



Breathline

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INSIDE:

PURPOSE: You Can Make a Difference

*M*y presidential theme for this year is “Dealing with Challenges: Winning with Power, Practice, Purpose. Everyone has workplace and life challenges, but it is the way we each attempt to deal with these issues that creates or negates success. We need to ask ourselves how each of us can make a difference. All ASPAN members truly have an advantage by being a part of an organization that will provide guidance and advice, and answer questions through the Clinical Practice Network. ASPAN also has educational opportunities, and research opportunities along with the addition of the Joanna Briggs Institute to assist in finding evidence for perianesthesia practice. We can make a difference by sharing purposeful messages to those who ask questions, seek education or are looking for evidence-based information for their practice. “Purpose” is defined as: 1. The reason for which something exists or is done, made, etc.; 2. An intended or desired result, aim, goal; 3. Determination, resoluteness; 4. The subject in hand, point at issue.¹ It was that wisdom of 13 perianesthesia nurses who realized they had a purpose – to hold the first organizational meeting that led to where ASPAN is today.



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

this brick silo for that purpose—but how did this tree survive the years to finally emerge past the top? Do any of us recognize our true purpose in life or work and ever reach our potential? How did this tree survive all those years to finally reach the top of the silo that stands at least 50 feet tall? I wonder how many years did it take for this seedling to take root and its leaves to finally reach towards the sunlight?

What is Your Purpose?

In your own practice, do you ever think about your purpose? It takes your own personal strengths, abilities and perseverance to meet your goals. Do you dream that someday you could attain growth that will lead to the rays of sunshine or glimmer of hope when you had reached your purpose in life? Growing year after year, waiting for the chance to reach the top—the top of the silo—when it would reveal the sunlight that would allow your leaves to grow? It was thirty nine years ago that I first drove past that tree. It still stands tall, just as ASPAN continues to raise the bar through its compelling vision to be “the leading association for perianesthesia education, nursing practice, standards and research.”²

We Are Like The Mulberry Tree

I believe each of us needs to take time to reflect on how WE can make a difference. ASPAN, the perianesthesia specialty organization, has over 15,000 members who have joined for their own personal reasons. Together, ASPAN gives all of us the stability to continue to grow from the foundation that it provides for each of us. ASPAN standards are the foundation, much

The Mulberry Tree

A few months ago, I drove past a familiar site of days gone past. Driving back home from college, I would pass a farm that had a silo with a mulberry tree growing higher than the top of the silo. The purpose of a silo is to store silage made from the corn and green stalks that is chopped up for winter cattle feed. This farmer no longer used



“In your own practice, do you ever think about your purpose?”

President's Message



The mulberry tree
in the silo

like the roots of the mulberry tree that continues to reach for the sky from the confines of a brick silo where the limbs have no way to expand the diameter of the silo. The limbs can only grow upward, just like new ASPAN members need the support of the rest of the ASPAN members. We were all graduate nurses eager to learn while we waited to become registered nurses. As seasoned nurses, we need to be there for the new graduate to support each other with the goal of meeting the needs of our patients and families.

Passion and Purpose

Author Steve Pavlina writes about "The Meaning of Life: Discover Your Purpose." He mentions one method that will assist you in defining your purpose. This method is to determine your emotional intelligence. "Passion and purpose go hand in hand. When you discover your purpose, you will normally find it's something you're tremendously passionate about. Emotionally, you will feel that it is correct."³ This is certainly a true statement if you have ever attended an ASPAN national conference. It is such an invigorating experience to be in the same room with 1800 or more perianesthesia nurses. There you'll find energy, hugs and a renewed feeling of purpose. We are all there to improve the care to our patients and families, and renew our own spirit of learning. I would encourage any perianesthesia nurse to come to just one national conference to see how fulfilling it is to be together with so many committed nurses, and to realize the hundreds of volunteer hours it takes to make ASPAN what it is today. It is with the input of so many members that allows ASPAN to grow just like the mulberry tree—reaching for the sky. ASPAN's National Conference is

truly an experience that invigorates attendees and reinforces their purpose and passion in becoming perianesthesia nurses.

Purpose to Action

Pavlina also writes about purpose to action. "The basic ideas are that you must align your purpose with your needs, abilities and desires. Your purpose tells you what you should do. Your needs (money, shelter, clothing) dictate what you must do. Your abilities (skills, talents, education) dictate what you can do. And your desires (enjoyable work, passion) dictate what you want to do. Taken individually, each of these areas will only point you in a general direction, but when you put them all together you'll find it easier to set specific, practical goals. This way, you'll be setting goals that help you fulfill your purpose, meet your needs, do what you love to do, and do what you're really good at."³ Perianesthesia nursing's return on investment is that we are willing to share of our time through our hundreds of volunteer hours to have purposeful meaning to our practice. We all contribute through our sharing of knowledge and skills to be the premier source for perianesthesia information.

Conclusion

I could not end this article with only one of the following quotes—they were all worthy to be included:

"The purpose of life is to live it, to taste experience to the utmost, to reach out eagerly and without fear for newer and richer experience." *Eleanor Roosevelt*

"You were put on this earth to achieve your greatest self, to live out your purpose, and to do it fearlessly." *Steve Maraboli*

"The purpose of life is to contribute in some way to making things better." *Robert F. Kennedy*

"The purpose of life is a life of purpose." *Robert Byrne*⁴



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This article, "Variations on ASPAN Membership," by Evelyn Medycki, first appeared in Volume 26, Number 5, the September/October 2006 issue of Breathline. Because of the increasing numbers of retired ASPAN members, we asked Evelyn to revisit her article and take a fresh look at why her ASPAN membership is still meaningful and relevant to her as a retired perianesthesia nurse seven years later. The article continues to resonate with time-honored information.

Variations on ASPAN Membership: Retired Status

Evelyn Medycki, RN – Member, ASPAN Membership/Marketing SWT 2013-2014

While meeting old friends at National Conference, I realized how many nurses are reaching a time when they bid farewell to the clinical arena. I also realized how many still attend the National Conference and remain involved in the ASPAN activities. The transition into retirement offers an extraordinary opportunity to stay involved in nursing. Imagine the freedom to attend conference without needing to request time off, or perhaps not to worry that it your turn to attend conference.

Experienced nurses have a great deal to offer from their years of hands-on practice. Retirement does not end a nursing career, but instead offers a change in focus. The prospect of idle time may initially sound good, but for how long? When I retired, I received advice from other retirees. They said, "Each day should have a purpose and a goal. Without these, the day is very long." Staying active in ASPAN is a great way to foster future purpose and goals. ASPAN's "Retired Membership" category offers reduced membership fees along with the benefit of receiving perianesthesia

publications that will inform us about advancements occurring in our pre-retirement life's work. Staying involved also holds true on a component level. There are many opportunities to serve on a committee or strategic work team (SWT) and work to achieve the component's goals.

How many times did you say, "I wish I had more time to join a committee or write an article for *Journal of PeriAnesthesia Nursing*, *Breathline* or the component newsletter"? Now, as a retiree, you do have the time! Membership statistics reveal that there are many retired members serving on ASPAN committees/SWTs such as Credentials, Resource Development and Membership/Marketing, to name a few. The time invested on committee projects is very rewarding. The availability of retired members is an asset contributing to the success of committee projects. While attending National Conference, there are opportunities to volunteer as host/hostesses or moderators. Do not retire from ASPAN. Renew your membership, become more involved and focus on moving ASPAN and your component into the future. 🌿



Evelyn Medycki, RN

"Retirement does not end a nursing career, but instead offers a change in focus."

Volunteering: Membership/Marketing SWT

Diane Swintek, BSN, RN, CPAN – ASPAN Membership/Marketing SWT Coordinator

Have you ever wondered what you, a single component member, can do to increase the points earned by your component when submitting an application for the Gold Leaf Award? One criterion often overlooked is the involvement of grassroots members in ASPAN activities. There are numerous opportunities to volunteer some time to ensure that ASPAN remains a thriving, vital organization that we can all rely on for direction and education about perianesthesia practice.

When I first became interested in giving back to the organization that nurtured my practice, I looked for a committee or strategic work team (SWT) to join. I joined the Membership/Marketing Committee (now a SWT) in 2006, and have stayed with this group ever since. Why? The Membership/Marketing SWT comprises ASPAN members helping other ASPAN members to retain and grow

membership, to market the perianesthesia specialty to the public and fellow nursing professionals, and to recognize the excellence and contributions of the members. Being a member of this team is not one-way. As you connect with component leaders and SWT members from around the country, you gain insight into practices that may work to enhance the vitality of your own component. In addition, your component leader includes this for criteria points on the Gold Leaf Award application.

Volunteering for an ASPAN committee or SWT, not just Membership/Marketing, is a win-win proposition. You will gain contacts and a vast network around the country that you can approach when you have need of a perianesthesia consultation. And because of your involvement, ASPAN will continue to be a thriving specialty practice organization supported by its members. 🌿



Diane Swintek
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Frequently Asked Questions

Reasons to Follow Specialty Standards

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



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 does ASPAN say about staffing after hours and on call?

A. The ASPAN Clinical Practice Network receives questions related to call coverage after hours and on weekends on the majority of the weekly rosters. This is a hotly debated subject and a source of concern for many perianesthesia nurses. Essentially, the same staffing requirements apply when patients are in the PACU after hours as during regular business hours. Each facility and unit should develop a written plan to define how safe staffing standards will be achieved after hours. Patient safety should be the priority. Management should consider number and types of cases admitted to PACU after hours, patient acuity, the number of qualified staff eligible to take PACU call and number of on call hours to be covered. Additional considerations may include location of the PACU, whether special procedure areas also rely on the PACU for after-hours recovery, and whether on call staff are also assigned to the preoperative and Phase II patients.

ASPAN Standards

The ASPAN 2012-2014 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* address staffing for each level of perianesthesia care in several areas:

- Standard III, Standard and Personnel Management
- Practice Recommendation 1 Patient Classification/Staffing Recommendations
- Practice Recommendation 4 Recommended Competencies for the Perianesthesia Nurse
- Practice Recommendation 5 Competencies of Perianesthesia Support Staff
- ASPAN's Position Statement 3 "On Call/Work Schedule"¹

Reasons to Follow Specialty Standards

Specialty organization standards are not mandatory and no facility can be forced to follow them. However, they are persuasive and are frequently cited by attorneys and experts when analyzing malpractice/negligence cases. In facilities which profess to follow ASPAN standards,

exceptions should not exist just because a case occurs "after hours." Every patient deserves the same level of care provided by an appropriate number of qualified personnel no matter what time of day or night that care is delivered. On call staff should have the same competency requirements as staff working during regular business hours. While it is acceptable to have a RN who is not cross-trained to PACU serve as the second RN after hours, the staffing ratios cited in Practice Recommendation 1 for Phase I PACU still apply. The second RN should not be providing care to patients without the requisite competencies. If the nurse to patient ratio requires the presence of a second fully qualified PACU nurse, there should be a plan to supplement call staff with additional qualified nurses.

Solutions to Off Hours Staffing

There are as many solutions to staffing on call as perianesthesia nurses can imagine. Common solutions include using preoperative/Phase II nurses, OR nurses, house supervisors, prn perianesthesia staff and ICU RNs as the second nurse. Some facilities transfer postoperative patients to other nursing units for Phase I recovery where care is provided by a PACU RN or critical care RN. Wherever PACU care is provided, the monitoring equipment, emergency equipment and medications appropriate for the patient's level of care should be immediately available to the same extent as in the actual PACU. The RN providing Phase I care should have the same competencies as the PACU RNs, including ACLS/PALS. Discharge criteria from Phase I level of care should remain consistent with that required in PACU.

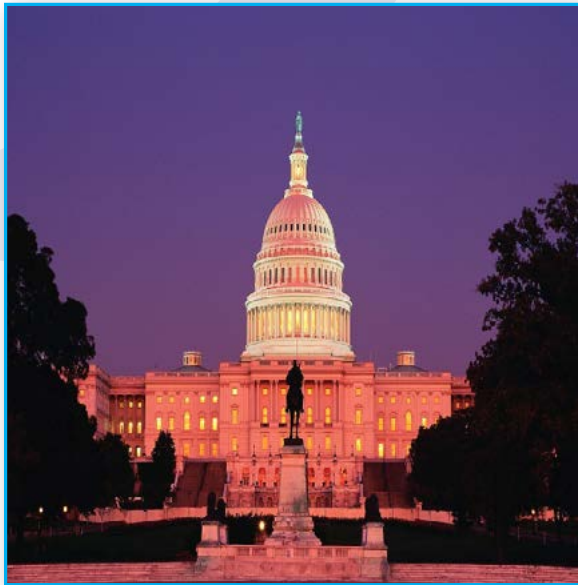
The requirement that the second RN be in the same room or unit means that the backup RN is immediately available and is physically present in the PACU. It is not acceptable to designate the OR circulator as the backup RN if duties require his/her presence in another area of the facility including the OR, central core, sterile processing, etc. The RN designated to provide PACU backup must not have any other assigned responsibilities which require the RN to be in another physical location.

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Governmental Affairs Updates Across The Nation

Seema Hussain, MS, RN, CAPA – ASPAN Governmental Affairs SWT Coordinator

Governmental Affairs



NATIONAL LEVEL:

The report from the Nursing Community comes from Suzanne Miyamoto, AACN Director of Governmental Affairs and Health Policy.

In early July 2013, the Senate Labor, Health and Human Services Appropriations Subcommittee approved their FY 2014 appropriations bill by voice vote. The bill provides the **Title VIII Nursing Workforce Development programs \$251 million**, which is consistent with the President's FY 2014 budget recommendation and the request made by the Nursing Community. The increased funding was provided to the Advanced Nursing Education program, bringing the total to \$83.5 million. The remaining Title VIII programs were funded at the levels consistent with the President's recommendations and FY 2012 levels. Additionally **\$5 million was set aside for Nurse-Managed Health Clinics**. The increase to the Title VIII programs is 15% over the FY 2013 post sequestration levels (see: <http://www.aacn.nche.edu/government-affairs/FY14-Appropriations.pdf>).¹ Furthermore, **the National Institute of Nursing Research received \$145.2 million**.

In May 2013, the Senate confirmed Marilyn Tavenner, MHA, RN, as the Administrator of the Centers for Medicare & Medicaid Services (CMS). Ms. Tavenner has served within the agency since late 2011. Ms. Tavenner is the first nurse to be appointed to this role and the first CMS administrator to be officially confirmed by the Senate since 2006. As Administrator of CMS, Ms. Tavenner will be responsible for continued

implementation of the Affordable Care Act, including Medicaid expansion, the creation of the insurance exchanges, and state guidance on Children's Health Insurance Program. ASPAN joined the Nursing Community in sending a congratulatory letter to Ms. Tavenner for her appointment.

STATE LEVEL:

Iowa: GA SWT member Helen Riedesel reports...

In a landmark decision for Nursing practice in Iowa, the Iowa Supreme Court issued a finding which allows the Iowa Board of Nursing, not medical organizations, to maintain authority to define Nursing practice. The key issues for the case were the interpretation of Iowa Nursing Law which allows nurses to perform additional acts recognized by the medical and nursing professions with the approval of Board of Nursing as deemed appropriate to be performed by a Registered Nurse (Iowa Code S.152.1(6)(d)). The rules recognized the abilities of Advanced Registered Nurse Practitioners (ARNP) to supervise operators of fluoroscopy equipment, while ARNP performed various nursing techniques such as peripheral insertion of extended length intravenous catheter and interventional pain management to name a few. This ruling has major impact on access to healthcare-- the rule allowing ARNPs to supervise fluoroscopy is intended to improve access to healthcare specifically in rural areas, improve patient safety, and clarify existing practice.²

Massachusetts: GA SWT member Anne Halliday reports...

According to the Massachusetts Secretary of Health and Human Resources, John Polanowicz, the Department of Public Health will oversee the new medical marijuana program and inspected 40 compounding pharmacies. Of which four of the pharmacies were all right, 12 were given immediate closing orders, while the remainder were still under review.³

Dr. Judith Schindul-Rothschild, professor at Boston College School of Nursing, conducted an investigation to study whether cost of RN labor is a contributing factor to increase in healthcare cost. The study findings (not yet published) indicate no association between RN wages and total hospital costs. However, there is moderate significance of RN wages on hospital profits, specifically related to staffing on medical-surgical floors. Staffing and costs in Massachusetts was compared with those in New York and California. Findings indicate that Massachusetts has the most patient turnover and RNs have 1.5 hours less with patients than in California or New York.⁴



**Seema Hussain
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Emergence Delirium – A Patient Safety Concern

Elizabeth Card, RN, CPAN, CCRP – ASPAN Safety SWT Member



Elizabeth Card
RN, CPAN, CCRP

ASPAN Safety SWT Member

Delirium is an acute brain dysfunction characterized by changes in level of consciousness, inattention, disorganized thinking and perceptual disturbances fluctuating over a short period of time.^{1,2} Prevalence of delirium in ICU patients ranges from 20% to 80% depending on age, severity of illness and if the patient is mechanically ventilated. Delirium is independently associated with poor clinical outcomes: longer, more costly (40% higher) hospitalizations, long-term cognitive dysfunction, and a three-fold higher mortality.³ There are three psychomotor presentations of delirium: hyperactive delirium (agitated, restless patient), hypoactive delirium (sedated, lethargic patient), and mixed.

Delirium Assessment Tools

Development and availability of validated bedside tools, the Confusion Assessment Method for the ICU (CAM-ICU), Nursing Delirium Screening Scale (Nu-DESC), and Delirium Detection Score (DDS) have allowed bedside caregivers to detect delirium reliably and institute treatments sooner.³ This ability has greatly improved care for ICU patients with delirium. Unfortunately, there is little data for risk factors and prevalence of emergence delirium in the PACU.

Delirium in the PACU

There is a dearth of emergence delirium research utilizing a delirium screening tool in the PACU. The majority of the emergence delirium literature uses the terms **agitation** and **delirium** interchangeably; these are two separate phenomena. Agitated patients may be reacting to pain, full bladders, fear, or delirium. In one of the largest studies, Lepoise followed 1,359 PACU patients after general anesthesia and found incidence of emergence agitation of 4.7%.⁴ Agitated patient behavior ranged from thrashing to removing tubes and catheters. Preoperative benzodiazepines, breast or abdominal surgery and long surgical duration all increased risk of emergence agitation.⁴ A limitation of this study was assessments for “emergence delirium” were completed with an agitation/sedation scale, not a delirium assessment tool. Additionally, only agitation was truly accounted for (not necessarily hyperactive delirium subtype as no delirium screening tool was used) missing completely the hypoactive delirium subtypes. Sedation and agitation are related to level of consciousness; delirium is related to content of consciousness.

Sharma studied 47 patients post hip fracture repair (average age 77 years) post general anesthesia. Assessments for delirium one hour after reversal/extubation utilizing the CAM reported prevalence of PACU delirium of 45%. Follow-up during their hospital course revealed the prevalence of post-op delirium of 36%. PACU delirium predicted post-op delirium with sensitivity of 100%, specificity of 85%.⁵

Ensuring Patient Safety

Knowing that poor outcomes and increased cost and length of stay are associated with delirium, identifying PACU delirium, and preventing continuation of delirium may save patients from untoward consequences. The only reliable method to detect delirium is through use of a validated delirium assessment tool. Once delirium is detected, instituting treatments and ensuring patient safety is crucial. An agitated patient is a potential safety hazard to himself and staff, requiring additional vigilance.

National Institute for Health and Clinical Excellence

In 2010, the National Institute for Health and Clinical Excellence published “2010 NICE Recommendations for Prevention of Delirium in At-Risk Adults.” Many of these recommendations are appropriate for the perianesthesia patients:

- Assess for hypoxia and optimize oxygen saturation
- Assess for and treat dehydration or constipation
- Assess for pain and treat promptly
- Assess for sensory impairment and treat by replacing patient’s hearing aids/glasses⁶

Treatment

Prior work by Karmik encourages pharmacologic treatment of hyperactive delirium with haloperidol and hypoactive delirium with risperidone.⁷ Additional recommendations of non-pharmacologic treatments consisting of decreasing environmental stimuli: turn down the lights, and quieting the room, which many times is a daunting task in a busy PACU.⁷ Another pediatric research study reported decreased emergence delirium after implementation of “family centered intervention” in pediatric settings, which consists of calm, supportive caregivers at the PACU bedside with familiar comforting items such as a favorite toy or blanket during recovery.⁸

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ASPAN is the perianesthesia organization that “serves nurses practicing in all phase of preanesthesia and postanesthesia care, ambulatory surgery and pain management.”⁵ ASPAN members are the experts in perianesthesia practice and we determine how we are all winners in defining our specialty.

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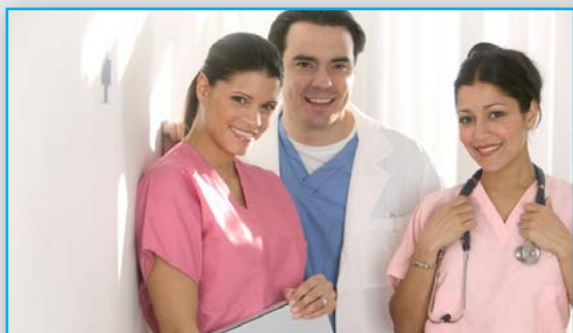
Frequently Asked Questions continued from page 4

Assessing Fatigue

In some states, laws prohibit mandatory overtime for healthcare workers. State law and/or Board of Nursing rules may address the maximum number of hours a healthcare worker may be scheduled to work. This may be expressed as the number of consecutive hours in a 24 hour period or in hours worked per week. In 2007, ASPAN developed a Fatigue Self Assessment which includes a checklist. This resource may be helpful to perianesthesia nurses concerned about their fitness for duty and factors influencing job performance and safety.

Summary

In summary, ASPAN recognizes that providing safe perianesthesia care after hours can be challenging for staff members and for management. Patient safety should not be compromised because of the time of day or day of the week. Would we condone substituting a scrub technologist for the OR circulator in the OR? All of our patients are vulnerable during emergence from anesthesia. Every patient deserves a qualified Phase I RN at the bedside as well as a backup RN committed to providing support to the Phase I PACU RN charged with that their care.



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Emergence Delirium continued from page 6

Summary

PACU nurses can be pivotal by identifying delirium early in its course, and the opportunity to treat early may improve patient outcomes. It is unknown if emergence delirium, even this short course of delirium, will have the same impact on mortality and morbidity that is prevalent in ICU patients with delirium. Additional research is needed in order to identify true prevalence, epidemiology, modifiable risk factors, and treatments and perhaps even delirium prevention methods.

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ASPAN Liaisons to the Council on Surgical and Perioperative Safety (CSPS)

Barbara Godden, MHS, RN, CPAN, CAPA

Pamela Windle, MS, RN, NE-BC, CPAN, CAPA, FAAN – Vice Chair, CSPS

In this issue, we feature another one of ASPAN's liaison relationships. This month, we showcase ASPAN's participation on the Board of Directors of the Council on Surgical and Perioperative Safety.

The Council on Surgical and Perioperative Safety (CSPS) was created and incorporated in 2007 as a non-profit, 501(c)3 organization. The CSPS is a multidisciplinary group of organizations that are involved in the care of the surgical patients. There are seven organizations involved in the CSPS, and its Board of Directors includes two representatives from each of seven organizations. These organizations are:

- American Society of Anesthesiologists (ASA)
- American College of Surgeons (ACS)
- American Society of PeriAnesthesia Nurses (ASPAN)
- American Association of Nurse Anesthetists (AANA)
- American Association of Surgical Physician Assistants (AASPA)
- American association of periOperative Room Nurses (AORN)
- Association of Surgical Technologists (AST)

The CSPS tag line is "One Team, One Goal, Surgical Patient Safety." Each member organization brings a unique perspective on surgical patient safety, and all are respected and appreciated for their contribution to this goal.¹ It is a great honor for ASPAN to be at the table with this prestigious organization.

The CSPS is a resource for patients as well as professionals. The CSPS currently has 20 Safe Surgical Principles on its Web site. The team has completed presentations on safe surgical principles, workplace violence, and transfer of care. These presentations have occurred at many of the individual organizational conferences. The CSPS has also been invited to speak at the Institute for Healthcare Improvement (IHI) conference for the second year this December as a collaborative effort among the IHI and the perioperative safety team. The CSPS is focusing on increasing awareness and communication about surgical and procedural fires, and is working with the FDA and the National Fire Protection Association (NFPA) in these efforts.

The CSPS has a strategic planning meeting planned for November 2013 to further define goals and direction for this multidisciplinary group. Visit the CSPS Web site for more information on its activities and resources: <http://www.cspsteam.org>.

Crisis Checklists in Perioperative Services – New Safety Campaign for the CSPS

A new campaign within the CSPS involves the use of crisis checklists. These educational efforts emphasize seeking opportunities to share information and collaborate with additional disciplines and organizations in order to further enhance perioperative patient safety.

Crisis checklists have had a major impact in managing crises and unplanned events within the operating room, procedural areas and in the pre and postanesthesia areas for many years. Simulated events surrounding ACLS algorithms and malignant hyperthermia crises have demonstrated that performance is enhanced and patient outcomes improved when participants have a structured plan to follow. Crisis checklists have also proven valuable in routine processes to ensure that no step is overlooked or left to memory.

With this in mind, the CSPS has partnered with Ariadne Labs at the Harvard School of Public Health to launch a coordinated campaign to stimulate the availability of crisis checklists. Experience with these checklists is being acquired at several centers, including Brigham and Women's Hospital, Stanford and Cooper Health. As mentioned above, the CSPS is a unique collaborative of the seven major perioperative professional organizations. The organizations' combined membership exceeds 250,000 and the total number of individuals in the seven professions is more than two million. The CSPS provides an ideal platform to deliver a consistent and unified message about the value of checklists and the strategies for introducing them into practice.

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Willingness to Participate in ASPAN!

Jacque Crosson, MSN, RN, CPAN – ASPAN Vice President/President-Elect 2013-2014



Greetings Colleagues!

Hope you are having a wonderful fall enjoying family and friends. This is a great time of year for relaxation, reflection and rekindling of relationships so important for our

health and emotional balance. As perianesthesia nurses, we are so busy caring for others that we do not always take time to care for ourselves.

A great way to regenerate personally is to participate in your professional organization. The collaboration, networking and relationships you develop both close to home and nationally elevate practice and allow for continued growth in our specialty. ASPAN has many opportunities for you. Participation in committees, strategic work teams, and specialty practice groups provide the platform to increase knowledge while developing a professional network.

Take a moment to visit the ASPAN Web site and complete a Willingness to Participate form. There are so many choices and something for all practice settings. I look forward to hearing from you! **The deadline is October 31, 2013.** For more information,



SAVE THE DATE



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

Abstracts and Posters for the 2014 National Conference in Las Vegas



Celebrate Successful Practices (CSP) abstracts are due by **October 15, 2013**. Categories include patient care, staff education, nursing leadership, preadmit/preop, patient flow, hand-off communication/documentation, and unit/environment. for more information on CSP abstracts.

Research abstracts are also due **October 15, 2013**. Start planning now to showcase your accomplishments! for more information on research/EBP abstracts.



Liaisons *continued from page 8*

The CSPS's goal is to expose all members of the perioperative team to the crisis checklist concept through a national strategy of education and advocacy and coordinated messaging from its seven national associations. Experience suggests that a local champion along with a multidisciplinary project team is critical for successful promotion and implantation of these checklists. This is an opportunity for healthcare to catch up with other industries such as aviation and nuclear power that have put crisis checklists to the test for decades. Healthcare is just beginning to appreciate the

value of checklists. CSPS is poised to create the framework for this multidisciplinary, multi-institutional collaboration.

Web resources for the implementation team are available at www.projectcheck.org and at <http://emergencymanual.stanford.edu>.

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1. Council on Surgical and Perioperative Safety. Available at: <http://www.cspsteam.org/mission/vision/values/mission/vision-values.html>. Accessed August 24, 2013.

Why Use Systematic Literature Reviews?

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



Kim Noble
PhD, RN, CPAN
ASPAN Director for Research

Patient care delivery is currently undergoing a fundamental philosophical transformation: moving from an expert-based patient care foundation to a paradigm that is now evidence-based. We are moving from the bedside care focused on intuition, tradition and clinical expertise to the incorporation of empirical evidence to guide care.¹ This transformation has taken place across the working careers of a generation of working nurses and has created an acute need for a new way to appraise and value scientific knowledge. I believe this is an opportunity for nursing to define its own practice and provide the evidence to support nursing roles in our patient's safe care and positive outcomes.

ASPAN has embraced the Joanna Briggs Institute (JBI) as a travel guide for this transformation. The ASPAN Representative Assembly voted to increase its membership dues in 2012 for access to the JBI database and materials. The Research Committee has developed newly revised ASPAN JBI evidence-based practice (EBP) review tools for the critique of literature. Barbara Krumbach and Kathy Daley, the EBP Strategic Work Team (SWT) Coordinators, are currently revising the Journal Club page on the ASPAN Web site to facilitate member practice and mastery of literature review and ranking using these tools. During the post-conference ASPAN Board of Directors (BOD) meeting at the 32nd ASPAN National Conference in Chicago, funding was appropriated to support the development of the JBI Training Grant Program to support ASPAN Research Committee and EBP SWT members in obtaining JBI Comprehensive Systematic Literature Review (CSLR) training. Finally, a JBI workshop was held at the Leadership Development Institute in September in Kansas City, and one will be held at the Standard & Guidelines face-to-face meeting in October of this year. The goal of these ASPAN activities is to facilitate the provision of perianesthesia bedside care that is based in quality evidence.

What then is a comprehensive systematic literature review? Why move in this direction? Systematic literatures reviews (SLR) incorporate a rigorous, explicit and systematic approach to the critical appraisal of current evidence. A SLR is considered to be secondary research as it provides the highest level of evidence based on the systematic, transparent, and reproducible strategy used to search, critique, evaluate and report evidence. This form of review requires two individuals with expertise in both the critique of literature as well as the field of study to independently

complete the evidence search and review to minimize bias.¹ But why go to all of this trouble?

Aren't there ways of completing literature reviews without all of this control? The Institute of Medicine, at the request of the Congress of the United States, has established standards for systematic reviews in their 2011 document "*Finding What Works in Healthcare: Standards for Systematic Reviews*."² This document sets the standard for SLR and the development of evidence-based practice guidelines. The Unwanted Sedation Practice Recommendation (US-PR) will be a work of many ASPAN hands using the JBI CSLR protocol and processes for evidence review. As a pilot test of this new process, the US-PR will help to determine ASPAN's research vision for evidence-based documents and recommendations.

REFERENCES

1. Holly C, Salmond SW, Saimbert MK. *Comprehensive Systematic Review for Advanced Nursing Practice*. New York, NY: Springer Publishing Company; 2012.
2. Institute of Medicine. *Finding What Works in Healthcare: Standards for Systematic Reviews*. Available at: http://www.nap.edu/catalog.php?record_id=13059. Accessed July 4, 2013.

Governmental Affairs continued from page 5

Texas: GA SWT member Cindy Hill reports...

In June 2013, Texas Governor Rick Perry signed six nursing-initiated or supported bills to become law. Of note is HB 705 – Enhanced Penalty for Assaulting Emergency Room (ER) Nurses. HB 705 protects ER nurses and other healthcare workers by enhancing penalties from Class A misdemeanor to third degree felony for assaults committed during delivery of care. The legislation addresses nursing shortages in Texas hospitals by improving working environments in the ER.⁵

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1. FY 2014 Appropriations Funding Chart. American Association of Colleges of Nursing. Available at: <http://www.aacn.nche.edu/government-affairs/FY14-Appropriations.pdf>. Accessed June 30, 2013.
2. Landmark Decision by the Iowa Supreme Court. Available at: <http://www.iowanurses.org/Default.aspx?tabid=3844>. Accessed June 10, 2013.
3. Polanowicz J. Marlborough Chamber of Commerce Distinguished Speakers Breakfast. March 27, 2013.
4. Schindul-Rothschild J. Eighth Annual Massachusetts Nurses Association Clinical Nursing Conference. Worcester MA. May 10, 2013.
5. HB 705. Texas Hospital Association. Available at: <http://www.tha.org/HealthCareProviders/AboutTHA/PressRoom/NurseAssaultBillPro09A7.asp>. Accessed May 23, 2013.



THE DIRECTOR'S CONNECTION

Sarah Cartwright, BA, RN, CAPA – ASPAN Regional Director, Region 5



ASPAN
Regions

A warm hello from the southeastern states that make up Region 5! Region 5 has been busy growing and evolving into a group of active components embracing and embodying the values of integrity, respect, diversity, stewardship, mentorship, passion, community, safety and standards, and excellence! During my short time learning this role as regional director, the component leaders have been gracious and welcoming.



Sarah Cartwright
BA, RN, CAPA
ASPAN Region 5 Director

Region 5 Highlights

Alabama Association of PeriAnesthesia Nurses (ALAPAN) sent two representatives to National Conference and the Representative Assembly, actively working to enhance perianesthesia practice. ALAPAN worked diligently to plan its annual conference that was held September 19, 2013, in Birmingham, AL.

Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN) were well represented at National Conference in Chicago. They had an active year full of community outreach programs such as fundraising for breast cancer research and participating in medical mission trips. These members showcase what it is to be a well-rounded healthcare professional, bridging the ledge between clinical work and community health while presenting perianesthesia nursing during their outreach. CBSPAN is dedicated to continued growth through certification and was awarded the ABPANC Shining Star Award 2013. CBSPAN's annual conference is scheduled for October 26, 2013 in Baltimore, Maryland.

Florida Society of PeriAnesthesia Nurses (FLASPAN) is empowered for education! FLASPAN was well represented at National Conference and had a strong presence in all activities. Showing its continued commitment to safety, standards and mentorship, FLASPAN won the ABPANC Shining Star Award 2013. FLASPAN recently worked with MHAUS to present a combined continuing educational offering in June. They are working hard at bringing an exciting annual conference on October 25-27, 2013 in Lake Buena Vista, Florida.

Georgia Association of PeriAnesthesia Nurses (GAPAN) is successfully planning the next three to five years with an emphasis on successful succession planning! Short-term and long-term goals are under discussion using SMART criteria. GAPAN's fall conference was held September 13-15, 2013, in Athens, Georgia, followed by a Board of Directors and Leadership Development retreat in October. GAPAN also won the ABPANC Shining Star Award for 2013 for their dedication to the promotion, recognition, and continuation of certified nurses in Georgia. This award was received by the GAPAN leadership present at National Conference, another well represented component.

North Carolina Association of PeriAnesthesia Nurses (NCAPAN) was present at National Conference, showcasing their state pride during Component Night! North Carolina is making leaps and bounds with providing membership welcome packets, enhancing their Internet presence to increase marketability to younger members, and providing educational opportunities that are varied and exciting. With new leadership fresh at the helm, NCAPAN is sure to continue to grow and prosper. NCAPAN held its annual conference on September 21-22, 2013, in Charlotte, NC. NCAPAN also won the ABPANC Shining Star Award 2013.

South Carolina Association of PeriAnesthesia Nurses (SCAPAN) is industrious and welcoming, ready to mentor new leaders. They have active roles at all levels of SCAPAN and ASPAN and can be found in leadership positions, working within SWTs and manning the ASPAN Shoppe. SCAPAN's membership is involved with community outreach as a whole component, with 2012's project being a canned food drive to assist in feeding the hungry, and 2013's project being a stuffed animal drive for distribution at the children's hospital. SCAPAN has an active scholarship program and promotes all levels of service and continuing education. SCAPAN was awarded the ABPANC Shining Star Award 2013. Look for its next conference on October 19, 2013 in Charleston, South Carolina.

Tennessee Association of PeriAnesthesia Nurses (TSPAN) is still on the go following their time in Chicago! TSPAN's fall conference was held September 7-8, 2013, plus they are working on the TSPAN newsletter, Web site presence and new board orientation. TSPAN has an active Facebook page that promotes connectivity within its component. TSPAN won the ABPANC Shining Star Award in 2013.

Virginia Society of PeriAnesthesia Nurses (VSPAN) was well represented at National Conference. They are working on increasing membership, promoting continuing education and certification. Active in several SWTs, VSPAN nurses assist in shaping and promoting perianesthesia practice. VSPAN's annual conference was held September 28, 2013, in Richmond, VA. 🌿

ASPAN NATIONAL CONFERENCE

April 27 – May 1, 2014 – Las Vegas, Nevada

Sue O'Day, MEd, RN, CPAN – ASPAN National Conference SWT Coordinator

Excerpts from 2013 Conference Attendees Evaluations:

"Thank you for an excellent conference."

The speakers were all very inspiring and very knowledgeable."

"After working with a bunch of negative nellys, it has been so refreshing to be around people who want to learn and are excited about the opportunity."

"I have attended AACN-NTI but this was my first ASPAN conference."

I learned a lot. Thank you! Good conference."

"Always feel so motivated when I return to work."

So positive about the PACU and nursing profession. Proud to be an RN."

ASPAN'S 33rd National Conference: "Dealing with Challenges: Winning with Power, Practice, Purpose"

The National Conference Strategic Work Team (NCSWT) has been busy through the summer planning presentations with diverse speakers, varietal topics and networking opportunities. Plan now to be part of the "education and action" in the Nevada desert!

Come experience the powerful strength in numbers, gain knowledge for practice excellence, and refresh your purpose that we, as perianesthesia nurses, are the first line of defense for patient safety. Upcoming *Breathlines* will provide information regarding room sharing, host/hostess volunteering, and component night.

Save These Dates: April 27-May 1, 2014

Located in the desert of southern Nevada, Las Vegas is surrounded by diverse landscape and outdoor recreational opportunities such as the trails through the forests of Mt. Charleston; the red rock formations and petroglyphs of Valley of the Fire, Nevada's oldest and largest state park; Lake Mead, the largest man-made lake in the western hemisphere and a popular tourist attraction; and Hoover Dam, considered one of the Engineering Wonders of the World. A day trip will take you to Grand Canyon, one of the Seven Natural Wonders of the World.

But, maybe you are interested in the "Wonders of The Strip," known for gaming, fine dining, music, shows, unique entertainment, shopping and 24 hour nightlife! Where else will you find resorts with a pyramid, the Statue of Liberty, the Empire State Building, the Eiffel Tower and the Stratosphere rising out of the desert?

Las Vegas offers a line-up of family activities including art, history, and atomic testing museums, aquarium, planetarium, zoo, and the Adventure Dome, to name a few!

Whether this is your first or tenth visit, I hope you will enjoy all the "Wonders of Las Vegas."

The conference is being held at the Las Vegas Hotel and Casino. Reserve your rooms now through January 17, 2014 and receive a rate of \$85 plus tax per room per night, early bird rate. Visit the ASPAN Web site for information and a link to the hotel site.



The Monorail is an easy way to get up and down the "Strip"



The Hoover Dam, just 35 miles southeast of Las Vegas



This scenic park is located just a few miles west of the Las Vegas "Strip"

CERTIFICATION

ABPANC Offers New CPAN® and CAPA® Practice Exams with Answers and References

The American Board of Perianesthesia Nursing Certification (ABPANC) has listened to your requests and developed new practice exams with the correct answers and references included. After each question, participants will learn if they answered the question correctly and at least one reference supporting the answer to the question will be displayed.

Each practice exam is designed to provide 50 multiple-choice questions that are similar in

form and content to the types of questions seen on the actual CPAN or CAPA certification exam. There is a 200-minute time frame for successful completion of the practice exam.

The new CPAN and CAPA practice exams cost \$50, and ABPANC is having a **Buy One, Get One Free** offer through December 31, 2013. You can get 100 test questions and over six hours of practice test time for \$0.50 per question. Learn more at www.cpancapa.org.



Contact ABPANC

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www.cpancapa.org

ABPANC Seeking Nominations for its Board of Directors

ABPANC is currently accepting nominations for positions on its Board of Directors. The term of office is two years. See complete details on the www.cpancapa.org home page, under "Call for Nominations."

LEADERSHIP DEVELOPMENT INSTITUTE

September 6-8, 2013 ~ Kansas City, Missouri

Region 2 attendees



A preview of Component Night in Las Vegas



Twilla found time to play the piano



MSPAN attendees

Component Education Programs

October 4-6, 2013 The Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) will hold its 15th 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

October 12, 2013 The Ohio PeriAnesthesia Nurses Association (OPANA) will hold its annual fall state seminar at Mt. Carmel East Hospital at the Seigel Center in Columbus, OH. The conference is titled "**Continue Growth Through Sharing**." For more information, please contact Rose Durning at rjdsuzie@aol.com or visit the OPANA Web site at www.ohiopana.org

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

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

October 26, 2013 The Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN) is holding its annual fall conference at Franklin Square Hospital Center in Baltimore, MD. It is titled "**New Trends, PACU Emergencies, Integrative Therapies**." For more information, please contact Bea Hazzard at bhazzard@umm.edu or www.cbspan.org



ASPAN 2013 Summer/Fall SEMINARS

AMERICAN SOCIETY OF PERIANESTHESIA NURSES

<p>FOUNDATIONS OF PERIANESTHESIA PRACTICE November 2, 2013 <i>Medford, OR</i></p> <p>PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES November 16, 2013 <i>Lynchburg, VA</i></p> <p>PERIANESTHESIA CERTIFICATION REVIEW October 5, 2013 <i>Las Vegas, NV</i> October 12, 2013 <i>Twin Falls, ID</i> <i>Fairfax, VA</i> October 19, 2013 <i>Everett, MA</i></p>	<p>PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH October 12, 2013 <i>Missoula, MT</i> November 2, 2013 <i>Sault Ste Marie, MI</i> November 9, 2013 <i>Oak Brook, IL</i></p>	<p>REFRESHING YOUR PERIANESTHESIA PRACTICE October 12, 2013 <i>Lancaster, PA</i> November 2, 2013 <i>East Peoria, IL</i> <i>White Plains, NY</i> November 9, 2013 <i>Medford, MA</i> <i>Danville, PA</i> November 16, 2013 <i>Altoona, PA</i></p>
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