



INSIDE:

OPPORTUNITIES AND POSSIBILITIES: EDUCATION

*W*hen was the last time you sat back and thought about your basic nursing training? For most of us, it was a time of hard work, new experiences, excitement, uncertainty, and sometimes down right terror, depending on the instructor or the clinical situation in which we found ourselves. But with every aspect of our lives, there is a beginning, and an establishment or foundation which allows for further growth. Our early nursing education was no different. Whether you began your nursing career at a diploma school, a community college or baccalaureate program, your basic training provided you with a solid foundation of knowledge. Did you think about it back then, that the opportunity to touch someone's life is given to everyone? However, what one chooses to do with this opportunity is what sets people apart. Do you reflect on the impact your choices and the opportunity of your basic training have had on the lives of people you touch daily? I believe the truly curious nurse is the one who continues his or her education and never stops learning, and I believe that curiosity helps drive that individual to be the best nurse possible.

Education doesn't stop once we have graduated from our basic programs. Life-long learning is the concept of pursuing the curiosity and attainment of knowledge. Brick by brick, carefully placing the experiences and wisdom gathered through classes, continuing education and advanced nursing education, allows us to build on the foundation laid by our basic training program. And, ASPAN has a variety of ways to help each one of us to continue building on our individual foundation of excellence.



**Susan Carter, BSN, RN, CPAN, CAPA
ASPN President 2012-2013**

ASPN is continually challenged to expand and enhance educational opportunities to meet the needs of perianesthesia nurses everywhere. ASPAN is committed to providing endless educational opportunities. Education is one of ASPAN's strategic priorities, and it is also a priority cited in the Robert Wood Johnson Institute of Medicine's (RWJ/IOM) landmark report on the Future of Nursing.¹ Several of ASPAN's volunteer work teams are focusing on this important aspect of professional growth and development.

Currently, construction is taking place by our Perianesthesia Orientation Strategic Work Team (SWT), led by Dolly Ireland, to develop an orientation program designed to meet the needs of new graduate nurses desiring to begin their careers in the specialty of perianesthesia, or those nurses wanting to transition into perianesthesia practice. The work of this SWT is near and dear to my heart, as I firmly believe in bringing new graduates in to the domain of perianesthesia practice. I have personally experienced the success that can be achieved with the right candidate, having created a program, and been honored to serve as mentor and preceptor for an extremely bright and gifted new graduate. On reflection, I don't know who gained more from the experience, myself or my mentee. The program in development by the Orientation SWT is based on ASPAN's *Competency Based Orientation and Credentialing Program for the Registered Nurse in the Perianesthesia Setting*. It will consist of training modules that a facility will be able to purchase and use in order to assure that the nurse new to perianesthesia practice receives the

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Serving nurses practicing in all phases of preanesthesia and postanesthesia care, ambulatory surgery, and pain management.



ASPN

American Society of PeriAnesthesia Nurses

President's Message

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training he or she needs to practice safely, and with a standardized base of knowledge. These types of training programs, or residency programs, are strongly advocated in the RWJ/IOM report.¹

The Education Provider Committee, led by ASPAN Director for Education, Nancy Strzyewski, is examining ideas for new ASPAN seminars, and working with the team to update the current highly requested educational programs currently being offered. In conjunction with our Digital Media SWT, led by Terry Clifford, ASPAN is developing several of its most popular programs into a digital format for modular viewing on the ASPAN Web site. This exciting venture will allow individuals to pick and choose the material they determine is needed in order to customize a learning program unique to each individual's own learning needs.

One of the first series of modules to be developed for the Web site is the "Foundations of Perianesthesia Practice" seminar, followed closely by the extremely popular and very much in demand, "Perianesthesia Certification Review" seminar. The hard-working and dedicated Education Provider team is also examining ideas for completely new topics for development

into digital educational modules and seminars. It is the hope of ASPAN to have a variety of modules available on the Web site from which to pick and chose. This in turn will allow ASPAN to reach out to those who are unable to attend seminars in person, or who desire the option of alternative learning modalities.

Education doesn't end with the completion of our basic nursing training programs. As professionals in a specialized work environment, we must be committed to life-long learning, whether continuing our education towards postgraduate degrees, and/or striving to build and expand upon work-related skills and knowledge. Henry Ford said it best when he said, "Anyone who stops learning is old, whether at twenty or eighty. Anyone who keeps learning stays young."² Stay young! Seize the opportunities ASPAN provides for continued learning, and explore the many possibilities you possess to become life-long learners!

REFERENCES:

1. The Future of Nursing. Available at: <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx> Accessed July 27, 2012.
2. Good Reads. Available at: <http://www.goodreads.com/quotes/tag/education> Accessed July 27, 2012.



President Carter presiding at the Mock Representative Assembly at the Component Development Institute in St. Louis.



ASPA[®] Breathline

Published by the American Society of PeriAnesthesia Nurses[™]

Indexed in the Cumulative Index to Nursing Allied Health Literature (CINAHL)

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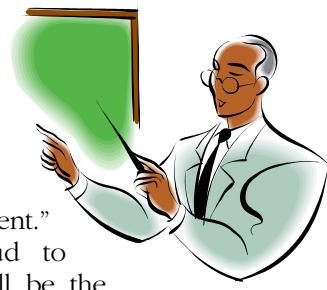
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Deadlines for inclusion in *Breathline*:

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



What's New with ASPAN Education?

Nancy Strzyzewski, MSN, RN, CPAN, CAPA

This is a very exciting time to be an ASPAN educator. During 2011, 13 different ASPAN speakers spoke at 33 seminars across the country to a total of 1,460 perianesthesia nurses. Imagine a room filled with enthusiastic colleagues who are excited to give up a Saturday to talk about perianesthesia nursing! ASPAN seminars not only provide education, but they also offer a great opportunity to network with peers who work down the street or across the state. Several times I have spoken at seminars to people who travel across several states to come to a presentation. During a presentation in Omaha, one nurse asked for information on a specific topic that might help her influence an anesthesia colleague's practice. As she spoke, another nurse raised her hand and asked, "Are you talking about Dr. X?" Both nurses worked at different hospitals in the same system that were miles apart and had the same issues. Meeting at an ASPAN seminar gave them the opportunity to work on a common issue. We share a common practice, a common language, and a common bond.

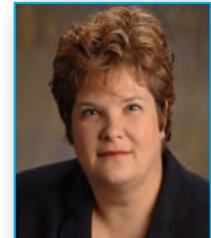
This past year, ASPAN has worked on two very exciting projects. Several of our colleagues invested a great deal of time to create an ASPAN educational webinar entitled, "Perianesthesia Care

of the Geriatric Patient."

ASPA is very proud to announce that this will be the first in a series of educational webinars.

Seven different modules relating to care of the older adult in the perianesthesia setting have been recorded. These modules will be able to be purchased and viewed in any combination that you, the learner, chooses. The learner will have 30 days to view the material, take a post-test and complete the evaluation. Don't forget to check the Education page of ASPAN's Web site, as ASPAN will be posting more on-demand educational programs in the future.

The other exciting project that ASPAN has created is the new seminar "Perianesthesia Pathophysiology and Assessment: A Systems Approach." This brand new program includes sections on pulmonary, cardiovascular, gastrointestinal, neurologic, renal and endocrine systems. Each section includes a discussion of the anatomy and physiology of that system, as well as specific issues that impact the perianesthesia period. These are very exciting times. If you have any comments or suggestions about ASPAN programs, please contact me at nstrzyzewski@aspan.org. See you in Chicago or at an ASPAN seminar!!



**Nancy Strzyzewski,
MSN, RN, CPAN, CAPA
ASPA Director
for Education**

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Susan Russell,
BSN, RN, JD, CPAN,
CAPA

ASPAN Director for
Clinical Practice

Frequently Asked Questions

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

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

Q *What is the definition of “responsible adult?” If a patient does not have a responsible adult to accompany him at discharge, what do you suggest?*

A The ASPAN *Perianesthesia Nursing Standards and Practice Recommendations 2010-2012* do not include a definition of “responsible adult.” The dictionary defines ‘responsible’ as an “individual who is able to answer for his conduct and obligations; someone who is trustworthy; someone who knows right from wrong; someone who is accountable.”¹ An “adult” is an individual 18 years or older. There are facilities where the word “adult” has been changed to “party” or “person.”

Determinants of Responsible Adult

When determining whether or not an individual can be the responsible adult, age is not the only factor. Sometimes, it is the relationship of the parties. Parents are presumed to have authority to act on behalf of their minor children. A minor who is a parent caring for his/her own child may be the “responsible adult,” even if the minor and his/her child live with parents or other adult relatives.

The ability to drive is not a prerequisite, although it may be necessary to ascertain whether the mode of transportation is safe for the patient. The patient cannot be the driver after sedation, but taking a taxi when accompanied by a non-driving “responsible party” may be an acceptable option. A blind or deaf person can be the responsible person. Discharge instructions may be carried out through an interpreter. In today’s society, many people live alone or are single parents. If the patient’s “responsible adult” is a teenage child, you must consult the facility’s policy regarding the discharge. It may be reasonable to discharge the patient with a teenager who understands the discharge instructions, and is willing and able to provide the necessary care.

Caregiver Support

What if the patient is not accompanied by a responsible adult? It is best to verify discharge arrangements prior to the procedure. At the time of admission, ask who will be caring for the patient after discharge, and what transportation arrangements are planned. Make sure the designated care-



A responsible adult and driver is required for safe discharge.

giver understands that the patient should not be left alone for the first 12-24 hours, depending on the procedure and the type of sedation.

Occasionally, the person driving the patient home is not the designated caregiver. If possible, contact the caregiver to review the discharge instructions and to answer any questions. If the caregiver does not comprehend the discharge instructions, or is unable to perform the tasks necessary to care for the patient, it may be necessary to consult the physician and obtain an order for home healthcare. Occasionally, unaccompanied patients state they have someone to help them at home. Some facilities allow patients to leave via taxi with a physician’s order. Consider notifying the caregiver when the taxi leaves the facility. Document the telephone number, the name, and the relationship of the individual.

Discharge

It may be necessary to obtain an order for the patient to spend the night in the facility (if that is an option). If no alternatives can be identified, the physician may need to cancel the procedure. When discharging a patient to a group home, review the discharge instructions with the group home supervisor. When discharging a patient to assisted living, contact the caregiver to determine what arrangements can be made for overnight care if a family member or friend is not going to be with the patient. With elderly patients, the accompanying spouse may require more care than the spouse having the procedure. When the patient is the spouse’s caregiver, determine who else may be available to assist the couple after the procedure.

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Digital Media Strategic Work Team Update

Theresa Clifford, MSN, RN, CPAN – Coordinator

Presently, ASPAN's Digital Media Strategic Work Team (SWT) is charged with exploring and recommending available technology, and its impact on ASPAN's strategic plan to provide enhanced member experiences regarding customer service, educational opportunities and social networking possibilities. ASPAN is excited to have completed the production and preparation of several video modules providing educational content relevant to the care of geriatric patients. These modules will soon be available for purchase via the Web site, and will launch the beginning of a new digital platform for members.

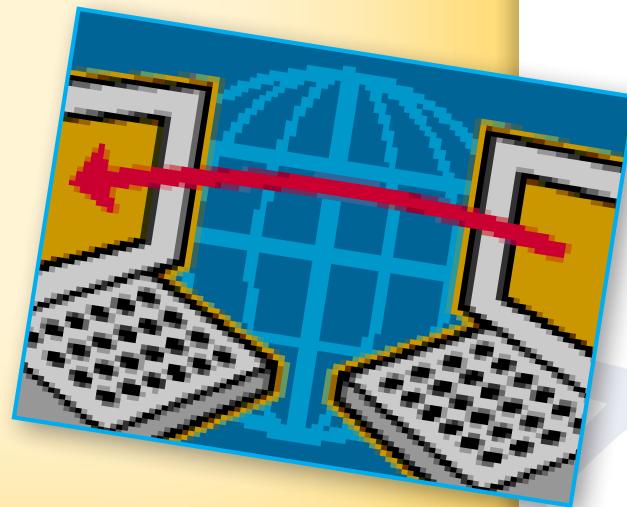
In order to begin the process of building ASPAN's 'Digital Library,' the SWT recently submitted an online survey to membership with regards to digital media use, likes, dislikes and desires. Now collated, the results of this survey have been incredibly helpful in understanding the media experiences of members, as well as exploring the seemingly endless possibilities for ASPAN's digital future. Highlights from the survey are briefly summarized here:

- 98.7 % of respondents own a computer
- 4.2% continue to connect to the Internet via dial-up; the remaining use primarily broadband/cable or satellite
- 93.1% have access to a computer at work for educational purposes
- 58.7% own a smartphone or tablet computer (e.g., iPad)
- 69.3% have not downloaded or installed any nursing or medical applications
- 88% have not purchased any nursing or medical eBooks
- 60.1% use Facebook
- 3.5% use Twitter
- 18.2% use LinkedIn

Moving forward, this SWT will continue to explore the digital world and its applicability to practice. For example, one of the survey questions solicited ideas regarding possible periesthesia 'apps.' Member responses hold the key to possibilities for future growth and development. Suggestions provided through this survey included a call for numerous resources for routine and emergent clinical care, daily bedside calculation tools, drug references, clinical guidelines, educational content for continuing education and medical dictionary/translation tools, to name a few. In addition, with the spreading use of social media for networking and communicating, the implications of social and professional responsibility while using this media will be explored during the coming year. 



Theresa Clifford,
MSN, RN, CPAN
Digital Media SWT
Coordinator



FAQ continued from page 4

Never hold a patient against his will. False imprisonment is not an option. The patient could file both civil and criminal charges, depending on state laws. Consult the facility risk manager or administrator regarding leaving Against Medical Advice (AMA). AMA departures should be carefully documented in the medical record.

REFERENCES

1. Merriam-Webster Dictionary. Available at: <http://www.merriam-webster.com/dictionary/responsible> Accessed June 30, 2012.
2. Chinnappa V, Chung F. What Criteria Should Be Used for Discharge after Outpatient Surgery? In: Fleisher L, ed. *Evidence Based Practice of Anesthesiology*. 2nd ed. Philadelphia, PA: Saunders Elsevier; 2009:310-311. 



**Daphne Stannard,
PhD, RN, CCRN,
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Evidence Based Practice
SWT Coordinator**

JBI, EBP, and YOU!

Daphne Stannard, PhD, RN, CCRN, CCNS, FCCM – *Evidence Based Practice SWT Coordinator*

JBI stands for the Joanna Briggs Institute, which is a not-for-profit research institute that was founded in 1996. It is based at the University of Adelaide in Australia, and it has over 72 centers and groups in over 47 countries! There are currently six JBI Centers in the United States. More and more nurses are working in environments where EBP or evidence-based practice is encouraged. Do YOU work in one of those settings? Yet, in order to practice EBP consistently, nurses and other clinicians first and foremost need access to the best available evidence. Your ASPAN peer leaders, the Representative Assembly, recently approved a modest dues increase to support an organizational membership to JBI. An ASPAN member can access the JBI portal (called JBI Connect+) by logging into the ASPAN Web site with an established ASPAN profile. Once logged into the ASPAN Web site, members have access to many of the features available on JBI Connect+.

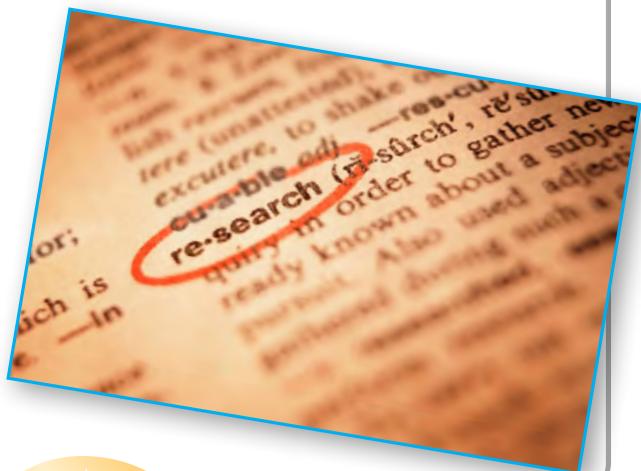
EBP has been defined as a form of clinical decision-making that takes into account the context within which care takes place, the preferences of the patient and family, the clinical judgment of the clinician, and the application of the best available evidence. There are five fundamental steps to EBP:

- Identify the problem
- Access the evidence
- Appraise the evidence
- Implement the results in practice
- And evaluate performance

The JBI portal can assist clinicians with the second step. There are additional JBI tools that the ASPAN Research Committee and EBP SWT will be using over the course of this next year that will assist with the other four steps. In the meantime, log on and explore! There is a JBI Frequently Asked Questions (FAQ) sheet, and a JBI online module that will help you as you identify problems and seek the best available evidence. The ASPAN EBP journey starts with each of YOU, and we hope that this partnership with JBI will make the journey a little easier! May the evidence be with you!

REFERENCE:

1. Pearson A, Field J, Jordan Z. *Evidence-based clinical practice in nursing and health care: Assimilating research, experience and expertise*. Malden, MA: Blackwell; 2007. 



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Ready or Not, Family Visitation is Coming!

Michelle Ballou, Jennifer Franklin, and Linda Beagley – Safety SWT Members

Safety

A frequently submitted question to ASPAN's Clinical Practice Committee is about Post Anesthesia Care Unit (PACU) visitation. For this issue of Breathline, the Safety Strategic Work Team (SWT) is answering a few of these questions.

How is patient visitation handled in PACUs across the nation?

Michelle Ballou: Family visitation in the inpatient PACU at the University of Colorado Hospital was a change in culture, but staff now embrace the importance of family at the bedside. Families are given an education sheet by the admissions department regarding the process for visitation in PACU to maintain a safe and beneficial experience. The Family Care Coordinator (FCC), who is not an RN, will contact the family when the patient has physically arrived in PACU, and provide an update as to when visitation will begin. Once the patient is in the PACU for 45 minutes, the FCC will escort two visitors back to the bay for 10 minutes. Curtains are pulled to maintain the privacy of patients in the PACU. Children are not allowed with this visit. If the patient is still in PACU on the even hour, the FCC will escort two visitors back for 20 minutes. If there are more than two visitors, they can switch at 10 minutes. Per the guidelines, no children are allowed in PACU under the age of eight, but there are always exceptions to this guideline. After a patient has been recovered and remains in PACU for four hours, two visitors are allowed to stay with the patient. Visitors can switch at the top of the hour until transferred to a room.

Jennifer Franklin: Family visitation in the PACU is a challenging but rewarding responsibility. The culture will continue to change in the next few years, and in my opinion, it will soon become a standard practice to allow family in the PACU. To bolster this argument, a study completed by Carter et al¹ shows that family anxiety decreases after seeing the family member in the PACU. Developing clear guidelines that emphasize patient privacy and confidentiality is a crucial component of visitation in phase I and phase II level of care.

Linda Beagley: Visitation for adult PACU patients in Illinois was prohibited for many years by the public health department, and only recently was this ruling changed to allow PACU visitation. Prior to the change in the ruling, prolonged patient stays in the PACU were a challenge for staff, patients and their family in trying to keep everyone happy. Most often, visitors were brought in "illegally," to quickly see their

loved one. The Illinois Society of PeriAnesthesia Nurses (ILSPAN) Board of Directors tirelessly, over many years, worked to change the ruling. With the rule change, attitudes and practice of the nurses also needed to change. At my institution, nurses need to welcome family into the PACU, and incorporate the visitor into the care of the patient. To help streamline the process, our waiting room receptionist acts as the liaison between nurse and family, bringing the family into the PACU, staying with them, and then escorting the visitor back to the waiting room. Our process is still a work in progress.

Considering the Health Information Portability and Accountability Act (HIPAA) and Protected Health Information (PHI), should family or friends of other patients be in the PACU when other patients are being admitted?

Michelle Ballou: The confidentiality and privacy of all patients should be maintained according to the American Society of PeriAnesthesia Nurses' "Position Statement of Visitation In Phase I Level of Care."² HIPAA does not require that facilities remodel their environment to ensure that no PHI can be overheard. Rather, facilities are expected to take reasonable steps to minimize overheard PHI. In areas with curtains between bays in Pre-op and PACU, staff should speak in a low to moderate voice. If someone were to overhear conversation in the next bay, it would be considered an incidental disclosure under HIPAA. Incidental disclosures are not problematic, but acting to minimize them when possible should be taken. Staff should only discuss what is needed related to the care and treatment of the patient, not other information found in the medical record.

How has the unit monitored satisfaction of the patients and family after implementation of family visitation?

Jennifer Franklin: After a few years of PACU family visitation, it is now a common practice at a large academic medical center in the Southeast. Challenges exist in creating a culture of visitation. However, empowering staff to develop the visitation guidelines is critical for success. Important to



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Daine Swintek,
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Membership & Marketing
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MEMBERSHIP & MARKETING NEWS

PANAW and Gold Leaf Application

Daine Swintek, BSN, RN, CPAN – Membership & Marketing SWT Coordinator

PeriAnesthesia Nurse Awareness Week (PANAW)

The Membership and Marketing Strategic Work Team (SWT) is working with Doug Hanisch, Marketing and Communications Manager for ASPAN, on the PANAW theme. In 2013, PANAW will be celebrated beginning February 4th through the 10th. The SWT members are selecting items that will be available in the PANAW catalogue, which will come to members in late November. This allows time to order gifts for your members, colleagues, and family. I'm excited to see what the team selects, as I already have members of my family asking what I will gift them with next year. I utilize my family as ASPAN ambassadors by giving them an item from the catalogue as a 'welcome to Spring' gift. As expected, the pens, reusable totes, and cups are popular items and readily used.

Gold Leaf Award Research Questions

In addition to promoting PANAW, the M & M SWT is gearing up to review the Gold Leaf Award applications that component leaders will submit. The applicants for 2011 numbered 17, and ASPAN is hoping that many more components will be submitting 2012 applications for this honor. A work group within the SWT has been

reviewing the questions and the documentation necessary for some of the questions. For example, my own component, CBSPAN, submitted an application for 2011, and we had questions regarding research activities. This question, (Does your component have an active research committee with at least one active project, or a project completed during 20 _ _), is a stumbling block for many, and makes them reluctant to submit an application. Research related to peri-anesthesia practice is essential in order for ASPAN to continue as the recognized expert in perianesthesia nursing, and for this reason, is an important element of the Gold Leaf Award.

Your component may not be conducting a research project across the entire membership, but there are most likely members within your component who are busy with research projects at their facility or are conducting an evidenced-based practice (EBP) project within their unit. Those members may have been a part of research or EBP oral or poster presentations at National Conference in April. The essential elements are that the project is directly related to perianesthesia practice, and is conducted by a component, and therefore, ASPAN member. As the component leader, or Gold Leaf Award coor-

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Safety *continued from page 7*



the success of visitation is identification of a care partner, which is one family member or a close friend (18 years or older), chosen by the patient to participate in various levels of his/her care. Limiting PACU traffic and maintaining a quiet environment for postoperative patients is the objective when initiating the care partner. In our department, family visitation has been determined to be successful, by a number of positive comments received from patients and families. Some families are astonished when allowed into the "closed" environment, and appreciate the update on their family member's condition. Furthermore, they can visualize what measures are carried out by the PACU registered nurses to control their family member's comfort. Revising the PACU family visitation guidelines

has the propensity to increase patient and family satisfaction.

Conclusion

PACU visitation remains a topic of continued conversation and controversy. The important element is maintaining the privacy of all PACU patients throughout the process. Visitation can markedly decrease anxiety of the patient and family by allowing a family member into the PACU.

REFERENCES:

1. Carter A, Deselms J, Ruyle S, Morrossey-Lucas M, Kollar S, Cannon S, Schick L. Postanesthesia care unit visitation decreases family member anxiety. *J PeriAnesth Nurs.* 2012; 27(1):3-9.
2. American Society of Perianesthesia Nurses. A Position Statement on Visitation in Phase I Level of Care. In: *Perianesthesia Nursing Standards and Practice Recommendations 2010-2012*. Cherry Hill, NJ: ASPAN; 2010:120-121. 

ASPAN Liaison to the Society of Gastrointestinal Nurses and Associates (SGNA)

Kathy Steindl, BS, RN, CAPA

Liaison SGNA

*In this issue, we feature another one of ASPAN's liaison relationships.
This month, we showcase our connection with SGNA.*

Greetings fellow perianesthesia nurses! Allow me to introduce myself as your ASPAN liaison to the Society of Gastrointestinal Nurses and Associates (SGNA). My name is Kathy Steindl, BS, RN, CAPA. I am a proud member of ASPAN, the Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN), and also SGNA. In the liaison role, I have an opportunity to join SGNA, review association information as it can be shared and applied to our joint practices, and explore all avenues for possible collaboration on practice issues.

Like many of you, I practice in a unit that also serves the endoscopy population, where we have an endoscopy procedure room as a part of the day surgery department. I am fortunate to have opportunities on a regular basis to care for these patients, as I am a clinical nurse providing continuity of care for the patient all the way through the perianesthesia and procedural processes. In my facility, I conduct the preadmission interview, am present the day of the procedure to prepare the patient for the endoscopy procedure, assist the doctor with the procedure, and also provide phase I and II care, including discharge of the patient.

SGNA's mission statement and goals are not unlike the mission statement and goals of ASPAN. SGNA is a professional organization of nurses and associates dedicated to the safe and effective practice of gastroenterology and endoscopy nursing. SGNA carries out its mission by advancing the science and practice of gastroenterology and endos-

copy through education, research, advocacy, collaboration, and by promoting the professional development of its members in an atmosphere of mutual support. SGNA and ASPAN share a collaborative practice by following standards of care for phase I and II postprocedural sedation.

SGNA recently held its 39th annual National Conference in Phoenix, Arizona. Some of the topics offered for its members included "Moderate Sedation for Non-Anesthesia Nurses," "What Risks do Your Sedated Patients Have?" and "Give Nausea A Heave." Useful practice suggestions included interventions to correct partial and complete airway obstruction, effective strategies to manage complications that might arise in the continuum of care during moderate sedation, common physiological risk factors that are impacted as a result of sedation, and pathophysiology and management of nausea and vomiting of endoscopy patients. These topics mirrored many of the same topics offered at ASPAN's National Conference in Florida.

As a nurse practicing in a small community hospital, I am privileged to experience the networking with nurses I have met from both ASPAN and SGNA. Regardless of our practice setting, I have found that we do share a common bond in our dedication to our patients and our specialty practice, and with our collective vision and mission statements. 



Membership & Marketing *continued from page 8*

dinator, you need to include documentation of the project and the member(s) involved in order to receive credit for the research activity on the application. The points are accrued for the number of documented projects within your component, not the number of members involved in conducting the research. Remember, the ultimate goal is to advance the evidence to affirm the science and art of perianesthesia nursing.

Gold Leaf Assistance

The Component Development Institute (CDI) was in St. Louis September 7-9, 2012. The Regional Directors held sessions on the Gold

Leaf Award criteria, and how to complete the application. ASPAN's most recent winner, the Kentucky Society of PeriAnesthesia Nurses (KSPAN), consented to make its application available for review by those attending CDI. The Regional Directors continue to be available to answer questions about where documentation of some activities fall in the application. Each component also has a M & M SWT member to act as a liaison regarding membership questions, and this includes any of the awards that come from this SWT such as the Gold Leaf Award. Now it's time for you to go for the Gold! 

Volume 32, Number 5
September/October 2012

Focusing on Funding for Nursing's Future

Donna Goyer, BS, RN, CPAN, CAPA – Governmental Affairs SWT Coordinator



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BS, RN, CPAN, CAPA
Governmental Affairs
SWT Coordinator**

The Governmental Affairs Strategic Work Team (GA SWT) is a busy team, keeping up with a variety of legislative issues that impact nursing and other healthcare professionals. Cindy Hill and Gena Near are the ASPAN liaisons for the Nursing Community and Americans for Nursing Shortage Relief (ANSR), respectively. They regularly participate in meetings, monitor these Web sites and others for updates, and share this information through the GA SWT.

Funding Appropriations

Currently, much of the focus is surrounding the United States Senate and House hearings regarding Labor, Health and Human Services (LHHS) appropriations and funding of Title VIII programs, nursing research and nurse managed clinics. This past February, Nurse in Washington Internship (NIWI) participants spoke with their congressman to ask for support of \$251 million for these initiatives. The Nursing Community helped provide the data to support these requests, and prepared the nurses for their Capitol Hill visit. In June, the Senate passed its Labor, Health and Human Services and Education appropriations bill. This bill included \$231 million for Title VIII Nursing Workforce Development programs. While this is level funding from for the year 2012, the Nursing Community is appreciative of the fact that funding was not decreased. The Nursing Community also requested support of \$150 million for the National Institute of Nursing Research (NINR) for the advancement of nursing science, and promoting quality patient care. Again, the Senate bill was not as strong as requested, but the \$144.59 million was approved, which in the current economic climate does demonstrate support of nursing research.

Additional Funding Requests

Also in June, ANSR petitioned the House Chairman and Ranking Member of the Subcommittee on Labor, Health and Human Services, and Education, requesting the same support for Title VIII as well as \$20 million for the Nurse Managed Health Clinics (NMHCs), as authorized under Title III of the Public Health Service Act. The Senate appropriations bill approved \$5 million for NMHCs. Notably, gaps remain between the



United States Capitol

Senate approved amounts and those requested by nursing and other healthcare providers for nursing education, research and access to quality care through nursing managed health centers. The anticipated outcome is that 2013 appropriations discussions will result in a long-term continuing resolution.

What You Can Do

The good news is that, as nurses, we still have an opportunity to connect with our legislators and ask for their support of these valuable programs. Please call, write and/or meet with your state representative. ANSR provides talking points and other materials to use. Please check out their newly updated Web site for more information (www.ansralliance.org) or contact Cindy Hill, Gena Near or myself at cindy.hill@umchealthsystem.com, gnear@wakehealth.edu, or dmgoyer@carilionclinic.org.

LEADERSHIP DEVELOPMENT: What it Means to ASPAN and YOU!

Chris Price, MSN, RN, CPAN, CAPA – Immediate Past President

As ASPAN's Immediate Past President, it is my privilege to chair the Leadership Development Committee. I am only one in a long lineage of ASPAN leaders who recognize the value that commitment and dedication bring to our specialty. This committee evolved from the Succession Planning Strategic Work Team, and was identified during President Kim Kraft's administration.

This committee, by definition, "exists to identify leadership development needs within the context of the Society's mission and core values, and provides solutions to meet those needs. It also serves to provide opportunities for members to grow in their professional skills and abilities through ASPAN's mentorship program." ASPAN's core values include all the attributes of core leadership competencies. These are: building integrity, modeling respect, honoring diversity, promoting stewardship, providing mentorship, cultivating passion, and supporting community. These core values are key components of not only ASPAN, but also of those members who choose to identify and commit to the values of moving ASPAN forward.

President Susan Carter has reminded us that, "We are building the future, and we must continue moving forward, expanding knowledge, wisdom, skill, and influence."¹ She said, "Whether you are a seasoned leader, or a first-time volunteer, it is a time of positive energies, excitement, enthusiasm, and creativity. Opportunities and possibilities for nursing's future are unlike any other time in history."¹



Some of ASPAN's former leaders have paved the way for your consideration:

- Kim Kraft: "ASPAR's BOD refined organizational infrastructure to ensure more robust opportunities for our members to become engaged and involved and allow them to maximize their professional potential – with capacity to stretch and make a difference."²
- Terry Clifford: "As perianesthesia leaders, mentoring and succession planning must also robustly continue to grow our future."³
- Lois Schick: We were reminded of "the importance of transitions and legacy, growth and change, personal evolution, and searching for professional and personal dreams."⁴
- Sue Fossum: We were prompted to recognize that as "grassroots members, YOU are ASPAN. Nurses must transform thoughts and ideas from silence into voice and action to truly influence the future."⁵
- Pam Windle: "To promote excellence, ASPAN must continually develop model leaders at every level within local districts, components, and on the national level."⁶

These words from our past are just as pertinent and meaningful today, to the legacy that is ASPAN.

We, as members and leaders, must collectively hold this obligation sacred to assure that future generations of perianesthesia nurses continue to benefit from ASPAN's mission to remain the leading association for perianesthesia education, nursing practice, standards, and research. We know that this effort, along with our commitment

to our patients, depends on a steady and credible pipeline of future leadership development.

This commitment was readily apparent at the Up and Comer's Reception at this year's National Conference in Orlando, as past, current, and future leaders met to celebrate mentors and participants of meaningful succession planning.

We need your commitment and dedication! Won't you consider volunteering your time and talent to assure ASPAN's bright future?

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**Chris Price,
MSN, RN, CPAN, CAPA
Immediate Past President**



Tanya LeCompte,
MSN, RN, ACNS-BC, CPAN
Region 5 Director

The Director's Connection

Tanya LeCompte, MSN, RN, ACNS-BC, CPAN – Regional Director, Region 5

Greetings from the Southeast! After the awesome ASPAN National Conference this year, I hope that all of you have had a chance to take a collective deep breath before we start gearing up for another productive year. I would like to take this opportunity to highlight some of the accomplishments of Region 5 components.



Alabama Association of PeriAnesthesia Nurses: ALAPAN has been busy looking at its component practices and have recently changed the annual seminar to align with other Region 5 Components.

Chesapeake Bay Society of PeriAnesthesia Nurses: CBSPAN sadly said goodbye to some of our friends. Mary Smalley and Betty Jo Wilson both lost their battles with cancer. On a happier note, Suellen Wilkins retired from Bayhealth Medical Center, and our friend Jean Judge retired from Anne Arundel Medical Center after 51 years of nursing.

Florida Society of PeriAnesthesia Nurses: FLASPA Vice President/President-Elect, Terri Passig, after a stupendous showing as National Conference Strategic Work Team (NCSWT) Coordinator, has been appointed to a new SWT by Susan Carter to create a primer for planning a national conference.

Georgia Association of PeriAnesthesia Nurses: Gapan is busy planning its Board of Directors' retreat. Having attended this event in the past, I can attest to the hard work and relationship-building that takes place over this long weekend at the Calvin Center outside of Atlanta.

North Carolina Association of PeriAnesthesia Nurses: NCAPAN won the 9-14 page newsletter award, edited by Marcie McLure, and went on to win one of the three ABPANC Shining Star awards, awarded to Region 5 components.

South Carolina Association of PeriAnesthesia Nurses: SCAPAN's President Faye Baker, and District Director Lori Sutton, will have their research published in an upcoming *JoPAN* article.

Tennessee Association of PeriAnesthesia Nurses: TSPAN's President Elizabeth Card has been hard at work in Tennessee keeping members aware of ASPAN events and its strategic plan for the upcoming year.

Virginia Society of PeriAnesthesia Nurses:

Virginia Society of PeriAnesthesia Nurses: VSPAN member Laurie Cushman, along with Charlotte Kreger of CBSPAN, presented "Development of a PeriOperative Pain Risk Assessment Tool" at the inaugural International Conference of PeriAnesthesia Nurses in Toronto, Canada in October 2011.

As you can see, there is a lot of work going on behind the scenes in Region 5 components. I would like to congratulate the successes of each and every member of Region 5. Your membership and contributions to ASPAN are to be commended! 

Leadership Development *continued from page 11*

REFERENCES

1. Carter S. President's Page: A Solid Foundation for the Future. *Breathline*. May/June 2012; 32(3):1-2. Available at: <http://www.aspan.org/Portals/6/docs/Resources/MayJune2012/pdf> Accessed August 22, 2012.
2. Kraft K. President's Page: Reinvest in Your Potential. *Breathline*. May/June 2010; 30(3): 1-2. Available at: <http://www.aspan.org/Portals/6/docs/Resources/MayJune2010/pdf> Accessed August 22, 2012.
3. Clifford T. President's Page: Roots of Knowledge, Seeds of Transformation: The Ecology of Perianesthesia Practice. *Breathline*. May/June 2009; 29(3):1-2. Available at: <http://www.aspan.org/Portals/6/docs/Resources/MayJune2009/pdf> Accessed August 22, 2012.
4. Schick L. President's Page: Transitions and Legacies. *Breathline*. May/June 2008; 28(3):1-2. Available at: <http://www.aspan.org/Portals/6/docs/Resources/MayJune2008/pdf> Accessed August 22, 2012.
5. Fossum S. President's Page: Be the Voice of Our Patients, Our Practice, and Our Profession. *Breathline*. May/June 2007; 27(3):1-2. Available at: <http://www.aspan.org/Portals/6/docs/Resources/MayJune2007/pdf> Accessed August 22, 2012.
6. Windle P. President's Page: Our Journey to Excellence. *Breathline*. May/June 2006; 26(3):1-2. Available at: <http://www.aspan.org/Portals/6/docs/Resources/MayJune2006/pdf> Accessed August 22, 2012. 

WILLINGNESS TO PARTICIPATE

Towering Opportunities and Endless Possibilities- Be a Part of ASPAN's Future!

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

There is no time like the present to come forward and participate as an ASPAN volunteer! Take the first step to volunteering by completing a Willingness To Participate form. The Willingness To Participate form is on the ASPAN Web site for all committees and strategic work teams for the year 2013-2014. **The deadline to sign up is October 31, 2012.** To access the form,

ASPA offers a variety of committees and strategic work teams that allow you the opportunity to expand your knowledge and skills, and to influence perianesthesia practice through the input of the grassroots member. Being an active participant in your perianesthesia specialty practice will ensure that ASPAN continues to be the leading association for perianesthesia education, nursing practice, standards and research. With the wealth of input and ideas from ASPAN members to continually improve our nursing practice, great things will happen with collaboration!

The committees are Clinical Practice, Education Approver, Education Provider, Advocacy, Finance, Leadership Development, and Research. The Strategic Work Teams (SWT) at this time are Advanced Perianesthesia Degree, Bylaws/Policy

and Procedures, Component Revitalization, Credentials, Digital Media, Election Review, Evidence Based Practice, Governmental Affairs, Membership & Marketing, National Conference and National Conference Primer, Perianesthesia Orientation, Publications, Resource Development, Safety, and Standards and Guidelines. For more information, e-mail Twilla Shrout at tshrout@aspan.org



Poster Abstract Deadline for ASPAN National Conference 2013 in Chicago, Illinois:

The deadline to submit an abstract for a Celebrate Successful Practice (CSP) or Research/EBP poster and/or oral presentation is **October 15, 2012.**

for the CSP information.

for the Research/EBP information.



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ASPN AWARDS



Excellence in Clinical Practice Award

Do you know someone who shines in the clinical arena? Nominate them for the Excellence in Clinical Practice Award. The deadline is November 30, 2012. [for more information.](#)

Award for Outstanding Achievement

There are many nurses out there who have contributed greatly to the field of perianesthesia nursing, whether in the clinical area, in research, in education, and many other areas. Nominate that person for the Award for Outstanding Achievement! The deadline is November 30, 2012. [for more information.](#)

Above and Beyond Award

Visit the ASPN Web site for information on how to nominate a deserving colleague for a 2013 Above and Beyond Service Award. The deadline is January 1, 2013. [for more information.](#)

SAVE THE DATE 2013 International Conference



2nd International Conference
for PeriAnesthesia Nurses

ICPAN

Converging Practice - Celtic Style
dublin 2013

The 2nd International Conference for Perianesthesia Nurses (ICPAN) is heading to Dublin, Ireland! "Converging Practice – Celtic Style" will be held on September 19-22, 2013. In addition to networking time with international perianesthesia colleagues, you will share practices, view poster presentations and hear from presenters from around the globe! Be sure to plan some additional time to explore Dublin and the rest of the Emerald Isle while staying at the Citywest Hotel. Check out the Web site at [www.icpanconference.com](http://icpanconference.com) 



PLAN NOW TO ATTEND 2013 ASPAN National Conference In Chicago!

Jane Reinschmidt, BS, RN, CAPA – National Conference Strategic Work Team Member

*J*t seems as though I just got home from National Conference in Orlando. What a great experience! National Conference provides opportunities to learn, network, play a little and return home enthused about your perianesthesia practice!



Chicago shoreline along Lake Michigan



Chicago – Sears Tower

2012 Conference evaluation comments from attendees included:

"I always learn something new at every conference."

"As a first time attendee, good experience; educational programs exceeded expectations."

"Networking opportunities were fantastic."

"I am leaving totally motivated to become certified, become involved in my local component, and motivate the nurses I manage to further their education."

"Excellent conference; I really enjoyed it all. See you in Chicago. I will be there." 

PLANS ARE WELL UNDERWAY FOR A TERRIFIC CONFERENCE IN CHICAGO

Date: April 14-18, 2013

Location: The Historic Hilton Chicago Chicago, Illinois

Interested in Being a Host or Hostess?

ASPN would love to have you help at the National Conference by serving as a host or hostess during the Chicago ASPAN 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 ASPAN's 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@americantech.net. Involvement in any way will be sure to enhance your conference experience!



Lots of Activities in Chicago!

Opportunities abound for things to do in Chicago. Public transportation is an easy way to get around the city. Plan to come early and stay late to enjoy yourself!



Chicago River

A Few Of The Many Things To Do Include

- Museums
- Shop the Magnificent Mile
- Navy Pier
- Lake front and Chicago River boat tours
- Lincoln Park Zoo (free) 

Component Education Programs

October 5-6, 2012 The PeriAnesthesia Nurses Association of California (PANAC) meets for its 33rd annual meeting/conference at the Westin South Coast Plaza in Costa Mesa, CA. For information, visit www.panac.org or contact Lori Silva at 209-968-4895 or notgoquietly@clearwire.net

October 13-14, 2012 The Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) will hold its annual fall meeting, PAPAN PRIDE XXI, at the Doubletree Hotel in Pittsburgh/Monroeville, PA. For information, contact Marlene King, Pride Conference Coordinator, at pridexxi@gmail.com

October 27, 2012 The DC Chapter of the Chesapeake Bay Society of PeriAnesthesia Nurses (CBSpan) and MedStar Georgetown University Hospital will present a fall seminar for nurses working in preop/postop and procedural areas. The conference is titled: "Aspire to Make a Difference." For information, contact Tiffany Barber at tiffany.barber@gunet.georgetown.edu or 240-216-8353 or www.cbspan.org

October 26-28, 2012 The Florida Society of PeriAnesthesia Nurses (FLASpan) will hold its 43rd Annual Conference at the Wyndham in Lake Buena Vista, FL. For information, contact Deb Kelly at dkellyrn@bellsouth.net or www.flaspan.org



Complexities and Challenges of Perianesthesia Nursing: Across the Ambulatory and Perianesthesia Continuum

October 6, 2012
Rye Brook, NY

October 27, 2012
Oakland, CA

November 3, 2012
Visalia, CA

Foundations of Perianesthesia Practice

October 6, 2012
Morehead City, NC
Las Vegas, NV

Perianesthesia Certification Review

October 5, 2012 FRIDAY
Durham, NC

October 27, 2012
St Louis, MO

Pediatrics: Beyond the Basics

November 3, 2012
Alexandria, VA

November 10, 2012
Tucson, AZ

Perianesthesia Pathophysiology and Assessment: A Systems Approach

November 3, 2012
Oak Brook, IL

Surrounding Your Practice with Excellence: Legalities, Standards and Advocacy

November 3, 2012
Worcester, MA