



INSIDE:

PRESIDENT'S MESSAGE:

Perianesthesia Passion: Inspire Excellence by Planning Strategically

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

Where did this year go? I know this has been said before, but “time flies when you’re having fun!”¹ This has been a great, rewarding year for me as ASPAN’s 35th president. It all started in San Antonio, Texas at my induction and the installation of your 2015-2016 ASPAN Board of Directors. As a result of the diligence of the Board, as well as the hundreds of ASPAN volunteer members, our Society has accomplished much this year.

Stewardship

As I ponder these last few weeks of my presidency, I ask myself if I have been a good steward for ASPAN. The dictionary defines stewardship as “the responsible overseeing and protection of something considered worth caring for and preserving.”² The answer I find is a resounding “Yes!” While there were some challenges from the get-go, there were more successes to celebrate throughout the year. Examples include:

- A well-attended Leadership Development Institute (LDI) in St. Louis
- Publication of the newly revised *Redi-Ref for Perianesthesia Practices*
- Completion of the *Competency Based Orientation and Credentialing Program for the Registered Nurse Caring for the Pediatric Patient in the Perianesthesia Setting*
- Completion of research projects on *Burn-out and Fatigue*. Results will be shared at the 35th National Conference
- Productive mid-year board meeting
- Detailed review and revision of the ASPAN Strategic Plan

Service

ASPN members can be incredibly gratified by the accomplishments of the Society. With great pride, I can say that there is tremendous excellence in the services we provide because of the support of ASPAN’s many talented volunteers. Vice President/President-Elect Katrina Bickerstaff has been diligently working on the assignments for the 2016-2017 committee, strategic work team and liaison appointments.

It is both humbling and amazing to witness the steady flow of new members wanting to get involved in ASPAN’s work. Talking about work, I must mention a very hardworking group of people, the ASPAN National Office (NO) staff. Trust me when I say that my work as your president would not have been so smooth without the daily support and contributions of the NO staff. Together with Kevin Dill, ASPAN Chief Executive Officer, the national office staff work tirelessly to support the work of ASPAN’s many volunteer leaders.

Strategy

As stewards for ASPAN, your national Board of Directors tackled the important work of revising ASPAN’s strategic plan. To this end, the ASPAN Board met with Bud Crouch, principal consultant from Tecker International, to update and revise ASPAN’s strategic plan, as he last did in 2010.

Why is a strategic plan important for a nonprofit organization like ASPAN? Strategic planning is the process by which an organization identifies the blueprint necessary to achieve a mission. This stra-



Armi Holcomb
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ASPN President
2015-2016



tegic plan represents the direction that ASPAN must undertake to move successfully into the future – it is about identifying what we are not doing today that we need to be doing, and about what we are doing today that needs to be done differently in order to ensure a prosperous future. ASPAN's strategic plan has to remain fluid and viable to be able to give its leaders the direction they need to meet members' needs.

It is the leadership's working document and it is the leadership's responsibility to "change the plan anytime if it needs to be changed based on sound reasoning and assessment, and to update it regularly on an ongoing basis." (Quote: Bud Crouch, 2015.) Strategic planning differs from the daily working plan (operational plan) by providing leadership a strategic direction, the compass, to guide and focus ASPAN's strategic decision making and ongoing operational work.

ASPA's Core Purpose, ***to advance and promote the unique specialty of periesthesia nursing***, can be fulfilled if we adhere to and pursue our 'Core Values.' These have been refined to reflect ASPAN's current experience. The revised values are summarized in the acronym P.R.I.D.E. - ***passion, respect, integrity, diversity, excellence***. What is important to know and understand is that your elected board of directors has identified 3-5 year goals, strategies and indicators of achievement so that the Society can realize its future successfully.

Looking Back

While ASPAN's future remains bright, it has indeed been an enjoyable, exciting and great year for me as your president. I was privileged to meet many periesthesia nurses across the nation and talk one-on-one with some of you. As the first bedside pediatric nurse to be the primary officer for ASPAN, I can relate to the bedside nurses who I met in my travels.

Their clinical issues and challenges were mine. Attending other specialty organizations' conferences and meetings was yet another wonderful opportunity to network and meet healthcare partners. One of the best meetings was the Nursing Organizations Alliance conference held last November. It gave me the chance to speak with other nursing leaders in attendance. Some of these organizations are still in their infancy and were very impressed with what ASPAN has been able to accomplish.

Conclusion

As I reflect on what this year has meant to me, I would not have done it any other way. America's 35th president, John F. Kennedy, said at his inauguration: "Ask not what your country can do for you – ask what you can do for your country."³ As ASPAN's 35th president, I will paraphrase this line and state, "Ask not what ASPAN can do for you – ask what you can do for ASPAN!" It has been an honor and privilege to have served as your 35th ASPAN president. I have given my time, talent and some treasures to ASPAN. Your next leaders will do the same, and I know that ASPAN will be in great hands. "Thank you very much." Or, as we say in the Tagalog language in the Philippines, 'Maraming salamat. Mabuhay!'

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January November 1

March January 1

May March 1

July May 1

September July 1

November September 1

“Philadelphia.....Here We Come!”

Laura Kling, MSN, RN, CNS, CPAN, CAPA
ASPN National Conference SWT Coordinator

JIt is almost here...time to share your passion for practice excellence in Philadelphia, April 10 – 14! Plans have been “cooking” for two years. Educational sessions and experts are ready to share their expertise, and for you to share yours. It is ASPAN’s 35th National Conference. Meet past and present leaders, and network with periesthesia nurses from around the globe.

National Conference Activities

Pennsylvania is famous for its hospitality, and the Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) will share its love for our state and Philadelphia. A hospitality table will have information and suggestions for relaxing, fun activities to add to your conference experience. Pick up ideas to feed your mind and relax your body! The ASPAN nation-

al conference pin will be available for its usual cost of \$5.00. Add it to your collection. Ben Franklin will also be standing nearby for a photo op.

Kick-off the conference with Component Night...and let the fun begin. The Component Night theme, *Love Philly and Philly Will Love You Back!* is fitting. Come dressed as a famous Philly personality or share what you love about Philly music, dance, history, theater, movie stars, sports stars or food. Were you a “bobby-soxer” or a “flower child”? The home of *American Bandstand*, Dick Clark, Chubby Checker and the “Twist” await you. Does Rocky pack a punch for you? Climb those famous steps at the Philadelphia Museum of Art as part of the annual Dream Walk, and get inspired.



Laura Kling, MSN, RN,
CNS, CPAN, CAPA
ASPN National
Conference SWT
Coordinator

▼ Tourists walking around
Old City, Philadelphia



Photo by Jeff Fusco for PHLCVB

▼ Bronze footprints of Rocky at the top of the steps at the Philadelphia Museum of Art

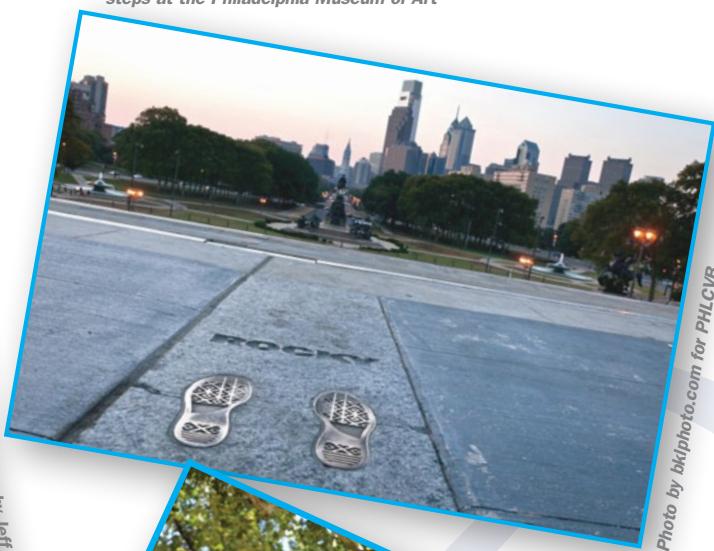


Photo by bkphoto.com for PHLCVB

▼ National Constitution Center
on Independence Mall



Photo by PHLCVB

▼ The famous “Thinker”
statue in front of the
Rodin Museum



Photo by Paul Lofland for PHLCVB

National Conference

continued from page 3



▲ Carpenter's Hall, host of the first Continental Congress in 1774

▼ Outdoor dining at Rittenhouse Square



Photo by Tim Hawk for PHLCVB

▼ A trolley tour is a great way to see historic Philadelphia



Photo by PHLCVB



Photo by Andrea Gold for PHLCVB

▲ A bronze statue of William Penn, the city's founder, sits atop historic City Hall

Must-See Tourist Activities

Philadelphia is a city known for history, arts, music and outstanding restaurants for your enjoyment. Old City, which includes the Liberty Bell, Independence Hall, Reading Market Terminal and Center City, are a short walk away. Also close by are the Franklin Institute, the Please Touch Museum, the Edgar Allan Poe House and the Betsy Ross House. Horse drawn carriages will allow you a slower paced tour of historical sites and Society Hill. Several other must sees include the Italian Market on Ninth Street, China Town, The Philadelphia Zoo and the Camden Aquarium, just across the Delaware River from Philadelphia.

Venture Out on Tours and to Nearby Cities

Perhaps you want to expand your sight-seeing experience and take a tour. Several tours are available, including the "Great Taste of Philly Food Tour" and walking ghost tours. Visit the Institute of Contemporary Art. Walk with Ben Franklin for a beer-tasting tour. Yards Breweries and Chadd Fords famous wineries and art galleries require a short drive. Are flowers and horticulture your thing – take a ride to Kennett Square and visit

Longwood Gardens. Do you feel lucky? The Sugar House Casino provides a trolley for guests.

If you are traveling with your family, don't forget Lancaster and Pennsylvania Dutch country, and Hershey, PA. Other places to include on your itinerary may include Sesame Place in New Jersey, Washington DC, New York City, Niagara Falls, or colonial Williamsburg, Virginia.

Conference Involvement Activities

- **Roommate Needs:** contact Kim Noble: kanoble@mail.widener.edu
- **Moderator Needs:** this is a great way to participate and let others get to know who you are and meet our speakers. Contact Cindy Hill: cindy.hill@umchealthsystem.com
- **Host/Hostess Needs:** Contact Ursula Mellinger: ursmellinger@gmail.com. Active category and Retired category members may serve and receive a small compensation

So, friends, I invite you to Philly – make it your best educational experience, interact with leaders, national and international attendees, seek out new opportunities and most importantly, just relax and have some fun. Philly awaits you! 

ASPAN Scholarship Program: INCREASED FUNDING FOR 2016!

Effective beginning this scholarship year, increased funding in all scholarship categories was approved by the ASPAN Board of Directors, except for the certification exam scholarship. Certification exam fees, determined by the American Board of Perianesthesia Nursing Certification, have not changed.

The ASPAN Scholarship Program is a member benefit designed to provide financial assistance to ambulatory surgery, postanesthesia, preanesthesia and pain management member 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, select **Members / Scholarship Program**.

Scholarships offered:

- \$1,500 for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing
- \$750 for ASPAN National Conference Attendance
- \$1,000 for Humanitarian Mission
- Two \$2,000 scholarships for the Nurse in Washington Internship (NIWI) program
- \$299 for CPAN or CAPA Certification Exam fee

ASPAN's Scholarship Program postmark deadline is **July 1, 2016**. 

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Donna Casey, MSN, RN, CPAN
ASPN Safety SWT Coordinator



Donna Casey,
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"Mr. Smith, which leg are you having surgery on? What exactly did Dr. Jones say he was going to do?" These are words that are repeated time and time again. From the preadmission clerk to the anesthesia provider in the operating room (OR), these questions will be asked. The patient may grow weary of telling yet another member of the healthcare team what the plan is for his surgery. Not only does he tire of repeating his story over and over again, but he begins to question whether or not the caregiver really knows what's going on. "Doesn't anybody here talk to each other? Don't you people have all of my information written down in my records?"

Informed Consent and Surgical Procedure Verification

It may be redundant, but all of the components that make up the verification process for the patient to have a safe surgery are extremely necessary. It begins with the surgeon talking to the patient and thoroughly explaining the procedure to be done. Each aspect of the surgical consent is critical in ensuring the patient is adequately informed about what is to take place. The next leg in the information relay is between the doctor's office personnel and the scheduling clerk in the hospital or outpatient surgery center. What procedure is to be performed? How does the surgeon intend to perform the surgery? Does he need a company representative? Will this be done with a laparoscope or will it be an open procedure? Or will it be performed robotically? All of this information must be obtained to ensure the operating room staff will be adequately prepared on the day of surgery. If there is a discrepancy, the OR suite may be set up for the wrong type of procedure, resulting in expensive supplies being opened needlessly and then wasted. It may also result in the surgery being canceled, because the OR team neglected to have the proper equipment available.

Preoperative Verification

A vital link in this communication chain is the preadmission nurse. From the time the surgery is posted, and the preadmission visit is scheduled, the same day surgery nurse is busy ensuring that everything is in sync. Does the surgery schedule match the procedure the patient says he is having? What about the x-rays? Why are there x-rays of his left shoulder when he says he's having surgery on the right side? Wait a minute! The history and physical says this is going to be a total reverse procedure; this guy thinks he's having arthroscopic surgery like his brother had several years ago. Man, we need to ramp up the discharge planning, or he won't be properly prepared!

Joint Commission Regulations

The Joint Commission released the "Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery" as a guide to help healthcare professionals prevent needless and potentially catastrophic errors.¹ Everyone would agree that marking the site of the procedure and the "Time Out" performed by the perioperative team are critical elements in preventing errors; however, the information passed on by preadmission and preoperative staff supply crucial parts of the communication process in providing safe surgery for our patients. Let's not take that responsibility lightly.

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Frequently Asked Questions

Preoperative/Holding Patients in PACU

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 regarding caring for preoperative patients in the PACU.

Q. Who takes over the preoperative nurse's responsibilities late in the day or after hours when staff is limited? Can preoperative patients go to the PACU if Phase I and/or Phase II patients are being recovered?

A. Accommodating preoperative patients late in the day can be challenging. During regular hours, preoperative inpatients may go to a holding area before surgery or to a common preoperative area shared by patients admitted the day of surgery. Some hospitals bypass the preoperative area and take inpatients directly to the operating room (OR). ICU and telemetry patients frequently go directly to the OR due to limitations of space, equipment and staff competencies. If critical care patients will be transferred to a preoperative unit, the appropriate equipment must be immediately available and there must be adequate staff available to provide competent care.

Preoperative Skill Sets

Preoperative nurses are often responsible for reviewing inpatient records to detect missing diagnostic studies, ensure completion of required documents, and verify physician orders. Preoperative nurses may be needed to start IVs, assist with preanesthesia procedures and start preoperative antibiotics for inpatients.

What Does ASPAN Recommend?

The 2015-2017 ASPAN Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements includes Practice Recommendation 1 (PR 1), Patient Classification/Staffing Recommendations.¹ This PR describes staffing levels for each phase of care, including preoperative care. There is a section on "blended units" which describes recovering patients in Phase I, Phase II and Extended Care in the same environment. This is achieved by adjusting staffing patterns and patient assignments. For example, there may be one nurse designated to recover Phase I patients and two nurses designated to recover Phase II and Extended Care patients. The Phase II/Extended Care nurses would provide backup to the Phase I nurse. **However, preoperative patients are not included in the blended unit description.**

Regulatory Requirements

Regulatory agencies require preoperative patients to be cohorted away from postoperative patients.² This means that separate areas are to be provided for preoperative and postoperative patients. To meet productivity goals and/or achieve mandated staffing ratios, preoperative patients may be relocated to the recovery area as staff members end their shifts. To ensure patient safety, there should be adequate nursing staff assigned to continue preoperative care. The preoperative patients should be located as far away from the postoperative patients as possible. Consideration should be given to maintaining patient privacy for all patients in the unit, as well as for allowing family to remain with the preoperative patient. In smaller units, this can be a challenge. Some facilities have nurses who are assigned to care for preoperative patients, Phase II and Extended Care patients. Phase I nurses may transition from Phase I to Phase II care of the same patient, but should not be caring for preoperative patients in combination with Phase I patients.

Summary

It is possible to cohort all phases of perianesthesia patients in the same unit, but care must be taken to assure that preoperative patients are separated from postoperative patients, and that staffing ratios for each phase of care are adequate to provide safe care. PR 1 is available to members and non-members [here](#) on ASPAN's Website.

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

National Conference Development Activities

Don't miss out on several opportunities to support your professional nursing organization—and learn about ASPAN's increased scholarship amounts! Development activities at this year's conference will include:

▪ **Dream Walk**

The 2016 Dream Walk features a 3.5-mile route from the hotel to the iconic stairs of the Philadelphia Art Museum. **Sunday, April 10, 2016 at 6:15 a.m.**

▪ **Development Celebration**

Support ASPAN by attending the year's premier fundraising event, **Monday, April 11, 7:30-9:30 p.m.** The evening will include music, giveaways, and a program to honor colleagues and this year's fundraising trailblazers. Food is also included.

▪ **Silent Auction**

Support ASPAN by donating an item of interest, bidding on auction items—or both. **The Silent Auction is open during Exhibit Hall hours.** For additional information, or to donate an item, contact Doug Hanisch at the National Office: dhanisch@aspan.org or 877.737.9696, ext. 215.

▪ **Scholarship Orientation**

ASPAN is pleased to announce **larger scholarship awards** beginning in 2016! ASPAN leaders and scholarship recipients will be in the **ASPAN booth during exhibit hall hours** to walk you through the scholarship application process and answer your questions. Stop by to learn more! 

ASPAN Member-Get-A-Member Campaign

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 runs through 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: dhanisch@aspan.org. Request as many copies as you like, and be sure to place your name as the recruiting member on each application you distribute. Click [here](#) to access the MGM Flyer.

Need a Gift?

ASPAN has you covered. The Society has created new gift certificates that are available for purchase by a component or individual. The gift certificates are \$10.00 each and come in packs of five (5). The certificates are a great way to help:

- Promote membership in your component
- Recognize and thank your colleagues
- Encourage perioperative education

Gift certificates can be applied towards ASPAN membership, National Conference registration, publications, seminars, Webcasts, and ASPAN logo products. They can be redeemed by mailing them to the National Office with appropriate paperwork. Certificates cannot be applied on the ASPAN Web site.

Click [here](#) to order gift certificates in groups of five (5).

You will need to log in to purchase ASPAN products.

Improving Nurse Satisfaction with an Online Call Shift Sign-up System

Miranda Bishop, BSN, RN, CPAN

Policies in the PACU at a 593 bed academic Magnet hospital in Colorado required nurses to take call during off hours. The sign-up process was outdated and generated many complaints because the work schedule and the sign-up sheet for call were released at the same time. This resulted in nurses who were otherwise occupied, or not on duty being assigned the call shifts that remained unclaimed. The PACU scheduling council undertook a project to create a new online call sign-up process to increase nurse satisfaction. They first surveyed staff members about the process. The results suggested that an online sign-up process would work well and would allow staff members more time to access sign-up, align call with scheduled work hours and be easily accessible. Nurse satisfaction about the fairness of the process rose from 64% to 69%, ease of use rose from 35% to 79% and ability to select the desired call shift

members rushing to sign up for call and view their schedules. If nurses forgot to immediately sign up, were busy with patients or not present, they would be assigned any shifts that were not chosen.

In the fall of 2013, the PACU schedule council determined that a better system was needed. The council conducted a project to improve the process and nurse satisfaction. The goal was to create and implement a new call process using an online application.



Miranda Bishop, BSN, RN, CPAN

Our Project

Over the course of a month, the PACU schedule council used a five-point Likert scale survey to determine nurse satisfaction of the current process. The survey was sent out anonymously using a Web application to the registered nurses required to take call. All 28 PACU nurses received the survey and all 28 completed it. This was a quality improvement project, so IRB approval

Figure 1

rose from 60% to 91%. This article describes the process we employed to increase staff member satisfaction.

Current Practice

Policy in the postanesthesia care unit (PACU) required nurses to take call during off shift hours. The process for signing up for call was outdated, imbalanced and generated many complaints. The charge nurse released hard copies of the work schedule and call shift sign-up sheet simultaneously (**Figure 1**), which resulted in nursing staff

was not needed. The schedule council analyzed the results after the survey had closed.

The results indicated that 64% of nurses (18 nurses) believed the paper process was unfair, 35% (10 nurses) found it difficult, and 60% (17 nurses) said they did not obtain the desired call shifts. After analyzing the survey results, the schedule council determined that an online Web application site might simplify the process and create greater satisfaction. The council created a revised call sign-up sheet (**Figure 2**) that placed staff into two randomized groups.



Figure 2

The council determined that the best time to sign up for call was 2 pm, and each group rotated between signing up on Monday and Wednesday. The groups were assigned sign-up times and rotations based on the unit needs. One group would take the weekend call shifts while the other would take the weekday call shifts. The following month the groups would switch. This allowed staff members more time to align call shifts with their work schedules. They are able to access this Web site at any time on devices with Internet capability.

Outcomes

The council repeated the survey four months after the described implementations, and the results showed significant improvement (Figure 3). Ninety six percent of respondents (25 nurses) agreed that the new process was fair, 96% (25 nurses) found it to be easy to use, and 91% (24 nurses) said they received the desired call shifts.

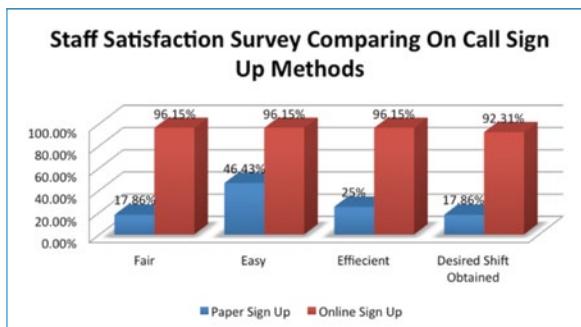


Figure 3

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The schedule council analyzes monthly call needs for the unit and the number of staff members required to cover the call shifts. Nurses that have provided the most years on the unit may be exempt from call depending on the unit needs. This increases satisfaction and is seen as a reward to decrease staff turnover. All signups are audited for early sign-ups or system abuse by the schedule council to ensure fairness.

Department staff members have used this new process for one year now and it has decreased nurse complaints of fatigue while increasing satisfaction. A follow up survey showed no change in results from the post implementation survey.

Conclusions

It is important for nurses to be satisfied with their work schedules in order to decrease burnout and reduce staff member turnover.^{1, 2, 3} By implementing a new online sign-up process that provides an easier, impartial way for nurses to sign up for call shifts that better fit their schedules, satisfaction in our PACU has increased. The schedule council updates this process monthly to fit staffing needs. In addition, managers in other units within the hospital that require mandatory call are now implementing a similar best practice sign-up process. We reevaluate the process often and survey the staff if they would like any changes. So far, the process remains the same per staff requests.

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PeriAnesthesia Nurse Awareness Week (PANAW) February 1 - 7, 2016

PANAW
Celebration

Perianesthesia Nurses Practice with Excellence



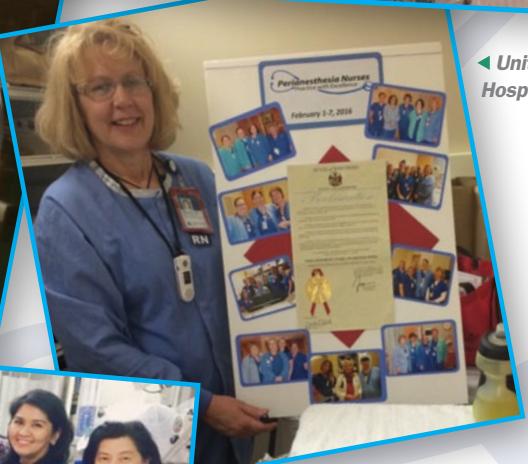
▼ PACU Nurses at Rex UNC Healthcare in Raleigh, North Carolina



▼ Kennedy Surgical Center, Sewell, New Jersey



◀ Unitypoint Meriter Hospital, Wisconsin



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March/April 2016

PANAW Celebration

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▼ Mayo Clinic Hospital, Scottsdale, Arizona



Let's take the next step

to help reduce the risk of WAG in the PACU.



For more information on WAG visit TheInvisibleRisk.org.

Teleflex

The Director's Connection

Amy Dooley, MS, RN, CPAN – Regional Director, Region 4

Region 4 Highlights

Region 4 consists of the New England states plus New York, Pennsylvania and New Jersey, which also includes Bermuda. The close proximity of the eight regions affords us the great opportunity to attend each others' component conferences and seminars. We are the lucky region to host the ASPAN national conference in April. Presently, Region 4 has 2979 members!

Connecticut Society of PeriAnesthesia Nurses

CSPAN held a certification review in Meriden. As a result, many attendees plan to take the certification exam. Good luck to all those candidates! The planning continues for CSPAN's spring conference at the University of Connecticut in Farmington in March.

Maine Society of PeriAnesthesia Nurses

MeSPAN's goal is to get more members involved on its board of directors. They are encouraging members to extend themselves beyond their comfort zone, join the board and have fun! I will be presenting at MeSPAN's spring conference April 2 in Augusta. Come and join us!

Massachusetts Society of PeriAnesthesia Nurses

MASPAN had a successful fall conference in Worcester. Dr. Kathy Menard presented her dissertation work regarding *Sleep Apnea in Women*, which was very interesting. MASPAN also hosted an ASPAN seminar in January. Katrina Bickerstaff is currently ASPAN's vice president/president-elect, and in April, she will be installed as ASPAN's president at the 35th National Conference in Philadelphia. Congratulations Katrina!

New Jersey/Bermuda PeriAnesthesia Nurses Association

NJBPANA has 426 members. They held a successful fall conference in Morristown, NJ, and are planning the spring conference. NJBPANA's Web site development is ongoing. Look for the ASPAN Seminar June 4 in New Brunswick, NJ - *Pediatrics: Beyond the Basics*.

New York State PeriAnesthesia Nurses Association

NYSPANA was well represented at the Leadership Development Institute (LDI) with four component leaders attending. Past ASPAN President



Maureen Iacono mentored fellow ASPAN member, Melanie Harvey, to come to LDI and experience the ASPAN excitement for herself! I attended the annual state conference in White Plains, NY, and was impressed with all the expert presenters. Its next state conference is in Latham in October.

Pennsylvania Association of PeriAnesthesia Nurses

PAPAN congratulates Becky Hartley, who was elected vice president/president-elect. She will be a great leader for the component. Following ASPAN's lead, the component has gone green with its newsletter, *Pulse of PAPAN*, now being sent electronically to its members. The annual *PAPAN PRIDE* conference was held in Erie, Pennsylvania, and was a rousing success. This component will be the host component for ASPAN's 35th National Conference April 10-14 in Philadelphia! Stop by the hostess station to say hello.

Rhode Island Association of PeriAnesthesia Nurses

RIAPAN tried a novel approach to spark interest for current and potential new members. They held a joint ASPAN/AORN wine meet and greet at a local restaurant with a one-hour presentation and a contact hour. About 30 people came, with positive feedback. RIAPAN will hold its spring conference in Providence in March.

Vermont/New Hampshire Association of PeriAnesthesia Nurses

VTNH APAN held a fall conference titled, *Hot topics in the Perianesthesia Period and Beyond*, with 60 attendees. Look for their spring conference April 2 in Barre, Vermont. The new research grant information was uploaded onto the Web site for all members to access.

Congratulations, Linda!



▲ Linda Minnich, BSN, RN, CPAN, (left) with Christina Dempsey, Chief Nursing Officer

Press Ganey presented its 2015 Nurse of the Year Award to Linda Minnich, staff nurse at John Muir Health in Concord, California. The award recognizes the contributions of an outstanding direct-care nurse who has demonstrated a commitment to care innovation, transformation and collaboration to support an exceptional patient experience. Linda was honored for her superior leadership and active role in the development and implementation of pain management strategies that improve the patient experience across her organization. (Press Ganey press release.)

Linda also spoke at ASPAN's national conference about the program John Muir Health developed on Ketamine infusions for pain management in the perianesthesia area. Linda is a member of PANAC. Congratulations, Linda! 

CERTIFICATION FREE Study Resources

To be properly prepared to pass the CPAN® or CAPA® exam, you must read the Certification Handbook in its entirety. It contains important information about the test blueprints, study references, and test administration details. Successful candidates tell us they followed a lesson plan and studied from multiple resources.

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ASPN National Conference in Philadelphia

Join us at our annual CPAN and CAPA Luncheon Celebration, Monday, April 11 from 12 – 2 pm. All current and retired CPAN and CAPA certified nurses are invited.

The following lectures are recommended:

Monday, April 11 3:45 – 4:45 pm

Coaching: The Art of Leadership and Mentoring

Tuesday, April 12 12:00 – 1:00 pm

Why By Certified? The Benefits and Value of CPAN/CAPA Certification

Wednesday, April 13 12:00 – 2:00 pm

Nuts & Bolts of CPAN/CAPA Certification / Using Effective Test Taking Strategies

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How to Critique a Randomized Controlled Trial

Christine Tomes, MSN, RN, CPAN
ASPN Evidence Based Practice SWT Coordinator

Research

Evidence based practice (EBP) is an expectation for practicing nurses. However, published studies may not be pertinent to your setting or may not have been well designed. Knowing what to look for and how to analyze an article is important if you want to base practice change on a study.

An article should state the type of research design utilized. The types of design include randomized controlled trial (RCT), cohort study, quasi-experimental, qualitative design, etc. The RCT, which is a level one, carries the highest strength of evidence. RCTs are often grouped in level one with meta-analysis, which is a systematic review of the literature including two or more RCTs on a specific topic or question. Each RCT's statistical findings are then analyzed together into a single analysis. Some may consider the meta-analysis to be at a higher level because of this grouped analysis. This type of study validates the findings or resolves uncertainty when reports disagree. When determining practice changes, search for a meta-analysis first.

Going through the steps of the critique, you will begin to understand what to look for in a study. The validity of a study is the extent to which a concept, conclusion or measurement is well-founded.

1. First, consider whether the results of the study were valid.

- Is there a clearly focused question? A PICO question should include the population studied, the intervention, the comparison or control group, and the outcome considered
- Did the researcher take the right research approach when asking this question?

2. Were the participants in the study placed randomly into either an intervention or control group?

- Did the article explain how they randomized the participants? Is it a balanced process? Each subject in the study should have an equal chance of being placed in either group¹
- Are there any differences noted between the intervention and control groups and, if so, did they explain how this could have affected the outcome of the study?

3. Were the participants, staff, and study personnel blinded to the study group?

- Did they know whether they were receiving the intervention (e.g., medication) or not (e.g., placebo)? This may not always be plausible, but it can affect the observer bias, so we must take into consideration whether blinding was achievable and/or necessary for each study

4. At the conclusion of the study, were all participants accounted for who started the trial?

- Were any participants lost to follow up? All participants' outcomes should be analyzed within the group in which they were originally placed, including those who may have done poorly in either group due to the intervention or the lack thereof

5. Were all of the participants in both groups treated and followed up on in the same way? All participants should be treated the same except for the intervention. This is where you can prevent bias from affecting a study.

6. Did the study have enough participants in its sample to minimize the play of chance?

- How did they determine how many participants were needed? Did they use a power calculation?

Presentation of the Results and Significance

1. The reader should be able to determine if the study research can be generalized to other populations.

- Would the results be different for your population (e.g., unit, hospital)?

2. Quantitative research should be presented as statistical data. How significant are these results?

3. Were all outcomes reported, or just those appearing to be the most significant or interesting to the researcher?

- Do the outcomes make sense? Are they the same as in similar studies?
- Do the outcomes measure the impact the intervention would make?
- Did they correct for confounders (co-morbidities, serious adverse events, etc.)?



Christine Tomes,
MSN, RN, CPAN
ASPN EBP SWT
Coordinator

4. Consider the outcomes from the point of view of the individual, policy maker, professionals, family/care givers, and community.³**5. Consider whether the benefit outweighs any harm or cost.**

- Do the research implications stated relate to your practice?

6. EBP requires integration of the best available evidence from a systematic search of the literature with your clinical expertise and your patients/families own unique values, expectations, and concerns.⁴

- Should policy or practice change occur due to the results of this evidence?

Learning how to critique an article will allow you to determine if a study is valid, will deepen your understanding of the same topic and determine whether it is relevant to your population.

You will find the ASPAN Journal Club on the ASPAN Web site under the Research and EBP tabs. Appraisal tools are available for all study designs along with articles and completed critiques to help you further read and critique. Please reach out to us if you need more information on this subject!

REFERENCES

1. Lecture 1: Critiquing a randomized controlled trial. (n.d.). Available at: <http://ocw.tufts.edu/Content/1/Course-Home/193105>. Accessed December 29, 2015.
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3. Public Health Resource Unit, England. 2006. Critical appraisal skills programme (CASP): Making sense of evidence. Available at: <http://www.casp-uk.net>. Accessed December 29, 2015.
4. Salmond SS. Randomized controlled trials. Methodological concepts and critique. *Orthopaedic Nursing*. 2008;27(2):116-122. 

AMERICAN SOCIETY OF PERIANESTHESIA NURSES**2016 Winter/Spring Webcasts & Seminars****ASPN Winter/Spring 2016 Seminars & Webcasts**

PEDIATRICS: BEYOND THE BASICS	June 4, 2016 New Brunswick, NJ
SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY	May 21, 2016 Portland, OR

LIVE WEBCASTS – FULL-DAY PROGRAMS

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS	May 14, 2016
PEDIATRICS: BEYOND THE BASICS	June 4, 2016
PERIANESTHESIA CERTIFICATION REVIEW	June 11, 2016
PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE	June 4, 2016

LIVE WEBCASTS – HALF-DAY PROGRAMS

PERIANESTHESIA ESSENTIALS III	May 21, 2016
PERIANESTHESIA ESSENTIALS IV	May 21, 2016
PERIANESTHESIA ESSENTIALS V	May 22, 2016 SUNDAY