



Breathline

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INSIDE:

NURSING PRACTICE: The Workplace Challenge

We have all heard the old saying “practice makes perfect.” In today’s workplace setting, we do not have a perfect hospital, perfect worker, perfect patient or a perfect world. Nurses practice in a variety of settings, ranging from hospitals, ambulatory centers, urban and rural community clinics, schools, long term care and even in the war zone. The nursing profession is more than three million members strong, each facing challenges that affect the profession. In 2010, the Future of Nursing report by the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF), developed four key messages which are as follows:



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

1. **Nurses should practice to the full extent of their education and training.** This means removal of scope of practice barriers so that the advance practice nurse would be included in Medicare reimbursements. The practice rules vary from state to state and reform will be necessary.
2. **Nurses should achieve higher levels of education and training through an improved education and training education system that promotes seamless academic progression.** Nurses need competencies such as health policy, leadership, system improvement, research and evidence-based practice, teamwork, diversity and collaboration. Nurses would also be involved in technology and information management. The goal is to have an increase in nurses with a baccalaureate degree to 80% by 2020.

3. **Nurses should be full partners, with physicians and other health professionals, in redesigning healthcare in the United States.** Nurses need to promote leaders within the nursing profession. Nurses also need to be responsible and engaged in healthcare reform.
4. **Effective workforce planning and policy making require better data collection and an improved information infrastructure.** There will be a collaborative and systematic

monitoring of available healthcare workers, coordinated by state licensing boards and the Department of Labor to have timely and publically accessible data.¹

With the support of ASPAN, all perianesthesia nurses can develop their full potential as clinicians, leaders, educators and researchers. Within ASPAN, there are many opportunities available to the grassroots member. Members who meet specific criteria can apply for a scholarship to further education or support their certification. Attending an ASPAN national conference provides networking opportunities with a wide variety of nurses within the practice of perianesthesia services. Any ASPAN member can attend the Leadership Development Institute offered in September every year. The Institute provides members with tools for enhancing their leadership abilities and knowledge of ASPAN’s resources for components and members alike. The ASPAN Board of Directors attends the Institute to respond directly to concerns and questions that attendees may have. ASPAN has committees and strategic work team opportunities that allow active participation as an organizational

“If you want something, then you must set goals.”



member, and provides members with current practice resources to bring back to their workplace. As suggested by the IOM report, ASPAN strives to support the development of leaders for the future of the organization. Many of ASPAN's current leaders and member volunteers have liaison appointments with other large and influential organizations. ASPAN is sitting at the table with groups to participate in forging new ideas, collaborating for best practice ideals, and supporting efforts to provide for the safety and quality of the care that we provide to our patients.

Jon Gordon's 10 rules for the ride of your life in his book *"The Energy Bus,"* reminds me of the years that I rode the bus to school. We had a long route of bumpy, gravel roads, heaters that rarely warmed the feet, and when it was hot, there were the kids insisting the windows be all the way down to allow the dust to fly just to annoy me. Gordon's rules are:

1. "You're the driver of the bus.
2. Desire, vision and focus move your bus in the right direction.
3. Fuel your ride with positive energy.
4. Invite people on your bus and share your vision for the road ahead.
5. Don't waste your energy on those who don't get on your bus.
6. Post a sign that says "No Energy Vampires Allowed" on your bus.
7. Enthusiasm attracts more passengers and energizes them during the ride.
8. Love your passengers.
9. Drive with purpose.
10. Have fun and enjoy the ride."²

You may ask what this has to do with your practice. To me, this means that each of us is responsible for our own lives

and, thus, our nursing practice - we are the drivers. If you want something, then you must set goals. To continue on the ride, you need to fuel yourself with positive energy to keep going. The next rule is to share with others what you have learned on your ride in order to foster your team growth. There may be those who choose to not get on the bus, but this is their choice. Positive people are certainly much easier to accept, but we all have to deal with the negative person. One can hope that enthusiasm will win them over. Your purpose and individual practice shape your careers, so be sure to add fun to ensure that the journey to the destination will be well worth the sometimes bumpy ride.

I still think back to a patient who has had a lasting impact on my practice. Jonathan had Down's syndrome, and would come to the hospital every six months or so to have an eye and ear exam under anesthesia. For many years he would call me "nurse," but eventually he learned to call "Tie-la." If I was scheduled to work, I would request to help get Jonathan ready for surgery or wake him up after surgery. He had a favorite anesthesiologist, and together we would get him ready. Jonathan would choose a stuffed monkey to take home with him each time. He was always such a joy to take care of when he came for surgery. In 2005, he was diagnosed with leukemia, and his illness was too advanced for effective treatment. I would look for greeting cards that had monkeys on them, and encourage my nurse and physician colleagues to sign the cards. Jonathan's mother reported that he would keep these cards close by to look at during the day. One day, his mother called to inform me that Jonathan was not doing well, and wondered if I could come



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

The Cultural Effects of Lateral Violence

Christine Tomes, ADN, RN – ASPAN Safety Strategic Work Team Member

Defining Lateral Violence

According to the Institute for Safe Medication Practices (ISMP), forms of subtle intimidation such as exclusion, disinterest, withholding of information, condescending language and verbal intonations are more common and less reported than the more explicit forms of lateral violence, which includes use of strong language and threatening behavior.¹ This type of psychological harassment often causes the nurse to experience a decrease in his or her confidence. This further causes distress, fearfulness, loneliness, depression and nervousness in the workplace, leading to symptoms synonymous with post-traumatic stress disorder.²

In a large, randomly selected national sample, it was found that only 5% of these nurses are reporting high levels of abuse taking place in their work areas. These reports cite the lack of supervisory and mentor support, and lower levels of workgroup cohesion, as part of the reason for its occurrence.³

Respect in the Workplace

According to Paul O'Neill, the former CEO of Alcoa, in order for people to be able to find joy and meaning in their work they need to be able to state that they are each day treated with respect and dignity by everyone, able to make a contribution that gives meaning to their life, and are recognized and thanked for their work.⁴ With four billion dollars being spent yearly on the results of bullying,⁵ it is not surprising that in 2008 a sentinel alert by The Joint Commission was issued on developing a culture of safety.

However, according to a 2011 survey, the cost of lateral violence is still being exhibited in absenteeism, employee turnover, inability to attract newcomers and nurses leaving their profession altogether. Ninety-nine percent of the respondents felt that patient safety, including poor postoperative care, medication errors and prolonged suffering, was still being affected by this disruptive behavior.⁶ This behavior has become an accepted part of the culture of many healthcare environments, and is perceived as incapable of improvement.

Culture of Lateral Violence

Bullying continues within a culture for three reasons: "because it can; because it is modeled; because it is left unchecked."⁷ Leadership needs to develop the skills to address these situations and become "a change agent in fostering a civil environment in the work setting."⁸ Interventions to counteract unprofessional behaviors have

been identified as positively influencing physician behavior, most of whom respond in a "professional manner and make practice and behavioral adjustments."⁹

Cognitive rehearsal for newly graduated nurses has shown it can have a positive effect on retention rates, as well.¹⁰ The Silencing the Self Scale is a reliable and valid instrument for documenting silencing in nursing and evaluation of interventions.¹¹ Silencing feelings, thoughts and actions in order to "get along" or "not stir up trouble" contributes in the long-term to a fall in self-esteem.¹² Yet, when nurses realize that their voices are heard, they feel empowered to speak up about the lateral violence that they are witnessing.

Nurses Speak Out

The American Nurses Association recommends several solutions to lateral violence. These include zero tolerance, protection from retribution if reported, utilization of employee assistance programs, interruption of the violence, assessing the nursing unit and raising awareness, brainstorming and encouraging dialogue, and creating unit specific guidelines.¹³

The Green Dot Program at Vanderbilt University

In 2012, a nursing survey at Vanderbilt University Medical Center (VUMC) identified 12.6% of all workplace violence as co-worker (lateral) violence. Green Dots Bystander Training is an evidence-based program implemented by VUMC, and has been found to be highly effective in the perioperative services department. A culture is developed by the way in which professionals respond to situations. In this program, a Red Dot is an act of violence committed by someone, or it can be the person who stands by in apathy and does nothing. Distraction, direction and delegation are Green Dots that are utilized to empower nurses who were previously inactive when witnessing lateral violence. They learn how to intervene in order to possibly diffuse a difficult situation. They may ask someone to step in and help, or they may assign someone a way out of it.

Green dots are just moments in time, as are Red Dots. Only 2.5% of staff may commit a Red Dot of violence, but how many occurrences of apathy occur at that same time? Green Dots displace the Red Dots in the work environment, and allow those previously silent a voice to halt lateral violence in the perianesthesia areas. The Green Dot program at Vanderbilt University Medical Center has proven to be an effective method to halting lateral workplace violence.



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REFERENCES


1. Smetzer JL, Cohen MR. Intimidation: Practitioners speak up about this unresolved problem. *Joint Commission Journal on Quality and Patient Safety*. 2005; 31(10): 594-599.
2. McKenna BG, Smith NA, Poole SJ, Coverdale JH. Horizontal violence: Experiences of Registered Nurses in their first year of practice. *Journal of Advanced Nursing*. 2003; 42(1), 90-96.
3. Budin WC, Brewer CS, Chao YY, Kovner C. Verbal abuse from nurse colleagues and work environment of early career registered nurses. *J Nurs Scholarsb*. 2013; April 29.
4. Lucian Leape Institute. Through the eyes of the workforce creating joy, meaning and safer health care. Available at: <http://www.npsf.org/about-us/lucian-leape-institute-at-npsf/lli-reports-and-statements/eyes-of-the-workforce>. Accessed September 9, 2013.
5. Larson J. Nurse bullying: An ongoing problem in the health care workplace. Available at: http://www.nursezone.com/Nursing-News-Events/more-news/Nurse-Bullying-An-Ongoing-Problem-in-the-Health-Care-Workplace_41438.aspx?utm_source=ExactTarget&utm_medium=Email&utm_content=6.14.13Newsletter&utm_campaign=EmailMarketing. Accessed September 9, 2013.
6. Gessler R, Rosenstein A, Ferron L. How to handle disruptive physician behaviors. *Am Nurs Today*. 2012; 7(11): 8-12.
7. Clark CM, Ahten SM. Nurses: Resetting the civility conversation. *Medscape Nurses*. 2011; August 19.
8. Stokowski LA. The downward spiral: Incivility in nursing. *Medscape Nurses Nursing Perspectives*. 2011; March 24.
9. Hickson GB, Caruso-Hayden AC, Pichert JW. The PARS Program: How unsolicited patient comments can be used to promote a safer healthcare environment, address unprofessional conduct and reduce unnecessary malpractice risk. Available at: <http://www.healthlawyers.org/Events/Programs/Materials/Documents/AM10/hickson.pdf>. Accessed September 9, 2013.
10. Griffin M. Teaching cognitive rehearsal as a shield for lateral violence: An intervention for newly licensed nurses. Available at: <http://www.jcenonline.com/showFree.asp?rID=4405>.
11. Roberts SJ, Demarco R, Griffin M. The effect of oppressed group behaviors on the culture of the nursing workplace: A review of the evidence and interventions for change. *Journal of Nursing Management*. 2009; 17: 288-293.
12. Jack DC, Dill D. The Silencing the Self Scale Schemas of intimacy associated with depression in women. Available at: http://faculty.wvu.edu/djack/article_s/The%20Silencing%20The%20Self%20Scale%20article.pdf. Accessed September 9, 2013.
13. American Nurses Association. Lateral Violence and Bullying in Nursing. Available at: <http://www.nursingworld.org/MainMenuCategories/CertificationandAccreditation/Continuing-Professional-Development/NavigateNursing/AboutNN/Fact-Sheet-Lateral-Violence-and-Bullying-in-Nursing.pdf>. Accessed September 9, 2013. 

to visit him. I went to see Jonathan on a Friday - he died the following Thursday. During that final visit, he proudly showed me all of the cards he had received, as well as his collection of movie monsters, each still preserved, in their original boxes. I attended his funeral and saw how many people had also been touched by Jonathan, who all thought Jonathan was so incredibly special. This young man will surely remain in all of our hearts forever. Jonathan faced many challenges in his life, but he always made those who cared for him feel privileged to have been a part of his life. He influenced my practice.

I believe that ASPAN, by way of a strong mission and viable strategic plan, has effectively been dealing with the challenges of today's workplace. Perianesthesia nurses are making a difference in their own daily practice as well as around the world. The International Conference for Perianesthesia Nurses (ICPAN) held in Dublin, Ireland in September, showcased the practice of nurses across the world. Workplace challenges are opportunities, and in facing these challenges,

together we become stronger. Together, we provide a safe environment of care for our patients, families, and cultures across the globe through our commitment to enhance and promote our knowledge, standards, research and education. The steps that each individual nurse takes towards excellence in practice and shares through networking, strengthens nurses' numbers. As perianesthesia nurses, our shared knowledge and practice uphold our purpose to care for each patient safely, using evidence-based practice plans of care. One nurse at a time, one patient at a time, one day at a time, perianesthesia nurses make a difference throughout the world.

REFERENCES

1. Institute of Medicine. The Future of Nursing. 2011. Available at <http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx>. Accessed September 10, 2013.
2. Gordon J. 10 Rules for the Ride of Your Life. 2008. Available at https://www.google.ie/?gws_re=cr&ei=QOs8U9FMlhAfk4D4BA#q=the+energy+bus+pdf. Accessed September 10, 2013. 

Frequently Asked Questions

Venous Thromboembolism (VTE) Prophylaxis

Tommie Jones, PhD, 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.



Tommie Jones
PhD, RN, CPAN
Clinical Practice Committee
Team Leader

Q. Does ASPAN have standards or recommendations guiding the use of perioperative leg compression therapy for VTE prevention? What are some of the indications and contraindications for use?

A. ASPAN does not have a standard or recommendation that specifically addresses which patients should utilize leg compression therapy. However, the ASPAN 2012-2014 *Perianesthesia Nursing Standards, Practice Recommendations, and Interpretive Statements* includes Practice Recommendation 2, “Components of Assessment for the Perianesthesia Patient,” and Practice Recommendation 4, “Recommended Competencies for the Perianesthesia Nurse” that stress integrating relevant patient data to individualize care, to maximize patient safety and improve outcomes as patients navigate through the perianesthesia experience.¹

Integrating these recommendations into nursing practice requires critical thinking and analysis, and should reflect evidence-based knowledge about patient selection for venous thromboembolism (VTE) prophylaxis, physiologic variables (risk factors) leading to thrombus formation and effective leg compression prophylaxis.

VTE is the combination of deep vein thrombosis (DVT) and pulmonary embolism (PE). Studies indicate that in the absence of prophylaxis, as many as 10% to 40% of hospital acquired DVT occur in medical and general surgical populations, and 40% to 60% occur in the orthopedic surgery population.²

Thrombus Formation

Three physiologic variables, Virchow’s Triad, lead to thrombus formation: 1) disturbance in blood flow causing stasis; 2) hypercoagulability; and 3) vessel wall damage.² Physiologic conditions predisposing individuals to this triad are considered to be high risk for VTE. High risk conditions for VTE include: trauma, orthopedic surgery, burns, procedures lasting more than 30 to 45 minutes, positioning that constricts blood vessels, use of tourniquets, varicosities, obesity, smoking, hormone replacement therapy (HRT),

pregnancy or postpartum, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), dehydration, hypovolemia, ethnicity, immobility or sedentary lifestyle, personal history or a family history of clotting disorders, DVT, PE and blood clots.³ Research has shown that emptying the deep veins of the legs (preventing stasis) reduces thrombus formation. Stasis prevention can be achieved through early mobilization and compression therapy with intermittent pneumatic compression (IPC) and/or graduated compression stockings (GCS).^{4, 5}

Compression Therapy

Correctly applied IPC that includes three locations (foot, calf and thigh) has been shown to be the most effective using current technology. Ideally, IPC sleeves should sense each leg independently and provide compressions to match post-compression venous refill times.⁴ GCS can be knee or thigh length. Thigh length GCS are associated with wrinkling, rolling, and a tourniquet effect. Hilleran-Listerud concluded that knee length GCS and IPC are equally effective in reducing VTE, more comfortable for patients, are associated with greater compliance and ease of use, are more cost effective and pose less injury risk related to poor fit and wrinkling.⁵

While GCS and IPC are highly effective in VTE prevention, there are potential contraindications for their use: peripheral vascular disease, arterial insufficiency, leg deformity, excessive (> 3+) edema, pulmonary edema, peripheral neuropathy, and preexisting skin conditions.^{5,6}

Summary

Each patient should be properly assessed for both indications and contraindications for VTE prophylaxis. Some patients will require anticoagulation along with compression therapy. Others may only require early ambulation and performing “ankle pumps” (ankle flexion and extension) during immobile periods. Many will require compression therapy, either alone or combined IPC and GCS. Some patients will be discharged to home wearing GCS and/or with a home IPC unit. All should be educated to the risks of VTE and how they are an equally important link in prevention.

Did You Go Swimming in the Political Arena During the Summer Recess?

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



Gena Near
BSN, RN, CJCP, CPAN
ASPAN ANSR Alliance
Liaison

I remember when I was in school between the ages of six to 15, I looked forward all year to summer recess. No school, no homework, no book reports, not having to get up to an alarm to get ready for school—just having fun playing outside all day long, and those special times when we could go to a pool and go swimming. When we could afford it, we would take a vacation to the beach. For those of you that know me, you know my favorite place in the whole world is the beach—any beach. You get more than just water to swim in—you have sand, wind and sounds of the beach.

But in this article, I am talking about a different kind of swimming, and a different summer recess. I am talking about the summer congressional recess that Congress takes every year during the month of August. This year, their recess was from August 5-September 9, 2013. During this recess, they travel back to their home states or districts. Their recess is different from the carefree ones we remember in school. During their recess, they usually work as hard, if not harder, than when Congress is in session. They spend this time at home with their constituents attending town hall meetings, receptions and other events. This is the perfect time for us to attend these functions to meet our members of Congress and to let them know what issues are important to us. You will find when and where these town hall meetings are being held by checking your representatives' Web sites or calling their offices. Some town hall meetings are even held over the phone.

I relate my childhood days of going swimming with becoming part of the waters of the political arena. The water or pool is there waiting for you, but you must enter this pool to swim or even learn to swim. ASPAN's Governmental Affairs Web page has all the information you need to get started and to learn new strokes. Registered nurses (RNs) have many issues that are important to them, especially during this time of healthcare reform. You are a nurse and a constituent, and you have an important voice. According to the National Council of State Boards of Nursing, there were nearly 3.854 million licensed RNs in 2010.¹ Always make sure that you inform your members of Congress that you are a nurse and that you are available to them for help. This small gesture really does make a difference, especially during these days of health-

care reform. Some nurses may have special interests such as Veterans Affairs, the Affordable Care Act, homeless veterans or some other personal issue. No matter what your issue, make a big splash, make your voice heard and become part of the political arena.

There are many issues that we, as RNs or as U.S. citizens in general, may discuss with our members of Congress. Since I am ASPAN's ANSR (Americans for Nursing Shortage Relief) Alliance Liaison, my main focus has been on the nursing shortage itself. The ANSR Alliance has prepared an excellent "toolkit" to help us contact and interact with our members of Congress. This toolkit may be found at the ANSR Alliance's Web site: www.ansralliance.org. This link is also available through ASPAN's Governmental Affairs Web page: www.aspan.org. I encourage each of you to visit ASPAN's page for even more information and education on how we may interact with congressional leaders.

A few items that may be found in this ANSR Alliance toolkit include: a nursing shortage fact sheet, the status of FY 2014 funding for the Title VIII programs, calling, emailing and meeting with members of Congress (including tips for successful meetings and a template meeting request letter), sample questions for town hall meetings, writing a letter to the editor of your local newspaper (including tips for getting this published), and much more.

I realize by the time you are reading this article that the summer recess is far over, but this is invaluable information to have for the Congressional summer recess that will be taken in 2014. You have several months to start thinking about what you would like to do to make a difference for nurses, patients and healthcare in general, or your special interest. Once you jump in and are wet in these waters, you will want to go swimming and learn new moves or strokes more and more. I know this because this happened to me. I used to think, "What difference do I make? I am just one nurse." I know how many RNs are out there and what a strong voice/splash we can make. One reason RNs do not get involved is that they think it will take time out of their already busy lives. Use just one of the templates for emailing or writing and you'll see how little time it takes to make a big impact. Know the facts and have information. Choose an issue that

CERTIFICATION

ABPANC Introduces “Nursing Passion in Action” Award

ABPANC has introduced a new unit-level award to recognize CPAN and CAPA certified nurses who go beyond their normal job responsibilities to provide outstanding patient care. This award is designed for perianesthesia nurse managers to use in their unit, and reward “Nursing Passion in Action” with a card to be posted in the unit. There is also a chance to win a \$25 gift certificate. Each month, ABPANC will randomly select ten winners to receive \$25 to be used at the CPAN/CAPA online store. Get your award packet and more details at: www.cpan-capa.org/resources/awards/passion.

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Registration is open January 13 – March 10, 2014
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Recipients of this award will be recognized in our unit and may be eligible for an award from ABPANC. Please watch this board for our next award winner.

Thank You for Making a Difference.



www.cpancapa.org



Frequently Asked Questions *continued from page 5*

REFERENCES

1. American Society of PeriAnesthesia Nurses. 2012-2014 *Perianesthesia Nursing Standards, Practice Recommendations, and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2012:38-41, 48-50.
2. Association of periOperative Registered Nurses. AORN Guideline for Prevention of Venous Stasis. *AORN*. 2007;85(3):607– 622.
3. US Department of Health and Human Services. Guideline Summary available at <http://www.guideline.gov/content.aspx?id=15334>. Accessed May 21, 2013.
4. Comerota AJ. Intermittent pneumatic compression for DVT prophylaxis. Supplement to *Endovascular Today*. October 2011.
5. Hilleren-Listerud AE. Graduated compression stocking and intermittent pneumatic compression device length selection. *Clinical Nurse Specialist*. 2009;23(1):21-24.
6. UHS VTE Prophylaxis Guidelines Update 2012. Available at: <http://ebookbrowse.net/uhs-vte-prophylaxis-guidelines-update-2012-pdf-d430193366>. Accessed July 28, 2013.

Governmental Affairs *continued from page 6*

becomes your passion, and then either dive in, make a big splash with a cannon ball jump, jump in feet first holding your nose, or slowly and gently step in with the pool steps and railing. Whatever way you choose to enter this water of the political arena, just do it. Take the first step. It is so easy with all of this information and ready-made templates. The ASPAN Governmental Affairs SWT would love to hear from you next year, and answer its question of “Did you go swimming in the political arena during the summer recess?”

REFERENCE

National Council of State Boards of Nursing. 2010 Nurse Licensee Volume and NCLEX® Examination Statistics. Research Brief Vol. 52. 2012. Available at: <https://www.ncsbn.org/3535.htm?iframe=true&width=500&height=270> Accessed September 1, 2013.

ASPAN AWARDS

Deadline: January 10, 2014

Above and Beyond Service Recognition Award

The ASPAN Above and Beyond Service Recognition Awards are given to individuals in recognition of exemplary service to ASPAN and/or their component. Take the step and recognize that exceptional nurse that you know! for information.



Gold Leaf Award

The deadline for the Gold Leaf Component of the Year Award submission is February 1, 2014! Components competing for the Gold Leaf Award must submit their applications to the ASPAN National Office by February 1st. The award reflects the activity of your component from January 1, 2013 through December 31, 2013. The members of Membership/Marketing Strategic Work Team look forward to reviewing the applications from the components, and announcing the winner at National Conference in Las Vegas. For information, guidelines, and the application,

Call for Resolutions

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2014 Representative Assembly (RA) meeting on April 27, 2014.

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

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

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

Submission Deadline:

Resolution forms relating to **bylaws** changes or relating to **position statement, policy matters or other issues** must be received by the ASPAN National Office no later than **January 27, 2014.**

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

Please contact Kevin Dill at the ASPAN National Office: 877-737-9696, ext 211 or kdill@aspan.org to obtain a sample resolution form and instruction sheet.

Sympathy

Loss of Founding ASPAN Board Member

Charlene Cusick, 69, passed away in Minnesota on October 24, 2013. She was an ASPAN Board member from the early days of ASPAN, and was loved and respected by many. ASPAN's thoughts go out to her family.

ASPAN LIAISON TO THE ANESTHESIA PATIENT SAFETY FOUNDATION (APSF)

Focusing on Patient Safety

Kim Kraft, BSN, RN, CPAN – Anesthesia Patient Safety Foundation (APSF) Liaison

The Anesthesia Patient Safety Foundation's (APSF) mission is to "improve continually the safety of patients during anesthesia care by encouraging and conducting safety research and education, patient safety programs and campaigns and national and international exchange of information and ideas."¹ The APSF began in 1985 as an independent, nonprofit corporation whose vision was "that no patient shall be harmed by anesthesia."¹ Members of the APSF Board of Directors represent a broad spectrum of stakeholders, including anesthesiologists, nurse anesthetists, nurses, manufacturers of equipment and drugs, regulators, risk managers, attorneys, insurers and engineers.

Current initiatives of the APSF are: training anesthesia professionals to use advanced medical technology, prioritizing safety initiatives, recommendations for electronic monitoring strategies, audible physiologic alarms, long-term patient outcomes after anesthesia and surgery, communication and disclosure about adverse anesthesia events and medication safety.

The APSF hosts a workshop during the American Society of Anesthesiologists' (ASA) annual meeting. This year, the workshop focused on the question: "Should anesthesia incidents be investigated as they are in other high-risk industries?"

Last year, the APSF introduced the ASA/APSF Ellison (Jeep) C. Pierce Lecture on Patient Safety, bringing a guest speaker in who has made an impact on patient safety. Alan F. Merry, who practices anesthesia and chronic pain management at Auckland City Hospital in Australia and serves on the Board of Lifebox, an international charitable initiative to improve standards of surgery and anesthesia in low-income areas of the world, spoke about an integrated and patient-centered approach to perioperative care.

The APSF's quarterly newsletter focuses on matters related to patient safety. The fall 2013 newsletter discusses cardiac implanted electronic devices (CIEDs) in the perioperative setting. Even though the primary audience is the anesthesia provider, the information in each newsletter can be used to improve care of the perianesthesia patient. I encourage you to visit the Web site (<http://www.apsf.org/index.php>) and take advantage of the Resource Center's newsletters, clinical safety tools and videos to improve your patient outcomes.

REFERENCE

1. Anesthesia Patient Safety Foundation. *About APSF*. 21 September 2013. Available at: <http://www.apsf.org/about.php>. Accessed September 21, 2013. 🌿

Liaisons



Kim Kraft
BSN, RN, CPAN
APSF Liaison

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PeriAnesthesia Nurse Awareness Week (PANAW) February 3-9, 2014

The Membership/Marketing Strategic Work Team (M/M SWT) has selected a theme of *PeriAnesthesia Nurses: Caring Every Step of the Way!* for PeriAnesthesia Nurse Awareness Week (PANAW) 2014. Covering the continuum of care from preanesthesia, postanesthesia, procedural, ambulatory and pain management, this theme represents all areas of practice. From the preadmission testing (PAT) nurse that makes that first contact with the patient, to the Phase II PACU nurse that provides the summary of the visit and the necessary education, perianesthesia nurses care for patients every step of the way. The perianesthesia nursing professional is the advocate, the care provider, the person that is there to keep the patient safe when they are at their most vulnerable state. PANAW will be observed February 3-9, 2014. Now is a great time to begin considering how your unit/department will celebrate PANAW 2014!

And don't forget to submit your PANAW photos for inclusion in an upcoming issue of *Breathline!* 🌿

Congratulations to these ASPAN members!

At the International Conference for PeriAnesthesia Nurses (ICPAN) in Dublin, Ireland in September, several ASPAN members received awards for their posters.

Phyllis Mesko

1st Place in Research Poster

“Establishing Reliability and Validity of the Mesko-Eliades Pain Area Locator tool (PAL) in Pediatric Postoperative Patients”

From left, ASPAN President Twilla Shrout, Phyllis Mesko, Susan Carter



Elizabeth Card

2nd Place in Research Poster

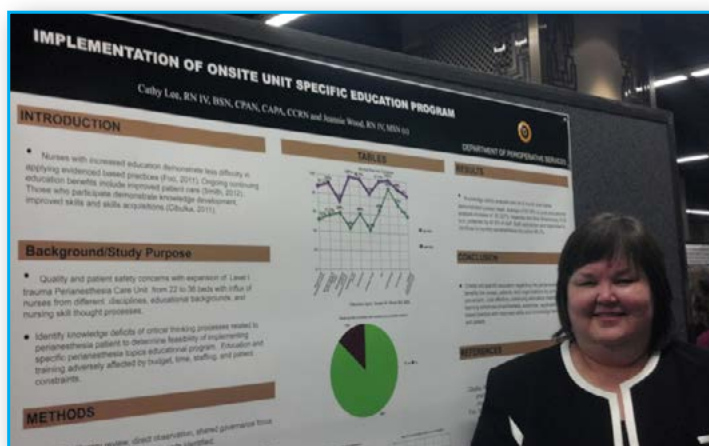
“Incidence and Risk Factors for Emergence and PACU Delirium”

From left, Susan Fossum, President Twilla Shrout, Elizabeth Card, Susan Carter

Wanda Rodriguez

2nd Place in Innovative Practice

“Culture of Feedback”



Cathy Lee next to her Innovative Practice poster: Implementation of Onsite Unit Specific Education Program

Excellence in Nursing Awards – Washingtonian Magazine, Washington, DC

Two ASPAN members, Joni Brady and Maria Reinitz, were honored as award recipients at a dinner in Washington, D.C. on October 23 for nursing excellence. Joni and Maria were among the ten winners selected from among hundreds of submissions. The award goes to nurses who go beyond the call of duty to enhance the well-being of their patients. Congratulations to Joni and Maria!

Joni Brady



Joni Brady

Joni was recognized by Fair Oaks Anesthesia Associates and Inova Health System in Alexandria, Virginia, and was supported by many hospital colleagues and friends at the dinner.



Maria Reinitz (first row, second from left)

Maria Reinitz

Maria was recognized by Anne Arundel Medical Center Edwards Surgical Pavilion in Annapolis, Maryland, and was surprised by 20 colleagues who came to support her at the event. 🌿

Nurse In Washington Internship (NIWI)

Washington, DC

March 30-April 1, 2014

for more information. 🌿

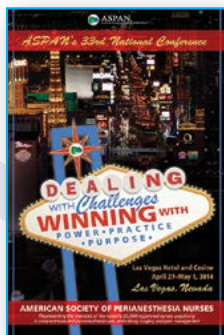


2014 ASPAN NATIONAL CONFERENCE

in Fabulous Las Vegas, Nevada

April 27-May 1, 2014

Allison Andersen, MSN, APRN, CPAN, CCNS – NevPANA member



Atul Gawande, a general surgeon and best-selling author, once described attending his specialty's national conference as being "among your tribe, connected though [maybe] knowing no one."¹ There's something about being together with others who do what you do that is both unifying and energizing. At the 2014 ASPAN National Conference in Las Vegas, you are guaranteed to learn something new, refine your skills, network with colleagues and thoroughly enjoy yourself in Las Vegas.

The speakers and topics in the 2014 conference line-up will offer novel perspectives on old problems, highlight new evidence-based practices and update your knowledge on the latest perianesthesia research. The invited presenters are a host of specialty nurses and interdisciplinary experts who are sure to make it a unique and memorable event in your professional career.

This year's conference planning committee is working tirelessly to put together a full program of events and activities to ensure you get the full Las Vegas experience. Whether you plan to be "Putting on the Ritz" or "Traveling on a Budget," whether you like hiking, shopping or playing blackjack, there will be no shortage of amazing entertainment and dining options in this desert oasis!

So get ready to register online! Contrary to the adage, "What happens in Vegas, stays in Vegas," we promise you will take home a list of fresh ideas that will enhance and improve your perianesthesia practice, elevating the level of patient care that you provide.

REFERENCE

1. Gawande A. *Complications: A surgeon's notes on an imperfect science*. Henry Holt and Company, 2003. 🌿

▼ Bellagio Fountains



▲ Smith Center for the Performing Arts

◀ Bellagio gardens in the Spring



▼ Fremont Street



WHAT TO DO IN VEGAS:

Putting on the Ritz

- Don't miss **Zarkana** a breathtaking new Cirque du Soleil acrobatic performance at the Aria Hotel!
- Enjoy the world famous roasted beef wellington at **Gordon Ramsay Steak** (no relation to the Ramsay sedation scale!) at the Paris Hotel
- Experience the grand opera performance of **Renée Fleming** at the celebrated Smith Center for the Performing Arts

Traveling on a Budget

(i.e., free)

- **Bellagio fountain show and flower conservatory.** Stroll over to the Bellagio Hotel and enjoy the incredible musical fountain show, and then head inside and walk through a floral wonderland
- If you are feeling adventurous, join the party every night on **Fremont Street** in old downtown Las Vegas, full of street performers, loud music and generalized mayhem
- Top off your shopping at the Forum Shops at Caesar's with a visit to the spectacular **Atlantis Aquarium**, and stay for the brand new live pyrotechnics show where statues come to life! 🌿

Photos courtesy of: Las Vegas News Bureau

Interested in Being a Host or Hostess?

Lori Silva, RN, CCRN, CPAN – National Conference Strategic Work Team 2014 Hostess Coordinator

National
Conference
2014

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Have you ever wondered, who are the individuals behind those “green aprons” at ASPAN national conferences? They are ASPAN hosts and hostesses. ASPAN would love to have you help by serving as a host or hostess during the Las Vegas ASPAN National Conference! Host/hostess responsibilities include providing directions within the conference area, facilitating session seating, assisting in the ASPAN Shoppe, and collecting event tickets. Hosts and hostesses may earn contact hours at sessions where they host and earn a small stipend for their assistance. You don’t have to live in the Las Vegas area. Please consider this opportunity to assist with ASPAN’s efforts to make its annual conference a success! To sign up for the Host/Hostess program, or for further information, please contact Lori Silva at (209)968-4895, or loris@panac.org. Hope to see you in Vegas! 🌿

Hostesses assisting with questions ▶



◀ Hostess collecting tickets at an educational session

Need a Room at National Conference?

Laura Atherton-Bonilla, MSN, RN, CPAN, CAPA – National Conference Strategic Work Team member

Are you looking for a way to come to conference, but don’t have anyone to share a hotel room with? Not a problem! Sign up now for the “Willingness to Share a Room” list, and take advantage of the early booking hotel rates. The room sharing list *will be distributed* to all those who have asked to be included. It will then be *your responsibility to contact others* on the list directly to coordinate room sharing arrangements and make your own hotel reservation.

The following information is required in order to be included on the list:

Your full name, complete mailing address, email address, home, work, and cell telephone numbers, and fax number, if applicable.

Please indicate how you would prefer to be contacted. Include any information which will help you and a potential roommate determine compatibility.

Please mail, or email your request to:

Laura Atherton-Bonilla
550 Secretariat Court
Reno, NV 89521
Email: laurasinreno@yahoo.com
(775) 336-7590

The early hotel room reservation discount deadline at the Las Vegas Hotel and Casino is January 17, 2014. Reservations made beyond this date will be based upon a space and rate availability basis only. 🌿

2014 National Conference Component Night

Deb Ebert, BSN, RN, CCRN, CNOR, CPAN, CAPA – National Conference Strategic Work Team member
Welcome to Fabulous Las Vegas!

Let us entertain you at this year’s National Conference Component Night. Las Vegas is the entertainment capital of the world, and this event will be no exception. It will feature the theme of “VIVA LAS VEGAS!,” celebrating the iconic history of the city. The night will be an exciting trip down memory lane, with a walk down the ground-to-skyline sparkling lights of “Glitter Gulch.” Come to Component Night dressed in your old Hollywood glamour, or even come as your favorite Las Vegas headliner! Rub elbows with some of the most famous celebrities that Las Vegas has welcomed through the years, and have your photo taken with a few of our famous friends or with your own entourage! Swing your way around the dance floor as our crooners serenade us with their classic hits. NevPANA invites you to live the dream while you are here in April! We hope to see you Sunday evening at Component Night to help kick off the year’s most “fabulous” National Conference! 🌿



▲ Las Vegas Strip

Photos courtesy of: Las Vegas News Bureau



▼ Blackjack



▲ Michael Jackson at Madame Tussauds Wax Museum

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THE DIRECTOR'S CONNECTION

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



Deborah Bickford
BSN, RN, CPAN
Region 1 Director



How fast time slips away! One moment you're at National Conference, and the next moment it's starting to approach again! During this time, all the Region 1 components have been busy with their annual meetings. I hope you were in attendance, supporting your component and visiting old friends. If you have heard an outstanding speaker, do not hesitate to let your component leadership know. Perhaps other components or regions can benefit from outstanding speakers that you hear.

Most Region 1 components have Web sites where their educational offerings are listed. All the components within Region 1 are working behind the scenes to keep communication open, accessible and to provide quality educational opportunities. We, as a region, are very busy preparing for National Conference in Las Vegas. This is our region! We want a HUGE turn-out, so please plan on attending, and if able - VOLUNTEER for a job at the conference.

Region 1 Highlights

Arizona PeriAnesthesia Nurses Association

www.azpana.org

- The AzPANA education team is working on changing the cities in which its seminars are taking place to other DESTINATION sites. You can learn and have fun at the same time. Look for new places to go!
- AzPANA and Region 1 are proud to have Jacque Crosson as ASPAN's next president!

PeriAnesthesia Nurses Association of California

www.panac.org

- PANAC has developed an online registration system for both the seminar and the hosting hotel. This past fall meeting was the first time it was offered, and it proved to be a success. Technology is here to stay!

Hawaiian Islands PeriAnesthesia Nurses

www.hipana.net

- New leadership for HIPAN takes the helm in January with Susanne Terrac-Gee assuming the presidency. If you are interested in assisting the component, please contact her at susanneterrac@hotmail.com. HIPAN may be increasing its offerings, so watch for news on its Web site

Nevada PeriAnesthesia Nurses Association

- NevPANA is growing like gangbusters! Its membership has increased to 165, almost a 25% increase! Could having the ASPAN National Conference in Las Vegas possibly be the reason? Or could the reason be developing a district in the Las Vegas area?
- NevPANA's annual meeting will be in Reno in March
- They are VERY excited that you will coming to Las Vegas in April, and are planning a BIG party!

PeriAnesthesia Nurses Association of New Mexico (Facebook)

- PANANM is on Facebook, so check it out! New leadership is developing in the component, along with new ideas on how the board communicates with the membership to help attract others who might not be in the immediate area. Make sure they have your correct information, as they will send you messages for meetings

Northwest PeriAnesthesia Nurses Association

www.npana.org

- NPANA already planned its fall 2014 conference for Boise, Idaho. Meetings are scheduled in different states as district meetings, so please check NPANA's Web site for information on when a meeting might take place in your area

Rocky Mountain PeriAnesthesia Nurses Association www.rmpana.org

- RMPANA also has many states in its component, so check out when and where there will be a meeting
- All of Region I extends its prayers to anyone in the component who was affected by the floods in northern Colorado during September. : If you are from this area and need anything, please contact your component leadership or me: dbickford@aspan.org

Utah Society of PeriAnesthesia Nurses

- USPAN's leadership is looking into developing a Web site to share communication within the state. The leadership is looking for members who are interested in helping with the Web site or any other component activity. Is that spark growing? If so, please contact Robbyn Perry at robbyn.perry@gmail.com

LEADERSHIP DEVELOPMENT INSTITUTE:

Shaping Your Path in Kansas City!

Jacque Crosson, MSN, RN, CPAN – ASPAN Vice President/President-Elect

Fats Domino brought notoriety to Kansas City with his famous song “I’m going to Kansas City, Kansas City here I come.” Harry S. Truman brought prestige to Kansas City by his election as President of the United States. The Kansas City Chiefs and Royals bring continued joy to the fans providing football and baseball action throughout the year. President Twilla Shrout brought the ASPAN Leadership Development Institute (LDI) to Kansas City, September 6-8, 2013, to provide opportunities for components to come together for networking and leadership training.



▲ LDI attendees at the presentations

Vital to the success of ASPAN is the strength, integrity and continued growth of its components. Each year, the Institute is designed to meet component educational needs, and to provide tools that will enhance and develop the individual components. Component leadership attend these sessions that are developed to augment skills, and allow the opportunity for clarification and development of component management skills.

The weekend began with the Regional Directors presenting “Emergenetics.” Understanding the types of personalities (colors) that make up your component board allows for better understanding and integration as a cohesive organization. Saturday breakout sessions included budget planning, Robert’s Rules of Order for effective board meetings, and **most** welcome education planning and successful completion of the ASPAN continuing education application! Sunday breakout sessions included strategic planning, the power of ASPAN Standards, and finally the power of professionalism. New this year was additional information provided on the Joanna Briggs Institute benefit that allows members access to systematic literature reviews, and easily bring research and evidence-based practice to the bedside.

There is also time for fun at LDI, as ASPAN anticipates its next National Conference in Las Vegas! ▶

Nancy O’Malley provided a valuable session on precepting and mentorship. Important to leadership development is the ability to identify and mentor those individuals new to the board of directors, enabling successful transition. Susan Carter demonstrated the importance of succession planning. Having a plan for all board of director positions is important to the continued success of any organization. Understanding some of the pitfalls and challenges allows leadership to create a successful blueprint for developing future leaders. Nancy encouraged all attendees to continue to identify and encourage members to become leaders within their own components.

Finally, President Shrout delivered the closing presentation “Shape your Path: Your Purpose, Your Destination,” reinforcing the importance of the leadership to develop its vision for personal growth. Understanding where you want to go and how you would like to get there is paramount to professional success.



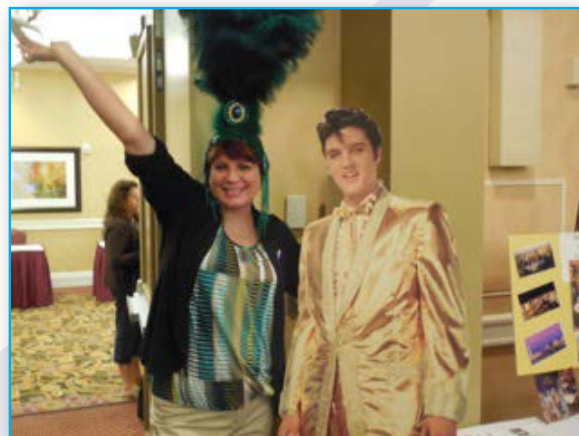
▲ Immediate Past President Susan Carter with President Twilla Shrout at LDI



▲ Participants enjoying LDI, the learning and the networking


As always, the opportunity for networking was appreciated, and allowed round table discussion opportunities. Leaders were able to share successful ideas and practices allowing component leaders to take lots of information back for potential implementation.

See you all in Las Vegas! 🍷



Jacque Crosson
MSN, RN, CPAN
ASPAN Vice President/
President-Elect

Component Education Programs

February 22, 2014 The PeriAnesthesia Nurses Association of California (PANAC) is holding its winter seminar at the Holiday Inn and Convention Center in Visalia, CA. For a brochure and online registration, go to www.panac.org or contact Lori Silva at loris@panac.org 



FOUNDATIONS OF PERIANESTHESIA PRACTICE

January 4, 2014
Anchorage, AK

January 18, 2014
Harlingen, TX

June 7, 2014
Sacramento, CA

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

January 25, 2014
Ann Arbor, MI

February 22, 2014
Albuquerque, NM
Danville, PA

March 8, 2014
Edgewood, KY
Petoskey, MI

PERIANESTHESIA CERTIFICATION REVIEW

January 5, 2014 SUNDAY
Anchorage, AK

January 18, 2014
Oak Brook, IL

January 25, 2014
Kansas City, MO

February 1, 2014
Oakland, CA

February 8, 2014
Springfield, IL

February 15, 2014
Alexandria, LA

February 21, 2014 FRIDAY
Bloomington, MN

February 22, 2014
San Antonio, TX

March 1, 2014
Fishkill, NY
Cleveland, OH

March 8, 2014
Charlotte, NC
Morgantown, WV

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

January 25, 2014
Modesto, CA

February 8, 2014
Nashua, NH

March 1, 2014
Warwick, RI

May 31, 2014
Santa Clara, CA

REFRESHING YOUR PERIANESTHESIA PRACTICE

January 18, 2014
New Orleans, LA

February 22, 2014
O'Fallon, IL

March 1, 2014
Coeur d'Alene, ID

March 8, 2014
Phoenix, AZ

May 31, 2014
Cleveland, OH

June 28, 2014
San Antonio, TX

SAFETY BEGINS WITH US

May 31, 2014
Fairfax, VA

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY

January 11, 2014
Fairfax, VA

February 8, 2014
Kansas City, MO