



Breathline

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November/December 2012

INSIDE:

ATTITUDE: AN OPPORTUNITY TO BUILD YOUR OWN PERSONAL CATHEDRAL

"You can choose to live your life with the joy of the front row or solemnness of the third. The choice is yours." I found this on my Facebook page the other morning without an author identified. It was accompanied by a vintage photo of a roller-coaster filled with prim and proper ladies in their dresses, hats and gloves. In the front row sat two mature (code word for older) women, dresses flying in the air, hands holding onto hats and joyful smiles on ecstatic faces. In the third row, two stoic women sat with hands clasped in their laps, and bored looks on their faces, both looking off to the side, as opposed to the direction the coaster was rapidly hurling and twisting.

The women sitting in these rows, although only a photo, certainly portray palpable and markedly different attitudes and reactions to the exact same experience. Looking at the photo, one couldn't help but ponder if it was choice that created the seating arrangement for these women, or was it chance? Would it have made a difference if the riders in the rows had traded places, or would the reactions have been exactly the same regardless of where they sat? So much is dependent upon the attitude we have toward all the situations we face every day. I suspect both the joy and boredom experienced by the four roller coaster riders would have been the same regardless of their seating arrangements. Personally, I am delighted the jubilant riders were seated in the front seat of that roller coaster photo, or I suspect the reaction I had to it, as well as others whom have seen it, would have been completely different. I seriously doubt I would even remember it, or that it would have had a positive impact on me personally if the stoic,



Susan Carter, BSN, RN, CPAN, CAPA
ASpan President 2012-2013

seemingly bored riders were photographed in the front seat. The feeling of joy would certainly not have been palpable.

Do you find this to be true in your daily life also? We all respond better when we are addressed with respect as opposed to being treated with disrespect. We respond better to friendly, happy, positive people than to those who are angry, spiteful, or rude. Is attitude a choice that individuals willingly and knowingly make, or are atti-

tudes merely chance? Perhaps attitudes are both, depending upon the circumstances at the time. But there is no denying that attitude towards daily events, whether it is riding a roller coaster with abandon, or going through the daily routines and responsibilities of life and work, impacts the foundation of how each of us will be viewed by others. Attitude ultimately constructs the framework for the way our day, week, year, LIFE will unfold.

Consider the following individuals and the impact their attitudes had on their particular situation at the time. All of them had failures and set-backs, but we don't hear about those set-backs. We remember these people for their success. Take a moment and reflect on the achievement which surely was related to their attitude.

- The Vice President of Columbia Pictures told this actor that he was never going to make it in the business. The actor? – Harrison Ford
- His first book was rejected by 12 publishing houses and 16 agents. – John Grisham
- They were turned down by a recording company saying, "We don't like their sound and guitar music is on the way out." – The Beatles

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"You can choose to live your life with the joy of the front row or solemnness of the third. The choice is yours."



- He was told by his father that he would amount to nothing and be a disgrace to himself and his family. – Charles Darwin
- He was told by a music teacher, “as a composer, he is hopeless.” – Beethoven
- He was told that “he couldn’t sing at all.” - Enrico Caruso
- He was cut from the high school basketball team, went home, locked himself in his room and cried. - Michael Jordan
- He wasn’t able to speak until he was almost four years old, and his teachers said he would “never amount to much.” - Albert Einstein
- He was fired from a newspaper because he “lacked imagination and had no original ideas.” – Walt Disney¹

In other words, our problem is not our problem. Our problem is our ATTITUDE about our problem.² Whether it is riding in a roller coaster with child-like glee, or laughing in the faces of our detractors, attitude makes a difference.

The classic movie, *My Fair Lady*, is based on George Bernard Shaw’s play *Pygmalion*. In the movie, the character of

Eliza Doolittle is transformed from a poor flower girl into a sophisticated and well-spoken woman. Shaw said, “I can’t control what life did to me, but I can control how I react. Therein lies the difference.”²

Attitudes can build you up, and give you strength, energy and enthusiasm. They can allow you to rise and achieve towering opportunities. But they can also tear you down. Many times the choice is yours. Choose to be the roller coaster riders in the front row seats. Seize the day, and do not limit your joys or those joys you have an opportunity to pass on to others. Your attitude will contribute to how smoothly and quickly you build your own personal life cathedral. Choose joyful and solidly constructed attitudes, so that what you build will be admired and sought after by others.

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Frequently Asked Questions

Susan Russell, BSN, RN, JD, CPAN, CAPA – ASPAN Director for Clinical Practice

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.

The Perianesthesia Nurse's Role During Peripheral Nerve Blocks

Q. What is ASPAN's recommendation regarding the role of the perianesthesia nurse during a preoperative peripheral nerve block?

A. The ASPAN *Perianesthesia Nursing Standards and Practice Recommendations 2010-2012* include Resource 3, the "ANA Position Statement: *Role of the Registered Nurse in the Management of Analgesia by Catheter Techniques (Epidural, Intrathecal, Intrapleural or Peripheral Nerve Catheters)*."¹ The American Nurses Association (ANA) states that RNs may not insert the device, administer a test/initial dose of medication through the device, confirm placement, or establish the dose parameters necessary to achieve analgesia/pain relief.¹ Only credentialed practitioners, usually anesthesiologists, prescribe and insert these devices. State nurse practice acts (NPA) may differ in how the RN's scope of practice is defined regarding participation during insertion. Before developing facility policies, procedures and competencies, review the applicable nurse practice act for your state.^{3,4}

In many facilities, nurses do assist during insertion of peripheral nerve blocks. Minimally, the RN should facilitate patient safety. Safety factors include completing a preprocedure checklist, and also verifying informed consent, IV access and patency, procedural timeout, and emergency equipment availability.³

When assisting with the procedure, a 1:1 nurse/patient ratio applies. Duties may include gathering supplies such as ultrasound equipment, administering physician-ordered moderate sedation, monitoring the patient, and in some cases, adjusting the stimulator's amplitude at the direction of the anesthesiologist.⁴ Frequency of vital signs ranges from every two to fifteen minutes, depending on the patient's response and overall condition.⁴ Recognition of adverse reactions and timely intervention is critical.^{3,4,5} Nurses assisting with blocks should maintain current ACLS/PALS credentials.

Depending upon state nurse practice act and facility policy, a nurse may inject local anesthetic through the peripheral nerve catheter under the

direct supervision and instruction of the anesthesiologist.⁴ The anesthesiologist should maintain the position of the needle and the catheter while the nurse injects the medication. The nurse effectively serves as the anesthesiologist's extra pair of hands.³

Nursing documentation reflects the nurse's participation in the procedure. Note the patient's condition on arrival and departure from the procedure area. Complete the preprocedure checklist and timeout. Chart vital signs with oxygen saturation. Document the cardiac rhythm, and where possible, include rhythm strips. Record medications administered and the response of the patient. Note adverse reactions. Document neurovascular and neurological checks. Include the patient's position, noting protective devices used as well as padding. The anesthesiologist should complete a physician procedure note.

Nursing competencies should include ACLS/PALS, moderate sedation, intralipid protocol, recognition of signs and symptoms of toxicity including cardiac arrhythmias and seizures, pharmacology of local anesthetic agents, and neurovascular/neurological checks. Nurses should be familiar with each type of block performed, its therapeutic effects, associated side effects, possible adverse reactions associated with the specific block performed and any indicated emergency interventions.⁴ These competencies are necessary to ensure the patient's optimal safety during the peripheral nerve block procedure.

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ANSR Alliance Update

Gena Near, BSN, RN, CPAN – ASPAN Liaison to ANSR (Americans for Nursing Shortage Relief) Alliance

ASPAN has been a member of the ANSR (Americans for Nursing Shortage Relief) Alliance since its formation in 2001. The ANSR Alliance is comprised of healthcare and other related organizations (such as the Citizen Advocacy Center), healthcare providers, and supporters of nursing issues. I have had the privilege of being ASPAN's liaison this entire time. I was there in the beginning as ANSR was trying to figure out exactly what it wanted and needed to accomplish. ANSR's first goal was to make sure the United States Congress implemented initiatives to increase the nursing workforce.

The member organizations of this alliance collectively represent nearly all of the United States' licensed registered nurses (RNs). According to the National Council of State Boards of Nursing, there were nearly 3.854 million licensed RNs in 2010.¹ Each year, every organization must "renew" or sign on to its *Consensus Document*. This document explains the nursing shortage, why there is a need to increase nursing education opportunities and enhance nursing research, the need to strengthen the capacity of the national nursing public health infrastructure, methods to retain nurses (with special emphasis on the aging nursing workforce), and the need to expand recruitment of new nurses with emphasis on those with diverse backgrounds.

One of the first "rewards" from the beginning work of this alliance was witnessing President George W. Bush sign the Nurse Reinvestment Act into law on August 1, 2002. Even after all these years, we are still challenged with a shortage of RNs.

Two goals for this year are: 1) Appropriate \$251 million in funding for Nursing Workforce Development Programs under Title VIII of the Public Health Service Act at the Health Resources and Services Administration (HRSA) in fiscal year 2013, and 2) Appropriate \$20 million in fiscal year 2013 for the Nurse Managed Health Clinics as authorized under Title III of the Public Health Service (PHS) Act. On March 29, 2012, the ANSR Alliance submitted its "Testimony Regarding Fiscal Year 2013 Appropriations for Nursing Workforce Development Programs and Nurse Managed Health Clinics" to the Subcommittee on Labor, Health and Human Services (LHHS), Education and Related Agencies/Committee on Appropriations/United States House of Representatives with the above two requests. **ASPAN signed on to this testimony.**



The above two requests are part of the "one-pager" that ANSR distributes to members of Congress to provide them with education about the nursing shortage. This one-pager informs Congress that nursing is the largest healthcare profession in the United States, and that nurses work in a variety of settings (there are examples in the document). It further informs them that nurses have a chronic nursing shortage (there are facts and figures in the document). The document explains that there is a solution: to fund federal nursing workforce programs (ANSR's requests for the year). It then explains what the ANSR Alliance is and what type of organizations are supporters of ANSR. *Using this simple "one-pager" is an excellent way to build your relationship with your legislators.* One has all of the information right there at your fingertips.

But, before anyone even starts to talk "politics," you need to first have a relationship with the politicians and their staff. Having a strong personal relationship is the best way to influence any decision-making on their part. Choose and then contact your legislators of choice; let them know you are a registered nurse and that you are available for them—become "personally helpful." Treat them the same way you would when trying to cultivate any friendship. Information on "how to meet/contact your legislators" is readily available on our Advocacy Web page in the Governmental Affairs Primer on ASPAN's Web site.

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Another great accomplishment this year for the ANSR Alliance is the “ANSR Advocacy Toolkit.” It was created to be used during the August 6-September 7, 2012 Congressional Recess, which is the perfect time to communicate directly with one’s legislators while they are back home in their own states. It is critically important that *you* talk to your elected officials about the benefits of investments in the Title VIII Nursing Workforce Programs at HRSA. You can schedule meetings with your members of Congress, send a letter to the editor of your local newspaper, and/or find and attend a town hall meeting. This toolkit contains:

- A fact sheet on the nursing shortage
- Sample phone scripts and emails for contacting your members of Congress
- Tips for meeting with your members of Congress
- Tips for reaching out to the media

This toolkit can be downloaded from the ANSR Alliance Web site at www.ansralliance.org. ***This site also has a link to ASPAN’s Web site*** (and all other members who requested a link).

On June 11, 2012, the ANSR Alliance sent a letter to the U.S. Senate Appropriations Committee, and on July 16, 2012 sent a letter to the U.S. House of Representatives Appropriations Committee. Both again asked for ANSR’s requested amounts as they began their consideration for fiscal year 2013 LHHS and Education Appropriations bill. ***ASPAN signed on to these letters.*** The Senate LHHS Education Appropriations Subcommittee approved its fiscal year 2013 spending bill along party lines, 10-7. The Title VIII programs were level funded at \$231 million—the same as fiscal year 2012. Included was an additional \$20 million in transfers available under section 241 of the PHS Act. Additionally, the Nurse Managed Health Clinics received \$5 million in the report, and the National Healthcare Workforce Commission received \$3 million. The House LHHS Education Appropriations Subcommittee included more than \$100 million in health professions cuts (for both the Title VII and Title VIII programs at HRSA).

Lastly, the ANSR Alliance shared the nondefense discretionary (NDD) community letter urging Congress to avert sequestration (a procedure by which an automatic spending cut is triggered) by adopting a “balanced approach to deficit reduction that does not include further cuts to NDD programs” with its members. ANSR’s goal was to speak with one voice in educating policymakers and the public about what NDD is and

what we all stand to lose through sequestration. Several thousand organizations from the education, public health, science, law enforcement, environment, human rights and workforce communities signed on to this letter. ***ASPAN signed as well.***

Slowly but surely, the ANSR Alliance is growing, as evidenced by:

- A Web site
- Several tools for members to use
- Several receptions hosted for members of Congress
- The many letters ANSR continues to write every year

As I have passionately said before, *our legislators must remain aware that, without an adequate supply of nurses to care for patients today and in the future, there is grave concern that our nation’s healthcare system will not be sustainable.* I strongly encourage all nurses to take the time to truly understand that when we stand together, we are a strong and powerful force—but, each of us has to realize and embrace this concept, and then each of us must do our part to become a factor in promoting the answer to this shortage. Our legislators need to hear from all of us so they know and understand why we support this funding position.²

Please, please, please make visits or phone calls, or at the very least, send emails to your representatives. My husband and I both are very passionate and involved, and are lucky to have a U.S. Representative who comes “home” on most weekends. She sees us in a crowd, calls us by name and always has to give us a hug. Being present and seeing your legislators face to face makes an impression. Her staff in the local office also know us very well when we call them on the phone or make a visit about an issue. This comes from having a strong personal relationship with them. Our representative may not vote exactly the way I would like for her to vote on all issues, but *she knows she has a registered nurse that she can call on when needed* in making decisions. She called me at home while she was in Washington waiting for the State of Union Address to talk about an issue. She then gave me her home phone number and said to “call her whenever I wanted to.” Just take that first step, like you are starting a friendship with anyone. We have to live in a world where we feel free to talk to our legislators—we elected them, we pay for them to represent us and to vote for us as we request they do—let’s hold them accountable to that expectation. My closing

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words are...if nothing else, *please, at least, go out and vote*. It really does make a difference. Our voices *must* be heard, and we have a say in the future regarding healthcare.

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Gena Near (left) with U.S. Representative Virginia Foxx, a long-time supporter of ASPAN

The Nursing Community

Cindy Hill, BSOE, RN, CPAN, CAPA – ASPAN Liaison to The Nursing Community

It is my honor and pleasure to serve as the ASPAN liaison to the Nursing Community (NC).¹ This appointment occurred in relation to my activities on the Governmental Affairs Strategic Work Team. ASPAN is highly active in legislative issues at national and state/component levels. The NC comprises 60 national nursing organizations that collectively represent more than 850,000 RNs, Advanced Practice Registered Nurses (APRN), nurse executives, nursing students, and nursing faculty.

The NC has a strong set of core principles all aimed toward support of the nursing workforce involvement at every level of the healthcare team, and contributing to the fullest extent of the scopes of practice allowed by the various levels of nursing education. Three federal funding priorities are the focus of the NC: the Nursing Workforce Development programs (Title VIII of the Public Health Service Act); the National Institute of Nursing Research (NINR); and Nurse-Managed Health Clinics (Title III of the PHSA).

The NC monitors and supports legislation that is focused on improving the collective health of the nation through research, education, and access to nurse providers. It has been active on the front line of healthcare reform through offering information that is pertinent to the practice of nursing at all levels. In addition, the NC is committed to assisting the Administration and Congress in the re-build of the nation's healthcare system, that will result in better access to health care for all patients.

I have had the opportunity to participate in a very unique view of the legislative process through my involvement as ASPAN Liaison to the Nursing Community. I highly recommend the Web site www.thenursingcommunity.org as a source of information for issues that support nursing in the legislative process. The issues that the NC is involved in are critical to the future of nursing.

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Preoperative Huddles: Another Step in the Patient Safety Journey

Teresa Passig, BSN, RN, CPAN, CAPA, CCRN – Safety SWT Member

Communication is vital among all caregivers in the perioperative and perianesthesia arenas to ensure safe patient care with optimal outcomes. In this article, Teresa Passig shares how communication is enhanced at the facility in which she works in Orlando, Florida, through the use of daily huddles.

The patients we care for have an expectation that we will maintain a safe environment for their care. One aspect of providing an environment of safety is open, honest, communication by all involved in perioperative care. The Joint Commission attributed ineffective communication for up to 82% of sentinel events in 2010.¹ The fast-paced environment of the perioperative setting has the responsibility of performing complicated operative procedures, and also must have the ability to coordinate efforts for provide care to patients within hospital systems that are in a constant state of change and transition. The sheer number of highly qualified personnel required, variety of expensive and specialized equipment, critical level of care provided, and integration of other vital departments, plus many other factors render the operative suite as one of the most expensive areas in an acute hospital.² The focus of most operating rooms is maximizing utilization of available space and staff, with attention to cases starting and ending as planned, and quick room turnover between cases.

At the facility in which I work, Arnold Palmer Hospital, a 158-bed pediatric hospital facility located in Orlando, Florida, we implemented a daily preoperative huddle. Team huddles are held every morning at 6:30 am, with a fundamental team whose role is to prioritize the work plan for the day, identify potential issues and barriers, discuss opportunities for better work flow, and ultimately support the safest environment for our patients.

Participants of the huddles include:

- **Lead anesthesiologist for the day and off-going anesthesiologist:** The off-going anesthesiologist communicates any issues which may have occurred during the previous shift, and may have insight to share about any pending add-on cases. The lead anesthesiologist for the day, with input from the rest of the team, discusses the flow of patients during the day, proposes possible

changes for room schedules, and shares any anesthesia staffing issues or plans for the day. Cases which may require special attention, potential Malignant Hyperthermia risk, extensive comorbidities, or those cases which may be difficult or present special challenges, may be discussed with the group. Postoperative plan of care may be reviewed for complex patients.

- **Trauma surgeon on-call for the shift:** This person works closely with the group and will intervene, if necessary, with other surgeons to facilitate the smooth flow of patients.
- **OR and PACU Leadership Teams, OR night shift off-going RN:** At least one assistant nurse manager from each team meets with the group to share, and receive information about the pending activities for the day. The OR night shift RN shares any issues encountered during the past shift, including equipment issues, status of pending or add-on cases, and staffing issues.
- **Pre-Op Liaison Nurse:** At our facility, we have a full time Pre-op Liaison. This role has facilitated consistent communication between anesthesia, Pre-Op, and OR staff. Attendance at the daily huddle serves to communicate any staffing concerns, obtain information needed to promote patient flow to the OR, while ensuring patients are safely, yet expeditiously readied for the OR.
- **Surgical Equipment Clinical Resource Coordinator:** This representative communicates potential equipment delays, back orders, shortages of equipment and other equipment-related information. These updates are helpful to ensure correct equipment is available for each case, and is vitally important when the order of cases change, or when cases are moved to other rooms. Vendor presence is communicated and opportunities for training with new equipment may be discussed.

Safety



Teresa Passig,
BSN, RN, CPAN,
CAPA, CCRN
Safety SWT Member

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- **Blood Bank Representative:** A representative from the blood bank attends the daily huddle to review patients on the schedule for the day that have blood and blood products available. This provides a forum to identify those patients who will potentially have special issues, such as the possibility for a large blood loss during surgery.

Huddles provide a forum for structured communication. Interactions during these sessions are meant to be clear and concise, with all having equal voice and participation. Over time, the huddles have promoted characteristics that that Jordan described as important in establishing relationships: *trust, responsive interaction, diversity of perspectives, disciplined debate, intimate exchange, and creative dialogue*.³ The approach to conveying opinions and information has the propensity to set the tone for the entire day. A positive, calm, atmosphere is often able to set the climate for a more pleasant day.

Trust between healthcare providers is essential to provide optimal care and safety for our patients. Trust is a characteristic of relationships in high-performing healthcare organizations, because it allows providers to collectively address ambiguity and absorb uncertainty.⁴ Huddles provide a foundation of trust; all members have the expectation of a “safe” environment to share problems or concerns.

Continuing the practice of the daily huddle fosters a culture of transparency, openness and learning. A review of medical errors or near-misses may be shared during huddles as learning opportunities to prevent potential future errors.

Improving patient safety is a responsibility we all share. The Institute of Medicine’s publication, “To Err is Human,” released in 1999, surprised everyone with an estimate that as many as 98,000 deaths occur in the United States annually as a result of medical errors.⁵ Hospitals are constantly looking for ways to enhance and improve, while simplifying and standardizing means of communication. In our practice, daily preoperative huddles provide a method to enhance and improve communication, promote a sense of a more unified perioperative team, and ultimately enhances our ability to provide more efficient flow of patients through the OR, while providing the safest care possible for our patients.

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Call for ASPAN Award Nominations

The time is now to nominate someone you know who excels in perianesthesia nursing! Take the step and recognize that exceptional nurse you know!

Deadline: November 30, 2012

- **Excellence in Clinical Practice Award.** for the Excellence in Clinical Practice Award.
- **Award for Outstanding Achievement.** for the Award for Outstanding Achievement Award.

Deadline: January 1, 2013

- **Above and Beyond Award.** for the Above and Beyond Award. 🌱



PeriAnesthesia Nurse Awareness Week (PANAW) February 4-10, 2013

Start making your plans now for PANAW! And be sure to take photos of your celebrations to submit for an upcoming issue of *Breathline*! The PANAW theme, *Perianesthesia Nurses: Compassionate, Caring, Competent* and its logo reflect the role that perianesthesia nurses play in caring for patients throughout the perianesthesia continuum.

It takes a *compassionate* nurse to allay the fears of patients and families when preparing the patient for surgery or a procedure. It takes a *compassionate* nurse to reassure patients and families that the surgery or procedure is completed, and that the patient has awakened. Perianesthesia nurses express *caring* by displays of kindness and concern that include striving to allay fear of pain. Perianesthesia nurses know that *caring* for the patient includes caring for his or her family—a kind word, a cup of coffee, an update about the progress in the operating room.

The last element in this year's PANAW theme is *competent*. A *competent* PACU nurse is adept at evaluating and implementing interventions when necessary to assist the postoperative patient in the journey back to wellness. Who better to demonstrate this than the ASPAN member? ASPAN members are committed to excellence in perianesthesia nursing practice through attendance at seminars and conferences, which provide the continuing education needed to ensure *competent* care. Over 10,000 ASPAN members have attained certification as a perianesthesia nurse, and that designation speaks about one's commitment to high quality, *competent* care.

As PeriAnesthesia Nurse Awareness Week, February 4-10, 2013, approaches, plan to celebrate both you and your fellow perianesthesia nurses. PANAW is the time to shine, and spread the word to the public about the indispensable nurses working in the perianesthesia arena! 🌱



Call for Resolutions

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2013 Representative Assembly (RA) meeting on April 14, 2013.

The RA is the voting body and voice of ASPAN. As the chief governance and policy determining structure of ASPAN, the RA reviews and acts upon resolutions regarding ASPAN bylaws, policy matters, position statements, and other issues related to perianesthesia nursing. If you, as an ASPAN member, believe there is an issue of this nature that needs to be brought before the RA, please contact the National Office to have a sample resolution sent to you.

Amendments to the ASPAN bylaws or any general resolution not requiring a bylaws change must be proposed by at least five (5) Active category members acting as one group.

Examples include, but are not limited to:

- A Component Board of Directors - OR
- The ASPAN Board of Directors - OR
- A standing Committee or Strategic Work Team

Submission Deadline:

Resolution forms relating to **bylaws** changes or relating to **position statement, policy matters or other issues** must be received by the ASPAN National Office no later than **January 14, 2013**.

Upon receipt of a resolution form, the Resolutions Task Force will begin its review and, if questions arise, the lead author will be contacted for clarification. At the RA meeting, the lead author of the resolution needs to be prepared to speak to the issue.

Please contact Kevin Dill at the ASPAN National Office: 877-737-9696, ext 11 or kdill@aspan.org to obtain a sample resolution form and instruction sheet.

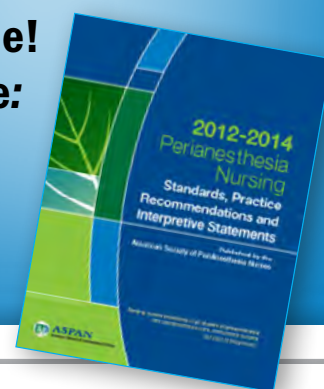
Gold Leaf Award

The deadline for the Gold Leaf Component of the Year Award submission is February 1, 2013! Components competing for the Gold Leaf Award must submit their applications to the ASPAN National Office by February 1st. The award reflects the activity of your component from January 1, 2012 through December 31, 2012. The members of Membership/Marketing Strategic Work Team look forward to reviewing the applications from the components, and announcing the winner at National Conference in Chicago. For information, guidelines, and the application,



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March 17-19, 2013
for more information

Plan Now to Attend 2013 ASPAN National Conference in Chicago!

Judith Werkema, BAN, RN, CAPA – National Conference Strategic Work Team Member

Sleep apnea, deep brain stimulator, pediatric emergencies, and standards of care; what do these have in common? These are just a few of the many topics that will be discussed at the 2013 ASPAN National Conference in Chicago, Illinois! Combine new knowledge, networking with colleagues from

across the country, connecting with old friends, and making new friends. Who can resist? Add to that a dose of fun, entertainment, excellent food and you can see the “Towering Opportunities and Endless Possibilities!” Make plans now to attend the 2013 Conference! 🌿



The Historic Water Tower on Michigan Avenue



*The famous
Ferris Wheel
at Navy Pier*

Will You Need a Roommate at National Conference?

Are you looking for a way to come to conference, but don't have a hotel roommate? Not a problem! Simply submit your name to be included on the “Willingness to Share a Room” list. The room-sharing list will be distributed to all those who have asked to be included. It will then be your responsibility to directly contact others on the list to coordinate room sharing arrangements and make your own hotel reservation.

The following information is required in order to be included on the list: Your full name, complete mailing address, email address, home and work telephone numbers, and fax number, if applicable. Please indicate how you would prefer to be contacted. Provide any information which will

help you and a potential roommate determine compatibility. All information must be received no later than February 8, 2013. The list will be distributed in the middle of February.

Please mail, or email your request to:
Jane Reinschmidt
2117 Lake Shore Circle
Arlington Heights, IL 60004
Email: jane280@comcast.net

The hotel room reservation deadline at the Hilton Chicago is March 6, 2013. Reservations made beyond this date are based upon a space and rate availability basis only. 🌿



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CERTIFICATION

CPAN®/CAPA® Examination Study Plan

ABPANC has prepared a new 12-week Lesson Plan to help nurses organize their time and study for the CPAN and/or CAPA examinations. This lesson plan organizes subject matter into modules that can be reviewed in approximately four hours per week. This time frame gives candidates enough time to review study materials, focus on weak areas from the lesson plan, and build confidence needed for taking the exam. Content can be modified to meet individual needs, but the outline and structure is very helpful.

The full 12-week Study Plan is available online at:
www.cpancapa.org > Certification > Exam Preparation

		LESSON PLAN			
Tasks Addressing PeriAnesthesia Patient Needs	Time Frame	Topic	Knowledge Required to Meet Patient Needs		
Physiological Needs	Week 1 2 Hours	<ul style="list-style-type: none">• Pre-test using ABPANC practice exam.• Discussion after with group and review plans for next meeting.	<ul style="list-style-type: none">• Nursing Process• Evidence-based practice• Anatomy and physiology of body systems• Growth and development• Pathophysiology• Normal and abnormal diagnostic values• Acceptable deviations from normal physiologic states• Co-morbidities/potential complications• Physical assessment techniques• ACLS/PALS• Airway Management• Vital signs/hemodynamic monitoring• Fluid and electrolyte management• Thermoregulation• Pain assessment and management (psychological, physiological, medical)• Postoperative nausea and vomiting (PONV) and post discharge nausea and vomiting (PDNV) assessment and management.• Pharmacodynamics/pharmacokinetics• Pharmacological interventions• Anesthesia techniques (general, regional, moderate sedation, Monitored Anesthesia Care (MAC)).• Total Intravenous Anesthesia (TIVA)• Anesthetic and reversal agents• Surgical and procedural interventions• Normal and abnormal physical response to surgery/procedure/anesthesia• Alternative and adjunctive treatment modalities		
	Week 2 4 Hours	<ul style="list-style-type: none">• Respiratory system• Cardiovascular/peripheral vascular/ hematological systems			
	Week 3 4 Hours	<ul style="list-style-type: none">• Neurological system• Gastrointestinal system			
	Week 4 4 Hours	<ul style="list-style-type: none">• Renal system• Integumentary system			
	Week 5 4 Hours	<ul style="list-style-type: none">• Genitourological and reproductive systems• Musculoskeletal System			
	Week 6 4 Hours	<ul style="list-style-type: none">• Endocrine system• Fluids and electrolytes			
	Week 7 4 Hours	<ul style="list-style-type: none">• Maintenance of Normothermia• Physiological comfort (including but not limited to relief of pain, shivering nausea/vomiting, temperature control and positioning).• Therapeutic environment (including but not limited to minimal interruption of normal regimen, preemptive interventions).			
	Week 8 4 Hours	<ul style="list-style-type: none">• Anesthesia• Malignant Hyperthermia• ASPAN Standards			

Contact ABPANC

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

Email:
abpnc@proexam.org

Web site:
www.cpancapa.org

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Interesting in Being a Host or Hostess?

We would love to have you help ASPAN by serving as a Host or Hostess during the Chicago National Conference! Hosts and Hostesses may earn contact hours at sessions where they host, and earn a small stipend for their assistance. Host/Hostess responsibilities include providing directions within the conference area, staffing the registration booth, facilitating session seating, and collecting event tickets. Please consider this opportunity to assist with ASPAN's efforts to make its annual conference a success! To sign up for the Host/Hostess program, or for further information, please contact Linda Beagley at 630-817-6001, or beagley@ameritech.net. Being involved enhances your conference experience!



Breathline

Volume 32, Number 6
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THE DIRECTOR'S CONNECTION

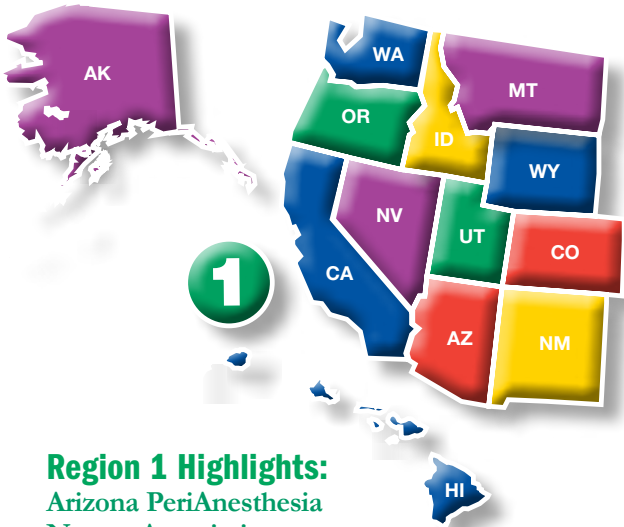
Deborah Bickford, BSN, RN, CPAN – Regional Director, Region 1

Region Report

Greetings from Region 1! Our region has been quite busy this summer and fall. All the state components were busy planning for their seminars this fall, and all had very impressive presenters keeping our members current with the newest and best practices. I was very fortunate to be physically present at most of the meetings. I am always in awe of the dedicated, professional volunteers that each component has as part of its leadership. There is so much positive energy within each component's leadership – it's amazing!



**Deborah Bickford,
BSN, RN, CPAN
Region 1 Director**



Region 1 Highlights:

Arizona PeriAnesthesia Nurses Association:

- AzPANA has 65% of their membership certified. This is truly a gold standard and incentive for the rest of our components.

PeriAnesthesia Nurses Association of California:

- PANAC currently has 1429 members! This component is supporting an interesting raffle, which is supporting the first nurse's float in the Rose Parade for 2013.

Hawaiian Islands PeriAnesthesia Nurses:

- HIPAN had a good annual meeting in Honolulu. Most of the meetings are on Oahu, so look for their meeting dates and schedule a vacation!

Nevada PeriAnesthesia Nurses Association:

- NevPANA made historic news this summer. This component was having difficulty finding volunteers for its leadership. ASPAN stepped in to help, and created a blast e-mail for the election process. I would like to extend our sincerest appreciation to Jacque Crosson, MSN, RN, CPAN, for her work in this process. NevPANA now has a full board of directors, and had its first meeting in September.

PeriAnesthesia Nurses Association of New Mexico:

- PANANM is VERY proud of its newsletter editor, Connie Hardy Tabet, RN, CPAN, CAPA. She received the ABPANC Advocacy Award this year at the CPAN/CAPA Celebration Lunch in Orlando, Florida, at the ASPAN National Conference!



Region 1 attendees at the Component Development Institute in St. Louis, Missouri in September

Northwest PeriAnesthesia Nurses Association:

- NPANA met in Anchorage, Alaska for its annual meeting which was such fun! Congratulations again to Judy Evans, BSN, RNC, CPAN, who won as the highest fund raiser for ASPAN Development. This fund raising event for ASPAN Development was started in 2007, and Judy has won every year!

Rocky Mountain PeriAnesthesia Nurses Association:

- RMPANA had another successful retreat in the Rockies, with Sue Carter as a featured speaker. Keep this retreat in mind in your planning, as it is a seminar in which you become educated, and still have time to pamper yourself and explore the outdoors. It's always late September or early October.

Utah Society of PeriAnesthesia Nurses:

- USPAN had a very good seminar in October. The leadership is meeting and creating ways to offer more seminars to its members.

Aloha, and see you soon! 🌿

CREATE BUILDING BLOCKS FOR THE FUTURE

ASPAN 13th Component Development Institute

Twilla Shrout, BSN, MBA, RN, CPAN, CAPA - ASPAN Vice President/President-Elect 2012-2013



**Twilla Shrout,
BSN, MBA, RN, CPAN, CAPA
ASPAN Vice President/
President-Elect 2012-2013**

This year's Component Development Institute (CDI) was held in St. Louis, Missouri, September 7-9, 2012. The Crowne Plaza host hotel was close to the very popular annual arts festival, the St. Louis Arch – also known as the “Gateway to the West,” the Metro Link, providing easy transportation to the riverfront, and Laclede's Landing, offering a wide assortment of restaurant options.

President Carter encouraged members to attend CDI to “assist emerging leaders in developing, enhancing, and celebrating their leadership and communication skills, as well as providing tools for achieving building blocks for success.” Over 120 ASPAN leaders, both current and future, filled their personal tool kits with resources to build on their knowledge foundation, while picking up valuable component tools and resources.

Friday evening kicked off the CDI weekend with ASPAN's Regional Directors (RDs) Debbie Bickford, Armi Holcomb, Martha Clark, Laura Kling and Tanya LaCompte dressed in their “hardhats and work clothes” to share tools for component development. During this interactive session, the RDs directed the attendees to the ASPAN Web site and the Component Presidents' Resource Page, demonstrating where to access information vital to the leadership and function of their component. There was also discussion of how to utilize various electronic alternatives to face-to-face meetings, such as Skype, Go to Meeting, and conference calling. The benefits of Facebook to connect with component members, was also shared with attendees.

Saturday started off with leadership styles and skills development. With the assistance of Clara Boudreaux and Cindy Ladner, both from Region 2, props were used to demonstrate the various types of leaders and skills. A drawing was held, with one winner announced from each of the five separate ASPAN regions winning the book, *Strengths Based Leadership*, written by Tom Rath and Barry Conchie. The winners were Kathryn Hanson, Region One; Valerie Cathey, Region Two; Brenda Elliott, Region Three; Renee Smith, Region Four; and Sara Moulton, Region Five.

Breakout sessions offered options focused on budgeting, strategic planning, and constructing effective educational programs. Sessions addressing the design and construction of effective

board meetings, with a review of Robert's Rules of Order, rounded out the morning. Lunch was provided for the members, and offered time to share ideas with each other.

Afternoon sessions discussed fabricating the component's future through succession planning, standards, guidelines, and evidence-based practice as the building blocks for practice excellence and interior strength for component leadership. The mock Representative Assembly (RA) seemed to be the highlight of the day, with lively discussion on proposed mock resolutions that were brought before the group. ASPAN's Parliamentarian, David Wharton, was able to answer questions and keep the proceedings on a steady path during the robust and humorous interactions among participants involving amendments and pro and con discussion.

On Sunday morning, a component best practices panel was moderated by President Carter, where each panelist was given two minutes to discuss the questions brought forward. ASPAN members Amy Dooley, Raquel Evans, Shay Glevy, Cathy Lee, Renee Smith and Diane Swintek provided the audience with examples that provided a variety of useful tips and tools for the components. Following the panel, attendees were instructed in skills for creating and maximizing the use of their component Web sites, and how to organize and establish an editorial calendar to assist in newsletter development. Component leaders heard the importance of newsletters, and how they can form the foundation to effective communication for the members.

The final presentation came from the Regional Directors, identifying ways a component can construct their Gold Leaf Award submission to be a winning blueprint for success. There were notebooks from past Gold Leaf components available for attendees to look through for ideas and examples.

The weekend, as always, provided opportunities for attendees to network with the ASPAN Board of Directors and other component leaders, to share best practices, and solutions to common problems and concerns. Everyone left with a toolbox filled with tips and treasures ensuring ample building blocks with which to build the future of their component.

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CDI attendees enjoying the event

CDI attendees perusing their notes



ASPAN Regional Directors (from left) Tanya LeCompte, Deb Bickford, Martha Clark, President Carter, Armi Holcomb, and Laura Kling dress for the CDI theme of Building for the Future



Vice President/President-Elect Twilla Shrout leading a session at CDI



Amongst all the learning, there was time for valuable networking 🍃

Component Education Programs

February 9, 2013 The Perianesthesia Nurses Association of California (PANAC) Winter Conference features Linda Callahan, PhD, CRNA, PMHNP. The conference will be held at the Marriott Los Angeles Burbank Airport Hotel in beautiful downtown Burbank, CA. For information, go to www.panac.org or contact Lori Silva at 209-968-4895 or notgoquietly@clearwire.net

March 2, 2013 The Illinois Society of PeriAnesthesia Nurses (ILSPAN) will hold its Spring Conference at the Meridian Banquet & Conference Center in Rolling Meadows, IL. For information, contact Alexis Nicpon at 630-605-4266 or ajnicpon@comcast.net

March 9, 2013 The Vermont/New Hampshire Association of PeriAnesthesia Nurses (VT/NH APAN) will hold its Spring Conference at Portsmouth Regional Hospital in Portsmouth, NH. Topics will include bariatric surgery considerations and acute pain in the chronic pain patient. For information visit www.vtnhapan.org or contact Trish Clark at clark@vtnhapan.org



Foundations of Perianesthesia Practice

January 26, 2013

Cheektowaga, NY

March 2, 2013

Petoskey, MI

Pediatrics: Beyond The Basics

January 26, 2013

Seattle, WA

May 18, 2013

Oak Brook, IL

Pediatrics: Little Bodies, Big Differences

March 2, 2013

Berlin, VT

Perianesthesia Certification Review

January 19, 2013

St. Louis, MO

January 26, 2013

Kansas City, MO

February 16, 2013

Baltimore, MD

Rochester, MN

San Antonio, TX

February 23, 2013

Coeur d' Alene, ID

Jefferson, LA

Tarrytown, NY

Philadelphia, PA

March 2, 2013

Cleveland, OH

Wheeling, WV

March 9, 2013

New Haven, CT

Richmond, VA

Perianesthesia Pathophysiology and Assessment: A Systems Approach

January 19, 2013

Fairfax, VA

January 26, 2013

Sacramento, CA

February 9, 2013

Harrisburg, PA

Lynchburg, VA

February 16, 2013

Morgantown, WV

February 23, 2013

Albuquerque, NM

March 2, 2013

Edgewood, KY

Rockville, MD

March 9, 2013

Oakland, CA

Lake George, NY

May 18, 2013

Springfield, IL

June 1, 2013

White Plains, NY

June 15, 2013

Santa Clara, CA

Refreshing Your Perianesthesia Practice

March 9, 2013

West Reading, PA

May 18, 2013

Sacramento, CA

June 22, 2013

Bristol, VA

Safety Begins With Us

January 26, 2013

Danville, PA

June 1, 2013

Baltimore, MD

Surrounding Your Practice With Excellence: Legalities, Standards And Advocacy

June 22, 2013

San Antonio, TX