



Breathline

Volume 33, Number 2

March/April 2013

INSIDE:

OPPORTUNITIES AND POSSIBILITIES – A YEAR IN REFLECTION

There is an old adage that time seems to fly by when one is having fun. As I sit at my computer contemplating my final message as ASPAN's president, I can attest to just how true that statement is. It is incredible that the most memorable and rewarding year of my entire professional career, one that began in Orlando, Florida, and will be winding to a close in Chicago, Illinois this April, is reaching its final curtain. It has been a busy year, one that has flown by. Serving as your ASPAN president has been challenging, frustrating, insightful, thought-provoking, inspiring, joyful, fun and a most unique and exceptional experience. But mostly it has been great fun. I feel certain that the one man and thirty women who preceded me as ASPAN's chief elected officer would agree: serving as president of ASPAN is a lot of work, but also a unique privilege, as well as an extremely fun and enriching experience. It is an opportunity few have had, and one that has created many wonderful and unforgettable memories to be cherished long into the future.

ASPAR, however, is not an organization of one person. And it certainly is not all about the president. The work accomplished over this past year, like so many other presidential years, is ONLY made possible by the passionate, dedicated individuals and volunteers serving the perioperative community at both the national and component levels. It is most certainly due to the entire ASPAN Board of Directors, Committee Chairs and Strategic Work Team (SWT) leaders and their members, Organizational Liaisons, Specialty Practice Groups, Editors, National Office staff, Past Presidents and the many unsung heroes volunteering in their



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

home component who are committed to the practice of perioperative nursing. These are the people who make ASPAN the strong, vibrant organization it is. Each and every one of you brings your unique talents and special skills to each and every project. I never cease to be amazed by the number of hands that fly into the air when a new project is in its infancy with the "pick me, pick me" enthusiasm we so often only see in exuberant children. It is to each and every one of you

serving at **every** level of our organization that I salute and honor in this, my final Presidential message. For while I may have served as ASPAN's figure head this past year, each and every one of you is ASPAN.

The components that I and the Regional Directors have been privileged to visit have all demonstrated an outpouring of enthusiasm and excitement for perioperative nursing and the advancement of our specialty. Educational programs offered to component members are of high quality and address the important issues facing nursing as a whole. The work of component leaders, editors and other volunteers spark the passions of your members and non-members alike. These are the things that keep people connected to your organization. You see the possibilities and seize the opportunities to advance the important work we do as perioperative professionals.

ASPAR's mission, vision and strategies are only accomplished because of the people serving as both leaders and members on the committees and strategic work teams this past year. This selfless band of devoted volunteers whom have graciously given many hours of personal time and talent has

continued on page 2

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



ASPAR

American Society of PeriAnesthesia Nurses



accomplished much. Susan Russell and the Clinical Practice Committee, a team of 67 volunteers, have meticulously researched, provided extensive in-depth answers and interpreted the *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* for over one thousand member and non-member inquiries. Raquel Evans and the Component Revitalization SWT have solicited thoughts, ideas and feedback via surveys and best practice ideas in order to develop a toolbox for component use, regardless of the individual level of development. Terry Clifford and the Digital Media SWT have surveyed members regarding your knowledge and use of various digital formats for social media, online education and other electronic tools. The findings have led to increased online educational opportunities and the in-depth exploration of potential ASPAN applications and mobile Web applications.

Educational aspects of the society have been well tended. Lynn Sekeres and the Education Approver Committee, a team of 35, have busily reviewed educational materials and program content submitted by components. They have expertly assisted and offered suggestions so that each component is able to provide contact hours to its membership. They are now busy updating materials to meet current ANCC changes. Nancy Strzyzewski and the Education Provider Committee have updated content for several of the ASPAN seminars, worked to assure the access of online, on-demand educational modules on the ASPAN Web site, and provided over sixty-four ASPAN seminars throughout these United States.

In response to a resolution at the April 2012 Representative Assembly, a new SWT was formed this year, expertly led by Amy Dooley. The Election Review

SWT has actively reviewed all the policies, procedures and practices pertaining to the nomination, presentation and election of the various ASPAN elected positions. Research and Evidence Based Practice have been exploring new opportunities. Under the expert guidance of Daphne Stanard, ASPAN is now the only professional nursing organization offering membership to the prestigious Johanna Briggs Institute. Daphne and the Evidence Based Practice SWT have developed a new tool for conducting systematic literature reviews to aid in improved ranking of evidence. And in partnership with Kim Noble and the Research Committee, the two teams have successfully presented a Practice Recommendation on Obstructive Sleep Apnea. Their current project is revitalizing and updating the Pain and Comfort Guideline.

The Finance Committee, under Katrina Bickerstaff's leadership, provided skilled input to pricing of ASPAN publications, and maintains a firm financial foundation for ASPAN, allowing for increased funding for research, scholarships and educational programming. The Advocacy Committee, consisting of Governmental Affairs under Donna Goyer's guidance and direction; Gena Near representing the Americans for Nursing Shortage Relief; and Cindy Hill representing the Nursing Community, have provided ongoing and timely updates on legislative activities affecting nursing as a whole. As a result of their involvement and monitoring, ASPAN has been at the table and signed on in support of a number of bills and letters affecting funding and nursing advocacy.

Diane Swintek has overseen the dual task of Membership/Marketing. The team developed an exceptional PANAW theme, provided input and insight into a bylaw revision addressing Affiliate members, updated and improved the Gold Leaf Award criteria, and



ASPAN® Breathline

Published by the American Society of PeriAnesthesia Nurses®

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

Address changes and administrative
correspondence to:

ASPAN
90 Frontage Road
Cherry Hill, NJ 08034-1424
877-737-9696
Fax: 856-616-9601
aspans@aspans.org
www.aspans.org

2012-2013 BOARD OF DIRECTORS

PRESIDENT
Susan Carter (CA)

VICE PRESIDENT/PRESIDENT-ELECT
Twilla Shroud (MO)

SECRETARY
Joni Brady (VA)

TREASURER
Katrina Bickerstaff (MA)

IMMEDIATE PAST PRESIDENT
Chris Price (DE)

REGIONAL DIRECTORS

Region 1 - Deborah Bickford (CA)

Region 2 - Armi Holcomb (OH)

Region 3 - Martha Clark (OH)

Region 4 - Laura Kling (PA)

Region 5 - Tanya LeCompte-Hofman (MD)

DIRECTOR FOR EDUCATION
Nancy Strzyzewski (MI)

DIRECTOR FOR CLINICAL PRACTICE
Susan Russell (TX)

DIRECTOR FOR RESEARCH
Kim Noble (PA)

ABPANC PRESIDENT (EX-OFFICIO)

Deirdre Cronin (MD)

ASPAN CHIEF EXECUTIVE OFFICER
(EX-OFFICIO)
Kevin Dill (NJ)

BREATHLINE EDITORIAL STAFF

EDITOR
Barbara Godden (CO)

NATIONAL OFFICE
Jane Certo (NJ)

PUBLICATIONS SWT COORDINATOR
Pat Legg (FL)

EDITION CONTRIBUTORS

Sylvia Baker (IL)

Mary Barkhymer (PA)

Valerie Boatwright (NM)

Amy Dooley (NH)

Karen Flanagan (NH)

Donna Goyer (VA)

Anne Halliday (MA)

Dolly Ireland (MI)

Jane Lind (SC)

Jane Reinschmidt (IL)

Diane Swintek (MD)

Judith Werkema (IL)

Jay Wright (PA)

Editorial Comments or

Letters to the Editor to:

Barbara Godden

9320 Erminedale Drive

Lone Tree, CO 80124

bgodden@aspans.org

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

continue to oversee several member recognition awards. National Conference Coordinator Linda Ziolkowski and her SWT members can be extremely proud of the upcoming Chicago National Conference. This team has worked very hard to bring an education event of the highest standard to fruition. Not only have they taken into account suggestions for restructuring of time, they have creatively added more opportunities for achieving contact hours. It is well worth your time and energy to join them in Chicago. In keeping with ASPAN's core value of providing mentoring and experienced guidance to future leaders, Terri Passig leads a SWT that has developed a primer for future National Conference Coordinators. This primer will assist future leaders with the ins and outs of conference planning you only know if you've "been there and done that."

Dolly Ireland and the Perianesthesia Orientation SWT have made leaps and bounds in completing a comprehensive tool for institutions to utilize when customizing orientation programs to meet the needs of each individual and unique practice area. The Safety SWT, under the direction of Linda Beagley, has updated ASPAN's patient teaching tools, and completely revamped and updated the Safety Toolkit. The toolkit will now be available as a member resource on the ASPAN Web site. Standards and Guidelines SWT, with Jennie Allen as the Coordinator, completed the revision of the *Competency Based Orientation and Credentialing Manual for Unlicensed Assistive Personnel*, and is busy at work preparing for the next update of the *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Work is also underway, in collaboration with the American Academy of Critical Care Nurses and the American Society of Anesthesiology, to update the ICU overflow position statement.

Two new SWTS recently developed will continue their work into the next year. Developed in response to member need is the Electronic Documentation SWT headed by Dina Krenzischek. This SWT is tasked with developing a redi-ref for perianesthesia documentation as a resource tool for nurses practicing in the perianesthesia setting to enhance the education and transitioning to electronic documentation. The other SWT, newly created, is led by Regina Hoefner-Notz. Recognizing the unique needs of pediatric patients, the Pediatric Competency Based Orientation (CBO) SWT was developed. Using the current adult focused CBO as a guide, the team will identify needs and skills for inclusion, and will then begin the process of developing and writing the material for publication.

The ASPAN editors – Jan Odom-Forren and Valarie Hooper, *JoPAN* editors, and Barbara Godden, *Breathline* editor – have provided consistent, high quality publications this past year. Both publications have received facelifts and updates to content. Readership is strong and growing. ASPAN's journal is now

given an impact factor, which is a tribute to the excellent articles published and solicited.

I owe a special debt of gratitude to the ASPAN Board of Directors. Throughout the year, you have demonstrated a commitment to exploring opportunities, taking calculated risks and engaging in open, honest and thoughtful discussion. You have, at EVERY turn, considered what was best for ASPAN and its component societies whenever there was a decision to be made. Your jobs can be challenging, but every challenge has been met with integrity, responsibility, professionalism, deep regard and respect for your role and for ASPAN. I must give a special nod of thanks to the Regional Directors. You keep your fingers on the pulse of the components. Your quick responses to questions, concerns and creative problem solving create the vital link between the national and local arms of ASPAN, allowing for further advancement of our specialty. Vice President/President-Elect, Twilla Shrout, thank you for being a sounding board for me this past year. Your sense of humor and long experience with ASPAN will serve you well as you soon take over the organizational reins. You are well prepared to continue exploring possibilities and forging new opportunities.

The unsung heroes of ASPAN are the small band of dedicated professionals working in the ASPAN National Office. ASPAN's office staff consists of only 11 people, not all of whom work full time. There is nothing ASPAN has achieved that this cohesive group of people hasn't had a hand in accomplishing. They excel at customer service, problem solving, assisting leadership at all levels of the organization, meeting deadlines, motivating, cajoling and supporting. You are all so very special and wonderful at what you do. Only using a modified song lyric can I fully express that you truly are all the wind beneath ASPAN's wings.

And finally, to my sister from another mother, friend, mentor and colleague, ASPAN Immediate Past President Chris Price, you have my undying thanks for preparing me so well to follow in your footsteps. Although you have tiny little feet, your shoes were large and oh so difficult to fill. Your wisdom, love and compassion were the beacon that lit my path every step of the way. I often found myself asking, "What would Chris do...?" Your guidance and support were pillars of strength for me this past year.

John Ruskin, a British scholar, once commented, "The highest reward for a person's toil is not what they get for it, but what they become by it."¹ I am truly grateful and humbled by the opportunity, honor and the privilege to have been able to serve you this past year. Thank you, ASPAN!

REFERENCE

1. Timberlake L. *Imagination*. In: *First Thing Every Morning*. Naperville, IL: Simple Truths, LLC; 2009: 42.



**Amy Dooley,
MS, RN, CPAN
Election Review
SWT Coordinator**

Election Review Strategic Work Team

Amy Dooley, MS, RN, CPAN – Election Review SWT Coordinator

*A*n amazing event occurred at the 31st ASPAN National Conference. The Minnesota Dakota Component (MNDAKSPAN) brought forth a resolution to be voted on by the members of the Representative Assembly (RA). This resolution asked that a Strategic Work Team (SWT) be created to examine transparency in the ASPAN election process. The resolution passed by a majority of RA votes, so President Susan Carter created the Election Review SWT. The members on the SWT represent a cross section of components, regions and length of membership in ASPAN. The SWT has been working together since June 2012 examining the election process.

The SWT Charter outlines seven items for the team to examine. They include:

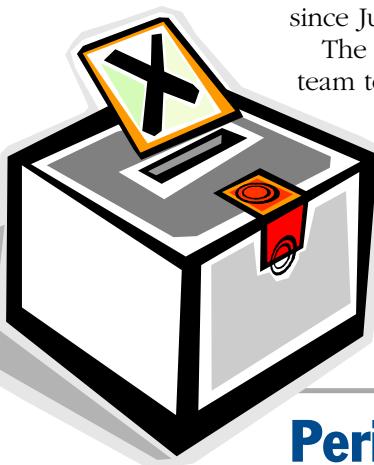
Policy on election procedures

- Candidate recruitment, nomination, and vetting
- Candidate education pertaining to campaigning and election
- Timely publication of candidate names, platforms, credentials and resume/curriculum vitae (CV)

- Ballot and voting processes to assure the desire of the membership is carried forward with examination and consideration of changing the election procedures to allow for a one vote for one member option
- Detailed reporting of the elections results
- Determination of the need for a third party certification of the election results

By meeting monthly, the SWT discovered what the members knew about the election process. In the month of December, a three question survey was sent to every member of ASPAN, and with over 800 responses, you were heard. The results have been tabulated and help guide the SWT to better understand the knowledge of members.

The Election Review Strategic Work Team will provide a complete report of findings to the ASPAN Board of Directors and to the Representative Assembly in April 2013. Stay tuned! 



Perianesthesia Orientation Strategic Work Team

Dolly Ireland, MSN, RN, CAPA, CPN – Perianesthesia Orientation SWT Coordinator



**Dolly Ireland,
MSN, RN, CAPA, CPN
Perianesthesia Orientation
SWT Coordinator**

*T*he Perianesthesia Orientation Strategic Work Team (SWT) has been very busy this year and is finally making great progress towards, what we envision, as a new cutting edge educational offering. The entire SWT underwent a reorganization of team members, which meant that some of the previous hard work had to be revised and updated. Team members now have topics that they are turning into PowerPoint presentations. They are creating pre-tests and post-tests, and an evaluation form will also be created for each offering.

The ASPAN *Competency Based Orientation and Credentialing Program for the Registered Nurse in the Perianesthesia Setting* is used for the base of the education. Each team member has then used additional resources to update and revise the content, bringing the most recent information as possible to the module.

The entire SWT held a conference call in late January to “meet” and discuss completion of phase I. As we move forward, discussion will be taking place for the marketing of these offerings. Will we go digital? Will it be an interactive, online offering? These are some of the ideas! We are

excited about the possibilities these educational modules will bring to the perianesthesia specialty, both for the new orientee and for the seasoned nurse who needs an update in a specific area of practice. Managers may even use them for competency evaluations. Look for further announcements concerning this exciting educational offering. 

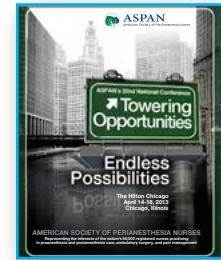


NATIONAL CONFERENCE: IT'S ALMOST HERE!

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

Jam so excited that the ASPAN 32nd National Conference is just a few weeks away in the beautiful city of Chicago! There are renowned speakers from all over the country coming to provide the latest information and knowledge for you to enhance your everyday practice. You will be able to learn on many topics, whether for Pre op, PACU Phase 1 or Phase 2, management, education/mentoring, or pediatrics. Endless possibilities for networking with peers are at your fingertips between sessions, and while dining at any number of Chicago restaurants or at the planned social events. Find out how other areas are dealing with the changes in healthcare that you too are experiencing. What wonderful opportunities! A new option added this year is the chance to give back to the health community, and donate blood through the American Red Cross. The American Red Cross will be coming to the Hilton for conference attendees. Details will be available at the conference.

The conference will be held at the historic Hilton Chicago on Michigan Avenue. It starts with preconference educational offerings on Saturday and Sunday. The conference continues through Thursday morning, followed by a postconference offering on Thursday afternoon. Another opportunity on Sunday is to attend the **Representative Assembly** and see how the business of ASPAN is conducted. **Component Night** kicks off on Sunday as each geographic area/or state represents its state for a fun-filled evening. The theme for Component Night is **"Get Your Game On."** So come dressed to show off your favorite sports team and prepare to play ball as you meet old and new friends. Tuesday is a **reception/party** complete with dancing and music, as we **celebrate with ASPAN President Susan Carter** and the successes and achievements of the past year. It is truly an exciting conference, and I assure you that you will come away challenged to continue to provide the best patient care to your patients for many years to come. 



Are You Interested in Being a Host/Hostess?

There is still time to sign up to help ASPAN by serving as a host or hostess during the National Conference in Chicago. 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. 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 

First Timers Orientation

Are you attending conference for the first time? Come to a session for first time attendees and learn how to maximize your experience. Learn details and tips for getting the most out of the conference, and begin networking with colleagues from around the United States, as well as internationally.

**Sunday, April 14, 2013:
5:15 PM-6:15 PM**

**Monday, April 15, 2013:
7:00 AM-8:00 AM**

Location of the sessions will be found in your registration packet pocket guide. 

Come to Component Night!



Component Night at National Conference.....what a great way to start the week!

Visit the Exhibit Hall!

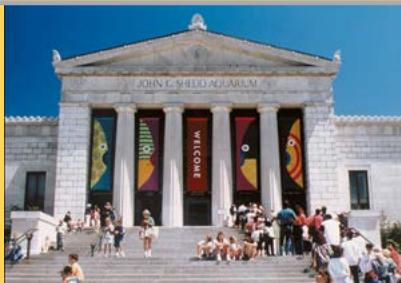


Visit the Exhibit Hall for the latest in products for your unit and for yourself!



Celebrate at the President's Reception for all attendees!

Celebrate with your colleagues and the ASPAN leaders at the President's Reception



Shedd Aquarium
Photo courtesy of www.choosechicago.com



Chicago Cubs: Wrigley Field
Photo courtesy of www.choosechicago.com



Art Institute of Chicago
Photo courtesy of www.choosechicago.com

ASPAN SHOPPE – CHICAGO The Golden Mile – Our Kind of SHOPPE

Jane Lind, BS, RN – Membership/Marketing Strategic Work Team Member

The ASPAN Shoppe! What a great place for ASPAN nurses to shop! Why? Many of the **ASPAN publications** are available for purchase. These publications, along with the wealth of knowledge you gain at National Conference, will enhance the standards of professional care that your patients receive.

ASPAN and conference logo items are also available. Pick up something special for your colleagues at home and perhaps for yourself. Don't forget to enter our **daily drawing** for ASPAN merchandise. Each day that you make a purchase in the ASPAN Shoppe, you are eligible to enter our free drawing. Start your purchases with one of ASPAN's great reusable tote bags.

Everyone needs another shopping bag!

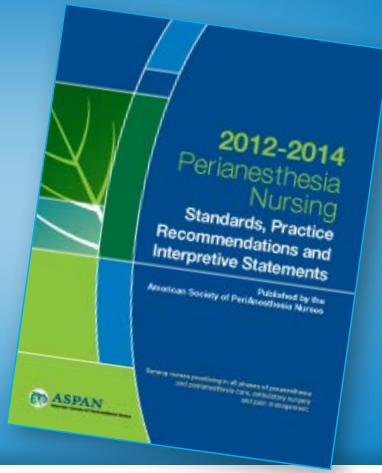
The ASPAN Shoppe will be open on Sunday, April 14th through Wednesday, April 17th. Hours will be posted outside the Shoppe and in the conference program schedule. Remember, the Shoppe will NOT be open on Thursday, so don't wait until the last minute to pick up those special conference and logo mementos.

Want to experience the ASPAN Shoppe up close and personal? Each day the Shoppe is staffed with ASPAN volunteers. This is a great place to make new ASPAN friends and to reconnect with old ones. If you are interested in **volunteering for the Shoppe**, please contact Jane Lind at janelind@sc.rr.com See you in Chicago! 

NEW STANDARDS AVAILABLE NOW!

**2012-2014 Perianesthesia Nursing
Standards, Practice Recommendations
and Interpretive Statements**
now available!

Order online:



ASPN Scholarship Program Accepting Applications

The ASPN Scholarship Program is a member benefit designed to provide financial assistance to ambulatory surgery, postanesthesia, preanesthesia and pain management nurses aspiring to enhance their abilities to contribute to the perianesthesia nursing community.

Applicants must be current Active Category members of ASPN and a component for the past two full years prior to the application deadline. Scholarship information is available online only. Specific eligibility requirements for each type of scholarship are detailed in the instructions and required items lists on the [Scholarship Program Web page](#), or from www.aspan.org, select **Members / Scholarship Program**.

Scholarships Offered:

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

ASPN's Scholarship Program postmark deadline is **July 1, 2013**.*



*ICPAN registration fee scholarship postmark deadline is May 1, 2013. For information, visit the ICPAN Scholarship page on www.aspan.org.

Hurricane Sandy Relief Fund

The American Society of PeriAnesthesia Nurses wishes to thank the individuals and components contributing to the Hurricane Sandy Relief Fund. The fund was established to help ASPN members who suffered a loss as a result of the hurricane, and more than \$5,000 was given from November 26, 2012, through the end of the campaign on March 31, 2013.

A limited number of funds remain available, and ASPN members are welcome to contact us for assistance. Please visit ASPN's Web site for this information as well as to see the full list of contributors who supported these efforts. Thank you!



Attention

Management SPG Members!

ASPAN is in need
of a coordinator and
vice-coordinator for
its
Management SPG.

If interested, please
contact Laura Kling
at lkling@aspn.org

SPECIALTY PRACTICE GROUPS

ASPAN Specialty Practice Groups (SPG) allow perianesthesia sub-specialty practice nurses to network and nurture their commitment and desire to provide safe practice, sound clinical practice standards and quality patient care. Any Active, Affiliate or Retired Category member may join an unlimited number of SPGs, with each membership requiring a nominal participation fee.

SPG members are encouraged to network with each other and share information on perianesthesia practice and professional issues associated with the SPG's specialty area.

For more information and to contact a SPG Coordinator, please review the list below or visit the [SPG Web page](#).

SPG Coordinators and Contact Information

Advanced Degree SPG

Susan Goodwin MS APRN
CNS-BC CPAN
goodwin.susan@gmail.com

Geriatric SPG

Chris Ford BSN RN CPAN CAPA
cmwford@bellsouth.net

Informatics SPG

Matthew Byrne PhD RN CPAN
matthewbyrnern@yahoo.com

Management SPG

TBD

Pain Management SPG

Lynn Kane MSN MBA RN CCRN
helen-lynn.kane@jeffersonhospital.org

Pediatric SPG

Regina Flynn-Roth MSN RN CPAN
reginaroth1@verizon.net

Perianesthesia Nurse Educator SPG

Susan Knowles MSN RN CNE
rknow@charter.net

Preoperative Assessment SPG

Susan Norris BSN RN CAPA
snorris96@comcast.net

Publications SPG

Marcelene McLure RN CPAN
steelersfan1@suddenlink.net

2013 National Conference SPG Meeting Schedule*

Monday, April 15, 2013

7:15 PM – 8:30 PM

Geriatric, Informatics

Tuesday, April 16, 2013

12:15 PM – 1:30 PM

Management, Pediatric,
Advanced Degree

Wednesday, April 17, 2013

7:15 AM – 8:30 AM

Perianesthesia Nurse
Educator, Publications

5:15 PM – 7:00 PM

Preoperative Assessment,
Pain Management

*Annual SPG meetings are limited to current SPG members only. Any ASPAN member may join a SPG at the National Conference Registration Desk in order to attend a SPG meeting presentation. Please note that not all SPGs offer an optional contact hour during their meetings. 

Frequently Asked Questions

Sylvia Baker, MSN, RN, CPAN, Clinical Practice Committee Team Leader

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. Should PACU or ICU recover ICU patients on ventilators?

A. The topic of recovering the ICU patient comes up frequently in questions submitted to the Clinical Practice Committee. Ventilated patients are featured prominently in the debate.

ASPAN has no standard specifically addressing where ICU patients should be recovered. The debate rages on as to which nursing specialty is better suited to provide immediate postoperative care to this patient population. PACU nurses care for myriad populations, from the ASA I patient to the critically ill patient who likely will not survive the day. The *ASPAN 2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* are applicable to all of these patients.

What do the Standards Say?

The *ASPAN 2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* include "Practice Recommendation 8: Fast Tracking the Ambulatory Surgery Patient."¹ This practice recommendation addresses bypassing PACU Phase I and taking patients directly to Phase II recovery. There is no parallel practice recommendation describing criteria for bypassing PACU with critical care patients who may require mechanical ventilation or other advanced monitoring. In some facilities, ventilated patients go directly to ICU from the OR. In others, PACU nurses recover ventilated patients on a regular basis. In still other facilities, some ventilated patients go to PACU for care and observation until they meet criteria for extubation, while others who will not be extubated within a short time go directly to ICU. Who decides? Is the decision based on space available or is it resource oriented?

When determining what will work in your facility, another resource that might provide guidance is "Position Statement 4 - A Joint Position Statement on ICU Overflow Patients developed by ASPAN, AACN, ASA's Anesthesia Care Team Committee and Committee on Critical Care Medicine and Trauma Medicine." This position statement recognizes:

"The primary responsibility for Phase I PACU is to provide the optimal standard of care to the postanesthesia patient and to effectively maintain the flow of the surgery schedule..."

Phase I PACUs are by their nature critical care units, and as such staff should meet the competencies required for the critically ill patient. These competencies should include, but are not limited to, ventilator management, hemodynamic monitoring and medication administration, as appropriate to their patient population...

Management should have a multidisciplinary plan to address appropriate utilization of ICU beds. Admission and discharge criteria should be utilized to evaluate the necessity for critical care and to determine the priority for admission."²

The important issues to keep in mind are these:

1. The same standard of care must be met for the patient recovering from anesthesia, regardless of *where* that process occurs.
2. Patient safety issues must always be at the forefront when considering the best location for the patient's recovery.

Resolving Turf Wars

That being said, there are times when ventilated postoperative patients become the focus of "turf wars." Many organizations have established policies to help guide and direct care givers in making appropriate decisions for patient placement in these situations. Input from the anesthesia provider, PACU charge nurse and ICU charge nurse can be valuable in determining where care can best be provided. PACU nurses generally contend that the patient will not be "recovered" if he is to remain intubated, while ICU nurses argue staffing issues: one-to-one care for a specified length of time. ICU nurses may also not be as well-versed on anesthetic agents and recovery. Finally, anesthesia providers need to weigh in on the issue. Anesthesiologists often feel more comfortable when PACU nurses are directly involved in providing the initial postanesthesia care for all their patients, including those who will ultimately transfer to ICU.

continued on page 13



**Sylvia Baker,
MSN, RN, CPAN
Clinical Practice
Committee
Team Leader**

BUILDING A COLLABORATIVE CULTURE WITH NURSING PEER REVIEW

Jay Wright, MSN, RN – ASPAN Safety Strategic Work Team member, Unit Director Perianesthesia Services University of Pittsburgh Medical Center St. Margaret's Hospital, Pittsburgh, PA

Mary Barkhymer, MSN, MHA, RN, CNOR – Chief Nursing Officer, University of Pittsburgh Medical Center St. Margaret's Hospital, Pittsburgh, PA



**Jay Wright, MSN, RN
ASPA Safety
Strategic Work Team
Member**

Hospitals embarking on Magnet designation must demonstrate a formalized systematic peer review process for all registered nurses (RNs). Peer review has been described as a means of providing feedback and holding nursing practice “to the highest standards.”¹ Peer review is not something that occurs annually, but daily. Providing feedback improves accuracy and provides participants with insight into how their performance is perceived. Our 20-hospital health system recently revised its nursing peer review process. This was accomplished using feedback from a nursing representative from every hospital within the health system, as well as from evidenced-based literature. The emphasis behind this change was to promote face-to-face communication and increase staff satisfaction with real-time feedback and ultimately, improved accountability.

The facility where I work, University of Pittsburgh Medical Center (UPMC) St. Margaret, is a 249-bed acute care teaching hospital located in Pittsburgh, Pennsylvania. It was the first within the health system to implement the revised peer review format. Staff education for using the peer evaluation tool occurred using a variety of formats in order to meet learner and generational needs and included the following: Nursing Grand Rounds, Nursing Journal Club, small group educational sessions, staff meetings and 1:1 interactions. Staff were surveyed about their perceptions of the process. The survey was repeated in June 2012 and will be repeated 12 months post-implementation. Acceptance will also be monitored via the National Database for Nursing Quality Indicators (NDNQI) RN Satisfaction survey, due March 2013.

Peer review has been in place at UPMC St. Margaret since 2006. Until the development of the new form, RN peer review had always been anonymous. According to the American Nurses Association (ANA), positive nurse relationships emerge from focused, skillful dialogue.¹ Furthermore, “Anonymous feedback lacks empirical support in promoting professional growth and patient safety.”² For these reasons, UPMC St. Margaret Hospital removed the anonymity from the RN peer review process. According to the ANA’s peer review guidelines, RN feedback is to be

done on a timely, routine basis, and it is to be done continuously.¹ We believe that by promoting the peer review tool, our nurses’ ability to hold each other accountable in real time would improve. Currently, the feedback gained from the peer review forms is not incorporated into the employee’s annual performance review; rather, it is used to summarize strengths and development needs, and delivers feedback to employees on how they are perceived by their fellow staff members.

Prior to the implementation of this new process, staff were surveyed regarding their current level of acceptance. Nurses were afforded the opportunity to share comments and apprehensions on the overall process. Data obtained from the six-month post-implementation surveys revealed some improvements with staff’s perception of the process. However, some decreased satisfaction was noted—particularly pertaining to staff not feeling comfortable with providing feedback for their peers. Specifically, it was noted that the concerns were mainly regarding fear of reprisals. As a result, it was determined that additional education and training are required to promote the RN peer review process as an indispensable means to promote constructive communication and to reduce a culture of bullying. The additional training is to focus on educating staff on how to engage in skillful dialogue in order to provide both their peers with feedback that is both constructive as well as positive.

The implementation of an RN peer review provided its fair share of challenges, but it has also provided success stories such as the following: “At first, I was nervous about it and wasn’t sure how this was going to go! But as we are evaluating each other, I think this is a morale booster. The staff are looking at the positives of each other and hearing positive things about themselves.” Nurses providing feedback to each other is integral in promoting a higher level of care and accountability.

REFERENCES

1. American Nurses Association (ANA). *Peer Review Guidelines*. Kansas City, MO: ANA; 1988.
2. Haag-Heitman B, George V. Nursing Peer Review: Principles and Practice. *American Nurse Today*. 2011; 6(9): 48-52.

Government Affairs Updates from Across the Nation

Anne Halliday reports from Massachusetts:

In August 2012, Massachusetts Governor Patrick signed into law an Act Protecting Patients from Preventable Medical Errors by Prohibiting Mandatory Overtime. This Act, H.1506, amends Chapter 111 of Massachusetts General Laws and states that "under the law, a hospital will be prohibited, except in an emergency, from requiring nurses to work beyond their scheduled shift, and no nurse would be required to work more than 12 hours in a 24 hour period."^{1,2} There is also a provision to protect nurses from retribution from the hospital for refusing to work the overtime. This law went into effect November 5, 2012, so no updates are available yet on how this law has been implemented and monitored.

In addition to the presidential election this year, voters in Massachusetts had two controversial issues to consider: assisted suicide and medical marijuana. While the former did not pass, the latter did. The logistics are still being worked out by the members of the medical and law enforcement establishment for the planning of how and where medical marijuana will be grown, processed and distributed.

Jane Reinschmidt reports from Illinois:

The Board of Directors for the Illinois Society of PeriAnesthesia Nurses (ILSPAN) has identified the Safe Patient Handling Law (Public Act 096-0389) as a topic for education of their membership.³ A board member will be submitting an article for the winter issue of ILSPAN's newsletter, *PERI-SCOPE*, highlighting this law that was enacted in January 2010. It will be interesting to learn how this law has been

implemented and what have been the outcomes for patients and healthcare workers.

ILSPAN contacted governors and mayors in Illinois and Missouri requesting proclamations for PeriAnesthesia Nurse Awareness Week (PANAW) as an important way to promote awareness of peri-anesthesia nursing among government officials.

Donna Goyer reports from Virginia:

The Legislative Coalition of Virginia Nurses (LCVN) has set their 2012-2013 legislative agenda to prioritize activities among member organizations. The agenda focuses on strengthening patient-centered, high quality, cost-effective healthcare delivery through inter-professional collaboration. The LCVN also supports legislation that enhances access to health care, advances public health and safety and promotes lifelong learning to assure a competent nursing workforce.⁴ The first meeting of the year focused on proposed legislation as the Virginia General Assembly convened on January 9, 2013.

Virginia nurses convened in Richmond, Virginia, on February 6, 2013, for the 28th Annual Nurses Day at the General Assembly. This was an educational event that included time to meet with legislators.

REFERENCES

1. Massachusetts Nurse Newsletter. July/August 2012. Available at: www.massnurses.org. Accessed December 1, 2012.
2. Massachusetts Nurse Newsletter. September/October 2012. Available at: www.massnurses.org. Accessed December 1, 2012.
3. Illinois General Assembly. Available at: www.ilga.gov. Accessed December 1, 2012.
4. Legislative Coalition of Virginia Nurses. Available at: www.nurseslegislativecoalition.org. Accessed December 1, 2012.



New Mexico Nurses Use ASPAN Standards to Affect Staffing Changes

Valerie Boatwright, RN, CPAN, CAPA – ASPAN Governmental Affairs Strategic Work Team,
PANANM Governmental Affairs Representative

In November 2011, a group of New Mexico Nurses met in Santa Fe, New Mexico to discuss the need for improved safety for patients and nurses. The meeting was prompted by reported poor, unsafe working conditions by the nurses at an area hospital. The change in working conditions occurred after the facility was taken over by a large for-profit healthcare system. The hospital's previous staffing patterns were removed by the new administration. Staff nurses reported dangerous levels of nurse fatigue. Nurses reported working increasing numbers of

unplanned shifts. Experienced and novice nurses felt they were unable to adequately provide necessary care for their patients. The group looked at California staffing standards and legislation that supported the staffing plans.¹ Critical care nurses, emergency department nurses, medical-surgical nurses, perianesthesia nurses and nurse educators were represented.

In December 2011, members of the group met in Albuquerque and held conference calls alongside nurses from Gallup, New Mexico, from

continued on page 12



CERTIFICATION

Study Resources for the CPAN® / CAPA® Exams

ABPANC has published new resources to help you study for the upcoming CPAN and CAPA examinations.

- Free 12-week Lesson Plan
 - Organizes content to be learned in 4 hours per week
- Study Tips and References
 - Online materials
- Buy One, Get One Free Practice Exams
 - Two 50-Question Exams for \$35
 - Provides a simulated experience for taking the actual exam

Find all these study resources and more at:
www.cpancapa.org > Certification > Exam Preparation

Note: The deadline for rescheduling or cancelling your exam appointment is 31 days before your scheduled test date. The examination window for Spring Exams is April 8 – May 18, 2013

*Check out the ABPANC Certification Booth
in the Exhibit Hall in Chicago! ▶*

New Mexico Nurses *continued from page 11*

the Indian Health Service to collect information and input. The dialogue centered on Standards of Care, including the staffing recommendations identified by professional nursing organizations. The American Society of PeriAnesthesia Nurses (ASPAN) *Perianesthesia Nursing Standards and Practice Recommendations* were cited as a reliable resource.^{2,3}

In February 2012, a Safe Nurse Patient Ratio Staffing Act, House Bill 321, was drafted using the standards of professional nurses associations (including ASPAN).² Nurses, including the PeriAnesthesia Nurses Association of New Mexico (PANANM) Governmental Affairs Representative waited throughout the day at the Round House (New Mexico's Capital Building) in Santa Fe, New Mexico. They were prepared to testify as to why safe staffing plans were needed. Unfortunately, time did not permit testimony. However, Senator Brian Egoff carried House Memorial 51 "...Requesting the Department of Health to report on nurse-to-patient ratios at hospitals in New Mexico." This Memorial passed in the second New Mexico Legislative Session in February 2012, establishing evidence for a requirement towards a forthcoming nurse-patient ratio and staffing recommendation law.



SAVE THE DATE

2013 International Conference for PeriAnesthesia Nurses

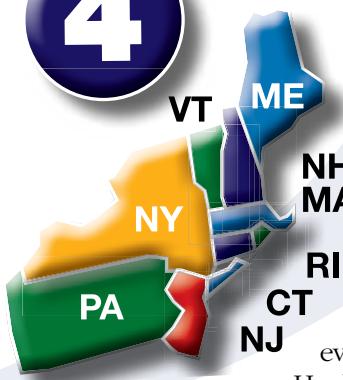
The 2nd International Conference for Perianesthesia Nurses (ICPAN) is heading to Dublin, Ireland! "Converging Practice – Celtic Style" will be held on September 19-22, 2013. In addition to networking time with international perianesthesia colleagues, you will share practices, view poster presentations 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 



May 6, 2012, a Nursing Summit was held in Albuquerque, New Mexico. Nurses were educated about House Memorial 51 and how they can assist in the completion of the steps needed to pass a staffing recommendation law. Barbara Blake, RN, presented the history and process of how California's legislation passed and its outcome. Currently, Sharon Argenbright, RN, is communicating with the New Mexico Department of Health regarding a survey that will be sent out to hospital administrators throughout the state. This survey will gather data required by House Memorial 51. Sharon stated, "New Mexico legislators are prepared to support staffing legislation in the 2013 Session." Watch for more information concerning these pieces of legislation.

REFERENCES

1. National Union of Hospital and Health Care Employees. 2012. Available at: http://www.nmhospitalworkersunion.com/?zone=/unionactive/view_page.cfm&page=Hospitals20We20Represent Accessed November 30, 2012.
2. American Society of Perianesthesia Nurses. *Perianesthesia Nursing Standards and Practice Recommendations 2010-2012*. Cherry Hill, NJ: ASPAN; 2010.
3. *Laidlaw v. Lions Gate Hospital*. 1969. 70 WWR 727 (BCSC). 



THE DIRECTOR'S CONNECTION

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

Region Report

Many challenges were presented to Region Four members in 2012: among them – Hurricane Sandy and the events in Newtown, CT, at Sandy Hook Elementary School. I would like to humbly acknowledge and thank ASPAN and those individuals who have provided support to members and families affected by these events. We are all members of these larger communities. Our caring, compassion and competency underpin our professionalism. Region Four components continue to exemplify these values and assets. Region Four has over 3000 members. Seventeen times it has had components listed as Shining Stars by ABPANC. Two Region Four members serve on ABPANC's Board of Directors. Three components are past Gold Leaf winners. During spring 2013, ASPAN seminars will be held at *TEN* Region Four locations. It's regional resolution, as we build our foundation, is to "resolve to be ready" for the upcoming ASPAN National Conference in Chicago. Region Four, we'll see you there!

Region 4 Highlights

Connecticut Society of PeriAnesthesia Nurses:

CSPAN www.ctspan.org: 241 members: The annual Spring conference was March 23 at the University of Connecticut Medical Center in Farmington CT. CSPAN leadership has partnered with AORN local members to create educational opportunities and strengthen membership.

Maine Society of PeriAnesthesia Nurses:

MeSPAN www.mespan.org: 98 members: MESPAN is on Facebook and creatively strategizing ways to reach members and go greener!

Massachusetts Society of PeriAnesthesia Nurses:

MASPAN www.maspan.org: 499 members: Congratulations to MASPAN for winning the 2012 ASPAN Newsletter Contest award! MASPAN leadership is developing a creative process to support "*Up and Comers*" within the component. An all-day strategic thinking session took place on January 26th.

New Jersey/Bermuda PeriAnesthesia Nurses Association:

NJBpana www.njbpana.org: 481 members: NJBpana held a winter conference February 9 in Hamilton, Bermuda. Sewell, NJ will host the spring program on May 4.

New York State PeriAnesthesia Nurses Association:

NYSPANA www.nyspana.net: 894 members: Congratulations to NYSPANA leadership - New York has revitalized the New York City District Six! Many of the districts are offering educational forums and ASPAN seminars throughout the early winter months and spring.

Pennsylvania Association of PeriAnesthesia Nurses:

PAPAN www.papanonline.org: 619 members: Plans are underway to redesign the PAPAN Web site. PAPAN supports an extensive scholarship program in many categories for members.

Rhode Island Association of PeriAnesthesia Nurses:

RIAPAN (no Web site yet): 61 members: Kudos to RIAPAN leaders and members! They have grown from 45 to 61 members! Leaders are creatively exploring ways to recruit new members. Their community service project was for a women's shelter.

Vermont/New Hampshire Association of PeriAnesthesia Nurses:

VT/NH APAN): www.vtnhapan.org: 142 members: Spring conference was March 9 at Portsmouth Regional Hospital. Portsmouth New Hampshire is a beautiful place to expand one's perianesthesia knowledge and spend time networking! 

Frequently Asked Questions *continued from page 9*

Conclusion

Developing a written policy to address the recovery of ICU patients helps resolve the criteria for transferring critical patients from OR to ICU and/or PACU. An existing policy promotes open communication and helps guide caregivers in determining the safest and best patient placement.

REFERENCES

1. American Society of PeriAnesthesia Nurses. Practice recommendation 8: Fast Tracking the Ambulatory Surgery Patient. In: *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN;2012:60-62.
2. American Society of PeriAnesthesia Nurses. A Joint Position Statement on ICU Overflow Patients developed by ASPAN, AACN, and ASA's Anesthesia Care Team Committee and Committee on Critical Care Medicine and Trauma Medicine. In: *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN;2012:82-84. 



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

PERIANESTHESIA NURSE AWARENESS WEEK (PANAW)

February 4-10, 2013



PERIANESTHESIA NURSES
COMPASSIONATE, CARING, COMPETENT

TEXAS

St. Luke's Episcopal Hospital – Texas Medical Center, Houston, TX

We had an exciting week celebrating perianesthesia nursing at St. Luke's Episcopal Hospital in The Texas Medical Center! On Monday, we served cake to all who visited our unit to view the poster raising awareness of perianesthesia nursing. Our Nurse Manager, Pam Windle, provided the staff with a delicious lunch. On Tuesday, we all contributed to a pot luck lunch including a variety of culturally diverse foods. On Wednesday, staff brought in their favorite chips and dips to share. Thursday, The Greater Houston Anesthesia Group, with whom we work closely, generously demonstrated their appreciation for our efforts by providing us with a pizza lunch. Finally, on Friday, our Nurse Manager raffled off goodies to lucky staff personnel. Lunch was once again provided to the unit. Signs and banners hung throughout the hospital halls, and we continue to be very proud of our nursing specialty!



The PACU Staff at St. Luke's Episcopal Hospital – Texas Medical Center



Michelle Avila with their PANAW poster at St. Luke's Episcopal Hospital – Texas Medical Center



From left: Kelly Presutti, DeNita Talete Dean, Jay Wright (Perianesthesia Director) as the patient, Angela Trimpey, at the University of Pittsburgh Medical Center St. Margaret Hospital PACU, having some fun!



PENNSYLVANIA

From left: Back row – Lori Lucas, Susanna Pryor, Beth Scott, Laura Kling, Laura Watson; Front row – Concha Baxter, Joyce Slean, Lisa Graczyk, Adriana Jeffrey, at the University of Pittsburgh Medical Center St. Margaret Harmar Outpatient Center

OHIO

Ohio Health Riverside Methodist Hospital, Columbus, OH

Ohio Health Riverside Methodist Hospital in Columbus, Ohio, kicked off PeriAnesthesia Nurse Awareness Week (PANAW) with its 12th Annual PeriAnesthesia Education Day Conference on Saturday, February 2. It has grown from a classroom of forty perianesthesia nurses from the host hospital in its inaugural year to an average of 150 attendees, who represented not only Ohio Health partnering hospitals, but healthcare facilities from as far as away as 100 miles.

We continued the celebration of PANAW the entire week of February 4, thanks to the hard work of our Shared Governance Work Life Committee. Our Post Anesthesia Care Unit was decorated in a 1920s era Chicago theme since the



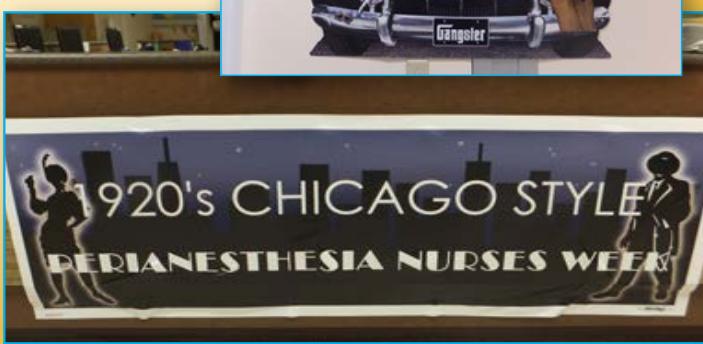
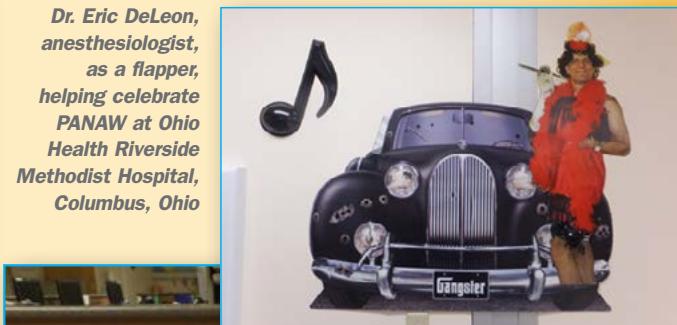
Friends for life, after meeting at the ASPAN National Conference in Seattle. From left: Shelley Graham BSN, RN-BC of Ohio Health Riverside Methodist Hospital in Columbus, Ohio, and Carolyn Hoenicke, BSN, RN, CPAN of TriHealth in Cincinnati, Ohio.

PANAW banner displayed in the PACU at Ohio Health Riverside Methodist Hospital, Columbus, Ohio

national conference will be held there in April. A few weeks before PANAW, all staff members were photographed portraying a gangster or flapper, dressing up in boas, zoot suits, flapper dresses, filtered cigarettes and fedoras. These pictures were posted around the nurses' station, along with musical notes and silhouettes of jazz musicians.

Another tradition is "Soup Buffet Day," a day when staff members bring their favorite soup, sandwiches, breads and desserts for all to enjoy. This year, **eighteen** crock pots full of delicious soups lined our conference room! Through generous donations by surgeons and anesthesiologists, daily lunches were provided to members of the PACU, Pre Operative and Pre Admission Testing departments for all shifts the remainder of the week. Over 70 favorite recipes of staff members have been collected and are currently being compiled into our very own PeriAnesthesia Cookbook.

Dr. Eric DeLeon, anesthesiologist, as a flapper, helping celebrate PANAW at Ohio Health Riverside Methodist Hospital, Columbus, Ohio



NEW YORK

A PACU in a hospital in upstate New York created this video on YouTube for PANAW! Check it out!

<http://www.youtube.com/watch?v=BsV0r9SWXbU&feature=youtu.be>



PERIANESTHESIA NURSES
COMPASSIONATE, CARING, COMPETENT

PANAW

continued from page 14

Volume 33, Number 2
March/April 2013

Component Education Programs

March 23, 2013 The Massachusetts Society of PeriAnesthesia Nurses (MASPAN) will hold an all day seminar in Westin, MA. The title of the seminar is *“Challenges in Pain Assessment.”* Chris Pasero will be the featured speaker. For more information and registration, visit www.maspan.org

June 1, 2013 The Wisconsin Society of PeriAnesthesia Nurses (WISPA) will present a seminar titled *“Spring into Learning”* for Preop and PACU nurses. The event will be held at Columbia-St.Mary's Hospital in Milwaukee, WI. For more information please contact Bonnie Holzheiner at bonholz@gmail.com or 1-920-564-4070 or www.wispan-aspan.org

September 28, 2013 The Illinois Society of PeriAnesthesia Nurses (ILSPAN) will present its fall conference at The Forum at Carle Foundation Hospital in Urbana, IL. For more information, please contact Keith Schumacher at kesnepan10@yahoo.com or 217-482-3309.

October 25-27, 2013 The Florida Society of PeriAnesthesia Nurses (FLASPA) will hold its 44th Annual Conference at the Wyndham Resort in Lake Buena Vista, Florida. The conference is titled *“Perianesthesia Nursing-Pathway to Quality Care.”* For more information, please contact Margarita Bouffard-Rodriguez at tatabouffard04@yahoo.com or visit the FLASPA Web site at www.flaspan.com



**ASPA
Winter/Spring
SEMINARS**

Pediatrics: Beyond The Basics

May 18, 2013

Oak Brook, IL

Perianesthesia Pathophysiology and Assessment: A Systems Approach

May 18, 2013

Springfield, IL

June 1, 2013

White Plains, NY

June 15, 2013

Santa Clara, CA

Refreshing Your Perianesthesia Practice

May 18, 2013

Sacramento, CA

June 22, 2013

Bristol, VA

Safety Begins With Us

June 1, 2013

Baltimore, MD

Surrounding Your Practice With Excellence: Legalities, Standards And Advocacy

June 22, 2013

San Antonio, TX