The Newsletter of the American Society of PeriAnesthesia Nurses

Breathline

Volume 34, Number 5
September/October 2014

INSIDE:

PRESIDENT'S MESSAGE:
Igniting Professionalism through Mentoring

Jacque Crosson, MSN, RN, CPAN – ASPAN President 2014-2015

Mentoring has been around for over 3000 years. With its origins in Greek mythology, Mentor was a loyal friend and advisor to the King of Ithaca, Odysseus. While the king was away fighting the Trojan War, Mentor helped raise the king's son, Telemachus, serving as teacher, coach, counselor and protector. Telemachus and Mentor built a relationship based on affection and trust.[1]

Dustin Hahn and Jacque Crosson celebrating certification

As the nursing population continues to age, it is imperative that we mentor and develop our younger peers into the profession of perianesthesia nursing. Let your legacy be the knowledge you share with a new graduate or new nurse to perianesthesia nursing. ASPAN has had many innovative leaders who have provided their vision to the Society, creating the premier organization that exists today. Their contributions have been remarkable and important! Replacing them could have been a daunting task. However, being true professionals, they have mentored replacements along the way so that there continues to be a seamless transition of new leaders into ASPAN.

Mentoring is defined as a more experienced individual assisting a less experienced individual.[2] How simple that seems. Those of us who have been in perianesthesia nursing for a while jump at the opportunity to take students when in the department or precept a new nurse. We are also present when a peer is going through a challenge with a difficult patient and offer reassurance that they are doing a great job. For many of us, this is like breathing. We possess the characteristics intrinsically necessary for a successful mentor: empathy, patience, flexibility and intuition.[2] In my own perianesthesia department, I have a room full of excellent mentors willing to share their knowledge and experience. Not only does this create a welcoming environment for students and new nurses, but it creates a stronger team of professionals that care and support each other.

Successful mentoring is very important to nurse retention. Developing a trusting, collegial relationship with your new members of the perianesthesia team will foster a positive work environment. It solidifies their feelings of inclusion while creating a desire to remain part of the team. An engaged team is a strong team!

Nursing is a dynamic profession, and, as perianesthesia professionals, we are obligated to review our practice, seek evidence to support it and then implement those changes into our perianesthesia practice. This can be an invigorating process. Encouragement for peers to attend educational seminars provides the opportunity for that information to be brought back to the department and shared, igniting in others a desire to seek continuing education. Motivating colleagues to challenge themselves to take the certification exam can be infectious. Generally, if one decides to begin his/her journey toward CPAN or CAPA, another follows. Pictured here is one of my nurses, Dustin Hahn. How excited I was when he passed his CPAN exam! His drive and determination toward his studies motivated two of his peers to begin their journey. Men-

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Start Planning to Showcase Your Accomplishments with Abstracts and Posters for the 2015 National Conference in San Antonio, Texas!

ASPAN Celebrate Successful Practices abstracts and Research/EBP abstracts are due on October 15, 2014. Criteria can be found on ASPAN's Web site. Start planning now to showcase your accomplishments!

Click here **for CSP Abstract information.**

Click here **for Research/EBP Abstract information.**

Willingness to Participate

Armi Holcomb, BSN, RN, CPAN – Vice President/President-Elect 2014-2015

Greetings, colleagues! 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, 2014. For more information,** click here.

ASPAN AWARDS

Consider nominating someone you know for one of the following ASPAN Awards. Criteria can be found when going to the Web site.

Above and Beyond Service Recognition

Do you know someone who goes the extra mile for ASPAN or his/her component? Visit the ASPAN Web site for information on how to nominate a deserving colleague for a 2015 Above and Beyond Service Award. The deadline for this nomination is January 10, 2015. Click here **for more information.**

Excellence in Clinical Practice Award

Consider nominating someone you know for the Excellence in Clinical Practice Award. The deadline for nomination is November 30, 2014. Click here **to go to the Web page for nomination forms and more information.**

Award for Outstanding Achievement

Do you know someone who should be considered for the Award for Outstanding Achievement? Consider nominating them for this prestigious award. The deadline for nomination is November 30, 2014. Click here **for nomination forms and for more information about the award.**

CORRECTION from July/August *Breathline*

In listing the 2014 nominees for the Excellence in Clinical Practice Award, Alicia Voorhees, BSN, RN, CPAN, CAPA, TNCC, was inadvertently left off the list. We apologize, and want to recognize her for this achievement. Congratulations!

ASPAN® Breathline

Published by the American Society of PeriAnesthesia Nurses™

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

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Deadlines for inclusion in *Breathline*:

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

Community Paramedicine: Is a Program Coming to Your Hometown or Is It Already in Place?

Sally Morgan, MSN, RN, ACNS-BC, ANP-BC, GNP-BC – ASPAN Governmental Affairs Strategic Work Team

Sally Morgan MSN, RN, ACNS-BC, ANP-BC, GNP-BC
ASPAN Governmental Affairs Strategic Work Team

Community paramedicine is a collaborative model that utilizes the skills of local paramedics and the Emergency Medical System (EMS) system to address community-identified gaps in healthcare. A community paramedic (CP) has additional training, and works within a designated community paramedicine program. Originally, these programs were created to provide primary care for medically underserved populations where access to care was limited. Now, community paramedicine programs are expanding to urban areas in an attempt to reduce unnecessary hospitalizations and readmissions, emergency department (ED) visits, and healthcare costs.[1,2]

Meeting Patient Needs

Proponents of Community Paramedicine programs cite the increase in non-urgent emergency department visits and the shortage of primary care providers and services as important reasons for CP expansion. Patients with complex medical needs, untreated chronic illness, and/or those who are homeless are all frequent users of emergency care, often as their only source of healthcare. Community paramedics can intervene to reduce ED visits and reduce healthcare costs. Examples include follow-up visits after discharge from the hospital or ED, chronic disease management with diabetes, asthma, or congestive heart failure, prescription drug compliance, breathing treatments, wound care and dressing changes, intravenous monitoring, immunizations, well baby checks, dental care, and mental health.[1,2]

Alabama, California, Colorado, Nebraska, North Carolina, Pennsylvania, Texas, Washington and Wisconsin have implemented variations of the community paramedicine model. Minnesota first recognized the role in a statute in 2011, followed by Missouri in 2013. Several other states are planning to implement the role, including Florida, Kentucky and Maine. Other states are examining the feasibility of the role.[1]

Challenges for the Community Paramedic Program

However, while CP programs are being marketed to hospitals and to legislators as innovative ways to provide healthcare to the uninsured, underinsured or who receive Medicaid, the Centers for Disease Control and Prevention reports that 46,000 public health jobs have been lost in the last four years due to funding cuts. Public health nurse positions are eliminated due to lack of funding or unfilled due to non-competitive salaries.[1]

The Future for Community Paramedics

The American Nurses Association is analyzing the growth and utilization of CPs, and has published ANA's *Essential Principles for Utilization of Community Paramedics*. ANA recommends that CP education become standardized and competency based. Role confusion can be avoided by identifying the CP role within the healthcare team, while distinguishing the RN responsibilities. Even though regulatory structures varies among states, a basic model must be established to assure patient safety.[3]

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3. ANA's Essential Principles for Utilization of Community Paramedics. Available at: http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards/ANAPrinciples/EssentialPrinciplies-UtilizationCommunityParamedics.pdf. Accessed June 22, 2014.

President's Message *continued from page 1*

toring occurs without effort when perianesthesia nurses support and respect each other and desire an environment where continued improvement is celebrated. Invigorate your perianesthesia team by igniting the mentoring skills present in all of them!

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ASPAN Member-Get-A-Member Campaign

January 1 – December 31, 2014

Invite your colleagues to join ASPAN today! To thank you for your recruitment work, a variety of new awards are available for members who participate.

You can obtain promotional materials and membership applications by contacting ASPAN's National Office toll free at 877-737-9696 or emailing: dhanisch@aspan.org. Request as many copies as you like, and be sure to place your name as the recruiting member on each application you distribute.

CELEBRATE

PeriAnesthesia Nurse Awareness Week (PANAW)

February 2-8, 2015

DEDICATED PROFESSIONALS
PERIANESTHESIA
NURSES
PASSIONATE CARE

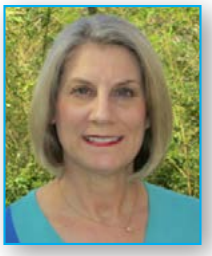
The theme for PANAW 2015 is *Perianesthesia Nurses: Dedicated Professionals, Passionate Care*. Nurses working in the perianesthesia environment are dedicated to caring for patients and their families, and passionate about what they do as nurses. PANAW is an opportunity to educate nursing colleagues and the community about the professionalism and passionate care that is delivered everyday by perianesthesia nurses. Now is the time to plan recognition of yourselves and your colleagues. In addition, the PANAW gift catalogue will be available soon, and has many items that are just right as a token of appreciation. **Remember to submit photos of your PANAW celebration to** bgodden@aspan.org **for inclusion in an upcoming issue of *Breathline*. For more information, visit** www.panaw.com**.**

Frequently Asked Questions

Promethazine Hydrochloride Administration

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. These are two frequently asked questions related to local anesthesia.



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

Q. We are revising our policy for Promethazine Hydrochloride (trade name: Phenergan) administration. Should we limit IV administration to central lines? Should we allow administration into a peripheral IV line? Should the location of the peripheral IV be a consideration?

A. The ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* traditionally do not address specific medications and routes of administration. ASPAN approved its Position Statement on "Safe Medication Administration" April 18, 2004 and revised it October 2011. It is included in the 2012-2014 Standards.[1] Principles of safe medication administration outlined in the position statement should be applied to institutional policies addressing medications administered by perianesthesia nurses. Perianesthesia nurses are professionally accountable for knowledge of any medication they administer including the approved/preferred routes of administration, onset and duration of action, side effects, and treatment of adverse reactions.[1]

Historical Perspective

Prevention of postoperative nausea is extremely important to perioperative patients. Promethazine has historically been regarded as an effective antiemetic.[2] In 2008, ASPAN endorsed the *Evidence-Based Clinical Practice Guideline for the Prevention and/or Management of PONV/PDNV.* The guideline listed low-dose promethazine as a Class IIa, Level C intervention.[3] In 2009, the FDA required inclusion of a black box warning on promethazine because of the risk for deep tissue injury with intravenous administration.[4] The preferred parenteral route is deep intramuscular injection, but it should be noted that tissue injury may still result if the needle does not reach the muscle. The FDA advised healthcare providers to inform patients of the risks and potential side effects when administering this medication intravenously. Specifically, the patient should be instructed to immediately report pain or burning during IV injection and to notify the healthcare provider if signs or symptoms of tissue injury develop.[5,6,7] Injuries may include phlebitis, redness, swelling, blistering, severe spasms of blood vessels, nerve damage, paralysis and abcess.[5,6,7] Serious injuries have resulted in litigation. In 2004, the United States Supreme Court upheld a Vermont case in which a woman was awarded $6.7 million for injuries sustained following an intra-arterial injection of promethazine. The woman, a professional guitarist, developed gangrene and required serial amputations of her right arm.[7] Unfortunately, there are similar cases in the literature.

Current Usage and Guidelines

Some facilities no longer include promethazine hydrochloride in their formularies. Others continue to make it available, limiting the route of administration to IM, PO or rectal. Some facilities restrict IV administration to central lines or large bore veins, while prohibiting administration through IVs inserted in the hand or wrist. Facilities may include additional precautions or instructions for IV administration, such as ascertaining patency of the IV immediately prior to administration and injecting the diluted dose of promethazine into the port most distal to the IV insertion site. Administration rates should not exceed 25mg/minute, and policies may further require that the medication be diluted in up to 50 ml of normal saline. In some institutions, the acceptable intravenous dose range may be limited to 6.25mg – 12.5mg diluted in 10-20ml of normal saline.[8] As with any medication, observing the patient for therapeutic as well as adverse effects is the nurse's professional responsibility. Reporting and documenting adverse events according to facility policy is essential in the prevention of further harm.

Summary

Given the risks associated with intravenous promethazine, it is important to establish institutional guidelines which clearly delineate the clinical indications and appropriate population when selecting the IV route over IM, PO or rectal administration. Involving an interdisciplinary team in development of the policy may optimize patient selection and heighten awareness of safer alternatives.

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ASPAN Burnout Study

Elizabeth Card, MSN, APN, FNP-BC, CPAN, CCRP – ASPAN Evidence Based Practice Strategic Work Team Coordinator – Vanderbilt University Medical Center, Nashville, TN

Elizabeth Card MSN, APN, FNP-BC, CPAN, CCRP
ASPAN Evidence Based Practice Strategic Work Team Coordinator

The term 'burnout' was first introduced in the 1970s by a psychologist and psychoanalyst Herbert Freudenberger, PhD.[1,2] Burnout has since been recognized by business, air traffic, information technology (IT) and automotive industries as affecting job performance, satisfaction and safety.[3-7] In the 1990s, Maslach and her colleagues further defined burnout as a combination of increased emotional exhaustion and depersonalization combined with a low sense of personal accomplishment.[8] Burnout can lead to other problems such as poor job performance, absenteeism, and "presenteeism." Burnout has also been reported to be associated with mental health and physical health issues, as well as drug use. However, the data for these conclusions are weak. Maslach and her colleagues believe job engagement (the antithesis of job burnout) should be associated with a good fit between a person's and his/her job's characteristics. Since that time, research has been completed on burnout in a variety of healthcare provider specialties, including flight nurses,[7] CRNAs,[9] radiologists, emergency physicians,[10] intensive care physicians,[11-13] otolaryngologists,[14,15] reproductive medicine chairs[16] and others.[8] Burnout is now recognized as a significant occupational hazard in the modern medical community.

The American Nurses Association (ANA) and American Society of PeriAnesthesia Nurses (ASPAN) have long recognized the negative impact burnout and fatigue can have on patient and nurse safety.[17,18] The ANA's position statement from 2006 recommended that every nurse has an ethical responsibility to "carefully consider" her/his fatigue level, and each have the duty to evaluate his/her personal "readiness to provide competent care."[17] In 2007, The Nursing Organizations Alliance (NOA) requested that every nursing organization has the duty to educate its members on nurse fatigue. Recently, in order to research this phenomenon, Vanderbilt University Medical Center (VUMC) investigators (Hyman, Card, Michaels) completed a National Burnout Survey among members of the American Society of Anesthesiologists (ASA). Despite this, there is a dearth of literature regarding burnout in the perianesthesia nurses.

A collaborative research study between VUMC and ASPAN membership will be coming soon on the prevalence and risk factors for burnout in perianesthesia nurses. The Prevalence Burnout Survey (PBS) will be an anonymous electronic format of the survey. ASPAN member participants will be randomly selected and emailed an invitation to participate with a link to the survey. Participation will be voluntary and anonymous. The survey takes approximately 5-15 minutes to complete.

A perianesthesia nurse's role requires complex vigilance, monitoring and dynamic decision making. These job requirements are particularly susceptible to effects from a variety of factors including the work environment itself, human components and interactions, and the human-machine interface necessary to the job.[19, 20]

Clinical burnout has been correlated with the development of unengaged healthcare workers, and may affect patient care as well as collaborative work efforts.[21] The self-perpetuating spiral of escalating burnout in a work environment may also be "contagious" for non-burned-out coworkers. Data gleaned from the Prevalence of Burnout Study will contribute to the understanding of burnout in the perianesthesia work area, and potentially improve the outcomes of perianesthesia patients. Awareness of signs and risk factors for burnout allows for early identification and early intervention with affected people by coworkers or supervisors.

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ASPAN BURNOUT STUDY *(continued from page 6)*

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Publications Strategic Work Team

Stephanie Kassulke, MSN, RN, CPAN – ASPAN Publications Strategic Work Team Coordinator

Stephanie Kassulke MSN, RN, CPAN
ASPAN Publications Strategic Work Team Coordinator

The Publications Strategic Work Team's (SWT) purpose is to review/revise ASPAN's existing publications, participate in judging the newsletter contest at national conference and review the Specialty Practice Groups (SPG) newsletters. This strategic work team supports ASPAN's goal of being the recognized source for perianesthesia knowledge.

A core team revised the newsletter contest tool so that it would be more objective and user-friendly. The finished product more than accomplished the goals of the SWT. Novice to expert newsletter editors can use this tool for evaluating and improving their component newsletters. The tool is objective with increased clarity, and allows the judges to determine fairly whether each criterion is present.

In addition to newsletter contest information being sent to the presidents and editors of each component, the information will now be housed on the ASPAN Web site, along with the newsletter evaluation tool. You can use this information to guide you in developing your newsletter. Click here **to go to the newsletter contest Web site.**

Additional 2013-14 Publications SWT accomplishments include:

1. Call for editors to coordinate the review and revision of the *Competency Based Orientation and Credentialing Program for the Registered Nurse in the Perianesthesia Setting (CBO)*
2. Co-editors were selected; *CBO* is in the final stages of review and will be available soon.
3. Review and revision of the newsletter contest judging tool is complete
4. Call for editors for the *Pediatric Competency Based Orientation and Credentialing Program for Registered Nurses in the Perianesthesia Setting,* a new publication, and editors to revise the *Redi-Ref*
5. Editors have been selected for those publications
6. Collaboration with the Publications Specialty Practice Group in the introduction of its *Publications Primer.* This primer is a tool for editors to guide them in various aspects of publication

Unit Based Award of Excellence Strategic Work Team

Tanya Hofmann, MSN, RN, ACNS-BC, CPAN – ASPAN Unit Based Award of Excellence Strategic Work Team Coordinator

Tanya Hofmann MSN, RN, ACNS-BC, CPAN
ASPAN Unit Based Award of Excellence Strategic Work Team Coordinator

Perianesthesia nursing excellence recognition is on the horizon! ASPAN has been working for several months to provide a venue to allow nurses working in the specialty of perianesthesia nursing an opportunity to showcase the excellent care that they give on a daily basis. The upcoming Kaleidoscope Award is modeled after other nursing excellence awards. It will allow your facility to highlight your unit's success in providing extraordinary care resulting in optimal patient outcomes.

Some of the criteria to be scored include:

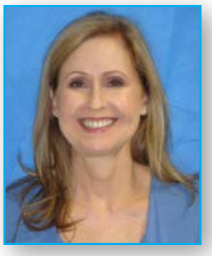
- Leadership and mentorship - cultivating passion in your profession
- Recruitment and retention of competent staff members- honoring diversity
- Healthy work environment - modeling respect
- Knowledge management (learning & development) - upholding excellence in perianesthesia practice
- Evidence-based practice
- Positive patient outcomes - vigilance to safety and standards and comparing your unit's level of excellence to national benchmarks

The Kaleidoscope Award will be available to units practicing in all phases of perianesthesia care, ambulatory surgery centers and pain management. This award will be based on strong core values and the compelling vision of ASPAN to be recognized as the best specialty organization of its kind.

American Society of Pain Management Nurses (ASPMN) Update

Kandace Maier, BSN, RN, NP, CPAN – ASPAN Liaison to ASPMN

In this issue, we feature another one of ASPAN's liaison relationships. This month, we showcase our connection with ASPMN.



Kandace Maier BSN, RN, NP, CPAN *ASPAN Liaison to ASPMN*

Hello to all my colleagues in ASPAN! I am the ASPAN liaison this year to the American Society of Pain Management Nurses (ASPMN). One of our most important functions as perianesthesia nurses is the administration of safe and effective pain management to the patients in our care. Early in my career in the PACU, I thought that I would be providing pain management only to the population of surgical patients who came through the PACU doors. I didn't really consider that there might be a lot more to the job than just surgical patients. But, after 24 years in the perianesthesia arena, my practice has evolved to where I now care for not only the surgical patient, but also post-cardiac catheterization, endoscopy and interventional radiology patients. I realize that while these patients may not have undergone a painful procedure, he/she might still have a need for pain management due to uncomfortable positioning during the procedure or a pre-existing chronic pain condition. Safe and effective pain management requires knowledge, skill and expertise. Our ever-evolving practice requires that we stay up-to-date in the many aspects of perianesthesia care, including pain management. ASPMN stands for excellence in pain assessment and treatment, and can be an invaluable resource to us in our practice.

ASPMN is currently celebrating its 25th year. The ASPMN Mission statement is:

"To advance and promote optimal nursing care for people affected by pain by promoting best nursing practices." ASPMN is hosting its 24th National Conference on September 17-20, 2014 in San Diego, California. The conference will be held at the Manchester Grand Hyatt. The list of topics is very pertinent to perianesthesia practice. Some topics of interest include:

- "The Science & Art of Providing Thoracic Epidural Analgesia in the Adult Thoraco-Abdominal Surgical Population"
- "Ketamine Trauma Case Studies Comparing Use in Complex Trauma Patients"
- "Managing Post-Operative Pain in the Severely Obese Patient:Treatment and Monitoring Challenges"
- "The Waves of End-Tidal CO2 Monitoring: How to Incorporate It into Your Practice"
- "Improving Post-Operative Pain Management in Orthopedic Total Joint Surgical Patients with Opioid Tolerance"
- A look at the Pasero Opioid Sedation Scale one year after implementation

It looks like a great conference! When you have a minute, take a look at the ASPMN Web site at www.aspmn.org for more information on the conference and other topics.

Coming in the November/December issue of Breathline: *Coverage of the Leadership Development Institute (LDI) 2014*

LDI attendees enjoying lots of learning

Original Article

Utilization of Emergency Medical Technician (EMT) Skill Sets in the Phase I PACU

Regina Hoefner-Notz, MS, RN, CPAN, CPN

Regina Hoefner-Notz
MS, RN, CPAN, CPN
Clinical Manager, PACU
Perioperative Services
Children's Hospital
Colorado

Questions are often received by ASPAN about the role of unlicensed assistive personnel, the use of emergency medical technicians and other ancillary positions in the PACU. This original article discusses how Children's Hospital Colorado looked at this issue, and came away with very positive outcomes.

Today, more than ever, nurses are being asked to do more with less. How nurses delegate and who nurses delegate to becomes exceedingly important as we all try to maintain the highest level of patient safety, quality of care and cost-effectiveness.

In 2000, Children's Hospital Colorado brought in a consulting firm to evaluate the various time components associated with different roles and jobs within the hospital structure. This study revealed that Phase I Post Anesthesia Care Unit (PACU) nurses utilized forty hours per week to transport patients and give handoff report to various nursing units. This initial projected assessment of forty hours of nursing labor translates to one full time employee/equivalent (FTE).

Nurse Utilization and Patient Needs

Other factors involved at the time of the study were the utilization of a staff nurse to take a patient to a medical-surgical unit, make him/her comfortable, find the nurse to give report and then actually give the report. Frequently, this kept the nurse away from the PACU for approximately 30 to 40 minutes. On a busy day, this certainly impacted how many nurses were available to accept patients coming out of the OR to start the recovery process. At the time, hiring more registered nurses was not feasible due to budget constraints, and although CNAs are exceedingly valuable to most units, we were investigating the possibility of an expanded role within the Phase I PACU.

As we started to identify patient needs associated with Phase I PACU care, we recognized that an understanding of airway management would be helpful in the PACU. The emergency department (ED) had recently started utilizing emergency medical technicians (EMTs) for various roles in the ED. We felt an EMT with airway skills would be the appropriate clinical mix to assist the nursing staff in Phase I recovery.

Regulatory Requirements

The U.S. Bureau of Labor and Statistics identifies the various levels of training an EMT can attain, along with the testing and certifications required by the National Registry of EMTs. The training levels range anywhere from first responders up to and including paramedics.[1,2] "An EMT-Basic has the emergency skills to assess a patient's condition and manage respiratory, cardiac and trauma emergencies. EMTs are trained in airway management, and can advance to utilizing airway devices along with preparing IV fluids, lines and some medications."[1,2]

Due to differences from state to state, it is important to understand the requirements necessary to be an EMT. The National Registry of EMTs identifies those participants that "have met the standards of the certifying body in credentialing. Certification is recognized by employers, state licensing agencies, and the public as being tied to competency."[2] Another required aspect is state certification. State certification gives the EMT "a right to work in a particular capacity. National certified EMTs who are not state certified cannot practice."[2] After national certification is obtained, an EMT must obtain a certification from the state in which he or she chooses to practice.[2,3]

Another issue encountered in Colorado centered on the state regulations for EMTs. After utilizing EMTs in a very successful manner for several years, in 2005, the new Colorado attorney general ruled that EMTs of any level could no longer work outside of their state-sanctioned scope, even with a physician advisor signing off on his/her practice.[3] It should be understood that all EMTs practice under a medical director. Children's Hospital Colorado had attending physicians in place as assigned medical directors to the various EMTs throughout the hospital. However, the EMT regulatory body and the Department of Public Health and Environment

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did not feel the desired scope of practice for the hospital was adequate when the hospital utilized EMTs outside of their state-sanctioned scope.[3] It is imperative that each hospital implementing a similar plan to Children's Hospital Colorado understand the practice regulations and requirements associated with its particular state.

Current Job Description

Consequently, the job description and title associated with this role needed to change to allow the hospital to establish its own competencies for this position, appropriate for the role these EMTs played in the institution. The new role is now titled Certified Medical Technician (CMT). This job falls under the nursing delegation to unlicensed personnel.[4] Within the new job description created at Children's Hospital Colorado, the CMT is required to have a high school diploma or holder of a GED certificate along with a current national and state Emergency Medical Technician certification and certification in BLS and CPR. This allows the hospital to utilize the skills of EMTs without asking them to practice outside their scope, as defined by Colorado's Department of Public Health and Environment.[3,5]

The CMTs in the PACU at Children's Hospital Colorado go through a competency based orientation with a lead CMT, a nurse and also the unit secretary. They are oriented to the patient population including the surgical, anesthetic and developmental needs of the patients we service. They learn various aspects of the team practice and the perspectives of the team members with which they work. The CMTs become a valuable part of the team and assist with direct patient care in many forms.

The PACU CMTs play an important role at the bedside with the PACU RN. Optimally, we have two PACU staff nurses at the bedside when a patient enters the PACU. The anesthesiologist and the OR nurse give report to the primary RN, as the secondary RN starts to auscultate heart rate and breath sounds. This secondary role is now frequently performed by the CMT. After the RN speaks with the anesthesiologist, the CMT frequently provides airway support, or starts setting up lines and fluids, or other tasks requested by the RN. The job description designated by house wide nursing and medical staff allow the CMTs to draw labs from arterial lines, cap and flush peripheral IVs (PIVs), discontinue PIVs and arterial lines, hold emerging patients, set up cool mist and ice packs, administer certain, non-classified medications and provide any other necessary care. The CMT is under the direct supervision of a RN who delegates the care needs of the patient. CMTs also do the unit supply orders and restock along with the fore mentioned safe transport of patients to various departments.

Evaluation of the Implementation of CMTs

In May of 2010, we evaluated just one aspect of care. We measured in minutes the time all CMTs spent transporting patients to various units. In one month, we documented 1,501 minutes of transport time. The average CMT salary is $15.00 per hour. An average nursing salary is $30.00 per hour. If a full time nurse is removed from the single role of transport, there is a significant cost differential per year for this one function; CMT $4,500.00 per year; RN at $9,000 per year. This PACU has identified a positive impact on the budget of $4,500.00 per year. By utilizing three CMTs in the PACU, it has reflected a cost savings is $13,500 per year just reviewing this one functionality. Again, as a staff we have chosen to employ EMTs over CNAs for the added skill set and airway competencies they receive during their course work and training. All care provided still remains under the delegation and supervision of a registered nurse in the PACU.[4]

The CMTs in Phase I PACU impact patient needs in many positive ways every day. On an average day, approximately 80 to 90 patients with 16-18 RNs and three CMTs are scheduled. The CMTs perform the majority of patient transports. After a patient meets Phase I PACU discharge criteria and a floor bed has been assigned, the PACU RN calls report to the receiving RN for the handoff of care. The PACU RN informs the CMT of the type of surgery and PACU issues the patient may have. The CMT has time to ask the PACU nurse any specific questions, and identifies themselves to the family while describing their role in the transport process. At any time, the CMT and RN may determine a RN is more appropriate for transport. CMTs are allowed to transport patients with epidurals and pain administration pumps (PCAs) if so delegated by the RN. At Children's Hospital Colorado, a RN is always required to transport patients going to a critical care area or who have tracheotomies.

Anecdotal Findings

The initial trust factor of the floor RNs towards the CMTs was slightly lower than that of the nurses in the PACU. Unit nurses took longer to embrace the new routine. Now, the discharge report is called to the inpatient unit RN and the PACU CMT transports the patient and family to his/her room, helps him/her into bed, connects him/her to the appropriate monitors, does a safety check of the bedside equipment and stays with patient and family until a staff RN or CNA makes contact in the room to confirm arrival and

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patient identity. Floor feedback has been extremely positive, and the CMTs have proven to be "good-will" ambassadors for the PACU.

Comments by CMTs:

Pros:

- Working alongside skilled, dedicated staff in a high-quality healthcare environment
- Exposure to complicated surgical cases and critical care scenarios
- Attain a vast knowledge of medical supplies and terminology
- Witness firsthand the relationships within a hospital and working as part of an interdisciplinary team
- Always something to do or someone to help out

Another positive for our CMT's is the job stability with competitive pay, health benefits, tuition reimbursement and other personal benefits provided by the hospital.

Cons:

- Lack of autonomy in patient care
- Limited exposure to the entire process of care in the patient's experience
- Lack of critical responsibilities
- Physically demanding (this can also be a pro, however)

One PACU nurse stated that "I feel that if it were not for the CMTs and their help with transportation of patients and the care they give to the families, the patient flow in the PACU would come to a near stop. It would be huge." Children's Hospital Colorado has utilized EMTs (CMTs) in the PACU for approximately 12 years and would, at this point in time, be absolutely lost without them!

ASPAN Standards

The utilization of CMTs in Phase I recovery meets all requirements in the ASPAN 2012-2014 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements,* to include "Practice Recommendation 5: Competencies of Perianesthesia Support Staff" and "Practice Recommendation 6: Safe Transport of Care: Handoff and Transportation."[6,7] It is a job role that this hospital has created and defined. The use of CMTs is significantly cost-effective, while the skill set is a perfect adjunct to the perianesthesia nurse. The CMTs in Children's Hospital Colorado Phase I PACU are essential team members that compliment the skills of the nursing staff to provide high quality patient care.

REFERENCES

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6. American Society of PeriAnesthesia Nurses. Practice Recommendation 5: Competencies of Perianesthesia Support Staff. *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements.* Cherry Hill, NJ: ASPAN; 2012: 51-52.
7. American Society of PeriAnesthesia Nurses. Practice Recommendation 6: Safe Transfer of Care: Handoff and Transportation. *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements.* Cherry Hill, NJ: ASPAN; 2012: 53-55.

Additional Information about EMTs

General information about emergency medical technicians and paramedics is available from:

- National Association of Emergency Medical Technicians, P.O. Box 1400, Clinton, MS 39060-1400. Web Site: http://www.naemt.org
- National Highway Traffic Safety Administration, Office of Emergency Medical Services, 1200 New Jersey Ave., SE, NTI140, Washington, DC 20590. Web site: http://www.ems.gov
- National Registry of Emergency Medical Technicians, Rocco V. Morando Bldg., 6610 Busch Blvd., P.O. Box 29233, Columbus, OH 43229. Web site: http://www.nremt.org

CERTIFICATION

ABPANC Q&A

What does the acronym ABPANC stand for?

A. American Board of Perianesthesia Nursing Certification, Inc.

What does the acronym CPAN® stand for?

A. Certified Post Anesthesia Nurse

What does the acronym CAPA® stand for?

A. Certified Ambulatory Perianesthesia Nurse

Are the CPAN and CAPA certification programs accredited?

A. Yes, they are accredited by ABSNC – Accreditation Board for Specialty Nursing Certification

How many perianesthesia nurses are currently certified?

A. 11,470 and growing. 6943 CPAN, 4527 CAPA and 550 dual certified

Where can I go to find the best study resources for the CPAN or CAPA exam?

A. www.cpancapa.org > Exam Preparation

Contact ABPANC

475 Riverside Drive, 6th Floor, New York, NY 10115-0089
Phone: 800-6ABPANC Fax: 212-367-4256

Email: abpanc@proexam.org

Web site: www.cpancapa.org

SAVE THE DATE

International attendees gather for a photo in Dublin at ICPAN 2013

ICPAN 2015

Copenhagen:

Sharing and Caring –

Inspiring Global Connections

3rd International Conference for PeriAnaesthesia Nurses

Hotel Radisson Blu Scandinavia

Copenhagen September 9- 12

In cooperation with the Danish association of anesthesia, intensive care and recovery nurses

WWW.ICPAN2015.DK

ASPAN NATIONAL CONFERENCE

April 26 – 30, 2015 – San Antonio, Texas

Cindy Hill, BSOE, RN, CPAN, CAPA – National Conference Strategic Work Team Coordinator

ASPAN's 34th National Conference: "Igniting Professionalism: Excellence in Practice, Leadership, and Collaboration" is coming together at a rapid pace! Make plans to attend the conference in San Antonio, Texas April 26 – 30, 2015 to greet old friends and make new friends during the many educational sessions and networking opportunities. The schedule will be packed with speakers and presentations that cover a variety of topics. Experience the professionalism and excellence that is perianesthesia nursing at its finest. Future *Breathline* issues will provide information about room sharing, host/hostess volunteering, and Component Night.

San Antonio is located in The Hill Country of Texas. It is a painted landscape of green grass, Blue Bonnets, Indian Paintbrushes, and other colorful wildflowers. There are many venues for fun and entertainment in the city, as well as outside the city. The Alamo, San Antonio Botanical Garden, SeaWorld San Antonio, Six Flags Fiesta Texas, and the Riverwalk are just a few of the sites to consider for a visit while you are here. There are also multiple golf courses for those who like to be on the "greens."

The choice of dining establishments is mind boggling, whether you like Mexican food, bar-b-que, steaks, seafood, casual or fine dining. Evening entertainment is also a choice of "dance halls," clubs with many different types of music, or even the San Antonio Ballet. San Antonio caters to families with and without children, so the opportunities for fun are endless! Listed here are two Web sites for your information: www.texashillcountry.com and www.visitsanantonio.com. I invite you to look around and plan some side trips while you are here in Texas. So, boogie back to Texas where we'll treat you right and show you a good time!

The Hyatt Regency on the Riverwalk will host the conference. Be sure to reserve your rooms early. Room rates are $199.00/night plus tax. Visit the ASPAN web site for more information. Links to the conference and hotel site will be posted in the near future.

▼ The Alamo at Dusk

▲ Six Flags Fiesta Texas

▼ SeaWorld Shamu

▲ River Walk Texas Umbrellas

Photos courtesy of: San Antonio Convention and Visitors Bureau – www.visitsanantonio.com

THE DIRECTOR'S CONNECTION

Sarah Cartwright, MSN-PH, BAM, RN, CAPA – ASPAN Regional Director, Region 5

Greetings from the Southeast! Region 5 members continue to showcase passion, commitment and involvement in perianesthesia initiatives. These components have a central theme of growth through increased membership, increased district formations, and increased participation at all levels: local, state, and national.

Sarah Cartwright
MSN-PH, BAM, RN, CAPA
ASPAN Regional Director
Region 5

Region 5 Highlights

Alabama Association of PeriAnesthesia Nurses

ALAPAN is revitalized and energetic in its growth potential. ALAPAN sent members to Nashville for LDI and will be sending members to San Antonio for the 2015 National Conference. They are working with ALAPAN's regional director, neighboring components and ABPANC to continue to thrive! ALAPAN's next state conference is in the works, with the date to be announced soon.

Chesapeake Bay Society of PeriAnesthesia Nurses

CBSPAN has an active membership that not only practices at the bedside, but volunteers for many causes. These perianesthesia nurses are examples of advocacy in action. CBSPAN is dedicated to continued growth through certification, and was again awarded the ABPANC Shining Star Award 2014. CBSPAN's annual conference is scheduled for October 18, 2014 in Delaware.

Florida Society of PeriAnesthesia Nurses

FLASPAN is taking the challenge to grow its active membership base. Showing its continued commitment to safety, standards and mentorship, FLASPAN won the ABPANC Shining Star Award 2014 for the fifth time. When asked what its greatest positive change was, FLASPAN president, Terri Passig, stated that activation of new districts proved that members want what FLASPAN offers-knowledge, leadership, passion and practice. FLASPAN's annual conference is October 31-November 2, 2014 in Orlando, Florida.

Georgia Association of PeriAnesthesia Nurses

GAPAN understands that we are only strong when we learn from each other. GAPAN will host ALAPAN at its next board of directors' retreat. GAPAN's successful retreat format helps the board plan for future success, and it is a model that they want to share with others. Its 2014 conference will be September 12-14, 2014 in Augusta, Georgia. GAPAN won the ABPAN Shining Star Award 2014 for its dedication to the promotion, recognition, and continuation of certified nurses in Georgia.

North Carolina Association of PeriAnesthesia Nurses

NCAPAN was present at national conference, showcasing North Carolina state pride during Component Night! NCAPAN also won the ABPANC Shining Star Award 2014. NCAPAN's annual conference is September 19-21, 2014 in Asheville, North Carolina.

South Carolina Association of PeriAnesthesia Nurses

SCAPAN is industrious and welcoming, ready to mentor new leaders. SCAPAN has an active scholarship program and promotes all levels of service and continuing education. SCAPAN was awarded the ABPANC Shining Star Award 2014. Look for SCAPAN's next conference November 15, 2014 in Charleston, South Carolina.

Tennessee Association of PeriAnesthesia Nurses

TSPAN is still on the go following their time in Las Vegas! They are ready for the fall conference September 27, 2014. TSPAN won the ABPANC Shining Star Award 2014, and TSPAN member Cathy Lee won the ABPANC Advocacy Award.

Virginia Society of PeriAnesthesia Nurses

VSPAN is 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 is September 13, 2014 in Virginia Beach, Virginia.

Component Education Program

October 3-5, 2014 The Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) will host its annual Retreat in the Rockies. The event will be at Snow Mountain Ranch, just west of Winter Park, Colorado. For more information, please contact Barb Krumbach at barb.krumbach@comcast.net.

October 17-18, 2014 The PeriAnesthesia Nurses Association of California (PANAC) will celebrate its 35th annual meeting and seminar at the Ontario Airport Hotel & Conference Center, Ontario, California. For more information on "Perianesthesia Nursing: Reaching New Heights," please contact Lori Silva at loris@panac.org or PANAC at www.panac.org.

October 31-November 2, 2014 The Florida Society of PeriAnesthesia Nurses (FLASPAN) will host its 45th annual conference entitled "Back to Basics; A Day in the Life of a Perioperative Patient." The event will be at the Wyndham Resort in Orlando, Florida. For more information, please contact Kathi Saball at kmsaball51@gmail.com, Colleen Sibel at colleens1000@comcast.net or visit www.flaspan.com.

February 21, 2015 The PeriAnesthesia Nurses Association of California (PANAC) will hold its annual Winter Seminar at the Ventura Marriott Hotel, Ventura, California. Please contact Laurel Baker at laurelb@panac.org or the PANAC Web site www.panac.org.