



## INSIDE:

## PRESIDENT'S MESSAGE: Igniting Professionalism through Integrity and Accountability

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

**H**ealthcare continues to change. Part of that change has been to provide more care with the same or fewer resources. For many, this can be a moral and ethical dilemma. Feeling pressure from management to deliver a specific productivity number may tempt you to lower your standard of care to meet unrealistic expectations. However, through your understanding and implementation of ASPAN's "Patient Classification/Staffing Recommendations," patient care will never be compromised, and you have the perfect document to bring to your management team to argue for appropriate patient staffing ratios in the PACU. Being supported by the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, the Standards is one of the most important "tools" you can carry in your nursing toolkit. This publication provides the ability to incorporate the principles, standards, guidelines, practice recommendations and position statements of ASPAN into your organizational culture so that "an appropriate number of registered nursing staff with demonstrated competence is available to meet the individual needs of patients and families in each level of perianesthesia care based on patient acuity, census, patient flow and physical facility."<sup>1</sup>

Conversely, ASPAN's "Standards for Ethical Practice" define one of our professional accountabilities as: "demonstrates stewardship through fair and responsible management of all resources."<sup>1</sup> This means that we must ensure that the necessary resources are available for patient care at peak



**Jacque Crosson  
MSN, RN, CPAN  
ASPA President 2014-2015**

demand, and flex resources appropriately to do so. ASPAN consistently receives inquiries through its Clinical Practice Committee surrounding staffing. While ASPAN has the "Patient Classification/Staffing Recommendations" both in printed form in the Standards book and online at the ASPAN Web site, there continues to be a need for further clarification of what it means to have two RNs "in the same room/unit where the patient is receiving Phase 1 level of care."<sup>1</sup> ASPAN's

Standards and Guidelines Strategic Work Team consistently reviews all clinical practice inquiries and updates the Standards as needed to provide further clarity. To further support your practice, with each publication of the Standards, more leveled evidence is added to each practice recommendation and/or guideline.

Knowledge of the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* is one aspect of professional accountability, but "legal parameters for the scope of RN practice are defined by state nurse practice acts."<sup>2</sup> If it has been a while since you reviewed your state scope of practice, it may be enlightening to reread this document and ensure that no changes have been made. Check your state Board of Nursing Web site. They will have resources for you to review and reinforce your knowledge and understanding of practice. In my state of Arizona, the Arizona State Board of Nursing has a practice exam covering the nurse practice act to test understanding and knowledge. As a licensed





professional, this is an excellent way to ensure your practice meets your state's standards.

Also important to perianesthesia practice is delegation. It is the nurse's responsibility to ensure that the patient care technician has the necessary skills and competencies to carry out those duties. ASPAN has a *Competency Based Orientation and Credentialing Program for the Unlicensed Assistive Personnel in the Perianesthesia Setting* that "provides a comprehensive format for assessing the competency and skill of unlicensed assistive personnel."<sup>3</sup> This is a tremendous resource to utilize at your organization to ensure adequate preparation of all unlicensed patient care technicians.

Finally, "moral integrity is defined as knowing what is right and what is wrong, acting on that knowledge even at a personal cost, verbalizing that you are acting on what you know to be the right thing to do, and doing this with a high degree of consistency."<sup>4</sup> This concept is more important today than ever before. With the many changes in healthcare, fewer resources and continued high demand for efficiencies, it is imperative to review your inner values and moral integrity. We are in the business of providing care at a time when patients are at their most vulnerable. They trust that we will keep them safe during their surgical journey. They trust that their perianesthesia nurse will always do the right thing. In the preoperative area, continue to be a fierce patient advocate to ensure that all safety measures are complete and an accurate handoff to the perioperative team occurs. When in PACU, make sure that a com-

plete report has been received from the anesthesia provider and RN circulator and that all of your questions have been answered. If you are consistently accountable in following your state nurse practice act along with the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* and your internal moral integrity, you will be the shining example of exemplary perianesthesia practice.

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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



# PeriAnesthesia Nurse Awareness Week (PANAW) February 2-8, 2015

**A**s you read this, PeriAnesthesia Nurse Awareness Week (PANAW) will be upon us before you know it. For 2015, the theme is *Perianesthesia Nurses: Dedicated Professionals, Passionate Care*, and there is no better time to recognize your members than during PANAW. Do you have a plan in place? Many components post messages on their Web sites and in component newsletters. Some hold a seminar that has significance for perianesthesia practice, and creates the opportunity for members to obtain contact hours to maintain his/her CPAN/CAPA certification. When all is said and done, it is a time to celebrate all perianesthesia nurses for their dedication and for the passion they exhibit for this specialty. PANAW, which will be celebrated February 2-8, 2015, is a great time to recognize members for service to perianesthesia practice and your component. Official PANAW products can be ordered online at [www.panaw.com](http://www.panaw.com).

**Remember to submit photos of your PANAW recognition/celebration to Barb Godden for use in a future issue of *Breathline* at [bgodden@aspan.org](mailto:bgodden@aspan.org).**

# CONGRATULATIONS

## 2014 ASPN Scholarship Recipients

### **ASPN National Conference Attendance Scholarship (\$500 each)**

#### *For the 2015 National Conference in San Antonio*

Donna Goyer BS RN CPAN CAPA  
*Roanoke, VA*

Judith Kinnavy BSN RN CAPA  
*Naperville, IL*

Vida Lew BSN RN CPAN  
*Marlton, NJ*

Lois Oswald RN  
*Merrimac, WI*

### **BSN Scholarship (\$1,000)**

Linda Makris RN CPAN  
*Indian Mills, NJ*

### **MSN Scholarship (\$1,000 each)**

Laurie Laurino BSN RN CPAN  
*Seminole, FL*

Carrie Lauritsen BSN RN CPAN  
*Holland, MA*

Jennifer White BSN RN CPAN  
*Hendersonville, NC*

Lauren Wolf BS RN CPN  
*Portsmouth, NH*

### **Humanitarian Mission Scholarship (\$500 each)**

Robyn Dandridge MSN RN CAPA  
*Jacksonville, FL*

Anita Gooding RN  
*Roanoke, VA*

Nancy O'Malley BSN MA RN CPAN CAPA  
*Aurora, CO*

Judith Stob BSN RN CAPA  
*Holland, MI*

### **Nurse Internship in Washington (NIWI) (\$1,250 each)**

Susan Hardway MSN RN  
*Fairmont, WV*

Judy Schneider RN CPAN  
*Garner, NC*

### **Certification Exam Scholarship (\$285 each )**

*CPAN:*  
Laura Michalek BSN RN  
*Mystic, CT*

*CAPA:*  
Jo Ann Shelley BSN MA RN  
*Annapolis, MD*

**TOTAL AWARDED: \$12,070**



### **Gold Leaf Award**

The deadline for the Gold Leaf Component of the Year Award submission is **February 2, 2015!** Components competing for the Gold Leaf Award must submit their applications to the ASPN National Office by February 1st. The award reflects the activity of your component from January 1, 2014 through December 31, 2014. 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 San Antonio. For information, guidelines, and the application,

## Call for Resolutions

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2015 Representative Assembly (RA) meeting on April 26, 2015.

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

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

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

### Submission Deadline:

Resolution forms relating to **bylaws** changes or relating to **position statement, policy matters or other issues** must be received by the ASPAN National Office no later than **January 26, 2015**.

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

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

## 2015 ICPAN Registration Fee Scholarships from ASPAN

ASPAN is pleased to offer registration fee scholarships to the 2015 International Conference for PeriAnesthesia Nurses (ICPAN) being held September 9-12, 2015, in Copenhagen, Denmark.

The special postmark deadline for ICPAN scholarships is May 1, 2015.\* DON'T DELAY!

Instructions and required forms are available on the ASPAN Web site. Please read instructions carefully for eligibility requirements. Visit Members / Scholarship Program / 2015 ICPAN Scholarships or [click here](#).

\*Applications/information for ASPAN's annual Scholarship Program (offering BSN degree, MSN degree, Doctorate degree, ASPAN National Conference, Certification Exam, Humanitarian Mission and Nurse in Washington Internship scholarships) will be available on ASPAN's Web site in February, with a postmark deadline date of July 1, 2015. 

## NURSE IN WASHINGTON INTERNSHIP (NIWI) WASHINGTON, DC March 15-17, 2015

[Click here](#) for more information. 



# ASPAN'S 2015-2016 Slate Of Candidates

## *Vice President/President-Elect*



**Katrina Bickerstaff**  
BSN, RN, CPAN, CAPA



**Joni Brady**  
MSN, RN, CAPA



**Kim Noble**  
PhD, RN, CPAN



**Nancy Strzyzewski**  
MSN, RN, CPAN, CAPA

## *Treasurer*



**Deborah Bickford**  
BSN, RN, CPAN



**Valerie Watkins**  
BSN, RN, CAPA

## *Regional Director, Region 1*



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

## *Regional Director, Region 3*



**Sylvia Baker**  
MSN, RN, CPAN



**Rosemary Durning**  
MHS, BSN, RN, CAPA, TNCC



**Stephanie Kassulke**  
MSN, RN, CPAN

## *Regional Director, Region 5*



**Kimberly Godfrey**  
BSN, RN, CPAN

## Director for Education



**Linda Beagley**  
MS, BSN, RN, CPAN



**Lynn Sekeres**  
MSN, BS, RN, CCRN, CPAN

## Director for Research



**Elizabeth Card**  
MSN, APRN, FNP-BC, CPAN, CCRP

## Nominating Committee (five vacancies; three declared candidates)



**Pamela Champigny**  
MSN, RN



**Donna Wollman**  
MSN, RN, CAPA, APRN



**Janet Woulfe**  
RN, CAPA

## CANDIDATE PROFILES: Your Input is Requested

**A**SPAN's slate of candidates for the 2015-2016 year is impressive, and each candidate brings talent and skills to the role she is seeking to lead ASPAN in the coming year(s).

ASPA<sup>N</sup> 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, 2015**:

- 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 2015-2016 *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 2015 Representative Assembly meeting in San Antonio, Texas
- Once you click "Submit," you will receive a confirmation page stating that your submission has been successfully executed
- Only one 2015-2016 Candidate Selection submission per ASPAN member will be accepted. Submissions are available online only
- [Click here](#) for 2015-2016 Candidate Profiles

**Your feedback must be submitted no later than February 28, 2015. Don't delay!**

# Igniting Professionalism: Excellence in Practice, Leadership and Collaboration

**ASPN's 34th National Conference, April 26 - 30, 2015**

Cynthia Hill, BSOE, RN, CPAN, CAPA

ASPN 2015 National Conference Strategic Work Team Coordinator

**National Conference**

ASPN invites you to join your perioperative colleagues in San Antonio, Texas for a robust educational event that is sure to stimulate and fill your mind with new ideas and purpose. The registration brochure that ASPN members received in the mail is also available at [www.aspan.org](http://www.aspan.org). It offers complete details on all the educational sessions and social activities that are planned for the conference. Be sure to register early, and choose the sessions that fit your needs for learning. Remember, the early bird gets the worm.....yum!! Personally, I would rather have a peach and cream cheese kolache!

The pre-conference on Saturday, the Certification Review Course on Sunday, the post-conference on Thursday and all the educational sessions in between offer more than enough information to whet your appetite for knowledge and continuing education credits. The concurrent tracks may make it difficult to choose your favorite sessions and speakers. There will be ample time for networking, and many opportunities for volunteer activities. Join old friends and make new friends at Component Night when we "Boogie Back to Texas!" Bring your boots, jeans and cowboy hats, or your most colorful Native American, Hispanic, German, or other costume. You know.....Bonnie and Clyde were from Texas. I'm just saying, Texas has quite a colorful history to draw upon when getting dressed for Component Night. Let your imaginations soar! The President's Reception will honor Jacque Crosson, as her successful year as ASPN president comes to a close. Come, and congratulate her in celebration of her accomplishments.

By all means, be prepared to have fun, and enjoy the local entertainment and all the other attractions that abound in San Antonio! See you there! 

## Need a Roommate at National Conference?

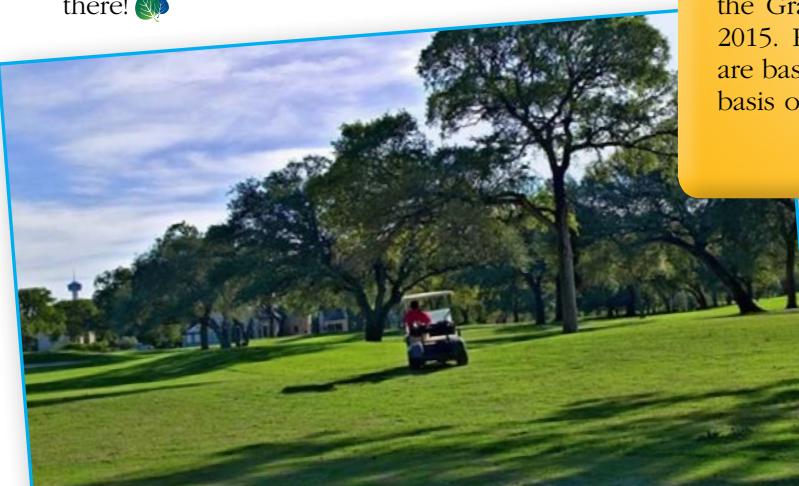
Are you looking for a way to come to conference, but don't have anyone with whom to share a room? Not a problem! Simply submit your name to be included on the "Willingness to Share a Room" list. The room-sharing list will be distributed to all those who have asked to be included. It will then be your responsibility to directly contact others on the list to coordinate room sharing arrangements and make your own hotel reservation.

The following information is required in order to be included on the list: Your full name, complete mailing address, e-mail address, home and work telephone numbers, and fax number, if applicable. Please indicate how you would prefer to be contacted. Provide any information which will help you and a potential roommate determine compatibility. All information must be received no later than February 13, 2015. The list will be distributed by the end of February.

**Please mail, or email your request to:**

Linda Allyn  
3097 FM 1704  
Elgin, TX 78621  
Email: [lallyn3@gmail.com](mailto:lallyn3@gmail.com)

The hotel room reservation deadline at the Grand Hyatt San Antonio is March 21, 2015. Reservations made beyond this date are based upon a space and rate availability basis only. 



Brackenridge Golf Course

# Volunteers Needed to be Host or Hostesses

## ASPAN's 34th National Conference, April 26 – 30, 2015

Linda Allyn, BSN, RN, CPAN, CAPA

National Conference Strategic Work Team 2015 Hostess Coordinator

**A**re you planning on attending the 2015 ASPAN National Conference in San Antonio Texas? Now is the time to volunteer to be a host or hostess for the conference. The people you see in the "green aprons" are all volunteers who have responsibilities providing directions within the conference areas, facilitating session seating, assisting with the ASPAN Shoppe and collecting event tickets. Hosts and hostesses are able to earn contact hours for the sessions at which they volunteer, while earning a small stipend for their service. Anyone may volunteer. You are not only helping ASPAN provide a successful conference, but you meet new people and also make that first time attendee feel welcome.

To sign up for the host/hostess program, or for further information, please contact Linda Allyn at (512)217-9918 or [lallyn3@gmail.com](mailto:lallyn3@gmail.com). We can't wait to see you in San Antonio! 



▲ *McNay Art Museum*



▲ *Buckhorn Saloon*



▲ *San Antonio River Walk*

▼ *San Antonio Botanical Gardens*



# Patient Safety and Healthcare Workers (HCW) Hand Hygiene Compliance

Safety

Mary Christina Joy Lazo, MSN, RN, CPAN  
ASPAN Safety Strategic Work Team (SWT) Member

Hospital acquired infections (HAIs) are a major threat to patients as HAIs increase a patient's hospital length of stay, and possibly mortality.<sup>1</sup> It has been estimated that over 1.4 million people worldwide develop infectious complications associated with hospitalization and that 80,000 deaths in the United States (US) are associated with HAIs.<sup>2</sup>

In the past decades, improving patient safety has received growing attention in the United States. In its 2014 National Patient Safety Goal (NPSG) Number 7, The Joint Commission (TJC) strongly emphasizes the importance of compliance with hand hygiene (HH) guidelines that are recommended by the Centers for Disease Control and Prevention (CDC) or the World Health Organization (WHO), and has set goals to improve HH compliance.<sup>3</sup> But despite TJC requirement, overall compliance to HH guidelines among healthcare workers (HCWs) in hospitals remains unsustainable, and sometimes, unacceptably low. This fact is a major concern to hospital leaders and nurse managers.<sup>3</sup> Hospital leaders and nurse managers must devote time to assess barriers and challenges to HH compliance, and identify effective strategies to overcome them, as it poses a huge impact to patient safety and patient overall outcomes.<sup>4</sup>

## Barriers and Challenges to HCWs HH Compliance

- Individual behavior-resistance to change, forgetfulness, and apathy
- Self-perception of low risk in acquiring infection
- Skin problems from HH products
- Lack of organizational safety culture and lack of strong support from administration (not a priority project)
- Lack of funds in buying materials to support campaign (not a priority in the unit budget)
- Increased workload, nurse-patient ratio, and lack of time
- Poor facilities - inadequate sinks and sanitizer dispenser
- Influx of new providers – navigating the new system and forgetting to wash their hands

## Your 5 moments for HAND HYGIENE



Mary Christina Joy Lazo  
MSN, RN, CPAN  
ASPAN Safety  
SWT Member

## Effective HH Strategies and Best Practices

- Set target goal for HH compliance
- Train effective and empowered HH team
- Measure HCWs HH compliance rate through unannounced internal and external observations
- Direct feedback – real time
- Ongoing HH education on all HCWs
- Use of campaign materials/reminders – posters, pins, pocket size sanitizers
- 1-2 hourly HH announcement – innovative HH scripts to remind/ thank staff
- Place sanitizers and skin repair lotions in strategic locations
- Collect data and conduct research – provide linkage of increased HH compliance to decrease transmission of HAIs
- Hold all HCWs accountable, e.g., accountability model
- Utilize technology to improve data reporting and real-time feedback
- Share unit HH successes and challenges.
- Recognize most compliant HCWs and best observers
- Empower patients to ask all HCWs to wash their hands
- Interdisciplinary collaboration to support initiative – pledges to support goal
- Manager's commitment to provide funds for HH initiatives
- Manager sends out observations to departmental leadership.

# Frequently Asked Questions

## Charting by Exception

Lois Schick, MN, MBA, RN, CPAN, CAPA



Lois Schick  
MN, MBA, RN, CPAN,  
CAPA  
ASPN Clinical Practice  
Committee member  
ASPN Past President  
2008-2009

*The Clinical Practice Committee receives many questions via the ASPN Web site each month. Committee members then research the answer and respond to the query. This is a frequently asked questions related to documentation.*

**Q.** Our PACU is going from paper to electronic records – documentation by exception. Many of us have an issue with this. We were trained that, “If you didn’t document it, you didn’t do it.” Is this ok?

**A.** Many electronic systems use charting by exception (CBE) to document patient care. Supporters reason that this format saves time by eliminating redundancy. Because the nurse charts only abnormalities, significant findings or deviations from defined normal limits, non-reassuring trends and significant changes in a patient's status stand out.<sup>1</sup> Electronic programs implementing CBE must capture what nurses do. CBE combines standards of nursing care, flow sheets and the convenience of bedside charting through the use of protocols, guidelines, standardized care plans, and critical pathways.<sup>2</sup> If the assessment falls outside defined normal limits, documentation that you are addressing may require a narrative entry on the assessment tool.

Although CBE is an accepted method of documentation, some nurses express concern about possible legal pitfalls stemming from the adage “if it wasn’t documented, it wasn’t done.” CBE relies on written standards of practice that identify the nurse’s basic responsibilities. Adherence to the institutional definition of “normal limits” is critical to the success of CBE. When CBE is used consistently and correctly, it is valid and reliable.<sup>3</sup>

HAIs are a major concern to patient safety and well-being. This prompted the United States government to require hospitals' mandatory reporting and disclosure of HAIs. With the use of technology and the World Wide Web, consumers today are using infection data in selecting and/or leaving a hospital system.<sup>4</sup> In order to maintain hospitals' marketability and reputation, and to increase reimbursements from the government and insurance companies, hospitals must decide to build upon an effective strategy to decrease HAIs that includes HCWs strict compliance to a systematized hospital HH guidelines, which is believed to be the key factor in reducing the spread of HAIs.<sup>4</sup>

There are numerous articles on charting by exception. A recurring suggestion in those articles is the recommendation that the healthcare provider ask:

- Does my documentation clearly communicate what occurred with this patient?
- Does it tell the story from the beginning to the end?
- Am I clearly alerting other providers about key findings or changes in the patient's condition?
- Am I charting by rote rather than considering that what I document or neglect to document, could significantly impact the patient's outcome?

When the nurse keeps in mind the expectations surrounding CBE, and documents appropriately when outside the CBE parameters, he/she can be assured that documentation reflects accurate assessments and care provided.

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# Become More Research Savvy and Increase Your Utilization of Evidence-Based Practice

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP & Christine Tomes, MSN, RN, ADM, CPAN

Vanderbilt University Medical Center, Nashville, TN

Kim Noble, PhD, RN, CPAN

ASPN Director for Research

**F**lorence Nightingale used statistics to validate the need for improved medical care in the 1850s, and evidence-based practice (EBP) in nursing was born. Any nurse can follow his/her lead and become more involved and informed regarding evidence-based practice and research. Houser and Bokovoy defined the following six steps, which ASPAN has applied to benefits as members of ASPAN.<sup>1</sup>

## Step One: Regularly read research articles

The *Journal of Perianesthesia Nursing* (*JoPAN*) has research articles related to our profession, and older articles are available through the *JoPAN* Web site. Sigma Theta Tau International's *Journal of Nursing Scholarship* comprises only nursing research articles. By regularly reading research, you will become familiar with ways in which studies are planned, completed, and reported. Make a commitment to read at least one a week in order to develop this habit.

## Step Two: Join or start a professional journal club

Being part of a journal club will give you the opportunity to regularly read and critique research articles within a group, whether you are doing this online or in person. Meeting with others of like interests can enrich this experience and encourage a deeper discussion. This could lead to an understanding of the topic of which you may not have been able to have achieved on your own.

## Step Three: Volunteer for the development of clinical practice guidelines

ASPN regularly calls upon committee members to assist with this task. You will learn how to pose a research question, complete methodical literature searches, evaluate the "evidence," and assist with translation into clinical practice.

## Step Four: Get involved in high quality research studies

ASPN will be emailing invitations to participate in at least two more studies this year, in which you will have the opportunity to learn more about research design and data analysis.

## Step Five: Search for research conferences or educational opportunities to increase your research skills

ASPN's Research Committee and Evidence Based Practice Strategic Work Team (SWT) are dedicated to research. Please complete a Willingness to Participate form on ASPN's Web site to volunteer to serve on either one. This will allow you the opportunity to meet and interact with researchers and possibly collaborate on a project. Or, it may lead you to discover a topic in which you wish to replicate on a smaller scale. Web-based classes are also available through universities and a web-based school, "Coursera," can be found at <https://www.coursera.org/>.

## Step Six: Actively participate in research, either as a subject or as a data collector

Either opportunity will give you insight as to how to maintain reliability (completing research tasks the same way), and how to control for threats to validity (separating results from the intervention or other forces).

By utilizing any one or all of these steps, you will soon find yourself more at ease with developing, refining, and expanding your body of knowledge through research, and will be able to assist further in improving the health and quality of life of your patients.<sup>2</sup>

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# Developing the Clinical Information System (CIS)

## Implementation Resource Manual

Jamie Danks, BSN, RN, MSHI, CNOR & Dina Krenzischek, PhD, RN, CPAN, FAAN

Electronic Documentation Strategic Work Team

Federal initiatives, including the Health Information Technology for Economic and Clinical Health (HITECH) Act, were key factors in the adoption of the electronic health record (EHR) on a national level. In addition, the National League for Nursing identified minimal implementation of healthcare professional knowledge and skills in computer and information literacy. Many problems that are seen during implementation of the EHR are both organizational and behavioral in nature. Specifically, a failure to seek input from the clinical staffs using the EHR can be attributed to failures of the implementation. The need to implement new technology or upgrade existing technology brought about new challenges for the perianesthesia nurse.

The American Society of Perianesthesia Nurses (ASPAN) decided to address the requirements set by the federal initiatives and the problems identified during implementation of the EHR. ASPAN assembled an Electronic Documentation Strategic Work Team (SWT) for this task. The clear lack of resources available to ASPAN nurses involved in implementation of the EHR in the perianesthesia setting identified the direction for this SWT.

The SWT recruited a group of 17 informatics experienced expert nurses who coordinated efforts to implement the ASPAN *Clinical Information System (CIS) Implementation Resource Manual*. The SWT's purpose was to provide the ASPAN nurse with successful strategies, best practices, and lessons learned in managing conversion or upgrade of an EHR. The SWT clearly identified the unique nature of the perianesthesia setting, and the transitions between each environment presented a unique set of challenges. The group wanted to ensure this resource would be universal for the perianesthesia nurse, regardless of the individual facility's phase of implementation. The SWT collaborated monthly to review evidenced-based practice and research to support the guidelines that were established. A proficient peer review panel summarized the gathered data. We examined the evidence and sought expert consensus to develop best practices.

The SWT identified four distinct phases for successful practice. The preparatory phase of discovery, the development phase which is where the building of the application takes place, the implementation or go-live phase and the evaluation and re-assessment phase. It is important to point out that each of the four phases includes multiple complex and detailed tasks that must be accomplished prior to moving from one phase to the next, and that each of these processes are never independent. All phases are connected to each other based on the results that they produce. A single outcome can impact each phase and each group of processes.

The SWT believes the perianesthesia nurse faced with the challenge of accurately capturing the complexity of perianesthesia documentation can use this resource as a guide to aid them through the process of upgrading or implementing an EHR. The ASPAN *Clinical Information System (CIS) Implementation Resource Manual* is a welcome addition for any perianesthesia nurse involved in the implementation or upgrade of an EHR. It will help you navigate the challenges involved in this process, as well as provide you with valuable information in each step of the process. You may find this resource at [www.aspantest.org](http://www.aspantest.org) under the Resource tab, then click electronic documentation. ASPAN has a large number of knowledgeable experts who deal with several disparate clinical documentation systems. They are here to serve this distinct community of perianesthesia nurses.

### REFERENCES

1. Health IT Legislation and Regulation. Available at: <http://www.healthit.gov/policy-researchers-implementers/health-it-legislation-and-regulations>. Accessed April 7, 2014.
2. Meaningful Use. Centers for Medicare and Medicaid Services. Available at: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/meaningful\\_use.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/meaningful_use.html). Updated April 4, 2014. Accessed April 7, 2014.



# Board of Directors Meeting HIGHLIGHTS

November 8, 2014 ~ Tempe, Arizona

Terri Passig, BSN, RN, CPAN, CAPA, CCRN – ASPAN Secretary

This year, the ASPAN Board of Directors conducted its annual meeting in Tempe, Arizona. Those who came from northern states enjoyed the 'warmer,' albeit a tad chilly at night, weather. The views were breathtaking and set the stage for a very productive meeting. This is a summary of activities reported during the Board meeting.

## Clinical Practice Committee

The Clinical Practice Committee currently has 19 teams consisting of 63 members. As of September, 407 questions have been addressed by the Clinical Practice Committee; of those who presented questions, 58% were members, 42% non-members, 50 were former members and four were from international colleagues. Trends in questions submitted include inquiries about Aldrete copyright, legal issues, and an increase in questions related to procedural areas.

## Education Approver and Provider Committees

The Education Approver and Provider Committees are pleased to announce the reaccreditation for both the provider unit and approver unit achieved through the American Nurses Credentialing Center Commission on Accreditation (ANCC-COA). ASPAN has received approval for a four-year reaccreditation, the maximum of years that may be received. ASPAN will submit for the next reaccreditation application in 2017, for approval in 2018. In addition to updating current seminars offered, two new eight-hour seminars are in development: *Perianesthesia Standards and Implications for Practice*, and *Pain Management in the Perianesthesia and Critical Care Settings*. There are five four-hour seminars in development, as well as two eight-hour webcasts.

## Finance Committee

Nine components received financial aid for ASPAN's 2014 Leadership Development Institute (LDI) totaling \$7200. Fourteen attendee registrations were awarded in addition to funding. The Finance Committee is exploring means to provide financial education assistance and advice to components, and will plan an informal meeting during the National Conference. The 2015 Leadership Development Institute will offer a program to assist components with financial planning; the

presentation, *Fireproofing Your Budget*, will be added to the ASPAN Web site as a resource.

## Leadership Development Committee

The Leadership Development Committee continues to explore ways to update, expand and revitalize leadership development efforts. During the 2014 LDI, attendees were sent a link to ASPAN's Web site with a nine minute mentor video for viewing.

## Nominating Committee

The Nominating Committee members were all present at LDI in Nashville, Tennessee, and the Election Review Strategic Work Team (SWT) poster was available for attendees to view. At the midyear Board of Directors meeting, Nominating Committee Chair Twilla Shrout presented a full slate of candidates for the April 2015 election.

## Research Committee and Evidence Based Practice SWT

The executive summary of the Society for Ambulatory Anesthesia (SAMBA) Postoperative Nausea and Vomiting (PONV) Guideline is complete and scheduled for inclusion in the February 2015 *JoPAN*. Joanna Briggs Institute (JBI) training has continued, but utilization of JBI by the general membership has been extremely low. ASPAN awarded four JBI Training Grants, and all four completed training in the summer and fall. One National Office staff member has attended JBI Training this year with another staff member scheduled to complete training next year. Options are being considered for future training, and this information will be presented to the 2015 Representative Assembly. The Perianesthesia Burn-out Study has received IRB approval and will be moving forward. The FaST (Fatigue and SafeTy) study pilot has been completed successfully and will also be moving forward.

## Pediatric Competency Based Orientation and Credentialing Program SWT

This team continues to move forward towards its goal of completing a comprehensive product. Under the leadership of editor Regina Hoefner-Notz, the group plans to present an initial edited version at the April 2015 Board of Directors meeting.



Terri Passig  
BSN, RN, CPAN, CAPA,  
CCRN  
ASPAN Secretary

# THE DIRECTOR'S CONNECTION

Jennifer Kilgore, BSN, RN, CPAN  
Regional Director, Region 2



Jennifer Kilgore  
BSN, RN, CPAN  
Region 2 Director

## Region 2 Highlights

### Iowa Society of PeriAnesthesia Nurses

ISPAN held its state conference in early October. They continue to grow, and membership is thriving. ISPAN has an informative Web site and newsletter. Leadership is strong in ISPAN, and they were represented at ASPAN's national conference and at the Leadership Development Institute.

### Louisiana Association of PeriAnesthesia Nurses

LAPAN held its state conference in the beautiful city of Baton Rouge, Louisiana. The event provided attendees with excellent education, courtesy of Lois Schick, in a newly built facility. It was truly a superb conference. Leadership within LAPAN is strong, and they have been actively working to confirm their financial and tax status. LAPAN was well represented at both national conference and the Leadership Development Institute. The component is growing and active!

### Mississippi Society of PeriAnesthesia Nurses

MSPAN is planning its state seminar for February 7, 2015. MSPAN's leadership is seasoned, and is currently exploring ways to increase membership, not only in number, but in participation. While they are looking for a newsletter editor to assume that critical position, MSPAN does have an interactive, vibrant Web site. MSPAN was represented at national conference and at the Leadership Development Institute.

### Missouri-Kansas PeriAnesthesia Nurses Association

There is energetic leadership in MOKAN PANA. They held their state seminar in October, and continue to focus efforts on membership and education. They have both a beautiful and informative Web site and newsletter. MOKAN PANA had a strong presence at the ASPAN national conference as well as at the Leadership Development Institute.



### Nebraska Association of PeriAnesthesia Nurses

NAPAN held its state seminar in October. NAPAN is working on increasing membership, with a special interest in reaching the rural areas of the component. They were represented by their president-elect at the Leadership Development Institute. NAPAN was well represented at national conference in Las Vegas, Nevada.

### Oklahoma Society of PeriAnesthesia Nurses

OSPA held its state seminar in April. The component continues to increase membership and work on its succession planning. OSPAN was represented at ASPAN's national conference, and sent two members to the Leadership Development Institute in Nashville, Tennessee.

### PeriAnesthesia Care Nurses of Arkansas

PACNA continues to revitalize! Strong leaders are in place, and they are committed to developing a robust, vibrant component. They have an active Web site. PACNA sent representatives to national conference in Las Vegas, Nevada, and they also sent two members to the Leadership Development Institute.

### Texas Association of PeriAnesthesia Nurses

TAPAN is thriving! A very large component with strong leadership at the helm, TAPAN continues to provide its members with current education. TAPAN held its state conference in September. They also had a strong representation at both national conference in Las Vegas, Nevada, and at the Leadership Development Institute in Nashville, Tennessee. TAPAN has an interactive Web site, and continues to publish a beautiful and informative newsletter.

# CERTIFICATION

## New Early Bird Discount for CPAN® / CAPA® Examinations

**A**BPANC is offering an **Early Bird Discount** to nurses who register for Spring exams during the first six weeks of registration. After this date, regular rates apply. Registering early also gives you more time to prepare for the exam. Many candidates who did not pass the exam their first time told us procrastination caused them to not have enough time to study properly. Register early and be prepared.

### ASPAN Member Fee

Early Bird	Regular Fee
\$299	\$314

### Spring 2015 Examination Dates and Deadlines:

Registration Window – Online  
January 12 – March 9

Early Bird Discount Deadline  
February 22

Examination Administration Window  
April 6 – May 30

Get all the CPAN and CAPA Certification details at: [www.cpancapa.org/certification](http://www.cpancapa.org/certification)

## Education



## Contact ABPANC

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Phone: 800-6ABPANC Fax: 212-367-4256

Email: [abpanc@proexam.org](mailto:abpanc@proexam.org)

Web site: [www.cpancapa.org](http://www.cpancapa.org)

## Component Education Program

**February 21, 2015** The PeriAnesthesia Nurses Association of California (PANAC) will hold its annual Winter Seminar at the Ventura Marriott Hotel, Ventura, California. For more information, contact Laurel Baker at [laurelb@panac.org](mailto:laurelb@panac.org) or the PANAC Web site [www.panac.org](http://www.panac.org).

**February 21, 2015** The Inland Northwest District of the Northwest PeriAnesthesia Nurses Association (NPANA) will present their *Spring Fling 2015* at Providence Sacred Heart Medical Center in Spokane, Washington. For questions, please contact Maria Heinje at [maria.heinje@providence.org](mailto:maria.heinje@providence.org) or visit [www.npana.org](http://www.npana.org).

**April 11, 2015** The Vermont/New Hampshire Association of PeriAnesthesia Nurses (VT/NH APAN) will hold their annual Spring Conference at Wentworth Douglass Hospital in Dover, New Hampshire. For more information, please contact Trish Clark at [clark@vtnhapan.org](mailto:clark@vtnhapan.org) or [ssc@wdhospital.com](mailto:ssc@wdhospital.com).

## ASPAN 2015

## Winter/Spring seminars & webcasts

AMERICAN SOCIETY OF PERIANESTHESIA NURSES

### FOUNDATIONS OF PERIANESTHESIA PRACTICE

February 28, 2015  
*Coeur d'Alene, ID*

June 13, 2015  
*Lafayette, LA*

### PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS - NEW!

February 28, 2015  
*Las Vegas, NV*

### PEDIATRICS: BEYOND THE BASICS

June 6, 2015  
*Cleveland, OH*

# ASPAN 2015

# Winter/Spring seminars & webcasts

AMERICAN SOCIETY OF PERIANESTHESIA NURSES

## PERIANESTHESIA CERTIFICATION REVIEW

February 7, 2015  
Fairfax, VA

February 21, 2015  
Petoskey, MI  
Cleveland, OH  
Philadelphia, PA

March 7, 2015  
Kenner, LA  
Raleigh, NC

## PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

February 28, 2015  
Omaha, NE

May 30, 2015  
Fishkill, NY

June 27, 2015  
Waltham, MA

## PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE - NEW!

May 30, 2015  
Oakland, CA

## REFRESHING YOUR PERIANESTHESIA PRACTICE

March 7, 2015  
Rockville, MD  
Berlin, VT

May 30, 2015  
Fairfax, VA

## SAFETY BEGINS WITH US

May 23, 2015  
Raleigh, NC

## SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY

February 28, 2015  
Warwick, RI

June 6, 2015  
Tucson, AZ

## NEW! LIVE WEBCASTS – FULL DAY PROGRAMS

### FOUNDATIONS OF PERIANESTHESIA PRACTICE

June 27, 2015

### PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

February 28, 2015

### PERIANESTHESIA CERTIFICATION REVIEW

February 14, 2015

### PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

March 7, 2015

### REFRESHING YOUR PERIANESTHESIA PRACTICE

June 13, 2015

## NEW! LIVE WEBCASTS - HALF DAY PROGRAMS

### FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

June 6, 2015

### INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE

March 14, 2015

### PERIANESTHESIA ESSENTIALS I

January 31, 2015

### PERIANESTHESIA ESSENTIALS II

June 20, 2015

### PERIANESTHESIA ESSENTIALS III

February 21, 2015