



## INSIDE:

## DEALING WITH CHALLENGES: Winning with Power • Practice • Purpose

Today, I invite you to be a part of the next year with my new ASPAN journey —a time of change and challenges in life and work for all of us. This will truly be an exceptional journey. It was Kelly Morgan who said, “Changes are inevitable and not always controllable. What can be controlled is how you manage, react to and work through the change process.”<sup>1</sup>

My theme for the upcoming year is *“Dealing with Challenges: Winning with Power • Practice • Purpose.”* The word “challenges” is defined by Wikipedia as “referring to things that have a sense of difficulty and victory, that which encourages someone to do something they otherwise would not—a difficult task.”<sup>2</sup> It is the dedication of ASPAN’s grassroots members, its committees and strategic work teams that make ASPAN the premier resource for perianesthesia nurses. ASPAN leadership, by way of strategic planning, constantly charts the course of the organization. ASPAN must maintain vigilance in recognizing the constantly evolving changes in healthcare. ASPAN must continue to be the premier professional perianesthesia nursing organization that embraces challenges, and through education, research and strategic decision-making processes, consistently improves the practice of all perianesthesia nurses.

### Power

There is powerful strength in ASPAN’s numbers. Its voices and strategic decision-making processes are built on evidence-based information. We, the members and leaders, are liaisons to various organizations such as the American Society of Anesthesiologists’ Patient Safety Founda-



**Twilla Shrout**  
**BSN, MBA, RN, CPAN, CAPA**  
**ASSPAN President 2013-2014**

tion, the Council on Surgical and Perioperative Safety, the Society of Anesthesia and Sleep Medicine, the Nursing Community Forum and the American Association of Critical Care Nurses, to name a few. We have collaborated with these organizations and have brought powerful voices to the table through our partnerships, which ultimately have enhanced our goal of excellence in our perianesthesia nursing practice.

These powerful words were written by author and speaker

Steve Maroboli: “Do not dilute the truth of your potential. We often convince ourselves that we cannot change, that we cannot overcome the circumstances of our lives. That is simply not true. You have been blessed with immeasurable power to make positive changes in your life. But you can’t just wish it, you can’t just hope it, you can’t just want it....you have to live it, be it, do it.”<sup>3</sup>

### Practice

Excellence in perianesthesia nursing is ASPAN’s strength. We, the members, have the knowledge and passion to provide the best possible care to our patients and their families. The *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* are the foundation of knowledge for daily clinical practice. ASPAN’s Clinical Practice Committee provides answers to both ASPAN members and non-members alike. The committee goes above and beyond to ensure that sound evidence-based practice resources are provided in the answers. With these responses, they encourage the member and non-member to achieve their full potential. Many times, the answers include attachments, examples, internet

*ASSPAN can  
meet the  
challenges  
through its  
power, purpose  
and practice  
to fulfill its  
compelling  
vision.*





links and other valuable information. Our nursing practice provides ASPAN with a broad base of knowledge and experience that enables its members to practice in varied settings, in a variety of roles, caring for a diverse group of patients ranging from the pediatric to the geriatric, with the goal of excellence in our daily delivery of perianesthesia nursing care.



**Susan Carter inducts  
Twilla Shrout as president  
in conference  
closing ceremonies**

## Purpose

With 15,000 members and growing, ASPAN has strength in numbers. United, we support the concept that the perianesthesia nurse is the first line of defense for the safety of patients. In the landmark case, *Laidlaw versus Lions Gate Hospital*, the court referred to the Phase I PACU as "the most important room in the hospital because it poses the greatest potential dangers to the patient."<sup>4</sup> ASPAN's reason for existence is exemplified in its core purpose "to advance the unique specialty of perianesthesia nursing."<sup>5</sup>

Next year, we will be in Las Vegas for National Conference. To many, this city is an oasis in the middle of the desert. What started as barren land is now full of lights, hope and dreams for those that think they may win a fortune, or for those that want to escape to nonstop fun and adventure. Whatever the purpose, it is a beacon of light

in the horizon of hope and power of what might be. ASPAN can meet the challenges through its power, purpose and practice to fulfill its compelling vision. ASPAN will also remain true to its core values: "building integrity, modeling respect, honoring diversity, promoting stewardship, providing mentorship, cultivating passion, supporting community, vigilance to safety and standards and upholding excellence."<sup>5</sup>

The following is an excerpt from the book, *The Power of One*, by Steve Maroboli: "When a new day begins, dare to smile gratefully. When there is darkness, dare to be the first to shine a light. When there is injustice, dare to be the first to condemn it. When something seems difficult, dare to do it anyway. When life seems to beat you down, dare to fight back. When there seems to be no hope, dare to find some. When you're feeling tired, dare to keep going. When times are tough, dare to be tougher. When love hurts you, dare to love again. When someone is hurting, dare to help them heal. When another is lost, dare to help them find the way. When a friend falls, dare to be the first to extend a hand. When you cross paths with another, dare to make them smile. When you feel great, dare to help someone else feel great. When the day has ended, dare to feel as you've done your best. Dare to be the best you can-at all times, dare to be!"<sup>6</sup>

I look forward to the coming year as a time when together, we move forward with ASPAN's power in numbers, its specialty practice and its purpose to be the best it can be. ASPAN is now. ASPAN is here to stay. As your ASPAN leader, I will strive to fulfill my presidency by embracing changes and meeting the challenges through all of you--the members.

## ASPAN® Breathline

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Issue .....Deadline

January .....November 1

March .....January 1

May .....March 1

July .....May 1

September .....July 1

November .....September 1

# ASPAN Scholarship Program Accepting Applications

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

Applicants must be current Active Category members of ASPAN and a component for the past two full years prior to the application deadline. 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.aspans.org](http://www.aspans.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 2014 ASPAN National Conference Attendance in Las Vegas, NV
- \$285 for CPAN or CAPA Certification Exam fees
- \$500 for Humanitarian Mission
- Two Nurse in Washington Internship (NIWI) program scholarships

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

## ASPAN Safety Tool Kit: Newly Revised and Free!

ASPAN wants to thank Safety Strategic Work Team (SWT) Coordinator Linda Beagley, BSN, MS, RN, CPAN, and her team members for their work on this updating this publication. We hope you will find the *Safety Tool Kit* a valuable tool for your practice, guiding you in the safe delivery of care.

Read more about the evolution of the Safety Tool Kit in Linda Beagley's report on page nine of *Breathline*.

Click

for the *Tool Kit*. 



## 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

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# INTERESTED IN A FRONT ROW SEAT?

## Pilot Testers Needed!

Nancy Strzyzewski, MSN, RN, CPAN, CAPA – ASPAN Director for Education



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

**D**uring PeriAnesthesia Nurse Awareness Week (PANAW), more than 1,000 ASPAN members took advantage of the gift of earning free contact hours by viewing online on-demand gerontology modules. It is very exciting to see such a response to the latest evolution in ASPAN educational programming. In October, another wave of the evolution occurred. One of ASPAN's most popular speakers, Lois Schick, recorded seven more modules to be posted in the ASPAN On-Demand Education Library. These modules include the following topics: *Anesthesia Agents, Preanesthesia Assessment, Postanesthesia Assessment and Discharge Criteria, Common Postanesthesia Complications, ASPAN Standards and Specialty Populations*. During the 2013 National Conference in Chicago, ASPAN's catalog grew again when more of ASPAN's respected speakers recorded important topics for perianesthesia nurses. Many of the topics chosen for recording are topics that have been requested by ASPAN members.

Programming like this does not just happen. It takes a great deal of work behind the scenes to research the topic, write the presentation, prepare the slides and record the lecture. Before the lectures can be made available, the final product

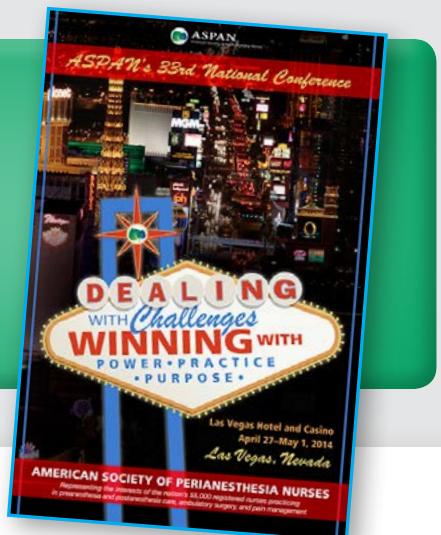
must be developed according to the American Nurses Credentialing Center's Commission on Accreditation (ANCC-COA) operational requirements. This very important step enables us to determine the number of contact hours each recorded program provides. ANCC-COA calls this assessment 'pilot testing' of a provider directed learner paced educational activity. Before the modules are complete, pilot testers must complete the entire activity in the format in which it will be provided. The pilot testers view the program, complete the posttest and complete the evaluation.

Are you interested in a challenge? Have you been thinking about getting involved in an ASPAN project, but really have a limited amount of free time? Then why not become a ASPAN provider unit pilot tester? Pilot testers are needed for online module testing as well as pilot testing continuing education with the *Journal of PeriAnesthesia Nursing (JoPAN)* articles. Pilot testing a module or an article takes only the time you need to complete the educational activity, which is usually one or two hours. If you are interested in becoming a future pilot tester, please contact Eileen Zeiger at [ezeiger@aspn.org](mailto:ezeiger@aspn.org) and become a part of the exciting evolution of ASPAN education! 

**LEADERSHIP DEVELOPMENT INSTITUTE 2013  
will be held September 6-8, 2013 in Kansas City, MO.  
Look for more details to come.**

**SAVE THE  
DATE**

**ASPA's 33rd  
National Conference  
April 27-May 1, 2014 in  
Las Vegas, Nevada.**



# 2013 Nurse in Washington Internship (NIWI) Scholarship Report

Sally Morgan, MS, RN, ANP-BC, ACNS-BC, GNP-BC

**A**s director of governmental affairs for the Ohio PeriAnesthesia Nurses Association (OPANA), I was thrilled to receive a scholarship from ASPAN to attend the 2013 Nurse in Washington Internship (NIWI) Program. During my three day stay in Washington D.C., I met nurses from around the country who were eager to gain knowledge about legislative process and health advocacy. One area of learning that was particularly exciting was on the Nursing Community, which is a forum for national professional nursing associations to provide one voice for one issue. Comprising 57 organizations (including ASPAN), the Nursing Community builds consensus and advocates on a wide spectrum of healthcare and nursing issues including practice, education and research, and is committed to improving the health and healthcare of the nation by collaborating to support RNs. Its legislative platform supports healthcare reform to improve quality, reduce cost, and increase access; federal funding for nursing education, practice, and retention; and federal legislation that improves and advances nursing practice, education, and research.

The Nursing Community has identified three "asks" that support nursing. On our visit to Capitol Hill, all NIWI attendees presented the message supported by the Nursing Community, and asked our legislators to:

- **Support \$251 million for the Nursing Workforce Development Programs – Title VIII administered by Health Resources and Services Administration (HRSA).** Due to the aging workforce, aging populations and increased demand for health services, the demand for RNs and advanced practice registered nurses (APRNs) continues to grow. Currently, Title VIII is the largest dedicated funding that supports all aspects of the nursing workforce. The areas of funding include retention, recruitment and nursing education from entry level preparation through graduate study, as well as funding for institutions that educate nurses for practice on rural and underserved communities. In light of the current budget demands, the Nursing Community is asking for the same amount as received last year.
- **Support \$150 million in funding for the National Institute of Nursing Research (NINR).** A continually changing healthcare system demands innovation and evidence in quality patient care. The NINR is one of the



27 Institutes and Centers at the National Institutes of Health (NIH) and funds research that lays the groundwork for evidence-based nursing practice. Compared to medical research, which focuses on curing disease, nursing research is conducted to prevent disease. Nurse-scientists funded by NINR examine ways to improve care models to deliver safe, high-quality and cost-effective health services to the nation. Nurse scientists, often in collaboration with physicians and other researchers, are vital in setting the national research agenda. The budget for NINR in fiscal year 2012 was \$144.579 million, which is 0.4% of the overall \$30.7 billion NIH budget.

- **Support \$20 Million for Nurse-Managed Health Clinics (NMHCs).** Access to health services, in particular primary care and health promotion, are in demand. NMHCs are health delivery sites managed by APRNs, and staffed by an interdisciplinary team that may include physicians, physician assistants, pharmacists, and social workers. The goal is to provide primary care, health promotion and disease prevention to individuals with limited access regardless of their ability to pay. NMHCs serve as critical access points to keep patients out of the emergency room, saving the healthcare system millions of dollars annually.

## Meeting with Congressional Members

Time was provided throughout the three day program to network with other NIWI attendees. I was grouped with Ohio attendees for our Capitol Hill visit. Together, we met with congressional staff in the senators' offices, and each of us had the opportunity to meet with our individual representative. The office members were pleased that nurses were presenting the same message, and commented that they were visited by a nursing group the day before with the same requests.

I learned a great deal during this program and look forward to following up with my legislators on these issues. It was a privilege to be a part of NIWI, and I am very proud of ASPAN for being a participating member of the Nursing Organizations Alliance and the Nursing Community. There are over three million RNs in the United States and we can positively impact healthcare by having the power of unified advocacy.



*From left: Rose Horton, Team member Nursing Organizations Alliance and immediate past president of AWHONN, Twilla Shrout, Sally Morgan, Becky Patton, past president of ANA*



*Sally Morgan (back row, second from left) with other Ohio attendees meeting with Senator Sherrod Brown's staff*



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# 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 standard for handoff report from the PACU to the receiving unit?**

**A:** In 2009, The Joint Commission Center for Transforming Healthcare estimated that miscommunication during caregiver handoff contributed to 80% of serious medical errors.<sup>1</sup> The ASPAN 2012-2014 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* describe the handoff communication process in “Practice Recommendation 6: Safe Transfer of Care: Handoff and Transportation.”<sup>2</sup> Perianesthesia nurses are responsible for their patients’ safe transfer of care and for employing an appropriate and reliable method of communicating with the next healthcare provider. A structured handoff process reduces errors and omissions of pertinent information, eliminates confusion and redundancy and increases the effectiveness of the handoff.

## Handoff Elements

Minimally, the handoff report should include:



1. Patient's name and age
2. Patient's pertinent history: allergies, precautions, surgeries, hospitalizations, medical history and physical limitations
3. Surgeon's name and procedure performed
4. Type of anesthesia/sedation
5. Unusual events during procedure
6. Estimated blood loss and fluid replacement
7. Clinical history and physical assessment to minimally include:
  - Level of consciousness/orientation
  - Vital signs, including temperature
  - Status of dressings/surgical site, drainage tubes
  - Amount and type of IV fluids infused and amount remaining in present bag
  - Medications given and effects (if appropriate)
  - Previous pain management interventions, effects, present pain score, patient goals

- History of recent opioid use or requirement/tolerance
- Previous comfort measures, comfort status (e.g., PONV), patient comfort and function goals
- Tests and treatments performed (labs, x-rays, aerosols, etc.)
- Other assessment findings (e.g., breath sounds, neurovascular status, abdominal distention, bowel sounds)
- Review of postoperative orders as applicable
- Valuables/sensory aids disposition
- Social support (family, significant others, caregivers)<sup>2</sup>

## Communication

Advance notice of transfer allows the receiving provider the opportunity to prepare for the patient's arrival. Handoff report should be completed before or at the time of transfer. There should be an opportunity for the provider assuming care of the patient to ask the transferring nurse questions. Keep in mind that responsibility for effective handoff communication belongs to both providers. Not only does the current caregiver have a responsibility to cover all of the pertinent information, the receiving caregiver has the duty to actively listen to the handoff report or to read it carefully and request clarification as needed. Whether handoff report is in verbal or written format, it is a critical process which requires each individual caregiver to be fully engaged.

## Summary

Each institution should hardwire the handoff process. Using a standardized system or tool discourages miscommunication and failed communication. Guidelines designed to meet the needs of the population optimize safe transition of care.

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**Susan Russell, BSN, RN, JD, CPAN, CAPA**  
**ASPA Director for Clinical Practice**



**Kim Noble, PhD, RN, CPAN**  
**ASPAR Director for**  
**Research**

# Work Begins on the Unwanted Sedation Practice Recommendation!

Kim A. Noble, PhD, RN, CPAN – ASPAN Director for Research

**A**fter what has been a bit of a slow start out of the gate, the Unwanted Sedation Practice Recommendation (USPR) is quickly gaining speed! It will be on the forefront of work for the Research and Clinical Practice (CP) Committees and the Evidence Based Practice (EBP) and Standards and Guidelines (S&G) Strategic Work Teams (SWT). The goal for the USPR is to bring a draft document to the S&G face-to-face meeting in the fall of this year, so we will be hitting warp speed to get it completed in time. The Pain Assessment and Management Practice Recommendation will begin in 2014, and will grow out of our experience with unwanted sedation. This is just a beginning for research endeavors as ASPAN moves toward having all of its standards, guidelines and practice recommendations strongly rooted in empirical evidence. Once a practice recommendation or new position statement is written, it must go to the Representative Assembly (RA) for a vote. If approved by the RA, then the new item is added to the Standards manual. If the new item is completed in a year between the Standards revisions, the item will be available to members electronically, either via a Web site addition or an e-mail to members until it can be added to the next edition of the Standards.



*ASPAR Committees and SWTs met during National Conference to begin work on projects for the coming year*

ASPAR's EBP process has undergone construction over the past several months. Dr. Daphne Stannard, the immediate past Coordinator of the EBP SWT, has revised the ASPAN EBP Review Tool to mirror the review tools used by the Joanna Briggs Institute (JBI). The tools have been

completed, they have been circulated to Research and EBP members for evaluation, and have passed with flying colors. Dr. Stannard and the EBP SWT are now beginning a face-lift of the journal club. What an exciting time to be part of ASPAN's research team! As you look toward national conference and beyond, please consider joining this valuable working team. We strongly encourage all ASPAN members, be they novice or experienced researchers, to join this important team. Many hands make light work!

Strategic Query and Discovery (SQAD) teams are in planning for the USPR, and I will be completing a systematic literature review for evidence upon which the USPR will be based. The literature review will be completed using the JBI software and protocol to ensure rigorously leveled reviews. The SQAD team members will be further reviewing the literature to provide a tool to promote the safe care of perianesthesia patients.

This is all due to the vision of the membership of a national professional specialty organization, ASPAN. I am so very proud to participate in an organization in alignment with the Institute of Medicine priorities for promoting patient safety through the dissemination of research data and providing nursing care that is based in evidence. Many ASPAN components have active research programs and provide funding for membership activities. The number of research, EBP and Celebrate Successful Practices posters increases with each national conference, and additional money is annually dedicated for scholarships and awards. I encourage every ASPAN member to become involved in some form of research either in their own clinical units, their state components or at a national level. This is an opportunity for perianesthesia nursing to shine as we all embrace research to guide practice! 

# Safety Tool Kit Now Available to Members

by Linda Beagley, BSN, MS, RN, CPAN

**A** week before National Conference, members received an email alerting them that the *Safety Tool Kit* was now available on the ASPAN Web site. At conference, during the Safety Strategic Work Team (SWT) meeting, it was suggested the next safety column should feature the process of how the *Safety Tool Kit* became available to all ASPAN members.

The ASPAN *Safety Tool Kit*, first developed in 2009, has provided perianesthesia nurses guidance and resources to assist with the care of their patients. The premise of the *Safety Tool Kit*, as the name indicates, is to keep patients safe. This 87 page publication is comprised of helpful patient-related, practitioner-related, system-related, leadership-related and event reporting tools and checklists.

## Journey of the 2012 Safety Tool Kit

In late 2011, members were surveyed on their knowledge of the *Tool Kit*. Results indicated a general lack of knowledge of its existence but a majority felt it could enhance their practice. Simultaneously, the Standards and Guidelines SWT was diligently working on revisions and updates for the *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. During the revisions, the position statement on perianesthesia safety was elevated

to a principle, one of two ASPAN principles. Principles describe domains of perianesthesia nursing practice.<sup>1</sup> The move from position statement to a principle speaks loudly of ASPAN's commitment to safety for patients and the environment where care takes place. Concurrently, the ASPAN Board of Directors agreed to place the *Safety Tool Kit* on the ASPAN Web site, making it available to all members.<sup>2</sup>

The *Safety Tool Kit* was reviewed and updated in 2012. You will find the *Safety Tool Kit* under the Clinical Practice tab by scrolling down to Safety in Practice. Moving forward, the challenges will be in keeping the information current and relevant. Many of the references are updated yearly with changes to their URL addresses. ASPAN hopes you will find this a valuable tool for your practice, guiding you in the safe delivery of care.

Click [for the Tool Kit.](#)

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**Linda Beagley,  
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## ASPN Member-Get-A-Member Campaign

**E**ach year, ASPAN nurses help recruit nearly 1,000 new, and returning, members. To encourage participation and thank you for this valuable work, ASPAN conducts an annual member campaign, which runs from January through December. A variety of awards are available, including gift certificates, free registration to National Conference, the *Redi-Ref for Perianesthesia Practices* guide, and more.

We invite you to participate in the campaign by asking your colleagues to join ASPAN! To learn more and participate, visit the [Member-Get-A-Member Web site](#).

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# **THE HARTFORD FOUNDATION GRANT JOURNEY: Celebrating the Perianesthesia Contributions to Advancing Geriatric Nursing Practice**

**Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN**

**Jennifer Allen, MSQSM, RN, CPAN**

**J**in April 2003, the American Society of Peri-Anesthesia Nurses (ASPAN) was awarded the first Nurse Competence in Aging Grant from the Hartford Foundation and began a historic journey to improve the care of older adults who were undergoing anesthesia/sedation for surgical and/or invasive procedures. One of the most significant tenets of this grant was not only to advance perianesthesia nursing practice through education, but also to establish ASPAN's Geriatric Specialty Practice Group (SPG). Over the past 10 years, ASPAN leaders have continued to strive to advance geriatric care at the bedside by providing diverse specialty educational offerings. Throughout this last decade, ASPAN has provided many different educational venues, such as *Breathline* articles, ASPAN Seminars, lectures at ASPAN National Conferences, and most recently, the ASPAN On-Demand Geriatric Education Modules. The impact of these initiatives reaches far beyond the borders of the United States of America and truly impacts perianesthesia nurses globally.

The Resourcefully Enhancing Aging in Specialty Nursing (REASN) grant was awarded to ASPAN in September 2008. This most recent geriatric strategic imperative focused on the ASPAN On-Demand Geriatric Education Modules. Jennifer Allen, ASPAN's first Geriatric SPG Coordinator and current ASPAN Standards and Guidelines Strategic Work Team (SWT) Coordinator, led the development of the ASPAN On-Demand Geriatric Education Modules. Through Jennifer's shared vision, along with dedicated ASPAN educational leaders, innovative and informative learning materials were created to improve the knowledge and skills of perianesthesia nurses. The contribution of these passionate perianesthesia nurses provided foundational information in the diverse fields of geriatric physiology, pain, pharmacology, safety, cultural diversity and management of complications. They were united in providing the most current state of the science

for the older adult. ASPAN's 2011-2012 President Chris Price, ASPAN CEO Kevin Dill, Digital Media SWT Coordinator Theresa Clifford, Director for Education Nancy Strzyzewski, and Liaison for Education, Research and Clinical Practice Linda Wilson facilitated the effort to professionally produce the ASPAN On-Demand Geriatric Education Modules using the University of Delaware's recording facilities in the spring of 2012. These recordings completed the requirements of the original Hartford Foundation Grant.

Committed to achieving a higher goal and purpose, these society leaders demonstrate the essence of teamwork. As with many ASPAN programs or initiatives, there are many other dedicated leaders who contribute significantly to advancing perianesthesia nursing practice. The journey of this grant illustrates an "exemplar" of collaborative teamwork by a dedicated team of experts in the field of perianesthesia nursing who have contributed to a shared goal for this vulnerable population. The journey to improving the quality and safety of caring for our older patients continues.

*ASPAN acknowledges the following  
perianesthesia nurses' contributions  
towards the education of  
perianesthesia nurses caring for the  
geriatric perianesthesia patient:*

**JENNIFER ALLEN, MSQSM, RN, CPAN**

**MEG BETURNE, MSN, RN, CPAN, CAPA**

**KATHY DALEY, MSN, RN, CNS, CCRN-CMC-CSC, CPAN**

**SHARON EDWARDS, MSN, RN, CAPA**

**MYRNA MAMARIL, MS, RN, CPAN, CAPA, FAAN**

**NANCY STRZYZEWSKI, MSN, RN, CPAN, CAPA**

**LINDA WILSON, PhD, RN, CPAN, CAPA, BC, CNE, CHSE**

**PAMELA WINDLE, MS, RN, NE-BC, CPAN, CAPA, FAAN**

# THE DIRECTOR'S CONNECTION

Martha Clark, MSN, RN, CPAN – Immediate Past Regional Director, Region 3

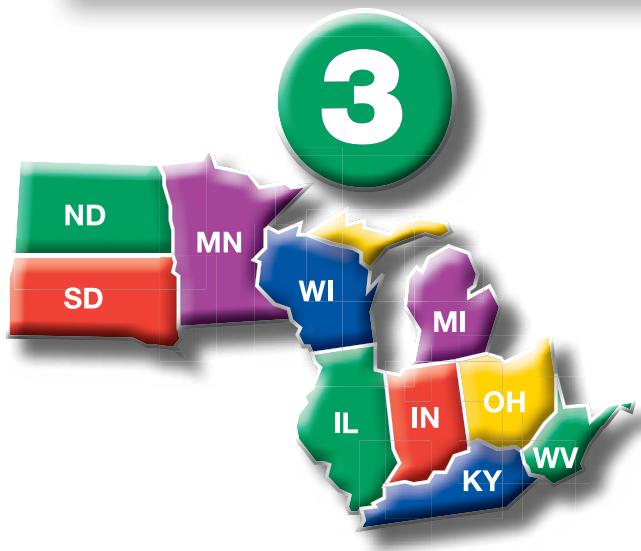
ASPN  
Regions

## Region 3 Highlights

*It seems like only yesterday that I was elected Regional Director for Region 3. After four years in this position, I turn over the reins to Tracy Underwood, who was elected at the Representative Assembly in Chicago. I would like to express my appreciation to all Region 3 components. Together, we have learned and accomplished so much! My sincere “Thanks”!*



Martha Clark,  
MSN, RN, CPAN  
Immediate Past  
Region 3 Director



### Illinois Society of PeriAnesthesia Nurses:

ILSPAN was very busy, not only planning for ASPAN's National Conference, but also with its future. ILSPAN has begun a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to craft its strategic plan. ILSPAN was awarded its first research grant! And ILSPAN is now on Facebook.

### Indiana Society of PeriAnesthesia Nurses:

Kathy Jo Carter, President of INSPAN, is passionate about research, so it was only natural that Kathy plan INSPAN's fall conference with multiple presentations on research and EBP. Kathy has now become a nurse researcher with a year-long study.

### Kentucky Society of PeriAnesthesia Nurses:

After many years of hard work, KSPAN achieved the Golf Leaf Award in 2012. Thanks for sharing your application at CDI!

### Michigan Association of PeriAnesthesia Nurses:

MAPAN has converted all correspondence to e-mail. Its internship program continues to mentor members interested in becoming involved on committees.

### Minnesota-Dakotas Society of PeriAnesthesia Nurses:

One of the year's most exciting events came during the Representative Assembly (RA) in 2012. MNDAKSPAN was the first component to sponsor a resolution. The resolution was written by Matthew Byrne, PhD, RN, CPAN, and resulted in the formation of the Election Review Strategic Work Team (SWT). An update from this SWT was provided in the March/April issue of *Breathline*, and also during the RA this year in Chicago. MNDAKSPAN is going green, and its projects include: conference registration, voting and surveys all online. In addition, Skype is used for Board of Directors meetings when not meeting at conference.

### Ohio PeriAnesthesia Nurses Association:

OPANA has been busy! All seven districts have scheduled meetings with speakers for contact hour offerings. OPANA has continued their RADA product fund raising sale. RADA is a company that makes knives, and OPANA sells them as a money-maker with continued success. Three members of OPANA went to CDI in September and it is reported they "had a great time!"

### West Virginia Society of PeriAnesthesia Nurses:

WVSPAN continues to grow and expand from the ground up! Its rebuilding efforts have inspired the formation of the Component Revitalization Strategic Work Team at the national level.

### Wisconsin Society of PeriAnesthesia Nurses:

WISPAN co-sponsored its fall conference with the AORN chapter in Wisconsin. The component continues to promote certification, diligently work toward achievement of the Gold Leaf Award and is offering two scholarships to ICPAN.

# SAVE THE DATE

## 2013 International Conference for PeriAnesthesia Nurses



Converging Practice - Celtic Style  
Dublin 2013

### INTERNATIONAL CONFERENCE FOR PERIANESTHESIA NURSES

#### 19th - 22nd September 2013

*The 2nd International Conference for PeriAnesthesia Nurses is taking place in CityWest Hotel, Dublin, Ireland from 19th to 22nd September 2013.*

A dedicated multinational organising committee is preparing an exciting educational programme which reflects current trends in perianesthesia nursing. In addition, the Irish people are renowned for "having the craic" (having fun), so we are planning a lively social programme to keep you entertained during leisure time.

Ann Hogan,  
ICPAN Conference Chair 2013



Beautiful gardens  
in Dublin

**Check out the Web site at  
[www.icpanconference.com](http://www.icpanconference.com)**

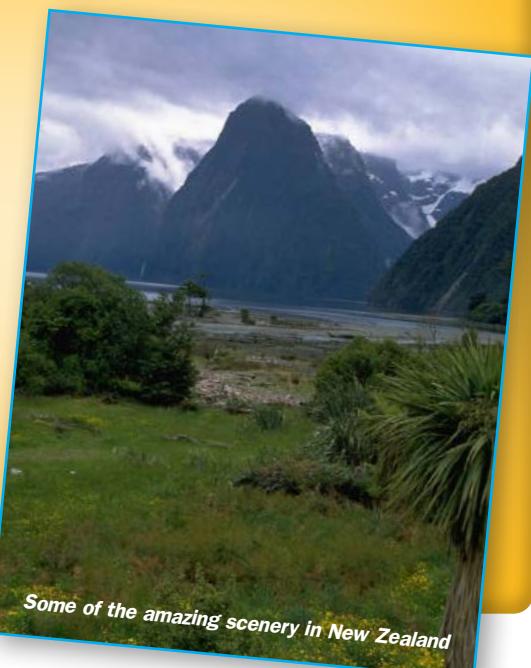


**New Zealand Perianesthesia Conference**  
**8<sup>th</sup> Annual Post Anaesthetic Care Conference 2013:**  
**"Inhale Knowledge, Exhale Excellence"**  
**Hamilton, New Zealand**  
**31 October - 2 November 2013.**

For information visit [www.pacu.org.nz](http://www.pacu.org.nz)

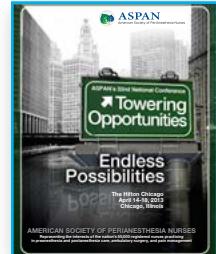
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Some of the amazing scenery in New Zealand

**Coming in the July/August issue of *Breathline*:  
Full Coverage of the 2013 ASPAN National Conference in Chicago!**



**Get your game on!**



*Component Night proved to be a good time with "Get Your Game On!"*



*A cold morning for the Dream Walk was eased by coffee and friends*



*There was lots and lots of education*



*President Susan Carter presided at the Representative Assembly*



*Miss North Carolina 1963 had everyone rolling in the aisles!*

# Component Education Programs

**J**une 1, 2013 The Wisconsin Society of PeriAnesthesia Nurses (WISPN) 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 Holzheimer at [bonholz@gmail.com](mailto:bonholz@gmail.com) or 1-920-564-4070 or [www.wispan-aspan.org](http://www.wispan-aspan.org)

**June 8, 2013** The Massachusetts Society of PeriAnesthesia Nurses (MASPAN) will be sponsoring a certification review course in Worcester, MA. For more information, please visit the MASPAN Web site at [www.maspan.org](http://www.maspan.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 [kesrncpan10@yahoo.com](mailto:kesrncpan10@yahoo.com) or 217-482-3309

**October 4-6, 2013** The Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) will hold its 15<sup>th</sup> Annual *Retreat In The Rockies*. The event will be held at the Indian Peaks Lodge at Snow Mountain Ranch YMCA of the Rockies, 12 miles past Winter Park, CO. For more information, please contact Lois Schick at [schickles@aol.com](mailto:schickles@aol.com)

**October 5, 2013** The Vermont/New Hampshire Association of PeriAnesthesia Nurses (VT/NH APAN) will hold its fall conference at the White River Veterans Affairs (VA) Hospital in White River, VT. For more information, please contact Trish Clark at [fourclarkx@gmail.com](mailto:fourclarkx@gmail.com)

**October 25-26, 2013** The PeriAnesthesia Nurses Association of California (PANAC) will hold its 33<sup>rd</sup> Annual Meeting and Seminar at the Holiday Inn Capitol Plaza in Sacramento, CA. For more information, please contact Lori Silva at [notgoquietly@clearwire.net](mailto:notgoquietly@clearwire.net) or visit the Web site at [www.panac.org](http://www.panac.org)

**October 25-27, 2013** The Florida Society of PeriAnesthesia Nurses (FLASPN) will hold its 44<sup>th</sup> 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](mailto:tatabouffard04@yahoo.com) or visit the FLASPN Web site at [www.flaspan.com](http://www.flaspan.com) 



**ASPN Winter/Spring SEMINARS**

**Perianesthesia Pathophysiology and Assessment: A Systems Approach**

June 1, 2013  
White Plains, NY

June 15, 2013  
Santa Clara, CA

**Refreshing Your Perianesthesia Practice**

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