



INSIDE:

ORGANIZATIONAL CHALLENGES: Winning When Safety is First

Jit is now 2014. Tell me, where did 2013 go? The ASPAN year is more than half over and the 33rd National Conference is fast approaching in fabulous Las Vegas in April. What a GREAT time to visit this city and embrace the education, networking, sights and sounds the conference and city will offer.

Principle of Safety

ASPAR supports a principle and foundation of safety to provide the best possible perianesthesia care for patients. ASPAN members recognize ASPAN as the premier perianesthesia organization and source of education and resources for best practice. To date, much work within the organization has already taken place. Volunteer committee and strategic work team members, including research, clinical practice, safety, standards and guidelines and evidence-based practice, have reviewed and revised the *ASPAR 2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. These revisions will be presented to the members of the 2014 Representative Assembly on April 27, 2014.

As an organization of volunteers, the productivity of ASPAN is largely due to the strength and persistence of the membership and of ASPAN's dedicated leadership. We, as perianesthesia providers, have seen and dealt with many challenges in the workplace. Many of these challenges are common across the nation and also have an impact on our international partners. ASPAN's organizational partnerships and liaison assignments enable us to



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

join together within our unique specialties to share knowledge, common practice beliefs and seek resolve for universal practice issues. These relationships provide a win-win situation, allowing perianesthesia nurses to advocate and support a shared vision for safety in practice throughout organizations. The common thread for all of us is safety first for our patients. We also want to give the members the best tools to continue to improve bedside care, nursing education and clinical research. ASPAN's organizational liaison relationships support the growth of its membership and help establish ASPAN's position as the premier society for perianesthesia practices.

Culture of Safety

A culture of safety must be forefront in the mind of every perianesthesia nurse practicing in today's many settings. In my travels over the last few months, I have been to many liaison meetings where the focus and primary goal of each organization is to put patient safety first and foremost. The Council for Surgical and Perioperative Safety (CSPS) (www.cspsteam.org) includes seven organizations with a combined membership of 250,000. This group includes the American Association of Nurse Anesthetists (www.aana.org), the American Association of Surgical Physician Assistants (www.aaspa.com), the American College of Surgeons (www.facs.org), the American Society of Anesthesiologists (www.asahq.org), the American Society of PeriAnesthesia Nurses (www.aspan.org), the



Association of periOperative Registered Nurses (www.aorn.org) and the Association of Surgical Technologists (www.ast.org). CSPS's goal is to bring members of the surgical team together with a goal of improving patient safety through the perioperative continuum. Critical to the success of CSPS is the teamwork that these partnerships and liaisons support, and critical

to successful teamwork is a shared vision. CSPS has the following mission and vision statements posted on its Web site:

Mission: The CSPS promotes excellence in patient safety in the surgical and perioperative environment.

Vision: The CSPS envisions a world in which all patients receive the safest surgical care provided by an integrated team of dedicated professionals.¹

Partnering organizations in CSPS also share common guiding principles and values. These are as follows:

- "We are committed to implementation of all strategies that support safe surgery for all patients
- We treat everyone with respect and appreciate individual and organizational differences
- We value the diversity of our membership and their unique roles in the delivery of care
- We are committed to collaboration and effective communication among all team members involved in perioperative care
- We are committed to partnerships (regulatory, public, private, research agencies) that improve patient safety
- We value a culture of patient safety and a caring perioperative workplace environment"¹

The checklist concept has been embraced by many perioperative entities as an effective way of reducing patient errors and improving outcomes. The CSPS supports a checklist approach that fosters communication and teamwork. On Tuesday, April 29, at the ASPAN National Conference, there will be a panel presentation, "A Multidisciplinary Approach Strategy for Implementing an Effective Crisis Checklist." The panel includes CSPS members Pamela Windle (ASPA), Dr. Brian Cammarata (ASA), Dr. Teo Dagi (ACS) and Charlotte Guglielmi (AORN). This group will discuss the crisis checklist concept as a way to consistently deliver care, and to train, manage and debrief after critical events that may happen in the perioperative setting. The checklist has been implemented in several key facilities, and is designed to assist the entire perioperative team in handling a crisis.

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As the ASPAN President, I am privileged to travel and meet perianesthesia nurses across the

Crucial Partnerships

Many other organizations exist today that either have direct links to ASPAN or have provided ASPAN members and those in perianesthesia practice with vital patient safety tools. Some examples include the Malignant Hyperthermia Association of the United States (MHAUS), the Anesthesia Patient Safety Foundation (APSF) and the American Society of Anesthesiologists (ASA).

The Malignant Hyperthermia Association of the United States (MHAUS) can be accessed at www.mhaus.org, a site that has recently been updated and is quite easy to navigate. The site includes information for the medical professional as well as for patients. This organization provides a variety of educational materials and products, including a sample Malignant Hyperthermia (MH) Critical Intervention Record. Expert professionals are available 24/7 to answer questions providing care management and support during a MH crisis via the MH hotline.

The mission of MHAUS is to promote optimum care and scientific understanding of MH and related disorders, and has four primary goals:

"Educate the entire spectrum of healthcare professionals so that MH is rapidly recognized and properly treated by persons in all of the medical disciplines.

Advise and prepare all medical facilities in the United States for prompt diagnosis and immediate treatment of an MH episode.

Help MH-susceptible patients and their families learn to live with MH susceptibility and share with them the experience and knowledge which has accumulated about MH.

Encourage and support research in MH, especially a highly accurate noninvasive diagnostic test."²

As the ASPAN President, I am privileged to travel and meet perianesthesia nurses across the



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Deadlines for inclusion in *Breathline*:

IssueDeadline

JanuaryNovember 1

MarchJanuary 1

MayMarch 1

JulyMay 1

SeptemberJuly 1

NovemberSeptember 1

CELEBRATE

PeriAnesthesia Nurse Awareness Week (PANAW)

February 3-9, 2014



The theme for PeriAnesthesia Nurse Awareness Week (PANAW) is Perianesthesia Nurses: Caring Every Step of the Way, which reflects the many practice environments of ASPAN members. From the PreAdmission Testing (PAT) nurse who initiates the contact to the Phase II PACU nurse who readies the patient and family for discharge, and everywhere in between, you'll find a perianesthesia nurse who upholds excellence in his or her practice and promotes patient safety through adherence to standards. Promoting perianesthesia practice during this important week has a twofold purpose: it brings to light the excellent nursing care provided by our members and can also fulfill a criteria requirement on the Gold Leaf application.

Celebrate and promote the importance of peri-anesthesia nursing in healthcare! Show support for your profession, staff, and colleagues with gifts from the American Society of PeriAnesthesia Nurses (ASPN). This year's collection includes clothing, drinkware, bags and totes, and many other practical items that will feature the 2014 logo and theme:



See the full line of 2014 products, download a catalog, and shop online at: www.panaw.com. Be sure to order by January 27 to ensure timely delivery!

And don't forget to submit your PANAW photos to bgodden@aspn.org for inclusion in an upcoming issue of *Breathline!* 



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, 

Nurse In Washington Internship (NIWI)
Washington, DC
March 30-April 1, 2014

for more information. 



Membership/Marketing Update – Help Out in the ASPAN Shoppe!

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

After PANAW, most of us will be turning our attention to the ASPAN National Conference in Las Vegas. One of the many projects undertaken by the Membership/Marketing SWT is running the ASPAN Shoppe at national conference. If you are planning to attend this year, it's not too soon to be thinking about volunteering some time in the ASPAN Shoppe. You do not have to be a member of the M/M SWT to participate in this fun activity. In fact, volunteering at the Shoppe was how I first became involved on an ASPAN committee. Volunteering in the Shoppe gave me an opportunity to meet nurses from around the country and to have fun. It's a great way to ensure that attendees have a good experience at national conference. If you would like to assist in the Shoppe, please email Jane Lind (janelind@sc.rr.com) or Kim Godfrey (pacurn32068@hotmail.com), who are coordinating the schedule. I hope to see many of you in Las Vegas! 



2013 ASPAN Scholarship Recipients

ASPAN National Conference Attendance Scholarship (\$500 each)

For the 2014 National Conference in Las Vegas

Carla Bumgarner RN CPAN
Willowick, OH

Karen Ewing RN CPAN
Edgewater, FL

Kathleen Frato MSN RN CAPA
Lyndhurst, OH

Cheryl Jeffers BSN RN CPAN
Orlando, FL

Rosemary McCoy RN CPAN
Hollidaysburg, PA

Alicia Voorhees BSN RN CPAN CAPA
Warren, MI

BSN Scholarship (\$1,000 each)

Michelle Reed RN CPAN
Claremont, CA

Rebecca Serra RN CAPA
Lorton, VA

Traci Termine ADN RN
Luling, LA

Coleen Ursone RN CAPA
Wilton, CT

Congratulations!

MSN Scholarship (\$1,000 each)

Aurora Chona Abragan-Ohland BSN RN CAPA
Spring, TX

Karen Davis RN CAPA
Feeding Hills, MA

Brenda Gilliam BA RN CAPA
Blue Ridge, VA

Bridget Rich BSN RN CPAN
Meriden, CT

Doctorate Scholarship (\$1000)

Darin Prescott
MSN MBA RN CNOR CASC
Morton, MN

CPAN Certification Exam Scholarship (\$285)

Stacy Schadegg BSN RN CAPA
Wamego, KS

TOTAL AWARDED: \$12,285

ASPN'S 2014-2015 Slate Of Candidates

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Nominating Committee (five vacancies)



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BSN, BS, RN, CAPA



Elizabeth Card
RN, CCRP, CPAN



Pamela Champigny
MSN, RN



Deborah Ebert
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CAPA, TNCC



Leslie Edney
BSN, RN, CAPA



Raquel Evans
BSN, RN



Nancy Fishman
RN, CPAN, CAPA



Lori Silva
RN, CCRN, CPAN



Diane Swintek
BSN, RN, CPAN

CANDIDATE PROFILES: Your Input is Requested

 ASPAN's slate of candidates for the 2014-2015 year is impressive, and each candidate brings talent and skills to the role she is seeking to lead ASPAN in the coming year(s).

ASPAN utilizes Web technology to provide its members with all candidate qualifications and background information as well as what each Board candidate visualizes as her immediate long-term goals and strategic priorities for ASPAN within the next two years.

Your component is looking for your input! Here's what you do by **February 28, 2014**:

- You must be a current ASPAN member
- After reading the instructions, scroll down the page and review the list of candidates' name
- Next to each name is a link entitled "BIO." Click on this link to read about the candidate
- Review all 2014-2015 Candidate Profiles
- Click the box next to the candidate's name of your choice for each position. Only ONE name may be selected within each position – the exception being Nominating

Committee positions. Five positions are open on the Nominating Committee

- Find your component from the list of component names, and click on it. This is a REQUIRED field since it determines where to forward your submission
- At the page bottom, click "Submit" and your input will be forwarded to your component representatives to assist them in casting their votes at the 2014 Representative Assembly meeting in Las Vegas, Nevada
- Once you click "Submit," you will receive a confirmation page stating that your submission has been successfully executed
- Only one 2014-2015 Candidate Selection submission per ASPAN member will be accepted. Submissions are available online only

• for 2014-2015 Candidate Profiles

Your feedback must be submitted no later than February 28, 2014. Don't delay! 

REGISTER FOR NATIONAL CONFERENCE TODAY!

“Dealing with Challenges: Winning with Power, Practice, Purpose” Las Vegas, Nevada

ASPAN’s 33rd National Conference, April 27-May 1, 2014

Sue O’Day, MSEd, RN, CPAN—National Conference SWT Coordinator

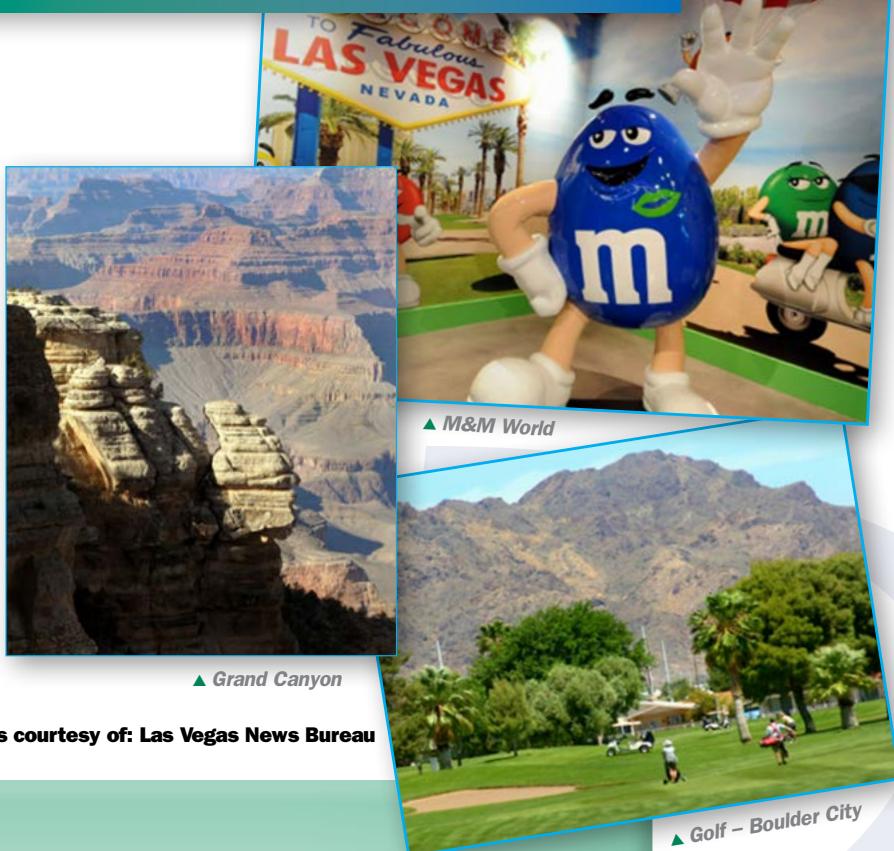
ASPAN invites you to fabulous Las Vegas for its powerful educational event, charged with diverse offerings intended to empower you and infuse new purpose and energy into your nursing practice. The registration brochure ASPAN members received in the mail (also available on www.aspans.org), offers complete details on all education sessions and social activities to be held during the conference.

DON’T MISS OUT. REGISTER NOW.

From pre-conference on Saturday, the Certification Review Course on Sunday, through post-conference on Thursday afternoon, you will find more than enough to satisfy your desire for knowledge and excitement. Opportunities for networking and volunteering abound.

COMPONENT NIGHT

Join your friends, and meet new acquaintances from across the world, as we celebrate “Viva Las Vegas.” Come to component night in your old Hollywood glamour ensemble, or dressed as your favorite Las Vegas headliner! 



Interested in Being a Host or Hostess?

No matter from which component you hail, being a Host/Hostess is your opportunity to assist ASPAN during the ASPAN National Conference in Las Vegas! Earn contact hours at sessions where you host, and earn a small stipend. Responsibilities include providing directions within the conference area, staffing the registration booth, collecting event tickets, and facilitating session seating.

To sign up for the Host/Hostess program, or for further information, please contact: Lori Silva at 209-968-4895, or loris@panac.org. 

Will You Need a Hotel Roommate at National Conference?

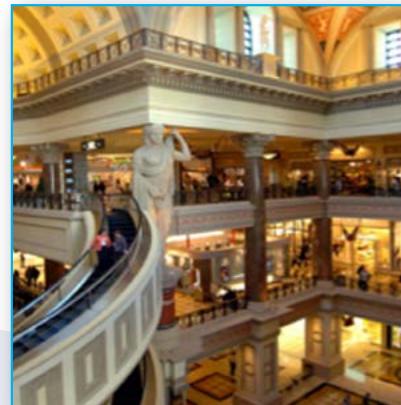
Submit your name to be included on the "Willingness to Share a Room" list, which will be distributed to all those who have asked to be included. Your responsibility is to contact others on the list to coordinate room sharing arrangements and make your own hotel reservation. The following information is required to be included on the list: Full name, complete mailing address, e-mail address, home and work telephone numbers, and fax number, if applicable. Indicate how you would prefer to be contacted. Provide 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
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**Looking forward to seeing
you in Las Vegas!**



▲ The Forum
Shops at Caesar's
Palace



▼ Bellagio Conservatory



▲ Tour Bus

Photos courtesy of: Las Vegas News Bureau

NATIONAL CONFERENCE DEVELOPMENT ACTIVITIES

Don't miss out on several opportunities to support your professional nursing organization at National Conference 2014! This year's events include:

Dream Walk: Treasure Quest

Team up with two or three of your colleagues to solve clues that lead to the finish, where secret treasure awaits. Sunday, April 27, 6:30 a.m.

Development Reception, Poolside

This lovely poolside gala will feature food, music, giveaways and program, including *Hail, Honor, Salute!* gifts. Monday, April 28, 7:30 p.m.

Silent Auction

Support ASPAN by donating an item of interest, bidding on auction items – or both. The Silent Auction is open during Exhibit Hall hours.

For additional information, contact Doug Hanisch, Marketing and Communications Manager, at dhanisch@aspan.org or 877-737-9696, ext. 215.

Frequently Asked Questions

Should Artificial Nails be Permitted in Perianesthesia Settings?

Nancy O'Malley, BSN, MA, RN, CPAN, CAPA

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 artificial nails for perianesthesia nurses working in Preop, PACU or Phase II?

A. ASPAN does not have a standard or position statement which specifically addresses perianesthesia staff wearing artificial nails or nail enhancements. Hand hygiene facility policies may address the acceptable length of nails, nail polish and artificial nails or nail enhancements. Recommendations and exclusions may depend upon whether the facility follows the Centers for Disease Control (CDC) or World Health Organization (WHO) guidelines for hand hygiene. According to the CDC, the staff caring for patients in high risk environments such as OR and critical care units should not wear artificial nail enhancements.¹ WHO guidelines recommend that no direct care staff be permitted to wear artificial nails.² The Joint Commission advises that natural nails should be no longer than one-quarter (1/4) inch, and that staff in high risk areas should not wear artificial nails or extensions.³

CDC and WHO Requirements and Recommendations

CDC and WHO hand hygiene recommendations are categorized on the basis of the strength of evidence supporting the recommendation. All "category I" recommendations (including categories IA, IB, and IC) must be implemented. Category II recommendations should be considered for implementation but are not required for accreditation purposes. Category IA recommendations are strongly supported by well-designed experimental, clinical, or epidemiological studies; category IB recommendations are supported by certain experimental, clinical, or epidemiological studies and a strong theoretical rationale; category IC recommendations are required by regulation; category II recommendations are supported by suggestive clinical or epidemiological studies or a theoretical rationale. The CDC also includes among its recommendations several "unresolved issues" for which it makes "no recommendation."⁴

Healthcare facilities must follow the IA, IB and IC recommendations from the guideline selected (CDC or WHO). If WHO is chosen, no direct care

providers should have artificial nails or extenders.² If CDC is chosen, providers in high-risk areas must not wear artificial nails.¹ In the interest of safety, many organizations following CDC guidelines choose to expand the ban on artificial nails to all care providers. Each facility may choose its own approach to the length of natural nails since the level of recommendation in both the CDC and WHO guidelines is "II," making compliance optional.^{1,2,4}

Bacteria Risk

Subungual areas of the hand can harbor high concentrations of bacteria, including coagulase-negative staphylococci, gram-negative rods such as *Pseudomonas* spp., *Corynebacteria*, and yeasts.⁴ While freshly applied nail polish does not increase the number of bacteria recovered from periungual skin, chipped nail polish may support increased growth of organisms on fingernails.⁴ Even after careful handwashing or use of a surgical scrub, healthcare workers often harbor substantial numbers of potential pathogens in the subungual spaces.⁴

According to studies, healthcare workers with artificial nails are more likely to harbor gram-negative pathogens on their fingertips than those with natural nails. This finding is consistent before and after handwashing.⁴ The length of natural or artificial nails alone is not a proven risk factor. This is attributed to the fact that the majority of bacterial growth occurs in the area of the nail immediately adjacent to the subungual skin.⁴ Longer natural and artificial nails were implicated in an outbreak of *P. aeruginosa* in a neonatal intensive care unit where nail cultures of the two nurses grew the associated pathogen.⁴ Healthcare providers wearing artificial nails have been implicated in outbreaks of gram-negative bacilli and yeast.⁴ While several studies indicate that wearing artificial nails may pose an infection hazard, additional studies are warranted.

Summary

Hand hygiene/antisepsis is accepted as the primary defense against transmission and spread of infectious agents in the healthcare setting. The infection risk posed by artificial nails, nail



Nancy O'Malley
BSN, MA, RN,
CPAN, CAPA
ASPN Clinical Practice Committee member

extensions and nail enhancements has resulted in many facilities enacting policies which ban them for all direct care personnel. Other facilities may prohibit them only in specific units or for designated direct care providers, such as OR and ICU staff. Perianesthesia staff should review their facility's applicable policies, keeping in mind the best interests of the perianesthesia patient population they serve. 

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**Registration Window – Online
January 13 – March 10**

**Examination Administration Window
April 7 – May 17**

Period for Scheduling Exam appt. upon receipt of ATT letter with Prometric through May 15. Deadline for Rescheduling or 31 calendar days before cancelling appt. with Prometric scheduled test date.

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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.



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Waking Up Angry: A Case Study in Emergence Delirium

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

Shawna Brehenti, BSN, RN, Perianesthesia Services, University of Pittsburgh Medical Center St. Margaret's Hospital, Pittsburgh, PA

Safety

Preoperative History

C.F. is a 37-year-old male presenting to the preoperative area with a planned left popliteal endarterectomy and vein patch angioplasty. During the pre-hospital workup, it was noted that C.F. had a history of gout, peripheral vascular disease (PWD), and herniated disc repair. C.F. was a military veteran who suffered from post-traumatic stress disorder (PTSD). He is currently a guard at a correctional facility. During the pre-op assessment, C.F. revealed that after a previous surgery, he became aggressive toward hospital staff and needed to be restrained post-anesthesia. Because of C.F.'s self-report of his previous experience with anesthesia, my staff and I developed a plan to handle this potential situation, known as emergence delirium (ED).

Emergency Delirium

The etiology of ED is not clearly understood. The current Diagnostic and Statistical Manual-IV (DSM-IV) states that delirium may appear in patients with a background of mental illness, baseline intellectual disability, or dementia.¹ In our current perianesthesia practice, we recognize that causation is typically the result of anesthetic agents, but other contributing factors might be involved. One current hypothesis is brain regions recover at different rates from general anesthesia resulting in disinhibition and disorientation immediately after surgery.² ED was initially described in the 1960's as "emergence agitation."³ A review of the current literature demonstrates the need for additional research into the adult population, as the majority of attention seems focused on children. ED can lead to negative patient outcomes including self-discontinuation of therapy, injury to self and staff, not to mention disruption of care in the PACU. Additional resources are required for the care of these patients, limiting those available to care for other surgical patients.

Postoperative Course

Upon arrival in the in the PACU, C.F. was alert and cooperative, but within minutes his demeanor began to change. C.F. attempted to get off the stretcher, began pulling out IV lines, threatened to leave against medical advice, and made threats against PACU staff. Security personnel were positioned outside the PACU in the event they were

needed to respond quickly. Our PACU has a staff member named Chuck, a patient care technician who stands 6'7", but his presence seemed to further escalate the situation. He was removed from the bedside.

It was then that Gina, a PACU nurse, came to C.F.'s bedside and stayed there throughout the remainder of his recovery. Gina maintained a calm disposition, established boundaries, and managed C.F.'s expectations. C.F. was placed as far away from other patients in order to limit exposure to stimuli. Allowing C.F.'s wife to visit in the PACU assisted with his return to preoperative baseline. The agitation and disruptive behavior disappeared quickly with these measures. Prior to discharge, C.F. was asked about his recollection of his stay in the PACU. C.F. was not aware of his inappropriate behavior and was most apologetic as a result.

Early discontinuation of invasive lines and tubes as soon as clinically possible can occasionally prevent ED. Management of postoperative pain should be a priority, as it has been shown that strong post-operative pain is associated with the development of ED.⁴ One must also consider ruling out underlying physiological causes of ED, including but not limited to, abnormalities in blood glucose, oxygen, and electrolytes.

C.F. required three additional surgeries in the months following his initial visit. Each time, we ensured adequate resources were available in the event of ED. Gina was always assigned to be his nurse, along with immediate family visitation, and Chuck was kept at a distance, allowing C.F. to be more at ease.



Jay Wright
Shawna Brehenti

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Transformation of Nursing

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



Seema Hussain
MS, RN, CAPA
ASPA^N Governmental
Affairs SWT Coordinator

With the advent of the Affordable Care Act (ACA), the nursing profession, being the largest segment of the healthcare workforce, is tasked with providing access to affordable, safe, and high-quality healthcare in varied practice environments. These environments include schools, nurse-managed health clinics, long-term care facilities, and communities. To address the changing needs of the complex healthcare system, the Institute of Medicine (IOM) released the 2010 report --The Future of Nursing: Leading Change, Advancing Health.¹ The recommendations of this report act as a blueprint for the nursing workforce to meet the demands of changing healthcare needs of the diverse United States population across the lifespan.¹

In order to provide seamless, affordable, accessible, and effective quality care with improved health outcomes:

- Nurses should practice to the full extent of their education and training
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
- Nurses should be full partners, with physicians and other healthcare professionals, in redesigning health care in the United States
- Effective workforce planning and policy making require better data collection and information infrastructure.¹

With growing healthcare needs, it is imperative that nurses be competent in various arenas of leadership, systems improvement, research, community and public health, information technology and collaboration. These attributes are achieved through skills acquired from higher education. Moreover, research studies suggest that a higher percentage of staff nurses in hospitals holding a baccalaureate degree in nursing (BSN) decreases mortality rates in post-surgical patients and improves nurse-sensitive patient outcomes.¹

The IOM report urges that academic progression for nursing be seamless, and by the year 2020 achieve two goals -- 80% of the nursing workforce be baccalaureate prepared and double the number of nurses with doctoral degrees. Currently, the traditional education pathway for the majority of nurses (53%) still remains associate degree programs awarded by community colleges. Based on the IOM recommendation of



promoting seamless academic progression and ability of nurses to practice to the full extent of their education and training, nursing schools and legislative bodies across the U.S. are challenged to provide an innovative curriculum that prepares nurses to meet multifaceted needs of the 21st century healthcare system.¹ Apart from the IOM recommendations, in the year 2008 the American Nurses Association (ANA) House of Delegates resolved to “support initiatives to require registered nurses to obtain a baccalaureate degree in nursing within ten years of initial licensure, exempting those individuals who are licensed or enrolled as a student in nursing program at the time legislation is enacted.” Based on this, three states (NY, NJ, RI) have introduced legislation to require advancement of nursing education resulting in a BSN within ten years of initial licensure.²

To meet the IOM’s goal of 80% by 2020, many states and nursing schools are redesigning their nursing curriculum. The State of New Mexico recently established a statewide common nursing curriculum to help increase number of nurses with BSN degrees.^{3,4} The curriculum is built to develop partnerships between community colleges and universities where credits can be easily transferred. The Nebraska State Action Coalition is implementing a similar initiative of statewide competency-based curriculum.^{4,5} Furthermore, for nurses to be able to practice to the full extent of their education and training, seven states (IA, KY, MD, NE, ND, OR, and RI) have removed barriers to practice for Advanced Practice Registered Nurses (APRNs). Many other states have introduced legislation to remove physician supervision requirements for APRN practice. Hence, a highly educated nursing workforce will position the nurse of the future to meet myriad demands of the healthcare system of the diverse and aging population of the U.S. in a multitude of settings.

Board of Directors Meeting HIGHLIGHTS

November 9, 2013 ~ New York City

Joni M. Brady, MSN, RN, CAPA – ASPAN Secretary

As chilly fall air engulfed the Northeast, the ASPAN Board of Directors conducted its annual mid-year meeting amid the hustle and bustle of New York's Times Square. ASPAN's mission drives ongoing business throughout the year along with newly evolving initiatives. To that end, a complete review and revision of the working strategic plan was conducted by Vice President/President-Elect Jacque Crosson. This is a summary of activities reported during the Board meeting.

Clinical Practice Committee

The 22 Clinical Practice Committee teams consistently respond to hundreds of questions submitted via the ASPAN Web site each month with frequently asked questions published bimonthly in *Breathline*. Questions are submitted by both members (61%) and non-members (39%), frequently coming from international colleagues located in Australia, Canada, Saudi Arabia and the United Arab Emirates, just to name a few. The Standards & Guidelines SWT met from October 16-19, 2013, to work on evidence based content updates for the next edition of *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. The Excellence in Clinical Practice Award scoring system was revised with categories clarified and explanations and examples provided. *The Competency Based Orientation and Credentialing Program for the Registered Nurse in the Perianesthesia Setting* is currently in revision and is projected to be available for purchase in mid-2014.

Education Approver and Provider Committees

The ASPAN Education Approver teams are committed to endorse applications for contact hours that adhere to the strict requirements of the American Nurses Credentialing Center Commission on Accreditation (ANCC-COA). The Chairperson is currently developing a sample approver unit application to be posted on the ASPAN Web site to guide those submitting an application. The Education Provider Committee has a total of 19 education on-demand modules available on the ASPAN Web site with preparations underway to provide new trauma, pediatric, research and evidence based practice program topics. A new Seminar Series program titled "Refreshing Your Practice" is currently being offered around the country.

Mid-Year BOD Report



Joni Brady
MSN, RN, CAPA
ASPAN Secretary

Finance Committee

Membership currently exceeds 15,000. Seven components received financial assistance for the 2013 ASPAN Leadership Development Institute totaling \$4,100 and 10 attendee registrations. Support was also provided to hold an Arkansas component fall seminar to promote revitalization efforts.

Leadership Development Committee

This group has been exploring ways in which to update, expand and revitalize leadership development efforts. A decision was made to rename this initiative ASPAN's Emerging Leaders Program. More information will be provided to ASPAN members as it becomes available.

Nominating Committee

Chairperson Susan Carter presented a full slate of candidates for the April 2014 election cycle. All nominees will be required to sign a Conflict of Interest statement when submitting his/her intent to run for an elected position. Based on activity and research over the past year, the anticipated need to revise elected position minimum eligibility requirements will be necessary to promote parity and consistency in the election process. This matter will be discussed in more detail in the coming year. A two page curriculum vitae of each nominee was added to the Web site under each candidate's bio information. This came as a suggestion from the Election Review SWT to allow ASPAN members to have additional information on each candidate.

Research Committee & Evidence Based Practice (EBP) Strategic Work Team (SWT)

A new edition of the EBP Online Journal Club was developed and is now posted for members' use. A Joanna Briggs Institute (JBI) Training Grant Application SWT was appointed in spring 2013 to develop recommendations on how to structure the grant application process. Board approval of this application is pending completion. The scheduled revision to ASPAN's Pain and Comfort Clinical Guideline using JBI methodology remains a strategic priority as does the perianesthesia nurse fatigue study, with unwanted sedation practice recommendation work begun in fall 2013. The unwanted sedation systematic literature review protocol is pending revision and final acceptance by JBI.

Bylaws, Policy & Procedures SWT

The annual policies and biennial Bylaws reviews were completed. The SWT members proposed a modification to the Bylaws to add an Executive Committee. Research has been underway to define the role, responsibilities, reporting guidelines, administrative scope and parameters for convening an Executive Committee. The SWT will present its final recommendations for consideration via a 2014 Representative Assembly Resolution.

Pediatric Competency Based Orientation and Credentialing Program (SWT)

This team enthusiastically developed a comprehensive content outline for a proposed new publication designed specifically for this perianesthesia practitioner and patient demographic. A call for editor is anticipated in early 2014. 

country through component and various other meetings. On occasion, I have provided educational content pertaining to Malignant Hyperthermia. As a true anesthetic emergency, this is an important topic for all perianesthesia nurses and others in the perioperative setting. This topic should be part of any orientation and should be reviewed on an annual basis because of its low-volume, high-risk status. During orientation and the annual reviews, MHAUS should also be discussed as an invaluable resource for education and for assistance during an actual MH crisis. Information can be included in orientation and review about MHAUS' procedure manual which is easily customizable for any hospital or surgical center, and is available for purchase through MHAUS. This manual provides vital patient care information directly from MH's most reliable resource and advocate, the organization of MHAUS. The pharmacy, intensive and critical care unit, nursing supervisors, medical-surgical nurses and rapid response team or code team members should familiarize themselves with knowledge of this anesthesia triggering disorder, and expectations during an MH crisis. My home component, MOKAN PANA, and I have been members of MHAUS for several years. I would encourage other components and ASPAN members to join this organization to support their goals.

Another safety organization is the Anesthesia Patient Safety Foundation (ASPF). This is a large multi-disciplinary organization that brings together healthcare providers including physicians, nurses, technology and industry vendors, drug

manufacturers and other related professionals with the sole purpose of improving patient outcomes by identifying and avoiding adverse events. One of the many benefits of this group is the newsletter developed by this group called the "Official Journal of the Anesthesia Patient Safety Foundation." The newsletter can be accessed at www.apsf.org and offers three publications per year.

The APSF's 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;
- national and international exchange of information and ideas."³

Some of ASPF's current initiatives have a direct impact on perianesthesia practice. These initiatives include: the training of anesthesia professionals to use advanced medical technology, the prioritization of safety initiatives, identification of recommended electronic monitoring strategies, advocacy for the implementation of audible physiologic alarms, exploration of long term outcomes, identification of optimal anesthesia information management systems and medication safety practices, to name just a few.⁴

ASPAK's mission is in concert with the organizational examples discussed. Each organization deals with the same infrastructural issues impacting volunteer-driven organizations such as membership concerns, provision of value related to membership costs, and optimal utilization of volunteers in the work force. More importantly, each has a mission and vision that is driven by a common focus – successful strategies to create, promote, sustain, and support a culture of safety that is patient-focused and aimed at optimal care. As the premier perianesthesia organization and source of education and resources for best practices for perianesthesia nurses, ASPAN's partnership and liaisons with other organizations is critical to sustain our future and success as perianesthesia experts at the bedside, in the classroom and as leaders and researchers.

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THE DIRECTOR'S CONNECTION

Armi Holcomb, BSN, RN, CPAN - Regional Director, Region 2

Region Report

This will be my last submission to Breathline as Regional Director. I am so grateful to my components and their leaders for their support and continued passion for ASPAN and its members.

Region 2 Highlights

PeriAnesthesia Care Nurses of Arkansas:

The revitalization of PACNA is underway. ASPAN offered a special seminar for PACNA members on September 28th and it drew 72 attendees. Terry Clifford, past ASPAN president, was speaker. ASPAN President Twilla Shroud and I also attended. We can promise that there will be two delegates to the Representative Assembly in Las Vegas from PACNA.

Iowa Society of PeriAnesthesia Nurses:

ISPAN's fall conference was on October 12th in Cedar Rapids. Although attendance was slightly smaller this year, its program was excellent as evidenced by the great evaluations received. President Cathy Tigges also reported that Sandy Gardner, ISPAN newsletter editor, is stepping back due to post graduate school. There is a call out for a newsletter editor.

Louisiana Association of PeriAnesthesia Nurses:

LAPAN celebrated its 30th annual conference, "Pearls of Wisdom," with special guests Pamela Windle, past ASPAN president, as keynote speaker. ASPAN President Twilla Shroud presented a lecture on leadership and Malignant Hyperthermia. I was also honored to be a speaker. The conference was held in Baton Rouge and drew about 120 attendees. The component participated in community service for Harvesters Baton Rouge. President Clara Boudreax and the new LAPAN Board of Directors were inducted by Immediate Past President Cheryl Cotton.

Mississippi Society of PeriAnesthesia Nurses:

MSPAN's education committee, under the leadership of President Teresa Bhatt and Vice President Renee Burnsed, will be busy planning its spring seminar for February 7-8, 2014 at the Gold Coast hotel in Biloxi, Mississippi. They are hoping that location and topics will draw more attendees.

Governmental Affairs continued from page 12

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Armi Holcomb,
BSN, RN, CPAN
Region 2 Director

Missouri-Kansas PeriAnesthesia Nurses Association:

MOKAN PANA held its fall conference and induction of officers on October 26th. There were 130 attendees, and based on preliminary evaluations, it was another success. MOKAN PANA participated in a community service for Harvesters Kansas City. President Janet Woulfe reports that membership, since the spring conference, has grown about 28%.

Nebraska Association of PeriAnesthesia Nurses:

NAPAN held its fall seminar on September 28th in Omaha and had a good turnout. The topics and speakers were well received, and a big thanks goes to Kristy Iwansky for her amazing work as education coordinator. President Bernie Larsen reports that the component participated in a community service for a homeless shelter in Omaha.

Oklahoma Society of PeriAnesthesia Nurses:

OSPA held its fall seminar in Oklahoma City on September 28th and welcomed about 50 attendees. Their speakers and topics were well received. The component participated in a community service for the Ronald McDonald House. President Emily Allen reports that OSPAN has a call out for a newsletter editor.

Texas Association of PeriAnesthesia Nurses:

TAPAN's fall seminar was held October 11-13 in Grapevine, Texas. There were 170 attendees for both days. The induction of officers was held, and President Sylva McClurkin recognized outgoing officers and board members for their years of service. A special gift was given to Hermie Robles for her years of service as President of TAPAN. Awards were given for outstanding regions of TAPAN and their newsletters.

Component Education Programs

February 8, 2014 The Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN) is holding a seminar titled “Excellence in Nursing Practice Through Research, EBP and Application to Bedside Patient Care” with Dr. Kim Noble as the featured speaker. The event will be held at the MedStar Franklin Square Medical Center in Baltimore, MD. For more information, visit www.cbspan.org or contact Diane Swintek at diane.swintek@medstar.net.

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.

May 17, 2014 The Northwest Ohio PeriAnesthesia Nurses Association (NOPANA) will host the Ohio PeriAnesthesia Nurses Association (OPANA) spring conference. The event is titled “Continued Growth Through Sharing” and will be held at ProMedica St. Luke’s Hospital in Maumee, OH. For more information, visit www.ohiopana.org or contact Debbie Wilson at 419-291-5533 or dlwilson19@aol.com. 



FOUNDATIONS OF PERIANESTHESIA PRACTICE

June 7, 2014
Sacramento, CA

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

February 22, 2014
Albuquerque, NM
Danville, PA
March 8, 2014
Edgewood, KY
Petoskey, MI

PERIANESTHESIA CERTIFICATION REVIEW

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

February 8, 2014
Nashua, NH

March 1, 2014
Warwick, RI

May 31, 2014
Santa Clara, CA

REFRESHING YOUR PERIANESTHESIA PRACTICE

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

February 8, 2014
Kansas City, MO