



# Breathline

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## INSIDE:

## PRESIDENT'S MESSAGE:

### Renew Perianesthesia Passion...Inspire Excellence

Armi Holcomb, BSN, RN, CPAN – ASPAN President 2015-2016

ASPAN's essential purpose is to advance the unique specialty of perianesthesia nursing. The Society's core values are: building integrity, modeling respect, honoring diversity, promoting stewardship, providing mentorship, cultivating passion, supporting community, vigilance to safety and standards and upholding excellence.<sup>1</sup> These values have been consistently explored and promoted by ASPAN's past presidents in their themes. For example, Sue Fossum inspired us to be advocates and the voice for our patients. Meg Beturne honored diversity by "touching the world that touches us." Chris Price encouraged us to be "beacons of change" with a focus on our future. Terry Clifford planted "seeds of knowledge" in order to grow "roots of transformation." Twilla ShROUT invited us to "deal with challenges and win with purpose, power and practice."

I would like to extend a warm and sincere thank you to President Jacque Crosson for igniting perianesthesia professionalism this past year. By actively choosing to listen, network and mentor with our co-workers and within our specialty organization, we find ourselves renewing our professionalism. Professionalism means we keep doing that which we are passionate about. I believe that we all are passionate about our work; if not, we would not be doing what we do.

#### Love What You Do

Confucius, the famous Chinese philosopher said, "Choose a job you love, and you will never have to work a day in your life."<sup>2</sup> Ray Bradbury, an American novelist, wrote, "Love what you do and



Armi Holcomb  
BSN, RN, CPAN  
ASPAN President 2015-2016

do what you love. Don't listen to anyone else who tells you not to do it. You do what you want, what you love."<sup>3</sup> This is how most perianesthesia nurses feel about the specialty.

Perianesthesia nursing has been a passion of mine since the early 1980s. Perianesthesia nurses are unique. We work in an equally unique practice, in an environment that changes every day. This practice requires that we be advocates, educators and vigilant caretakers with each patient encounter. The variety of practice roles throughout the course of the day is exactly what keeps me interested and passionate about perianesthesia practice. One often hears about specialty nurses getting "burned out." However, whether you work in preoperative care, PACU Phase I, PACU Phase II or postoperative care, each contact we have with our clients is unique. The episodic nature of our work leaves little room for burnout. Patient responses to perianesthesia experiences may seem predictable during the preoperative phase of assessment, but may present as an entirely new set of responses and challenges on the day of surgery. Critical thinking and innovative actions are required to provide safe, individualized care.

#### Constant Vigilance

"The most important room in the hospital"<sup>4</sup> is what the judge in a 1969 landmark case involving a patient event in a PACU in Canada—Laidlaw v. Lions Gate Hospital – called the Phase I level of care in the PACU. The judge rationalized his state-



ment by adding "because it [PACU] poses the greatest potential danger to patient."<sup>5</sup> Throughout perianesthesia practices, there is no relaxing of vigilance, and there is constant and total care provided by the nurse. During the first phase of postanesthesia care, patients may be unconscious or semiconscious, and thus unable to fully participate in their care, answer questions, or advocate for themselves.<sup>5</sup>

## Dedication and Passion

Perianesthesia nurses celebrated our specialty this past February during Perianesthesia Nurse Awareness Week (PANAW) with the theme, "Dedicated Professionals . . . Passionate Care." This week of celebrations is the perfect way to educate the community, our current and future patients and their families about who we are and what we do.

Practice with renewed passion. What is it that motivates you to do what you do each day? Whether you're working at the clinical bedside, providing patient and staff education or developing and conducting nursing research, your passion to keep learning, discovering new skills and implementing best practices for all phases of care benefits you as the patients for whom you care. ASPAN provides tools such as standards and other publications, education such as seminars and conferences, and research opportunities such as grants and training to ensure we provide the safest care for our patients.

## Integrity and Ethics

Practice with integrity and strong ethics. The American Nurses Association (ANA) designated 2015 as the "Year of Ethics," highlighted by the release of a revised Code of Ethics for the profession.<sup>6</sup> Regardless of the practice setting or practice specialty, all phases of the nursing process should be based on ethical principles. Patients and society expect it. Each nursing assessment and intervention can have profound implications for a patient's health and healthcare experience.

## Conclusion

When one aspires to excellence and practices with passion, one can inspire excellence in others. ASPAN 2015-2016 will be another banner year. The year will conclude at the 35th National Conference in Philadelphia. Quoting one of our famous Founding Fathers, Benjamin Franklin:

"YOU TELL ME, AND I FORGET  
YOU TEACH ME, AND I REMEMBER  
YOU INVOLVE ME AND I LEARN"<sup>7</sup>

If you were fortunate to attend the national conference in San

Antonio, It is my sincere hope that you all came away from the 34th ASPAN National Conference with renewed passion for perianesthesia practice. The thought-provoking keynote speech of Mr. Craig Clapper on "Excellence in Theory is Leadership in Practice," the wonderful speakers throughout the week and the hilarious, yet educational, closing speech of Ms. Bobbie Staten should fuel each and every one of you to continue the work we love. The honor you all bestowed on me as president of ASPAN means I will work hard to lead with passion and integrity. The entire ASPAN Board of Directors and the newly appointed committee and strategic work teams will work to inspire you, the members, so ASPAN can continue its excellent work.

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# ASPAN Scholarship Program Accepting Applications

The ASPAN Scholarship Program is a member benefit designed to provide financial assistance to ambulatory surgery, postanesthesia, preanesthesia and pain management nurses aspiring to enhance their abilities to contribute to the perianesthesia nursing community.

Applicants must be current Active Category members of ASPAN and a component for the past two full years prior to the application deadline, and currently participating in component or ASPAN national activities. Scholarship information is available online only. Specific eligibility requirements for each type of scholarship are detailed in the instructions and required items lists on the **Scholarship Program Web page**, or from [www.aspan.org](http://www.aspan.org), select **Members / Scholarship Program**.

## Scholarships offered:

- \$1,000 for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing
- \$500 for ASPAN National Conference Attendance
- \$299 for CPAN or CAPA Certification Exam fees
- \$500 for Humanitarian Mission
- Two Nurse in Washington Internship (NIWI) program scholarships

ASPAN's Scholarship Program postmark deadline is **July 1, 2015**. 🌿

## Attend the 2015 Leadership Development Institute!

Meet me in St. Louis! Sounds like the movie, but St. Louis is the site for ASPAN's 2015 Leadership Development Institute (LDI). It will be held September 18-19, 2015, at the St. Louis Sheraton, Clayton, Missouri, under the shadow of the St. Louis Arch - the Gateway to the West.

This is a very special weekend, where you can really have one-on-one conversations with your ASPAN leaders. LDI will be a great venue for both seasoned leaders and emerging leaders to network, share successful practices and assist in dealing with component challenges. Following the well-attended "Going for Gold Leaf" presentation at last year's LDI, we understand that this is one session that component leaders really want and need. To that end, we will allow more time for this session.

ASPAN is committed to help in pursuing your passion. We provide you with the knowledge and tips to conduct a successful meeting if you are the president of the component, plan a seminar if you are on the education committee, or prepare a budget if you are the treasurer or on the finance committee. There will also be research and clinical practice opportunities. ASPAN wants to assist its emerging leaders – enhance their leadership skills within the component and within ASPAN. A mock Representative Assembly will be conducted to meet this need. We understand that you all want to excel in your roles for yourself, for your components, and for ASPAN. Registration information and a schedule of events will be available online at [www.aspan.org](http://www.aspan.org) in mid-June.

Plan now on joining your peers for a weekend of collegiality and knowledge sharing. We want YOU renewed with perianesthesia passion so you may inspire excellence back at your home front! 🌿

▼ The famous St. Louis Arch





## National Conference: Perspective of a Past President

Susan Shelander – ASPAN President 2001-2002

Attending ASPAN National Conference is the highlight of the year for many perianesthesia nurses across the country and around the globe. This is the one place the playing field is level, questions are welcome, answers come from perfect strangers, new friends are made, best practice is shared, evidence-based nursing is discussed, research is embraced, certification celebrated, and education is paramount. What an amazing experience! State leaders immediately begin planning similar opportunities to occur on a smaller scale and more available to local members in the coming months. Good becomes great and the enthusiasm grows!

### Reflections on the Changes

As a past ASPAN president, I found myself in total awe of all the accomplishments over just the past year. Missing a few conferences allowed me to really reflect on years of progress and how each president and board of directors leaves an indelible mark on our particular specialty. Some issues are simple, and some very sophisticated and complex, requiring expertise from other healthcare specialties. The ASPAN Board of Directors has the responsibility to stay on top of any issue, and seek outcomes that allow perianesthesia nurses the best information to produce the best outcomes for our patients and our clinical areas of practice. When you review the list of members on committees, serving as liaisons and ambassadors, or leading in component roles, the opportunity to find solutions stretches far and wide.

### Roles of the ASPAN Past Presidents

Spending time with past ASPAN presidents is always a humbling experience. There is so much talent, knowledge, and willingness to serve in every past president. Some of us are retired and many are still contributing to perianesthesia nursing at a local and national level. This group is

now so large I see us more a 'fellowship of presidential colleagues' who share a passion for our specialty and honor the passing of the presidential baton from year to year. We know how hard this role can be and how important it is for each president to lead and serve with honor and integrity. Accepting the leadership baton is hard, and letting go can also be hard. We are not a passive group by any means; however, our 'active' status often finds us as mentor, coach, role model, resource, guide, leader, to whomever wants to also find his or her way to 'that long table in the front of the room.' Without even asking my presidential colleagues, I am sure everyone wants to help any member achieve his or her personal leadership goals. Our email addresses are available through the ASPAN National Office, so just ask!

### Rewards of Serving

San Antonio was so much fun. It was a great time to catch up with life-long friends, see a young nurse who is now 15 plus years into practice and remembers a long forgotten lecture that sent her on a professional journey to achieve her goals, a component leader who stopped to say thank you for being invited to serve on a committee, and a conference presenter so skilled, knowledgeable and professional – and she recognized me as someone who pushed her to lecture.

Yes, national conference is still just the very best place to choose to become involved, stay involved, and network with the best perianesthesia nurses anywhere! "Igniting Professionalism: Excellence in Practice, Leadership and Collaboration" is now the responsibility of everyone in attendance. Be sure to share what you experienced with colleagues who were not able to attend this National Conference, so someone you know will benefit and perhaps be able to attend in another year. 🌱



◀ From left:  
David Wharton, Susan  
Shelander, Nancy Saufl,  
and Susan Norris at  
Component Night

**COMING IN THE JULY/AUGUST  
ISSUE OF *BREATHLINE*:**  
*Full coverage of the ASPAN  
National Conference in  
San Antonio!*



▲ Who are these characters?



◀ The Grand Hyatt was in an ideal location next to the River Walk

Thank You **ASpan** attendees  
for a **great time** in  
San Antonio



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**ASpan Member-Get-  
A-Member Campaign**  
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December 31, 2015*

Invite your colleagues to join ASPAN today! To thank you for your recruitment work, a variety of **great awards** are available for members who participate. The campaign ends December 31, so there's still plenty of time to ask your colleagues to join ASPAN.

You can obtain free promotional materials and membership applications by contacting ASPAN's National Office toll free at **877-737-9696** or emailing: [ghanisch@aspan.org](mailto:ghanisch@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. 🌿

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**Nancy Strzyzewski**  
**MSN, RN, CPAN, CAPA**  
**ASPAN Immediate Past**  
**Director for Education**

## ASPAN Education: What's New? Something for Everyone!

Nancy Strzyzewski, MSN, RN, CPAN, CAPA – ASPAN Immediate Past Director for Education

This has been a banner year for the ASPAN Provider Unit! During the long, cold, winter months, seeds that were planted in the spring and fall have sprouted new growth in all of ASPAN's program areas. The current seminar offerings have multiplied. This seminar cycle, ASPAN has added two new eight hour seminars, five new four-hour webcasts and three new seminar speakers. ASPAN educational programming continues to stretch its boundaries. This past February, Linda Wilson presented one of ASPAN's newest seminars, *Pain Management in the Perianesthesia and Critical Care Settings* simultaneously as a live seminar and as a live webcast. This past February, during a *Perianesthesia Certification Review* webcast, the audience included forty eight nurses from twenty four different states. These sessions provide amazing education and networking opportunities!

### Live Seminars, Live Webcasts, On-Demand Library

ASPAN's current catalog now includes ten different eight-hour seminars that are presented both as live seminars and as live webcasts. There are also five different half-day live webcast programs. The ASPAN On-Demand Library also includes nineteen learner-paced webinar topics. The ASPAN On-Demand Library includes learner-paced educational modules that can be purchased and viewed at any time.

The ASPAN On-Demand Library meets a wide variety educational needs that can be completed in a learner paced format. Many of the topics in the ASPAN On-Demand Library are ideal for nurses new to perianesthesia practice, as well as a great resource for nurses preparing for certification. Have you ever attended the ASPAN National Conference and been frustrated because you could not get to that one speaker or topic? Check the listings in the ASPAN On-Demand Library. At each national conference, we identify topics to be added to the ASPAN On-Demand Library.

### New Seminars

*Pain Management in the Perianesthesia and Critical Care Settings* is one of ASPAN's new eight-hour seminars. This program begins with the basics about pain: an overview of the topic, common pharmacologic agents, then builds to the challenges we face treating the chronic pain patient experiencing acute pain, pediatric pain and the care of the pain patient with a history of substance abuse.

The second new eight-hour seminar, *Perianesthesia Standards and Implications for Practice*, explores the perianesthesia standards of care. Topics such as the meaning of standards and the difference between standards, position statements and practice guidelines are explored. This program will also highlight how ASPAN standards are used to advocate for the safest level of care.

### Half-Day Webcasts

Looking for education, but cannot afford to give up a whole day? Check out the four-hour live webcasts. These programs have something for everyone. From legal issues to pediatric care, obstructive sleep apnea to the latest infection control challenges for the perianesthesia nurse, these programs are certain to enhance your perianesthesia nursing practice.

### Something for Everyone

From novice to expert, the traditional learner who appreciates face-to-face networking to those who are comfortable with online presentation – ASPAN has education in a format for everyone! The wide variety of topics offers something for perianesthesia nurses in all areas of practice. The variety of times that the seminars are offered will meet the challenge of your busy schedule. The next seminar cycle will also pilot offering seminars on a Sunday. So when the next ASPAN Seminar brochure reaches you, be sure you look at it carefully because as you will see – there is something for everyone! 🌱



# Safety is Everyone's Business

Linda Beagley, MS, BSN, RN, CPAN – ASPAN Director for Education  
ASPAN Immediate Past Safety SWT Coordinator

While on 3-11 pm call one Saturday, I received a patient from the OR who had an amputation of his lower extremity due to gangrene. The anesthesiologist and OR nurse assisted me in settling Mr. J and then went back into the OR to start the next call case. I was alone when Mr. J began to get “squirrely” on the stretcher. As Mr. J became more awake, Mr. J decided he needed to get up by inching his way down the length of the cart. I was not able to reason with Mr. J due to his disorientation to time and place, nor could I reach a phone to get assistance. Luckily, the sliding door opened and the CNA from the OR asked if I needed help. She came to assist me by getting additional help to keep the confused and strong Mr. J on his cart.

## Safety Elevated to an ASPAN Principle

It is everyone's duty and business to promote safety. ASPAN's stance on safety was strengthened in the 2012 revision of the *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. During this revision, the Standard and Guideline Strategic Work Team (SWT) recognized the importance of safety by elevating the previous *Position Statement on Safe Perianesthesia Practice* to a principle entitled "Principles of Safe Perianesthesia Practice." A principle carries the highest weight, while defining the domain of nursing practice.<sup>1</sup> Within the body of the safety principle are characteristics defining a culture of safety, which include communication, advocacy, competency, efficiency/timeliness and teamwork.<sup>1</sup>

## The Standards are to Guide Safe Perianesthesia Practice

Besides the safety principle, there are standards, clinical practice guidelines, practice recommendations, and position statements guiding our practice to keep patients safe. Every perianesthesia nurse should read and be familiar with the contents of the *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* because this book guides the perianesthesia nurse's practice. The above story is a common patient scenario in many PACUs with only one nurse present, and documented in the numerous clinical practice questions submitted to ASPAN's Clinical Practice Network. Fortunately, my story has a good outcome. If my PACU followed the standard on staffing and personal management of having two registered

nurses present in Phase I recovery,<sup>2</sup> I would not have a story to tell. Luckily, the manager realized how hazardous it is to have only one PACU nurse present during off hours, and advocated for our PACU staff to nursing leadership to follow the practice recommendation outlined.

## Importance of the ASPAN Standards through Challenges

There are many challenges with which nurses are faced that inhibit safe care of perianesthesia patients. The barriers that challenge safe care include, but are not limited to, cost containment, reduction of workforce, and the urgency to move patients along, allowing new patients to come out of the operating room. Each of us must be knowledgeable in the contents of the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* book to be the voice for our patients as they emerge from anesthesia after their surgery/procedures, a most vulnerable period. These standards are crafted from research and evidence-based practice gathered by expert perianesthesia nurses.

How familiar are you with the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*? This book should be present in every perianesthesia department, not on a shelf in the manager's office, but accessible to staff. If you haven't read the perianesthesia standards recently, it is a must read. Does your PACU/ambulatory center have a current ASPAN Standards book? If not, why not?

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## Safety



**Linda Beagley**  
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# Getting the Research Ship Out of the Dock: The First Step Begins With Research Design

Kim Noble, PhD, RN, CPAN – ASPAN Immediate Past Director for Research



**Kim Noble**  
**PhD, RN, CPAN**  
**ASPAN Immediate Past**  
**Director for Research**

Each of us is challenged daily to bring the latest and greatest research evidence to the perianesthesia bedside, but where do we begin? Research and evidence-based practice (EBP) can be daunting as it may appear as though it is written in an unfamiliar language. Like any other task in nursing, reading research just requires a little practice and study to become more comfortable and proficient. Our “three-hour tour” begins with the big picture description which has been a challenge for many nurse researchers with the question, “Do I prefer research data or evidence that is based in words or numbers?” Welcome aboard!

## What is Research?

Research may feel like a reality check because it demands the reader to step back and very carefully analyze nursing practice as it impacts patient outcomes. Research is the bigger picture, which embodies clinical situations, attitudes, nursing administration and education and our service to the patients placed in our care. Research contributes to our understanding of the empirical foundation of nursing science and encompasses two very different realities; data collection based in either a concrete or abstract framework.

Most nursing researchers have a foot very solidly on one research methodology island, with a preference for a more abstract approach in the collection and use of qualitative data, or the more numerically-based approach of quantitative data collection. Both research islands are equally important in the provision for valid and reliable data to support nursing practice and the provision of empirically-based patient care. The best empirical outcomes are derived from many islands merged into the world of nursing research.

## Qualitative Research

Qualitative research is a younger approach to data collection, becoming an established research methodology in the 1980s. It uses a holistic approach to the collection of rigorous, subjective data to describe and provide meaning for life's experiences.<sup>1</sup> Qualitative data focuses on the subject's words as they describe reality. The researcher identifies common themes or concepts, and uses inductive thinking to organize, cluster and understand the perspective of the individual. Data collection is flexible to facilitate the emergence of understanding of the construct

under study. The review of literature may be limited to prevent previous published results from influencing the thinking of the researcher, termed “bias.” A theoretical framework is used to facilitate the rigor of data collection and the sample size is generally small. The researcher gathers and analyzes data concurrently, and the data collection may evolve as common themes emerge and are explored.

The qualitative researcher rarely uses a hypothesis as a frame for the study; however, as the themes emerge, the hypothesis may follow, which leads to further research data collection. For example, a researcher may be interested in the on-call experience of the perianesthesia nurse. Rather than have a preconceived idea of the outcome (a hypothesis which may create bias), the researcher may encourage the nurse to describe his or her call experience. Common themes may emerge embedded in the sample nurses' stories, which may be used as the framework for further research exploration.<sup>1</sup>

## Quantitative Research

In contrast, quantitative research uses a logical, cause-and-effect approach to data collection. A detailed literature review is used to establish a foundation and identify the knowledge gap that justifies data collection. A rigorous, structured methodology is used with the pre-identifications of the hypotheses and construct under study. The researcher anticipates and carefully controls the data collection with the research design in the most large, diverse sample available. Deductive reasoning frames data analyses using a statistical analyses to maintain rigor and ensure measurement of the exact item(s) under study. We are very familiar with quantitative research in the development and use of multidisciplinary guidelines to guide patient care.

## More Education to Come

Stay tuned for future episodes of the ASPAN research sailings. We will explore the quantitative and qualitative research island and its critical appraisal using the Joanna Briggs Institute (JBI) literature review tools and methods.

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# Clinical Practice Hot Topic

## Clock-watching in the PACU: What is the Minimum Length of Stay in the PACU Following General Anesthesia?

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

*The Clinical Practice Committee receives many questions via the ASPAN Web site each month. Committee members then research the answer and respond to the query. This is a frequently asked question related to how long patients should stay in the PACU.*



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

**Q.** *What is the minimum time a patient must remain in the PACU after receiving general anesthesia?*

**A.** The Clinical Practice Committee receives this question at least monthly. Clock-watching used to be a fairly common practice in the recovery room when patients arrived intubated and asleep. With few tools to objectively assess a patient after general anesthesia, many postanesthesia units established a minimum length of stay in the 1970s and 1980s.<sup>1</sup> Today, shorter acting anesthetic agents with fewer adverse side effects and the advent of better pain management techniques allow patients to emerge from anesthesia more rapidly. Patients are generally ready to transition to the next level of care in a shorter time than with older anesthetic agents and techniques. Another consideration is that many PACUs receive surgical patients with significant co-morbidities, who require increasingly complex care for extended periods of time. In addition, PACUs are holding ICU, intermediate care and medical/surgical patients due to lack of available and appropriate hospital beds. A minimum length of stay in PACU is not a reliable measure of discharge readiness, nor is it a good indicator of safe discharge to the next level of care.

### ASPAN and ASA Recommendations

ASPAN does not include a minimum length of stay in the Phase I (PACU) components of assessment for discharge. Assessment for each phase of care is described in "Practice Recommendation 2, Components of Assessment for the Perianesthesia Patient."<sup>2</sup> ASPAN's position reflects the American Society of Anesthesiologists' (ASA) Task Force on

Postanesthetic Care in an updated report in February 2013:

"...THE TASK FORCE CONSENSUS IS THAT A MANDATORY LENGTH OF STAY IS NOT NECESSARY AND THAT THE LENGTH OF STAY SHOULD BE DETERMINED ON A CASE-BY-CASE BASIS...

AS PART OF A RECOVERY ROOM DISCHARGE PROTOCOL...A MANDATORY MINIMUM STAY SHOULD NOT BE REQUIRED. DISCHARGE CRITERIA SHOULD BE DESIGNED TO MINIMIZE THE RISK OF CENTRAL NERVOUS SYSTEM OR CARDIORESPIRATORY DEPRESSION AFTER DISCHARGE."<sup>3</sup>

Some patients will meet discharge criteria in less than 30 minutes of arrival in the PACU. It is essential that perianesthesia nurses consider the cumulative effect of any medications administered preoperatively, intraoperatively and postoperatively, as well as any reversal agents given in the OR/procedure room or in the PACU. Perianesthesia nurses must assess every patient for unwanted sedation and risk for respiratory compromise.<sup>2</sup> ASPAN continues to recommend that each facility work with its department of anesthesia to develop discharge criteria appropriate to the patient population.<sup>2</sup>

### Assessing Readiness for Discharge

Readiness for discharge is not just a physiologic assessment or a number on a postanesthesia scale. Susan Fetzner describes it as "a multifaceted concept that describes a patient's functional and cognitive state as sufficiently recovered from anesthesia and able to leave the PACU and be safely cared for in a less intensive nursing environment."<sup>4</sup> An individualized plan of care emphasizes patient safety, not time elapsed. It reflects the patient's pain and comfort goals and overall well-being. It reflects the nurse's critical thinking. Are there interventions which should be addressed prior to transfer such

as timing of medications, fluid balance, and diagnostic studies? What level of care does the patient require immediately after transfer and handoff? Is the destination unit prepared to deliver that level of care? Is the placement appropriate?<sup>5</sup> Written discharge criteria promotes efficient use of resources and ensures that the standard of care is applied to all patients.<sup>3</sup> An environment of safety exists to promote optimal patient outcomes, not to create barriers or justify productivity benchmarks. Length of stay statistics and a patient classification system or acuity tool can assist management to anticipate and address staffing needs, but should not dictate or control individual patient transfer/transition of care.<sup>6</sup> Readiness for discharge from the PACU should never be reduced to a measure of time.

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# NIWI REPORTS

*Two ASPAN members, Judy Schneider and Susan Hardway, received NIWI scholarships from ASPAN. Each shares her experience as a NIWI representative.*

## Nurse In Washington Internship 2015

Judy Schneider, RN, CPAN

**P**olitics? Yuck! Too busy to be bothered with that? Republican? Democrat? Disgusted with the whole lot? Are the changes happening in healthcare too confusing? There are many reasons not to want to get involved, but I will suggest that there are as many reasons to jump right in.

Like it or not, the Affordable Care Act is changing the national conversation about healthcare, and nurses provide the bulk of that healthcare. We must be in the conversation. We can unite on issues of nursing education, full practice authority (practicing to the extent of our education and training), and access-to-care issues. We can advocate to our boards of nursing, and to our state and federal legislatures. What do nurses bring to the table? First, the nursing profession maintains a unique knowledge, wisdom, and expertise. Studies show that quality nursing care saves patients' lives. Second, nurses represent a large constituency. There are over 3.1 million nurses in the US. Third, nurses have the trust of the nation (confirmed by every Gallup poll since 2002),<sup>1</sup> and broad-based bipartisan support. What we lack are top leadership roles in policy-making positions.

One great way to get started is to join your professional organization. ASPAN establishes guidelines for practice standards to elevate and protect our nursing practice, and provides leadership opportunities to affect policy decisions. The American Nurses Association (ANA) lobbies the legislature on our behalf. And the Nursing Organizations Alliance (NOA) is a coalition of nursing organizations that creates strength in numbers, and offers the annual Nurse in Washington Internship (NIWI) to help nurses develop advocacy skills.

Every nurse is familiar with advocacy. The ANA *Code of Ethics* states that "the nurse promotes, advocates for, and protects the rights, health and safety of the patient."<sup>2</sup> In politics, advocacy is support for, or recommendation of, a particular cause or policy.<sup>3</sup> NIWI provides nurses

the opportunity to learn how to influence healthcare through legislative and regulatory processes.

I was privileged to attend the 2015 session in Washington, DC, with the help of a scholarship from ASPAN. I learned from health policy experts and government officials, networked with other nurses representing different states and specialties, and visited members of Congress. I met with legislative aides for Representative George Holding and Senators Richard Burr and Thom Tillis of North Carolina. We made appointments several weeks in advance, and the aides that advise the legislators on healthcare issues were interested in speaking with nurses. We discussed Title VIII funding for advancing nursing education, funding nursing research through the National Institutes of Health, and improving veterans' access to quality healthcare.<sup>4</sup> Between meetings, my delegation of North Carolina nurses enjoyed lunch in the Senate Dining Room.

Thomas Jefferson described the political process in the United States this way: "We in America do not have government by the majority. We have government by the majority who participate."<sup>5</sup> The Nurse In Washington Internship prepares us to participate.

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# Nurse In Washington Internship 2015

Susan Hardway, MSN, RN

Participating in the Nurse in Washington Internship (NIWI) provided me with a great insight as to how much impact nurses can have if only we would use our voices collectively! Attending the three day conference was a great opportunity to hear other nurses share their desires to see Washington's lawmakers listen to the frontline healthcare worker. It is important that the lawmakers pass bills that will ensure adequate nursing coverage to the meet the increased demand for more nurses, while ensuring a stable workforce for the future.

The NIWI conference panelists were engaged with the attendees and shared their perspectives of what they do as assistants to our lawmakers on Capitol Hill. Knowing in advance on how we should plan our approach to ask for support from our U.S. senators and congressional representatives actually made the appearance on Capitol Hill much easier for me. We were provided with the information on the three "asks" that we needed to convince our senator and representative to support in this legislative year. Opportunity to ask questions and to role play different scenarios during the second day helped each of us decide on what our own approach would be once we were in the spotlight with our own lawmaker or their representative.

On the final day, we were given the opportunity to visit Capitol Hill to talk with our congressman or senator. I went to Capitol Hill with the list of "asks" in hand, anxious to talk with West Virginia's two senators, Joe Manchin and Shelly Moore Capito. The three topics I discussed included *Title VIII Nursing Workforce Development*, which is very important to every community and to all Americans. This funding has been in effect for over 50 years and helps meet the

demand for registered nurses (RNs) and advanced practice registered nurses (APRNs) by providing funding for education, academic institutions and nursing faculty.<sup>1</sup> The second issue was the request for an increase in funding for *Nursing Research*. The National Institute for Nursing Research provides funding for nurses to complete scientific research to improve the health of all Americans through grants, research training, and interdisciplinary collaborations. The last request was to garner support for efforts of the Veterans Health Administration (VHA) to recognize the APRN as a full practice provider. Enabling APRNs to be permitted to practice to the fullest extent of their education will help ensure that our veterans have an increased access to healthcare providers and help decrease the backlog being seen in today's VHA system.

The meetings took a very short time and, although I never actually got to meet with either of the senators themselves, their legislative assistants were very pleasant and helpful. I thoroughly enjoyed learning the process and having the opportunity to meet with individuals who help make a difference every day in the lives of all Americans. Time will only tell if our efforts to garner support for nurses across America will come to light, but, in the meantime, every nurse needs to be aware of the political process and to get involved to ensure that change happens.

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◀ From left:  
Judy Schneider, Susan Hardway,  
Armi Holcomb at NIWI

# NURSES DAY AT THE OHIO STATE HOUSE (NDASH)

*Over 400 nurses from across the state assembled for the 14th annual event*

## Our NDASH Experience

Rose Durning, MS, BSN, RN, CAPA

Tina Harvey, BSN, RN

On February 18, 2015, The Ohio Nurses Association (ONA) hosted its 14th year of Nurses Day at the State House, better known as NDASH. Despite sleeting winds and frigid temperatures, NDASH was a sellout totaling 400 attendees. This annual event brought in 27 organizations representing multiple fields in the profession of nursing. Ohio PeriAnesthesia Nurses Association, OPANA, was proud to be one of those organizations.

A warm welcome and introductions presented by ONA President Dan Kirkpatrick, MSN, RN, NE-BC, started the day. ONA Chief Executive Officer Lori Chovanak, MN, RN, APRN-BC, spoke about the power of being engaged in your professional organization and how your voice can be used to affect change. Three points that were mentioned were to:

- Hear out someone /listen
- Gain support
- Have a positive approach



▲ Panel presentation by Sally Morgan, RN, APNP-BC



▼ Ohio PeriAnesthesia Nurses Association (OPANA) members supporting Nurses Day at the State House



Lori was energizing as she shared her story as an advanced practice registered nurse (APRN) moving from Montana to Ohio. Currently, there are only 19 states that allow APRNs to practice to their full potential. Lori, along with a group of APRNs, demonstrated their empowerment by traveling to Washington D.C. to present their concerns to legislators regarding a bill they felt would limit their practice. As of today, that bill is



currently on hold, but being reevaluated!

Next, a panel presentation on nursing issues was held. Each nurse from his or her organization was given an opportunity to present a two minute synopsis of issues and concerns that affect their specialty. Sally Morgan, RN, APNP-BC, a member of OPANA and ONA, provided an update on current legislation.

Welcoming remarks were presented by legislative speakers Senator Cafaro and Representative Sears. There were opportunities to take a

state house tour, attend a committee hearing or have lunch with your legislator. The day ended with a continuing education program entitled, "RNs Shaping Their Future Through Health Policy," presented by ONA Director of Health Policy, Andrew Fraley, JD.

Overall, the day was fulfilling and educational. So what should you know about going to Nurses Day at the State House? Know that you have the opportunity to hear stories of nurses in action and to play a part in educating your individual legislators about healthcare issues closest to you and your daily practice. We encourage everyone who has the opportunity to attend a future NDASH in your own state. 🌱



▲ Central Ohio PeriAnesthesia Nurses Association (COPANA) members; Alabelle Zghoul, Iris Marcentile and Nancy McGushin



▲ OPANA President, Rose Durning; ONA Chief Executive Officer, Lori Chovanak; Sally Morgan; OPANA Governmental Affairs Rep and President of ONA, Dan Kirkpatrick

## CERTIFICATION

*H*ave you ever considered becoming a certification coach?

You can make a difference in someone's life by sharing your knowledge and experience to help a certification candidate prepare for the CPAN or CAPA exam. Coaches are needed to help organize study groups, answer questions, support good study habits, and serve as a resource.

If you are already certified, and able to speak passionately about the value of certification, you can earn contact hours toward recertification by serving in this valuable role. ABPANC has many resources available to help coaches. For more information, contact Zelda Williams at [zwilliams@proexam.org](mailto:zwilliams@proexam.org)

### CPAN® / CAPA® "Nursing Passion in Action" Award

Nominate a colleague when you see "Nursing Passion in Action." Any CPAN and CAPA nurse who goes beyond their normal job responsibilities to provide outstanding patient care is eligible for the monthly Nursing Passion in Action award. Each month, ABPANC selects 10 winners and



gives them a \$25 gift certificate to be used for great merchandise at the CPAN/CAPA online store.

The award nomination is easy to fill out and award posters are available online at: [www.cpan-capa.org/resources/awards/passion](http://www.cpan-capa.org/resources/awards/passion) 🌱

## Contact ABPANC

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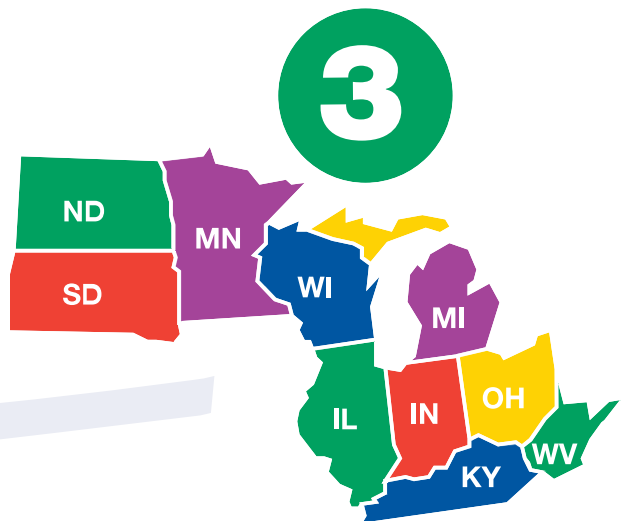
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# THE DIRECTOR'S CONNECTION

Tracy Underwood, MSN, RN, CPAN, FNP-BC  
 ASPAN Immediate Past Regional Director,  
 Region 3



Tracy Underwood  
 MSN, RN, CPAN, FNP-BC  
 ASPAN Immediate Past  
 Region 3 Director

## Region 3 Highlights

I have had Region 3 as Regional Director for the past two years. It has been an uplifting experience serving these components because these are the most dedicated, creative, hardworking people I have ever met. I will be forever grateful for the time I have had with them. I wish all the wonderful people in these components and the upcoming Regional Director, Region 3, much luck and love as we all embark on new beginnings.

Tracy Underwood, MSN, RN, CPAN, FNP-BC  
 Regional Director, Region 3 (2013-2015)

### Illinois Society of PeriAnesthesia Nurses

ILSPAN was the recipient of the Gold Leaf Award at the 2014 National Conference, celebrating its work of 2013. What a great accomplishment! ILSPAN's Web site at [www.ilspan.org](http://www.ilspan.org) details all of its hard work. ILSPAN offers a number of scholarships, including scholarships for CPAN/CAPA certification twice a year. ILSPAN's newsletter, *Periscope*, is very informative.

### Indiana Society of PeriAnesthesia Nurses

President Ruth Boberg had a gathering for INSPAN members at National Conference in San Antonio. Its Web site [www.inspan.org](http://www.inspan.org), which is being updated, and the INSPAN newsletter, *Vital Volumes*, are both great sources of information about INSPAN happenings. The group is working on restructuring its component to involve chapters. They believe this restructuring will make educational offerings more accessible to busy nurses.

### Kentucky Society of PeriAnesthesia Nurses

President Brenda Elliott and KSPAN members have provided two great educational offerings. KSPAN's fall conference in November was

presented by Terry Clifford and was very well attended. Its spring conference was held in March with amazing lectures like outpatient joint replacement and compassion burnout. KSPAN shares news with its newsletter, *The Waking Crew News*, and the KSPAN Web site at [www.kspan.org](http://www.kspan.org).

### Michigan Association of PeriAnesthesia Nurses

President Barbara Putrycus and her group had a wonderful spring conference on March 24, 2015 in Troy, Michigan. One presentation was how a local hospital handled a flood disaster. MAPAN has a very innovative internship program. They allow members to attend board meetings and mentor for positions on committees, work on newsletters and the Web site while exploring board positions. They have found a great way to take the fear out of getting involved!

### Minnesota-Dakotas Society of PeriAnesthesia Nurses

President Ruth Novak and her component are planning MNDKSPAN's next conference on September 26, 2015, entitled "Elevating Healthcare to a New Level." MNDKSPAN gives out a Component Excellence Award, and the chosen member represents MNDKSPAN at the ICPAN conference. The component has also developed a program to supply research grants to its members. You can read more about MNDKSPAN's wonderful programs on [www.mndakspan.org](http://www.mndakspan.org).

### Ohio PeriAnesthesia Nurses Association

President Rose Durning and her group held OPANA's fall conference on October 18, 2014, and were excited to have ASPAN President Jacque Crosson attend their conference. Ohio has very active districts that offer a variety of educational offers. OPANA's newsletter, *Snooze News*, and its Web site [www.ohiopana.org](http://www.ohiopana.org) showcase OPANA's superb work.

## West Virginia Society of PeriAnesthesia nurses (WVSPAN)

WVSPAN President Stacy Giardina has a very active component. They are sending six members to National Conference in San Antonio this year, and five of them are first time attendees! WVSPAN is planning its 5th annual conference in conjunction with a local AORN chapter entitled "Partners in Perioperative Care" to be held on May 30, 2015. WVSPAN's Web site at [www.wvspan.com](http://www.wvspan.com) showcases this component's great work.

## Wisconsin Society of PeriAnesthesia Nurses (WISPAN)

WISPAN President Stephanie Kassulke and WISPAN had its winter conference on February 7, 2015 in Madison, Wisconsin. The board of directors is busy updating its bylaws, policies, and procedures. WISPAN offer many scholarships to its members, including scholarships to attend the ASPAN national conferences, and the ICPAN conference. WISPAN's newsletter, The Awakening, and its Web site [www.wispan-aspan.org](http://www.wispan-aspan.org), are very informative related to WISPAN's hard work and many programs. 🌿

## ASPAN 2015

## Winter/Spring seminars & webcasts

AMERICAN SOCIETY OF PERIANESTHESIA NURSES

### FOUNDATIONS OF PERIANESTHESIA PRACTICE

June 13, 2015  
*Lafayette, LA*

### PEDIATRICS: BEYOND THE BASICS

June 6, 2015  
*Cleveland, OH*

### PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

June 27, 2015  
*Waltham, MA*

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

ADVOCACY  
June 6, 2015  
*Tucson, AZ*

### NEW! LIVE WEBCASTS – FULL DAY PROGRAMS

FOUNDATIONS OF PERIANESTHESIA PRACTICE  
June 27, 2015

REFRESHING YOUR PERIANESTHESIA PRACTICE  
June 13, 2015

### NEW! LIVE WEBCASTS - HALF DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE  
June 6, 2015

PERIANESTHESIA ESSENTIALS II  
June 20, 2015