excellence:
Legalities, Standards and Advocacy
Springfield, IL

June 30, 2012

Pediatrics: Beyond the Basics
San Antonio, TX



YOUR FLORIDA SIDE IS CALLING

If unable to attend the 31st ASPAN National Conference, please stay connected and informed with the daily *National PartiCULARs* Web postings. Just visit www.aspan.org each day to read about the events and activities taking place in Orlando.