The Newsletter of the American Society of PeriAnesthesia Nurses

Breathline

Volume 35, Issue 5
September/October 2015

INSIDE:

PRESIDENT'S MESSAGE:

Renew Perianesthesia Passion – Defining What We Do

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

What is passion? According to Webster, passion is a strong feeling of enthusiasm or excitement about something or about doing something.[1] For many of us, the body of work we know as perianesthesia nursing is defined as a passion, the privilege of working in a field of nursing that satisfies the hunger to enjoy the work that we do.

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

What does renew mean? Again, according to Webster, renew is to begin again with more force or enthusiasm, to make fresh or strong again.[2] My hope, this year as the principal officer of ASPAN, is to inspire perianesthesia nurses to reflect on their roots in this practice and to restore a vibrant vocation for practice.

Why This Theme?

Choosing this theme for my presidency was intentional. As a past ASPAN regional director, I helped revitalize a component within my region. It was the desire of ASPAN's leadership to keep this component viable, and it was important for its state leaders to do the same. The persistence that one member of that component demonstrated through several years of revitalization was a testament to her strong belief that the component was worth saving. While disheartened at times, she persevered. With the enthusiastic support of ASPAN's leaders and volunteers, a special seminar was sponsored for this component's members. From that seminar, new passion was stirred and new leaders emerged to keep the component going. Why was it important to help one component remain viable? ASPAN is the sum total of its 40 components, which are the sum of ASPAN's members. Without these components and their leaders, we would not have a whole, vibrant ASPAN. Just as the components need ASPAN for leadership, guidance and support, ASPAN needs its components and members to remain the voice and premier organization for perianesthesia nurses.

Healthcare Changes

The changes brought by the Affordable Care Act have wrought different effects in our healthcare settings. In turn, these changes have influenced the nurses who work in these settings. More and more, hospitals are cutting programs and resources in order to survive. In many cases, education funds have been trimmed or eliminated. In spite of the financial impact, most administrators understand that staff must be supported in their quest for lifelong learning and the integration of emerging best practices. It is hard to remain passionate about what we do when we are understaffed or underpaid. And yet, the true passion for one's work reveals itself when a perianesthesia nurse works doubly hard to make sure the patient is getting the best care. Often, the perianesthesia nurse forgets to take a break, skips lunch or stays well beyond the end of a shift to support peers and patients.

At ASPAN's annual Leadership Development Institute (LDI), held in Clayton, Missouri, during the weekend of September 18-20, 2015, we provided space and time for the component leaders to LOVE, LEARN, LIVE. We took time to

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explore what our specialty organization, ASPAN, has to offer during these times of enormous growth and change in healthcare delivery.

Love

Regardless of your practice setting, whether preadmission, day of surgery/procedure, PACU Phase I, Phase II and/or extended care, you have to love what you are doing. Why practice without passion? The beauty of this specialty, and nursing in general, is that there is always a niche to find, an area of practice that calls you to be able to do what you love. It is called the "Art of Nursing."

Learn

How does one begin a journey and fulfill his/her potential as a leader at the state or national level of ASPAN? Get involved! In my presidential speech I quoted Benjamin Franklin who said, "You tell me, I forget. You teach me and I remember. You involve me and I learn."[3] Most of us became involved in ASPAN because of a strong desire to make a difference. ASPAN's three primary missions make involvement possible and exciting. Interested in clinical practice? ASPAN has opportunities. Interested in research? ASPAN has opportunities. Interested in education? ASPAN has opportunities.

Live

Donald Rumsfeld, the United States Secretary of Defense from 2001 to 2006, delivered an important message during his term. He said "there are no 'knowns.' There are things we know that we know. There are known unknowns. That is to say, there are things that we now know we don't know. But there are also unknown unknowns. There are things we do not know we don't know."[5] To this end, as a perianesthesia nurse, I encourage you to seek ways to understand and to impart influence. The mock representative assembly was one of the tools provided to members at the LDI in order to learn and live what we have to do as ASPAN leaders. Active involvement in our profession, and the coveted practice of perianesthesia nursing, allows us to live our practice with influence and consciousness.

Love, Learn, Live

As nurses, and perianesthesia nurses in particular, we are privileged to touch many lives and to have our lives touched in return. Most of us are invested emotionally with the care of our patients. We love what we do! The following is a quote included in our PACU orientation manual at Children's Mercy Hospital in Kansas City, Missouri. Someone asked Dr. R.W. Hickey, "How do you do what you do? You must see horrible things." This quote resonates with us privileged to care for the pediatric patient. He replied: "We know that children are a rejuvenating wellspring of love and wonder, and caring for them nurtures us as well as them. We know that our work results in more laughter, more discovery, more sleepovers, more birthday parties, more cupcakes, more dances, more graduations and eventually more of us."[6] Patient outcomes influenced by our care drive us to continue to live and dedicate ourselves to lifelong learning. The ongoing pursuit of best practices enables perianesthesia nurses to provide the best and safest care to those who have entrusted us with their lives.

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ASPAN® Breathline

Published by the American Society of PeriAnesthesia Nurses™

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

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Deadlines for inclusion in *Breathline*:
Issue . . . . . .Deadline
January . . . . . .November 1
March . . . . . .January 1
May . . . . . .March 1
July . . . . . .May 1
September . . . . .July 1
November. . . . . .September 1

Call for Nominations! Ignite Your Professionalism!

Jacque Crosson, MSN, RN, CPAN – ASPAN Immediate Past President and Nominating Committee Chair

Ignite your professionalism. Challenge yourself to seek a leadership role at the national level. ASPAN is seeking visionary leaders ready to collaborate with colleagues in advancing the unique specialty of perianesthesia nursing practice. Demonstrate your excellence in practice and leadership.

Qualified and eligible candidates are needed for the 2016-2017 ASPAN Board of Directors positions:

- Vice President/President-Elect (three year term)
- Secretary (two year term)
- Director for Clinical Practice (two year term)
- Regional Director, Region 2 (two year term)
- Regional Director, Region 4 (two year term)
- Nominating Committee (one year term) (five members)

To be considered for a leadership position:

1. Declare your candidacy as soon as possible to jcrosson@aspan.org.
2. An Intent to Place Name in Nomination Form and Conflict of Interest Form must be signed electronically and emailed with a date stamp no later than October 1, 2015. Late submissions will be returned.
3. An ASPAN Candidate Profile Sheet and Curriculum Vitae must be submitted electronically with a date stamp no later than October 1, 2015. HARD COPIES and FAXES will NOT be accepted.

For more information visit the ASPAN Web site, or contact Jacque Crosson at jcrosson@aspan.org or by telephone (602) 717-0432.

The deadline to declare a candidacy is October 1, 2015.

Excellence in Clinical Practice Award

Do you work with a certified ASPAN member nurse who exhibits expertise in clinical practice? Have you ever considered nominating a colleague for ASPAN's Excellent in Clinical Practice (ECP) Award? ECP recipients regularly contribute to the art and science of perianesthesia nursing in their own units.

Nominees are scored on a variety of contributions including, but not limited to:

- Developed perianesthesia standards of care
- Developed a perianesthesia care plan
- Developed a perianesthesia patient teaching tool
- Developed a unit based competency
- Published a journal/newsletter article on perianesthesia nursing
- Received an award/recognition for excellence in patient care
- Presented a lecture on perianesthesia nursing
- Participated in a perianesthesia research activity
- Functioned as the primary preceptor to a new staff nurse
- Coordinated the unit-based quality improvement program for one year
- Coordinated the unit's continuing education program for one year

Your colleague's activities from the past five (5) years qualify for scoring. Details are posted here on the ASPAN Web site Don't wait for someone else to submit your colleague's name. **The nomination deadline is November 30, 2015.**

IN MEMORIAM

ASPAN Founding Director Coleen "Connie" Myers

Coleen "Connie" Myers, of Overland Park, KS, passed away July 8, 2015. Connie was born March 6, 1929, in Marion, KS. She graduated from the School of Nursing at Research Hospital in 1950. She retired from nursing just two short years ago, after 63 years of service. Connie worked at Baptist Medical Center in Kansas City for more than 20 years in several capacities, from surgical ICU and postanesthesia nurse to Clinical Director of Patient Care. She finished her career with 25 years of service at the Surgicenter of Kansas City.

Connie was a pioneer in her profession, as she was a founding director for the American Society of Post Anesthesia Nurses. Connie is survived by her husband of almost 65 years, Jay Myers, two sons, four grandchildren and one great-grandson.

Willingness to Participate - Deadline is October 31, 2015

Katrina Bickerstaff, BSN, RN, CPAN, CAPA – ASPAN Vice President/President-Elect 2015-2016

Greetings, colleagues! This is a great time of year for relaxation, reflection and rekindling of relationships so important for our health and emotional balance. As perianesthesia nurses, we are often so busy caring for others that we do not always take time to care for ourselves. A great way to regenerate personally is to participate in your professional organization. The collaboration, networking and relationships you develop both close to home and nationally elevate practice and allow for continued growth in our specialty.

ASPAN has many opportunities for you, and many choices for all practice settings. Participation in committees, strategic work teams, and specialty practice groups provide the platform to increase knowledge while developing a professional network. Take a moment to visit the ASPAN Web site and complete a Willingness to Participate form. The deadline is October 31, 2015. For more information, click here.

Above and Beyond Service Award

Do you know someone who is always going above and beyond in component and/or national activities? Take a moment to nominate that person for the Above and Beyond Service Award.

Visit the ASPAN Web site for information on how to nominate a deserving colleague for a 2016 Above and Beyond Service Award. The deadline to nominate a colleague is January 10, 2016. Click here for more information.

Start planning to showcase your accomplishments with abstracts and posters for the 2016 National Conference in Philadelphia!

Celebrate Successful Practices abstracts are due by **October 15, 2015.** Categories include patient care, staff education, nursing leadership, preadmit/preop, patient flow, handoff communication and documention, and unit/environment activities. Research abstracts are also due **October 15, 2015.**

Start planning now to showcase your accomplishments! Visit the ASPAN Web site for more information.

ASPAN Awards Program

Have you given any thought to recognizing the work of your fellow ASPAN members? The simple act of recognizing one of your ASPAN colleagues for his or her recruitment efforts brings a feeling of pride and strengthens your component. Maybe it is giving recognition to a fellow member who has achieved certification or brought together a group from your component to assist with a community project. Everyone appreciates recognition for their work within our specialty, and ASPAN has a unique set of awards to recognize these people.

We want to hear from you about the good work happening in your component for 2015! The top honor is the Gold Leaf Award, which recognizes with distinction, the tremendous efforts that have helped build a strong component in areas such as leadership, member development, education and communication.

Seize the moment, and nominate a fellow member for one of ASPAN's awards, including the Above and Beyond Award, or the Award for Outstanding Achievement. And put your component in the running for the Gold Leaf Component of the Year Award.

For more information on ASPAN's annual recruitment campaign and how you can participate to win some great prizes, click here.

MEMBERSHIP

The ASPAN National Office invites you to send us the contact information of surgical service directors . . . and we will send them, and their colleagues, an invitation to join ASPAN.

Contact information should include the person's name, title, employer, mailing address and email. This information can be sent directly to Doug Hanisch, Marketing and Communications Manager, at dhanisch@aspan.org.

Perianesthesia Nurses
Practice with Excellence

Mark Your Calendar

PeriAnesthesia Nurse Awareness Week
February 1 – 7, 2016

The 2016 theme is:
Perianesthesia Nurses Practice with Excellence

Watch for more information in the next edition of *Breathline!*

Patient Owned Medical Equipment: Should They Leave it at Home?

Donna Casey, MSN, RN, CPAN – Safety Strategic Work Team Coordinator

Donna Casey
MSN, RN, CPAN
Safety SWT Coordinator

Yuk! This is gross! These were my thoughts as I tried to rinse cat hair out of the CPAP mask and tubing. One of our patients had brought his own medical equipment to be used after his surgery, and our biomedical department had refused to touch it. The respiratory care department had never seen this model, and was not sure what the settings were supposed to be. This scenario is becoming more common as hospitals receive requests from patients who ask to use their own equipment in the hospital.

Concerns with Patient's Own Equipment

The use of patient owned medical equipment poses several problems for hospitals and healthcare providers. First of all, the patient-owned CPAP may be a different model than the nurse or respiratory therapist is familiar with, which could create confusion when setting alarms. It is also possible that the patient may not have properly maintained the medical equipment. In addition, the biomedical department cannot easily determine whether the equipment has been regularly serviced. And, finally, The Joint Commission (TJC) requires hospitals to have maintenance records on all equipment in use.[1]

Regulations

According to the ECRI Institute (formerly the Emergency Care Research Institute), "Healthcare organizations have a duty to ensure the safety of equipment and devices used in their institutions. When they allow the use of patient supplied equipment, they may also assume the responsibility for the equipment's performance and safety."[2] Generally speaking, ERCI recommends that hospitals prohibit the use of patient-owned equipment, except in well defined circumstances as outlined in a hospital policy.

In a health device alert released in December, 2009, ERCI made reference to two patient deaths involving the use of patient-owned CPAP units while admitted to the hospital. One of the patients died after the CPAP machine was seen to be misting or smoking. The second patient was unable to maintain the equipment, and cultures of the humidifier revealed the same infectious agent as was determined to be responsible for his postoperative infection. Even if the equipment looks good on the surface, it is difficult to tell if it has been appropriately cleaned.[2]

Steps to Put in Place for Patient-Owned Equipment

As hospitals struggle to address the issue of patient-owned equipment, several steps should be taken to meet safety, infection prevention and clinical quality while the patient is in its care. Caregivers need to be provided with educational information and resources about the safe use of the equipment for which they are responsible. There should be written approval from the patient's physician for the use of the patient-owned equipment, as well as an order for machine settings. Every piece of electrical equipment must be thoroughly checked for safety by the biomedical department. The hospital staff must regularly check the equipment to see that it is functioning properly.[3]

Hospitals that allow patient-owned medical equipment to be used should have a policy in place that defines under what circumstances the equipment can or cannot be brought into the hospital. Part of this policy would include a waiver, stating that the hospital does not assume any liability for the equipment, and would give the hospital permission to make substitutions in the event of equipment failure. Of course, the staff must document its regular assessment of the patient-owned equipment to ensure that care is not compromised.[2] Conducting a risk assessment would be a proper course of action for healthcare facilities to take to determine whether patients should be allowed to bring in their own equipment.

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What's the Buzz? Tell Me How to Apply Research Findings to Practice!

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP – ASPAN Director for Research

Elizabeth Card
MSN, APRN, FNP-BC, CPAN, CCRP
ASPAN Director for Research

I sincerely believe that, as professional nurses, we need to be consumers of and contributors to research, which forms the evidence upon which our nursing practice is based. The first of these (reading research articles) establishes the understanding and skills needed for the second (completing research). Reading research articles can feel like learning a second language at first. There is, however, a method for reporting and sharing research findings. Being familiar with these methods allows critical appraisal of the findings, and potentially a basis for an evidence-based practice change.

Utilizing and synthesizing the research findings or evidence into your practice is a skill. Here is an example that can demonstrate the process: Your carpool buddy works in the dialysis unit, she shares that her patient brought in a device (Buzzy®) she purchased online and wanted to use it while her fistula was accessed (for pain control). Curious, you find the manufacturer's Web site and discover Buzzy® is an FDA approved device which operates on the gate theory of pain.[1] You wonder if the device could be used in a pre-op holding room for pediatric IV starts.

You start your consumption of the literature by developing the **PICOT** question that serves as a roadmap and guides your journey:

P (population): 5-18 year olds requiring needle sticks
I (intervention): Buzzy® device
C (comparator or control): Topical anesthetics (EMLA, amethocaine)
O (outcome): reduced pain, anxiety, costs
T (type of articles): randomized controlled trials (RCTs)

How does the Buzzy® device compare to topical anesthetics in relieve pain and anxiety experienced by 5-18 year olds requiring needle sticks, time constraints and costs?

Literature Search

You then delve into the literature, searching the following scientific databases: CINAHL, Cochran Review, Medline Plus, OVID, and Google Scholar. The PICOT guides your choice of the following keywords: "EMLA," "EMLA cream," amethocaine," "Buzzy®," "pediatric," "pediatric pain," "anxiety," "needle sticks," "local anesthetic" and "venipuncture." Your search results: 15 research articles written in English. You exclude four (population was incorrect-adults or children with disabilities) and exclude four more (the interventions or drugs did not line up with your chosen focus). Three were not randomized controlled trials (RCTs). You now have four articles utilizing RTCs for your synthesis of the research findings.[1,2,3,4]

You complete the following table as you read the four articles.[1, 2, 3, 4]

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Study (authors)	Sample (profile & No.)	Variables of interest	Study Design	Statistics (inc P-value)	Results	Summary (include individual study's limitations)
Brenner, S; Rupp, V., Boucher, J., Weaver, K.,Dusza, & S., Bokovov, J. (2013)	115 patients 5-18years old	FACES,tachycardia, anxiety measured observer scale before, during, after	RCT EMLA versus placebo for 15 min prior iv stick or blood draw	There was no significant differences between the study and placebo groups (P>.05) in means of anxiety, heart rate and pain. There was an inverse association between age and pain	Although a negative study, still significant finding as far as establishing time needed for outcome point	Although a negative study, still significant finding as far as establishing time needed as outcome point
Inal S., & Kelleci M (2012).	120 patients ages 6-12 years old	Pre-child anxiety and pain scale& observer reports, procedural pain with FACES, self report and parent observer	RCT Buzzy versus nothing for pain relief in blood draws	The experimental group showed significantly lower pain (P<.001) and anxiety (P,.001) compared to the control group, no difference in success of blood specimen collection procedure	Buzzy was an effective way to reduce pain and anxiety in pediatric patients	Study was not double-blind, to correct the research bias from this knowledge, the pain and anxiety levels were assessed by the children and their parents. Placebo effects were not controlled for, parents, observers and children were informed of hypothesis prior .
Baxter AL, Cohen LL, & Von Baeyer C. (2012).	81 patients ages 4-18 years old	Parent assessed pain scores, pt self assessed pain scores (CAPS), observed distress behaviors	RTC Buzzy versus standard of care (primarily vapcoolant spray, EMLA)	The parent report child pain showed significance for pain relief with the Buzzy (P<..05) and ages younger than 10 reported a higher mean self report of pain than those ages 10 to 17 years old (P=.018)	Buzzy pain relief was equal or better than standard of care methods, and demonstrated an inverse relationship between age and pain perception Odds of successful blood draw or IV canulation was 3 times higher w/Buzzy group Buzzy versus SOC (Equilivence)	Study was not blinded as the device could be seen and heard by participants and study personnel, could not control for the placebo affect with a sham device. Second limitation small sample sizes and minor random differences in the randomized groups. Third, was the lack of consistency in the intervention administered-at data analysis it came to light that a few of the nurses misunderstood and used vapcoolant (a topical spray) with the Buzzy.
Newbury, C. & Heard, D. (2009)	2837 patients ages 3 months -19 years old	FLACC and VAS for pain scores,	RCT EMLA versus amethocaine	No significant difference between EMLA and amethocaine in first attempt canulation (P=.056) or in pain relief (P=.087 for VAS, P=.06 for FLACC.	EMLA superior to amethocaine for 1st attempt IV canulation EMLA more costly Both require application 45 -60 minutes prior to IV	Unable to blind researchers due to different length of time for EMLA and amethocaine, the different amounts of cream needed to apply and the different reaction of the skin to the cream (blanching with EMLA)

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As you look over your synthesis table, you consider: Where were the articles published? (Peer reviewed journals are most reliable.) How big are the sample sizes? Was the statistical analysis appropriate? Are there any biases or deviations or limitations that could have impacted the results?

Conclusions From This Evidence

Although both topical anesthetics and the Buzzy® are effective in relieving pain and anxiety associated with needle sticks in the pediatric population, the Buzzy® was significantly more effective than the topical anesthetics in a single study.

- Pediatric patients with lidocaine allergies who otherwise could not receive topical anesthetics could benefit from the Buzzy®
- The Buzzy® time to effectiveness greatly reduces wait time to needle stick compared to EMLA and amethocaine. Arguably, this in itself could decrease anxiety in the pediatric patient and equate to a cost savings in reduced wait times to start IVs
- Pharmacodynamics and pharmacokinetics are not an issue with the Buzzy® device; therefore, potential side effects and complications are greatly reduced
- The Buzzy® device is non-invasive, perhaps offering a more conservative approach to pain management
- In addition to the pain relief accomplished through increased stimulation of the inhibitory pain pathway, it is postulated that the device may offer additional pain relief as a distraction for the pediatric patient by focusing on the Buzzy®, which looks similar to a toy, and the pediatric patient is then less concerned about the pain associated with the needle stick[1]

You decide to bring the evidence, along with information on the Buzzy® manufacturer, to your manager and ask if it can be purchased for your unit. Now, that is consumption of research findings and application to practice.

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Courtesy MMJ Labs. Used with permission.

Highlights of the Institute of Medicine (IOM): Evaluation of the Future of Nursing Campaign Workshop

Dina Krenzischek, PhD, RN, CPAN, FAAN
Tanya Hofman, MSN, APRN, ACNS-BC, CPAN

Nurses are recognized as the largest segment of the healthcare workforce. We are the gatekeepers to the delivery of quality, safe patient care. As the government enacted the 2010 Affordable Care Act (ACA), the role of the nurse was considered to be a vital and valuable key in meeting the objectives and implementation of the ACA. A number of barriers have prevented nurses from working effectively in the rapidly changing environment. These barriers need to be overcome to ensure that nurses are well positioned to lead change and advance health.

In 2008, the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) launched a two-year initiative to transform the nursing profession. The IOM appointed a committee from the RWJF, The Future of Nursing, for the purpose of producing recommendations for an action oriented blueprint for the future of nursing.[1,2,3,4,5,6]

2008 Recommendations

- Nurses should practice to the full extent of their education and training. Some barriers included the variation of nursing licensing and practice rules from one state to another and the high turnover of new nurses
- Nurses should achieve a higher level of education and training through an improved education system that promotes a seamless academic progression. These included the improvement of the educational system; nursing competencies: leadership, health policies, system improvement, research, EBP, teamwork, collaboration, community and public health; higher levels of education; and diversity in the workforce
- Nurses should be full partners with physicians and other healthcare professionals in redesigning healthcare in the United States. These activities included the cultivation and promotion of nurse leaders; promotion of accountability for their own contributions; responsibilities as full partners start with problem identification: from identification of solutions, to establishing health policies; and nurse leaders need to take responsibility for their personal and professional growth, including advancing their education
- Effective workforce planning and policy making that requires better data collection and an improved information infrastructure. Workforce data is needed to include the numbers and types of healthcare professionals, workforce requirements (skills mix, role, region, demographics), and systematic monitoring of supply and demand[1,2,3,4,5,6]

2008 Recommendations Related to Education and Training

The RWJF had eight (8) recommendations related to education, training, practice, leadership and workforce planning, and included key areas of evaluation:

- Removal of scope-of-practice barriers
- Expand opportunities for nurses to lead
- Implement nurse residency programs
- Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020
- Double the number of nurses with a doctorate by 2020
- Ensure that nurses engage in lifelong learning
- Prepare and enable nurses to lead change to advance health, diffuse collaborative improvement efforts
- Build an infrastructure for the collection and analysis of interprofessional health care workforce data[1,2,3,4,5,6]

The RWJF partnered with AARP to launch the Future of Nursing: Campaign for Action. The mission of the campaign was to promote the implementation of the above recommendations from the IOM report and to focus on:

- Advancing nursing education
- Leveraging nursing leadership
- Removing barriers to practice and care
- Fostering interprofessional collaboration
- Promoting diversity
- Bolstering workforce data.[1,2,3,4,5,6]

2015 Update on the Future of Nursing Initiative

In 2015, on the 5th anniversary of the IOM report, RWJF requested an evaluation of the progress of *The Future of Nursing* report on the field of nursing and beyond. A series of *IOM: Future of Nursing* workshops were held in Washington, DC. ASPAN President Armi Holcomb requested ASPAN representatives to be present at these workshops. On May 28, 2015, the IOM Workshop was held at the American College of Surgeons headquarters in Washington, DC. The purpose of the workshop was to focus on data collected, and evaluate the *Future of Nursing*

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Campaign for action from the perspective of key stakeholders. There were panel presentations from 25 of the committee members and stakeholders. Attendance included 90 participants with varied backgrounds.[7] The following are some notes derived from the workshop:

2015 Workshop Notes

EDUCATION: ADN to BSN academic barriers continue.

- Goal is to increase BSN by 80% by 2020 (currently does not look promising)
- Number of ADN programs has decreased
- Community colleges providing BSN programs (continue to have difficulty in the accreditation process)
- Increase of 51% BSN reported
- Who should pay for the ADN to BSN transition? Some hospitals are reimbursing tuition fees either partially or in full
- BSN need more competencies in disease prevention
- BSN requirement for employment is questionable. Some hospitals are hiring BSN only; if non-BSN, enrollment in a program is part of the employment agreement
- Nurse residency programs: increased retention, but only in the acute care setting
- Increase in 'bridge' programs (RN-MSN, BSN-DNP)
- Increase number of nurses with advanced degrees (more data is needed)
- Nurse practitioners: lack of mentors for residency program; regulations vary from state to state. American Association of Nurse Practitioners requested the elimination of a residency program from the recommendation
- Two hundred DNP accreditations within five years

PRACTICE: The role of nurses in different settings continues to vary.

- Scope of practice not adequately measured
- Changes in the scope of practice: legislation/regulations (21 states plus the District of Columbia – adopted legislation giving NP the ability to practice independently)
- Collaborative practice must occur at all levels

Focus on:

- Partnership with physicians
- Academic progression
- Evidence based process in all settings
- Preceptor tools for educating staff
- Continue to work on standards: quality, safety and interprofessional relationships
- Need team-based care
- Sixteen states have a shortage of nurses
- Patient-centered care focus in outpatient, home settings

Leadership:

- Need undergraduate leadership program
- A chief nursing officer (CNO) needs to evaluate a care delivery model for quality health promotion. Not all hospitals have a CNO. Twenty-one states, plus the District of Columbia, adopted legislation giving nurse practitioners the ability to practice independently
- Develop leaders: focus on performance matrix
- Increase number of nurses on Boards of Directors in the healthcare industry

Data Collection:

- Insufficient ethnicity workforce data
- Data measurement is occurring in multi-levels (state, national) on academic progression
- More processes are being measured (electronic systems continue to be a challenge)
- Need more outcomes
- Need changes in discipline engagement outcomes
- Need more data from BSN to advanced degrees
- Electronic documentation needed for metrics (lack of communication between systems makes data collection challenging)[7, 8]

Conclusion

Transforming the nursing profession is a responsibility of all sectors in nursing, from individuals to organizations. The recommendations of action need to be embraced as a blueprint for nursing's future. This is an amazing opportunity to advance the practice of nursing, and nurses must be part of the action. According to IOM, although progress is being made, there continues to be many challenges ahead. The IOM has proposed to focus on the role of nurses in legislative, bureaucratic, financial, as well as collaborative practice aspects of healthcare delivery.

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Keeping Education Current

Sylvia Baker, MSN, RN, CPAN – ASPAN Regional Director, Region 3
Linda Beagley, MS, RN, CPAN – ASPAN Director for Education

During the past year, ASPAN's Education Review Strategic Work Team (SWT) evaluated the education and delivery methods available to perianesthesia learners. ASPAN's Immediate Past President, Jacque Crosson, set the wheels in motion for this SWT's work by appointing Sylvia Baker to lead the strategic work team. A small group of ASPAN members responded to the charter's scope:

- Review ASPAN seminar and national conference evaluations
- Develop a survey tool and distribute to members
- Investigate perianesthesia educational offerings provided by non-ASPAN entities
- Review of evaluations and formation of themes

This work group reviewed two years of ASPAN seminar evaluations (2012-2013), as well as the 2014 national conference evaluations. From this careful evaluation, the group developed over-arching themes. Themes that were noted were issues such as: timing of seminars, novice vs. experienced information, physical set up of locations, presentation styles, communication, cost and the need for contact hours to be applied to education. From these themes, the group met via a conference call and developed questions for a membership survey. Last fall, a 17 question survey was distributed to ASPAN membership. The survey had a phenomenal return of 1307 respondents, providing the SWT with 90 plus pages of rich information!

Findings/Recommendations

The information garnered from this survey will help lead the ASPAN Education Provider Committee to develop meaningful educational offerings. A summary of the compiled survey results indicated a desire for:

- Online webinars in shorter time frames
- In-person seminars presented in shorter time frames
- Maintaining a cost-effective delivery
- Updating slides
- Topics that are fresh and updated
- Varied lengths of time for activities
- Qualitative vs. quantitative approach to anecdotal stories when used in presentations
- Considerations of variance in time zones; variation of start times of activities
- Advanced vs. basic information

ASPAN membership was forthcoming with recommendations for topics. The diversity of perianesthesia practice is demonstrated through the recommendations observed from evaluation feedback and survey results. Many topics are already presented, but of interest was an additional topic of "global issues" where Ebola was given as an example.

Threats

The last task assigned to the Education Review SWT was to investigate perianesthesia offerings provided by non-ASPAN entities. Seven non-ASPAN education resources were reviewed. This review shows that other organizations are providing education as live presentations, webinars, audio or written word. Some companies' main educational emphasis was certification review; others was certification review; others offered a variety of topics. None of the competitors offered the variety of topic choices that ASPAN currently offers.

The Next Steps

Sylvia Baker presented the findings of the Education Review SWT to the ASPAN Board of Directors at the preconference board meeting in April 2015. This is an exciting time within ASPAN. Take part in the educational activities offered, and provide your feedback so that ASPAN can continually improve its offerings and truly be the premier voice of perianesthesia education.

Sylvia Baker
MSN, RN, CPAN
ASPAN Regional Director, Region 3

Linda Beagley
MS, RN, CPAN
ASPAN Director for Education

IOM Report *continued from page 10*

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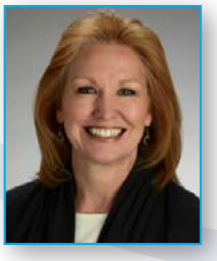
Pain Action Alliance to Implement a National Strategy (PAINS) Collaborators Meeting Report

Melanie Simpson, PhD, RN-BC, OCN, CHPN, CPE – ASPAN Liaison to PAINS



Melanie Simpson PhD, RN-BC, OCN, CHPN, CPE
ASPAN Liaison to PAINS

The Pain Action Alliance to Implement a National Strategy (PAINS) is a coalition of national leaders and organizations committed to advancing the sixteen recommendations made in the Institutes of Medicine's report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*. In preparation for the publication of the National Pain Strategy (NPS) Report due in June, 2015, the PAINS group convened a Collaborators Conference in Washington, D.C. More than 100 prominent leaders from professional societies, academic institutions, federal agencies, patient advocacy groups and policy organizations were in attendance. The main purpose of the meeting was to identify opportunities and challenges relative to implementation of the NPS report. Other goals included building enthusiasm for the report and promoting collaboration among the attendees in order to move the NPS Report from a vision into a reality.

The NPS Report's vision states, *"If the objectives of the National Pain Strategy are achieved, the nation would see a decrease in prevalence across the continuum of pain, from acute, to chronic, to high-impact chronic pain, and across the life span from pediatric through geriatric populations, to end of life, which would reduce the burden of pain for individuals, families, and society as a whole. Americans experiencing pain—across this broad continuum —would have timely access to a care system that meets their biopsychosocial needs and takes into account individual preferences, risks, and social contexts. In other words, they would receive patient-centered care."*[1] In brief reports, the members of the six NPS workgroups presented highlights of the section of the report on which they worked, shared personal observations and then engaged with all those present in a robust conversation. Key elements of those conversations included:

- The need for research, including population, basic science, clinical translational, comparative effectiveness, and quality improvement
- The importance of addressing historic disparities in health and healthcare was recognized as critical to the successful implementation of the report
- Learning from efforts of the Department of Defense to improve pain care for veterans that have preceded the NPS Report was promoted by Dr. Chester "Trip" Buckenmaier in his report on "Care and Prevention"
- The Service Delivery and Reimbursement section stated there is interest among payers in programs that improve quality and save money. The group called for small pilot programs to demonstrate the feasibility and efficacy of comprehensive pain care, including exploration of "fee-for-service with incentives"
- The Professional Education and Training Section noted that we cannot wait for the medical schools and licensure groups to change. Attendees were supportive of the NIH Pain Consortium's program to develop Centers of Excellence in Pain Education
- The Public Education and Communication Workgroup reported that two public education campaigns were recommended by the group. The priority campaign is an extensive public awareness campaign about chronic pain and the secondary campaign centers on safe medication use by patients

The conclusion of the report states the obvious: "A cultural transformation in the way pain is perceived, judged and treated"[1] will require almost unimaginable resources, numbers of organizations and committed individual, political will, and changes in attitudes. However, the dialogue, discourse and enthusiasm at the PAINS Collaborators Meeting encouraged those who convened and planned it, and gave hope to all those present that the U.S. is at the precipice of a cultural shift in the way in which chronic pain is managed. The report's vision can become reality, but there is much to be done.

REFERENCE

1. Excerpts from "Recap of PAINS Collaborators Meeting" by Myra Christopher PAINS Director, see full article: http://www.painsproject.org/recap-pains-collaborators-meeting/

continued on page 13

International Perianesthesia Nursing Update

Jacque Crosson, MSN, RN, CPAN – ASPAN Immediate Past President 2015-2016
ASPAN International Liaison

British Anaesthetic & Recovery Nurses Association (BARNA) Royal York Hotel, York, England

On June 19, 2015, I had the opportunity to join our British colleagues for the 29th BARNA Conference. Presentations encompassed current trends, including care delivery across the globe, cardiopulmonary stress testing, pediatric nurses in the PACU, simulation education for PACU nurses, management of obesity, anesthesia for patients with substance abuse, competency based teaching, digital health and mentoring. These were all relevant topics for our patient populations in the United States. It was an incredible experience, especially since their concerns and practice challenges mirror ours.

ASPAN's own Dr. Joni Brady provided the keynote address, discussing the differences and similarities in perianesthesia practice around the world. We could visualize the varied care delivery models across the world through her pictures.

In addition to the education offered members, BARNA had excellent vendor support. This allowed participants the ability to discover new products with hands-on opportunities.

From left: Pauline Guyan, BARNA Secretary; Manda Dunne, BARNA Chair; Jacque Crosson; Pat Smedley, BARNA Committee, Education Lead; Fionuala O'Gorman from Ireland.

It was my pleasure to provide the conference closing address on mentoring. Passing the torch and igniting the spark in others is a common concern for all nurses, regardless of country. The nursing shortage is as real in the United Kingdom as it is here in the United States. They, too, have a shortage of qualified instructors, and many of their more "seasoned" nurses are due to retire in the next five years. Regardless of practice setting, we must mentor our peers so that they are ready to take leadership roles in the future.

CERTIFICATION

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Appendix D Reference List

This list of references is what ABPANC uses to verify correct answers.

Free Webinars with Contact Hours

– Test Taking Strategies
– Conquering Test Anxiety and Fear of Failure

12-week Study Plan

Organizes subject matter into topics that can be reviewed in approximately four hours per week.

Study Tips

A quick reference guide with tips for organizing a study outline, identifying study resources and dealing with test anxiety.

Mind Mapping Study Guide

A creative way to organize information to study for the exam, while mapping your own knowledge base and areas of need.

All these study tools may be downloaded from the ABPANC Web site at www.cpancapa.org > Resources > Study Tools

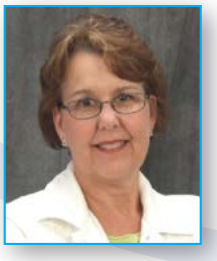
Contact ABPANC

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

Email: abpanc@proexam.org
Web site: www.cpancapa.org

ASPAN Returns to the City of Brotherly Love and Sisterly Affection!

Laura Kling, MSN, RN, CNS, CPAN, CAPA – National Conference Strategic Work Team Coordinator



Laura Kling
MSN, RN, CNS, CPAN, CAPA
ASPAN National Conference Strategic Work Team Coordinator

ASPAN returns to Philadelphia, Pennsylvania, to celebrate its 35th National Conference. Plan to join old friends and make new acquaintances April 10-14, 2016, as we collaboratively "Renew Perianesthesia Passion: Inspire Excellence." Clinical experts, current trends, members, educators, researchers and participant conference evaluations have provided the foundation for quality educational sessions and networking opportunities. ASPAN is the unique specialty for perianesthesia nursing – so plan to come – renew your passion – get inspired and inspire others! Future Breathline issues will include information about room sharing, host/hostess volunteering, session moderators and Component Night.

Philadelphia, the largest city in Pennsylvania, is located at the confluence of the Delaware and Schuykill Rivers. Founded in 1682 by William Penn, the rich history is infused into this bustling metropolitan environment. Your inner tourist will enjoy wandering historic neighborhoods and cobblestone streets, viewing our nation's history up close: Independence National Historical Park, the Liberty Bell, Old City and Society Hill. A short distance away is Valley Forge. You may be inspired to make it an additional trip - travel to New York City (1.5 hours), Baltimore/Washington DC (2 hours) or Boston (5 hours).

A wide variety of venues offer relaxation, shopping and entertainment: Chinatown, Love Park, the Philadelphia Zoo, Longwood Gardens, the Philadelphia Museum of Art (the iconic Rocky steps) and the Franklin Institute. The Reading Terminal Market is within walking distance. You will be tempted to try all of the culinary treats – from Amish delights, a Philly cheese steak (Pat's King of Steaks or Geno's Steaks), a roast pork sandwich, scrapple and even fried pickles! Nearby, fine cuisine establishments to historic taverns will satisfy every palate. Sports, theater and music events may round out your itinerary.

Philadelphia, the fourth most walkable city in the United States, has much to offer. Use discoverPHL.mobi on your mobile device or check discoverPHL.com for nearby events, attractions and deals. So, hey you guys! Yo! Come on over to Philly – check it out!

The Philadelphia Marriott Downtown will host the conference. Be sure to reserve your rooms early. Room rates are $209.00/night plus tax. Visit the ASPAN Web site for more information. Links to the conference and hotel site will be posted in the near future.

▲ *Outdoor cafes are abundant in Philadelphia*

Photo by Anthony Sinagoga for PHLCVB

▲ *The Famous Liberty Bell*

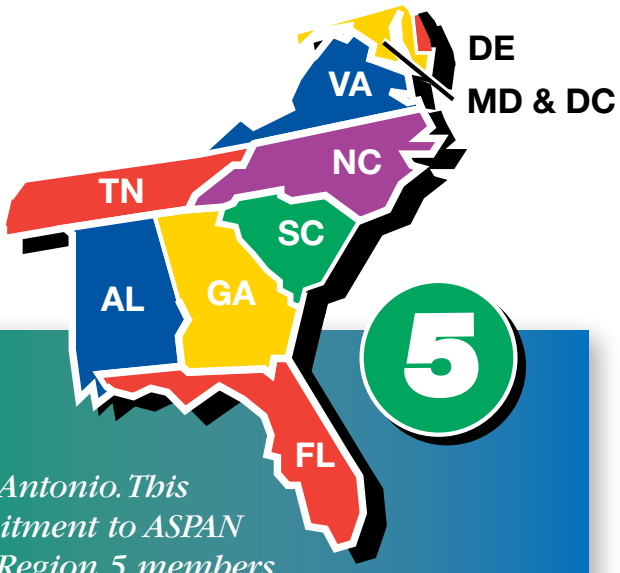
Photo by Andrea Golod for PHLCVB

◀ *Benjamin Franklin National Memorial*

Photo by Paul Loftland for PHLCVB

THE DIRECTOR'S CONNECTION

Kimberly Godfrey, BSN, RN, CPAN
ASPAN Regional Director, Region 5



Greetings from the Southeast! All components in Region 5 had representation at the Representative Assembly (RA) held last April in San Antonio. This demonstrates every component's commitment to ASPAN and the importance of representing the Region 5 members. It was a pleasure, in my new role, to meet leaders and members from all components of Region 5 at the Representative Assembly held last April in San Antonio.

Kimberly Godfrey
BSN, RN, CPAN
ASPAN Region 5 Director

Region 5 Update

Alabama Association of PeriAnesthesia Nurses (ALAPAN): Its fall seminar is October 10th in Mobile, Alabama. They will be collaborating with leaders from ALAPAN and ASPAN to look at revitalization and succession planning.

Chesapeake Bay Society of PeriAnesthesia Nurses (CBSPAN): CBSPAN was awarded ABPANC's Shining Star Award at the National Conference in San Antonio. Its fall conference, "Reigniting Your Passion," is October 10, 2015 at Hood College in Frederick, Maryland. For more information, visit the CBSPAN Web site at www.cbspan.org.

Florida Society of PeriAnesthesia Nurses (FLASPAN): FLASPAN is an ABPANC Shining Star Award winner. FLASPAN, in collaboration with Orlando Health and MHAUS, will be involved in a Malignant Hyperthermia Conference at Orlando Health on October 10, 2015. FLASPAN's annual conference, "Everything You Asked for and More," will be held at the Wyndham, Lake Buena Vista, October 23rd-25th. More information can be found at www.flaspan.com.

Georgia Association of PeriAnesthesia Nurses (GAPAN): Its fall conference was held September 18-20 in Stone Mountain, Georgia. GAPAN is an ABPANC's Shining Star Award winner. GAPAN updates membership by region to help in strategic planning. For more information about GAPAN, visit their Web site at www.ga-pan.org.

North Carolina Association of PeriAnesthesia Nurses (NCAPAN): NCAPAN is an ABPANC Shining Star Award winner. Judy Schneider, a NCAPAN member, was awarded the ASPAN NIWI Scholarship and attended the Nurse In Washington Internship in March. NCAPAN's fall conference will be at Forsyth Hospital in Winston-Salem, North Carolina, October 23-25th. Visit the Web site www.ncapan.org for more information.

South Carolina Association of PeriAnesthesia Nurses (SCAPAN): SCAPAN is an ABPANC Shining Star Award winner. SCAPAN held "Summer School for the Perianesthesia Nurse" on August 1, 2015 in Charleston, South Carolina. SCAPAN has posted important information regarding "Samuel's Law" on its Web site, a bill in the South Carolina legislature related to revoking nurses' licenses. It is great information, and we as nurses should always be aware of laws that will affect us and our practice. For more information, visit www.scapan.com.

Tennessee Society of PeriAnesthesia Nurses (TSPAN): One of TSPAN's own, Elizabeth Card, was elected to the ASPAN Board of Directors as Director for Research. TSPAN is also an ABPANC Shining Star award winner. TSPAN, trying a new time of year for its annual conference, held it August 21-23, 2015, in Memphis, Tennessee. This year, attendees had the opportunity to sign up to tour St. Jude's Children's Research Hospital, where abundant learning and research occurs for children. TSPAN's Web site is www.tspanonline.org.

Virginia Society of PeriAnesthesia Nurses (VSPAN): Anita Gooding, a VSPAN member, won a Humanitarian Scholarship from ASPAN. She was able to lead a team to Guatemala for a mission trip. VSPAN's fall conference was September 19 in Fair Oaks, Virginia. VSPAN's Web site is www.virginiaspan.org.

Component Education Program

January 23, 2016 The Arizona PeriAnesthesia Nurses Association (AzPANA) will hold a winter seminar entitled "Cruise on Down to the Dunes and Test Your Perianesthesia Knowledge," a CPAN/CAPA certification review. The event will be at the Yuma Regional Medical Center in Yuma, Arizona. Contact Jacque Crosson at jcrosson@aspan.org for more information.

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS
October 24, 2015
Harrisburg, PA

November 14, 2015
Santa Clara, CA

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES
October 3, 2015
Bozeman, MT

October 24, 2015
Midland, TX

November 14, 2015
Oak Lawn, IL

PERIANESTHESIA CERTIFICATION REVIEW UPDATED!
October 3, 2015
Joliet, IL
Lexington, KY
Milwaukee, WI

LIVE WEBCASTS – FULL DAY PROGRAMS

PERIANESTHESIA CERTIFICATION REVIEW UPDATED!
October 10, 2015
November 14, 2015

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH
November 21, 2015

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE
November 7, 2015

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY
October 31, 2015

LIVE WEBCASTS - HALF DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE
October 17, 2015

PERIANESTHESIA ESSENTIALS I
October 3, 2015

PERIANESTHESIA ESSENTIALS III
October 24, 2015

PERIANESTHESIA FOUNDATION NEW!
October 11, 2015 SUNDAY