The Newsletter of the American Society of PeriAnesthesia Nurses

Breathline

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INSIDE:

PRESIDENT'S MESSAGE:

Energizing Generations: The Race to Distinction!

Katrina Bickerstaff, BSN, RN, CPAN, CAPA – ASPAN President 2016-2017

The profession of perianesthesia nursing, in which we have all chosen to work, is one that is exceptional, a caring life work that embodies values and a sense of honor. This past year, President Armi Holcomb renewed our passion for perianesthesia nursing and inspired us to strive for excellence. Passion and excellence are two of the many principles that shape our professional actions, and are two of ASPAN's five core values. These are the principles that serve as the compass for our organization, guiding ASPAN's direction and goals. As an organization, ASPAN has embraced these terms, and we have employed the acronym PRIDE to represent ASPAN's values.

Katrina Bickerstaff
BSN, RN, CPAN, CAPA
ASPAN President 2016-2017

Passion: for our nursing specialty, caring for our patients at their most vulnerable moments
Respect: respect for each other, embracing what each of us bring forth to our profession from the novice to expert
Integrity: always upholding the tenets of the specialty of perianesthesia nursing
Diversity: how we engage with others who bring different viewpoints to the table
Excellence: always striving to be the best we can in our practice

The Early Vision of ASPAN's Founders

This year marks the 35th anniversary of the founding of ASPAN. From its inception, the founding members had the insight to see something exceptional, something unique, a true specialty in nursing. Through the hard work of ASPAN's mission directors and past leaders, we have advanced and promoted the unique specialty of perianesthesia nursing.

As we look back at our humble beginnings, ASPAN's original members had the vision and understanding to provide direction for this specialty. On October 30, 1980, the original nineteen founding directors signed Articles of Incorporation, and ASPAN became a formal association.[1]

This first decade saw the first newsletter, first conference, and ASPAN's first professional journal. The fledgling organization members also had the foresight to anticipate and support the clinical needs of the postanesthesia nurse and created ASPAN's first *Guidelines for Standards of Care*. The 1990s saw ASPAN's scope of practice redefined to include ambulatory surgery nurses and its education programs updated. The word of this specialty began to spread as ASPAN grew in membership. By the late 1990s, all forty components were established across the country. By the 21st century, ASPAN's research objectives were recognized, and we created our evidence-based practice model that began the conversation about why we do what we do.

ASPAN's Continued Growth

Over the last ten years, we have advanced our available technology, providing improved member services, multiple educational opportunities, and social networking. This last year we added a multitude of new Web-based and live Webcasted educational programs. We also published many updated products, such as the ASPAN *Competency*

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Based Orientation for the Registered Nurse, the updated 2015 edition of the *Redi-Ref* pocket guide, and the newest edition of the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. This current year, we just published ASPAN's very first *Competency Based Orientation for the Registered Nurse Caring for the Pediatric Patient*.

We should all take pride in what we have accomplished, but we should not be content to rest on our laurels. We have come a long way, and we have stumbled from time to time, wishing we had the hindsight, but we have always stayed the course - focusing on our goals, and building upon our foundation.

Where Does the Future Lead?

With any commemoration comes the chance to look onward to what lies ahead. Where do we go from here? What will the future look like? As we move ahead, we must consider the challenges of today: affordable healthcare, generational diversity, the upcoming shortage of nurses, the aging population, and technology moving faster that the speed of light. I believe that every challenge brings an opportunity, so as we race toward distinction, we look out onto the horizon and ask: do we have the foresight and the understanding of what ASPAN can continue to bring to perianesthesia nursing?

As we consider our challenges moving into the coming years, I am confident. We will see major advances in technology, providing the most up to date interactive education and information at our fingertips. We will see that ASPAN's practice recommendations become the universal baseline for practice, because we will have searched out and appraised the evidence. Our ASPAN-driven nursing research projects will be commonplace and we will see that our organization will be the only one all perianesthesia nurses rely on to find education, standards of care, and current ASPAN research.

The Roman god Janus gave us his name to the month January. He is the god of beginnings, and endings, symbolizing change and transitions, the progression of past to future. Janus has two heads: one looking back, the other looking forward.[2] ASPAN's founding members had the insight, at times we wished we had the hindsight, but we all forged ahead with the foresight. We have taken from the past and moved through the present to the future. Future makers have three heads, one looking forwards, one backwards, and one into themselves. This gives us the foresight, the hindsight, and the insight.[3]

ASPAN Leaders

In closing, I would like to share a quote from Britain's poet laureate William Wordsworth: "Life is divided into three terms - that which was, which is, and which will be. Let us learn from the past to profit by the present, and from the present, to live better in the future."[4]

Our challenge is not simply to manage a difficult task; our challenge is also a summons, a call to action. We acknowledge that there is still a great deal to be done, but it is the members of this organization whose energy and talent will perpetuate the vitality and growth of ASPAN and perianesthesia nursing. This year can be seen not simply as an anniversary, but as the beginning of the next 35 years and beyond, for ASPAN.

Thank you for your support and for all you do for ASPAN and our specialty. Remember—the future begins now.

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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

ASPAN Scholarship Program: Increased Funding for 2016!

The ASPAN Scholarship Program provides financial assistance to qualified members who aspire to enhance their abilities to contribute to the perianesthesia community. Scholarship amounts have increased this year for:

- $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

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. For complete information, visit the Scholarship Program Web page, or www.aspan.org, and select **Members / Scholarship Program.**

Application deadline is **July 1, 2016.**

Specialty Practice Groups

Specialty Practice Groups (SPGs) bring together nurses who focus on a specific area within perianesthesia practice. Each group offers a variety of networking and educational opportunities. Current SPGs include:

- Advanced Degree
- Geriatric
- Informatics
- Management
- Pain Management
- Pediatric
- Perianesthesia Nurse Educator
- Preoperative Assessment
- Publications

To learn more about ASPAN's Specialty Practice Groups and the benefits of joining, simply click anywhere on this message.

ASPAN Member-Get-A-Member Campaign

January 1 – December 31, 2016

Invite your colleagues to join ASPAN today! A variety of great awards are available for members who participate. The campaign goes until December 31, so there's still plenty of time to ask your colleagues to join ASPAN.

Free promotional materials and membership applications are available by contacting the National Office at 877-737-9696 or email: 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 Web page.

Leadership Development Institute

Cincinnati! Join us, September 16-18, 2016

The ASPAN Leadership Development Institute (LDI) is a great scene for both seasoned leaders and emerging leaders to network, share successful practices and look for advice in dealing with component challenges. ASPAN wants to support its developing leaders – enhancing their leadership skills within the component, and within ASPAN.

Last year at LDI, Renewing PeriAnesthesia Passion; Inspiring Excellence, we inspired professionalism in the new generation, we learned the nuts and bolts of navigating the Joanna Briggs Institute (JBI) for our own literature searches, and we aspired to inspire excellence in each of us. We came away rejuvenated and empowered. We also had a great deal of fun!

ASPAN is committed to help in energizing you and your component. We provide you with the knowledge and tips to conduct a successful meeting, plan a seminar, or prepare a budget. There will

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HERO

Nursing is a humble and honorable profession, and we very often do not tell of the many heroic events that we deal with every day. It is important to share our stories. Sharing is also a way to role model and influence young people in choosing a profession. This is a story shared by Cherie Sloan, a member of the PeriAnesthesia Nurses Association of California (PANAC) upon return to California after the ASPAN National Conference in Philadelphia.

In Cherie's words...

I just want to highlight an ASPAN member who saved a life last Tuesday. We had all attended the ASPAN conference and flew home on Monday, April 18, following a great conference and a mini-girls vacation. Kay Francis, the "hero," had Tuesday off to get ready for her upcoming work week. One of her stops was to have a pedicure. Kay was finishing up her pedicure and was paying her, when the manicurist dropped. Kay jumped into action.

Kay asked that 911 be called, and then she grabbed her purse because she had a face shield in it to do CPR. She did her assessment and found the patient pulseless and not breathing. Kay initiated CPR. The paramedics arrived, and after using the defibrillator, established a pulse and breathing. Kay was commended for her quick response. This was on Tuesday. On Friday, Kay received word that the 60-year-old woman was awake and was so thankful that Kay had been there.

There was another pearl that came out of this event. A young girl, around 20, came up to Kay and asked her how she knew what to do. Kay's response: "Honey, I'm a nurse. I'm trained to do this. Have you ever thought about going into healthcare?" I thought that was such a tribute to being a nurse and encouraging the next generation to enter our field.

I am so proud of Kay, and of being a nurse, and having been recharged by the conference, (especially the opening speaker), I wanted to spotlight Kay.

Kay would probably not have shared this story without some prodding, but finally, in Kay's words...

The lady was a manicurist and had just finished my pedicure. I was swiping my card so I could pay, when she collapsed. I had just changed my purse that morning from the travel purse that I had taken to the ASPAN conference to my everyday purse, and noticed my CPR shield was in this purse. Another interesting thing was that I did not have an appointment that day. I just walked in hoping to get a quick manicure and pedicure. Little did I know what was about to happen. Her son notified me on Sunday, April 24, that she was doing well and had received a pacemaker and ICD. I have been a nurse for 33 years, and this is the one (and only) time I have performed CPR in a non-clinical setting. What an experience!

Thanks again for sharing my story. And yes, I went on Amazon and purchased more disposable CPR shields to replace the one that I used.

Kay Francis, RN, CPAN

Update: Kay reports that the manicurist went back to work during the first week of May. Awesome!

Leadership Development Institute *continued from page 3*

also be research and clinical practice opportunities, games, and role-play and real team building. We understand that you want to excel in your roles for yourself and for your components. So please, join us in Cincy, where we can meet OTR for some 3-Way, and travel Reading Road to the Dolly Parton tower, or flock downtown to catch a glimpse of cast members from "WKRP."[1]

Registration information and a schedule of events will be available online at www.aspan.org in mid-June. Plan now to join your peers for a weekend of collegiality, fun and knowledge sharing. We want YOU energized!

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ASPAN Liaison Spotlight: American Association of Critical-Care Nurses (AACN)

Katrina Bickerstaff, BSN, RN, CPAN, CAPA
ASPAN President 2016-2017

Liaison – origin: a middle 17th century culinary term from the word lier meaning, "to bind."[1]

I can assure you, ASPAN is not in the business of culinary arts, but did you know ASPAN has many liaison relationships with other professional organizations? The goal of ASPAN's liaison relationships is to foster communication that will facilitate a close working relationship among our organizations.

Role of the Liaison

ASPAN liaisons represent the Society with partnering organizations on behalf of ASPAN. Biannual reports are provided to ASPAN with current information about the organization you represent. ASPAN works closely with, and has collaborated with, organizations that have had an impact on the practice of perianesthesia nursing.

The "Joint Position Statement on ICU Overflow Patients," published in the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, is an example of ASPAN's collaboration with the American Association of Critical-Care Nurses (AACN). The joint position statement was written with input from ASPAN, AACN, and the American Society of Anesthesiologists' (ASA) Committee on Surgical Anesthesia in 1999, and revised in 2013. The statement was a collaborative effort to develop criteria for the purpose of maintaining quality care in the PACU and promoting safe practice of perianesthesia and critical care nursing.[2]

Current AACN Initiatives

Currently, ASPAN's liaison to AACN is Maureen McLaughlin, MS, RN, CPAN, CAPA, from the Massachusetts Society of PeriAnesthesia Nurses (MASPAN). Over the last year, Maureen has reported that AACN launched its Clinical Scene Investigator (CSI) Academy, a 16-month nursing leadership and innovation to empower nurses at the bedside to create change through research and the incorporation of evidenced-based nursing practice. Its target areas include reducing catheter-associated urinary tract infections, reducing delirium and fall prevention.

The AACN continues to develop and publish evidenced-based practice alerts. Recent additions include *'Family Presence During Resuscitation,'* and *Initial and On-going Verification of Feeding Tube Placement.'* The AACN continues to promote the ABCDE bundle concept, addressing the mechanically ventilated patient and the need for: 1) awakening and breathing coordination; 2) delirium assessment and management; and 3) early exercise and progressive mobility. 3) Family has been added to the bundle, now making it the ***ABCDEF*** bundle.

As perianesthesia nurses, we often care for critically ill patients and frequently board these patients in our PACUs. The importance of a relationship with AACN is to keep ASPAN abreast of changes in critical care nursing that may affect our practice.

Continued Need for Liaison Activity

I know many members belong to multiple professional organizations for a variety of reasons, but primarily to improve their knowledge and better care for their patients. ASPAN currently has twenty-one liaison relationships with a variety of professional nursing organizations. As president of ASPAN, one of my roles is to appoint members to liaison roles, who have an interest, and belong to other organizations. If you would be interested in being a liaison for ASPAN, please feel free to contact me. It is essential for ASPAN to continue to affiliate with other organizations, and to continue to work side by side to provide the most up to date information to our members.

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Texting Among Healthcare Providers – How Much is Too Much?

Donna Casey, MSN, RN, CPAN – ASPAN Safety SWT Coordinator

Donna Casey
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Everyone is texting these days. It has become an integral part of our everyday lives. It is instantaneous, convenient and direct. Pagers take too long, and we don't like to carry extra communication devices. Texting reduces the time it takes for a doctor to respond, and may expedite patient care by facilitating the exchange of test results and other pertinent patient information. Without the appropriate safeguards, however, texting can be dangerous and can lead to violations of the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, protected health information includes all information "used in whole or in part, by or for the covered entity to make decisions about individuals." This means that any information from text messages between healthcare providers, if used to make decisions about the patient's care, may be subject to the patient's rights under HIPAA. With penalties up to $50,000 per HIPAA violation, safeguarding text messages should be of the utmost priority.[1]

How Secure is Texting?

How secure is text messaging between you and the physician or other members of the healthcare team? Text messages can reside on your device even if you think they are deleted. This information could also be exposed if the device is lost, stolen or recycled. Additionally, deleted text messages can be retrieved, and metadata (the data behind the data) is producible in a lawsuit. In an effort to prevent unauthorized access to patient health information, many companies are offering encryption software. Unfortunately, there may be poor compliance with utilization of this safeguard. This could be due, in part to the lack of technical knowledge or a desire to avoid the inconvenience of sending a message to someone who may not be able to un-encrypt it. In addition to encryption, there are auto lock and remote wiping programs. Auto lock will secure a device when it is not in use and requires a password to unlock it. Wiping programs can erase data, texts, and e-mail remotely. These can work together to ensure patient data is not compromised in the event the device is lost or stolen.[2,3,4]

What About Texting Physician Orders?

Is it okay to text orders? On April 22, 2015, The Joint Commission stated on its Standards FAQ Details page that this is not acceptable. Texting provides no method for a recipient to verify the sender's identity and no reasonable method for preserving or incorporating the original message into the medical record.[2,3,4,5] There is also the problem of not knowing whether someone has received the text. Text messaging is historically very informal and involves using shorthand that may not be understood the same by everyone reading it. This can lend itself to miscommunication and result in patient harm. It's important to ensure accuracy, particularly when patient data is exchanged.

Criteria for Use of Texting

If your facility decides to allow text messaging between healthcare providers, there should be certain criteria that are followed to ensure privacy and safety for the patient. Have a texting policy that outlines the acceptable types of text communications and specifies situations when a phone call is warranted. Texting cannot substitute for a dialogue with a colleague concerning patient care. If there is a critical matter or any doubt about the communication, it's best to pick up the phone.

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Practicing Nursing in a Transcultural Environment

Shannon Kelley, MSN, RN

Shannon Kelley
MSN, RN

Why would anyone choose to leave his or her home country, travel 14,000 miles to practice nursing in another country in a setting involving different languages, and multiple cultural differences? The answer: curiosity and adventure. I wanted to see if nursing and its practice in Dubai, United Arab Emirates (UAE), conformed to the universal international protocols of nursing suggested by the Joint Commission International Association (JCIA), and if the protocols were essential to worldwide health care.

In December of 2014, I traveled to the UAE. The UAE is 45 years young and has a Health Care City established less than 20 years ago. The entire country has indigenous population of 10%, employing 80-90% international workers. These foreign inhabitants form the base of the economic structure. Because of the personal wealth of UAE citizens, the model for the healthcare business necessitates hired help from abroad. This includes nurses from Lebanon, Philippines, England, South Africa, India and the United States, and physicians from Lebanon, England, Hungry, Greece and India.

Dubai Health Care City marketed its services not only to its own citizens, but also to those in surrounding countries. My hospital was owned by a Saudi Arabian company that already had over twelve hospitals in its own country. Arabian culture is strong in male dominance, yielding to little female influence. Employment came with stringent rules and regulations. 50 hours per week was the norm, with only one day off. Accommodations and transportation were provided and strict curfews were enforced. They provided standardized Landau nursing uniforms from the United States. While they made efforts to follow Western healthcare practices, the differences between my American healthcare experiences and those in Dubai are almost too numerous to mention.

Challenges and Opportunities

I have been a practicing registered nurse since 1999. I have worked in three states and in several clinical settings, from small community hospitals, large university teaching hospitals, outpatient surgical centers to privately owned surgical facilities. I am skilled in patient care, patient assessment and delivering routine nursing interventions. The style of leadership, cultural differences, cultural etiquette, and communication between healthcare colleagues in the Middle East and patients was challenging to say the least.

In July of 1776, America was founded and became independent because of the leadership strength of our forefathers; hence, strong leadership is a gifted character trait of this country. The value of strong and wise leadership has been evident for over 235 years in the United States. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) was established in the 1950s to assist in creating standards, accreditation, and requirements for American hospitals. Its success in the USA stimulated the Joint Commission International Accreditation (JCIA) in 1994 to assist in international accreditation.

Fortunately, the Dubai hospital in which I worked followed the JCIA accreditation guidelines, and there was professional security for me in recognizing the protocols, policies, and procedures. However, its documents were poorly written, had many spelling errors, glitches and ill-sequenced nursing practices. In addition, the personal and professional contracts used improper English words to define employment parameters and boundaries. I was honored when they asked me to review, edit, and correct the already existing policies, and to also create new policies that I deemed important to my unit. I was given professional freedom. This was a liberating request, unlike any in my professional career. I was given a leadership opportunity to edit, prioritize, and create policies, increasing the quality of care delivered in the hospital.

Most nurses in America are not given this opportunity or freedom in their career, and yet it was given to me because of my American credentials. On the other hand, being an American nurse came with a higher expectation of expertise and conduct. This was stressful at times. I found myself closing my eyes and whispering, "I'm only one American nurse of thousands." I had to keep this perspective in my duties. I also used my nursing resources to seek advice and utilize appropriate evidence-based articles.

Collaboration is the Key

The biggest challenge I experienced as a Dubai nurse was interpersonal and inter-professional relationships and how to deal with them.

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The question was, how does one lead a group of nurses, whose language and cultural roots are so diverse, to come together and deliver standardized healthcare? Published evidence-based research reconfirms that nursing leadership requires interdisciplinary teamwork and collaboration; this is essential in providing quality care, evaluation, and process improvement.[1] Many elements such as communication (or lack thereof), direct and indirect language, body language, and disciplinary mechanisms posed personal and professional problems in the hospital setting.

One hundred percent of the employees had zero roots in Dubai. No one had loyalty to the UAE and no one had family support in Dubai. In the short term, we were destined to fail. However, we did make some positive steps to unify our nurses. For example, the nurse educators of the hospital created nursing skills workshops. This evoked nurse-to-nurse communication and opened dialogue in learning of each other's cultural nursing technique. This strategy empowered the nursing staff by standardizing care throughout the hospital and breaking down cultural and previously learned nursing behaviors. This leadership style encouraged group interaction and also created a sense of teamwork and commitment.[1]

The transcultural nursing theory is not new. It was first developed in the late 1970s by Madeleine Leinenger. The theory captures the idea that nursing healthcare should be congruent with cultural values, beliefs, and practices of the patients. Professionally, I felt my nursing leadership was restricted because I was working in such a transcultural environment. It was in many ways overwhelming. I believe that the majority of the nursing staff recognized that ineffective communication decreased efficiency. This situation was not unusual, but typically when there are emigrants of nurses offering their nursing services in foreign countries there are standardized guidelines to implement cultural competent care inducing congruency.[2] Unfortunately, this type of structure was not officially offered in our orientation process in Dubai.

Embracing Cultural Differences

As for the ten percent Emirate inhabitants, their kindness was exhibited by their cultural values, traditions, and beliefs. The majority of their adult health problems were obesity and related complications, with strabismus seen in children. They are devout in their Muslim religion; the call-to-prayer was heard overhead in the hospital three or four times per day depending on the work schedule. Muslim women cared for the children with the help of their maids who accompanied them to the hospital. The Arabian dress code was the typical, kandora for men, and abaya for women.

Of the seven Emirates, Dubai has fewer cultural formalities and judgments on attire from foreign visitors because of its reputation as a popular vacation destination; therefore, casual dress code outside of the hospital compound was accepted. However, restaurants, businesses, and banks enforced covered shoulders, dresses below the knee, and closed-toe shoes. Inside the hospital it was mandatory to transfer female (Muslim) patients with their heads covered by sheets so as to not be seen by any male person in route; and yet all mothers removed their 'hajab' (head/ face covering) to speak and kiss their hospitalized children. Many of them replaced their hajab when a male doctor came to speak and check on the family. In the Arab culture, it is acceptable to have many wives, and also customary for first cousins to marry. This, obviously, decreases the genetic pool, thus increasing health risks. It was my observation that 'the wives' got along as supportive hierarchical family members and not as jealous, selfish foes.

Conclusion

I will probably forever reflect upon my Middle Eastern nursing experience as an extraordinary adventure. The differences between our two cultures was so extreme that a direct comparison is almost impossible, and yet it didn't stop me from personally delivering safe and

▲ *Shannon, by the Grand Mosque in Abu Dhabi.*

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Education Update: Webcasts from Home!

Linda Beagley, MS, BSN, RN, CPAN
ASPAN Director for Education

Linda Beagley
MS, BSN, RN, CPAN
ASPAN Director for Education

The ASPAN on-demand Perianesthesia Certification Review Bundle is coming soon! I reported on this new initiative in the January/February *Breathline.* The bundle program is in the final testing stages and should be ready very soon. Like other ASPAN education, the Certification Bundle will offer continuing education hours. ASPAN's goal is to give you another option in prepping for the CPAN and/or CAPA certification examination. Watch for updates on the ASPAN Web site.

An alternative to attending a live ASPAN seminar is to participate in one of the ASPAN Webcasts, which I am happy to report, are seeing an increase in participation. This past February, I spent a Sunday afternoon with 20 fellow perianesthesia nurses from across the country, one from as far away as Hawaii, discussing regulatory guidelines, documentation, pain and comfort along with integrative therapies. I loved it, because it required no driving, it was in the comfortable environment of my own home and I was able to continue my normal Sunday routine up until 30 minutes before the start of the Webcast!

On another weekend, the Mississippi Society of PeriAnesthesia Nurses (MSPAN's) component conference utilized one of the ASPAN Webcasts. Fifteen perianesthesia nurses were together to view the Webcast (presented from the speaker's home in Michigan), while another 15 "attended" virtually. What a great opportunity for both ASPAN and MSPAN to provide education and the component general meeting to its members.

Looking Ahead

Were you unable to attend the 2016 ASPAN National Conference in Philadelphia? Due to a variety of circumstances, many perianesthesia nurses are unable to attend national conference. Be on the lookout for five new on-demand modules of recorded national conference presentations in the ASPAN library. The speaker topics that I have chosen to record are on the cutting edge of perianesthesia education, covering both direct and indirect patient care. After the conference, these recordings will be processed, continuing education hours assigned and then made available to you.

My goal to you is to keep ASPAN education material relevant and current.

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productive patient care. To answer my original question of whether JCIA standards are necessary in regards to international protocol in worldwide healthcare, the answer is yes. Without the guidance and standardization influenced by the JCIA, worldwide healthcare will not be able to advance favorably.

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Frequently Asked Questions

Clinical Practice Hot Topic: Initiating Inpatient Orders in the PACU

Staci Orbell, MSN, RN, CPAN – Clinical Practice Committee member

Staci Orbell
MSN, RN, CPAN
Clinical Practice Committee member

The Clinical Practice Committee receives many questions via the ASPAN Web site each month. Committee members then research the answer and respond to the query. This is a frequently asked question related to initiating inpatient orders in the PACU.

Q. *Should PACU nurses initiate physician orders intended to be carried out on the inpatient unit?*

A. Although electronic medical records (EMR) are a healthcare staple, rapid change continues as regulatory guidelines and incentive payment criteria evolve. Change creates both exciting and meaningful advancements to nursing documentation while presenting organizational challenges in adapting workflows and concerns of increased liability for perianesthesia nurses.

Should I Initiate or Not? The Issue of Floor Orders

This is a common and pertinent question. In many organizations, the PACU does not routinely initiate floor orders. Concerns arise if the nurse initiating the orders will not carry out the orders and is not working on the unit where the orders are intended to be carried out. These concerns include those of liability relating to errors in carrying out the order, missed nursing care or missed/missing orders, EMR system constraints and miscommunication.

Appropriate Times to Implement Floor Orders

Although initiating floor orders in the postanesthesia care unit is not a widely-accepted practice, there are instances when the PACU nurse may appropriately initiate and acknowledge floor orders. These instances may include initiating such things as sequential compression devices (SCDs), dressing changes, incentive spirometry. In circumstances where a floor bed is not available in a reasonable amount of time after the patient meets discharge criteria, the postanesthesia nurse may consider initiating floor orders. Perianesthesia nurses have a professional responsibility to ensure the accuracy of patient records, so it is important that they review/acknowledge only the orders that they carry out.[1,2] Floor orders most likely needing to be addressed would reasonably include those of highest priority such as time-sensitive medications, scheduled lab work and essential infusions.

The Importance of Handoff

Acknowledging an order in the EMR should never replace strong handoff communication between care providers, which includes a review of the initiation/completion of orders. Perianesthesia nurses have an obligation to ensure patient safety throughout the continuum of perianesthesia care by communicating pertinent information to the next caregiver and utilizing a handoff report that includes a review of pertinent postoperative orders.[1]

The process and implications of initiating floor orders in the postanesthesia care unit are unique to each institution and based on the facility's unique capabilities. ASPAN's "Perianesthesia Standards for Ethical Practice" establish that perianesthesia nurses have a professional responsibility to "collaborate and cooperate with colleagues, peers, supervisors and other healthcare providers in a professional manner to improve the quality, effectiveness and efficiency of patient care."[1] Evaluating implications, process flows, risk, and improvements to the process of order initiation between care areas present opportunities for perianesthesia nurses to collaboratively problem-solve with colleagues from other disciplines, including floor nurses and management, pharmacy and clinical informatics.

Summary

EMRs have contributed to the advancement of quality patient care, but have their own unique challenges. By evaluating processes and contributing to multidisciplinary conversations around expectations for order initiation, perianesthesia nurses will help to decrease liabilities while providing safe, competent care to patients across the perianesthesia continuum. Look for part two of this article in an upcoming issue of *Breathline* for more information about minimizing liability when using EMRs.

REFERENCES:

1. American Society of PeriAnesthesia Nurses. *2015-2017 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2014.
2. Schick L. and Windle P. *PeriAnesthesia Nursing Core Curriculum: Preprocedure, Phase I, and Phase II PACU Nursing, 3rd Ed*. St. Louis, MO: Saunders Elsevier; 2016.

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ASPAN FaST Study: Preliminary Findings Fatigue, Safety and Work Environment Study

Jacqueline Ross, PhD, RN, CPAN
Daphne Standard, PhD, RN-BC, CNS
Co-Principle Investigators

The importance of the perianesthesia nurse in the prevention of adverse events is essential. Nurses are the first line of defense for patients and need vigilance to predict and react to sudden changes in patient conditions. Additionally, perianesthesia nurses are required to provide succinct discharge instructions to patients and families. Therefore, the ability to have an alert nurse is imperative. Previous nurse researchers have reported that long work hours increase risks for errors and near-misses and decrease nurse vigilance. Yet, there is a paucity of research in perianesthesia nursing, which is a unique area that includes on-call usage, staggered shifts, the potential for call-backs and multiple transfers during a shift.

ASPAN FaST Study

ASPAN has supported a study exploring this phenomenon in the perianesthesia setting. The Fatigue and SafeTy in perinaesthesia areas (FaST) study's purpose is to understand and examine the safety, fatigue and work environments of perianesthesia nurses.

Study Methods

This study used mixed methods. Respondents were a random national sample of perianeanesthesia nurses, invited from ASPAN via email. Participants completed a 14-day online logbook. Information collected included hours worked, time of day, sleep-wake patterns, the numbers of patient transfers, overflow patients, on-call responsibilities, on-call times and sleep associated with on-call and days off. Information surrounding medical errors and near-misses, complexity of the nurse's life including additional information about caretaking of children and older family members was also captured. Lastly, qualitative information on nurse satisfaction, work safety, fatigue and work environment was obtained.

Preliminary Findings

Preliminary results showed 483 nurses responded on day one, dropping to 38 respondents by the end of week one. Twenty-one respondents completed the entire study along with the Occupational Fatigue Exhaustion Recovery (OFER 15) Scale. Even with the high attrition, day one of the study had interesting findings. Twelve percent (12%) of the respondents reported sleep disrupted more than usual, and 27% of the respondents indicated problems with frequent arousals during night. Twelve percent (12%) of the respondents reported struggling to stay awake at work on day one, while 1.4% of the respondents (4 nurses) affirmed falling asleep while at work. Forty-three percent of nurses did not get any breaks at work on day one, while 7% did not even get a meal break. Twelve percent (12%) of the respondents reported struggling to stay awake at work on day one, while 1.4% of the respondents (4 nurses) affirmed they did fall asleep while at work. In asking about errors at work, three nurses stated they had an error at work, while another 22% of the respondents acknowledged catching another's error. Nine percent (9%) reported they had difficulty with drowsy driving from work on day one. In those respondents completing the entire study, they scored highest in OFER-AF Acute Fatigue subscale. Specifically, 'I usually feel exhausted when I get home from work' 5.1 (Likert scale 0-6); 'My work drains my energy completely every day' 4.4 (Likert scale 0-6).

Findings from day one show perianesthesia nurses' sleep is frequently interrupted. Some nurse respondents reported working without breaks and/or meals. Literature supports the increased risk of adverse events with fatigue. In fact, in this study, 3% reported an error in day one. Acute fatigue was found to be high in this small sample of perianesthesia nurses. More research is needed to confirm these findings.

Further Plans to Share Results

The researchers plan to share the full findings of this study at the 2017 ASPAN National Conference and in an upcoming article. Thank you to all who participated!

NURSE IN WASHINGTON INTERNSHIP (NIWI)

Margaret Farr Young, BSN, RN, M.Div., CPAN, CAPA

The Nurse in Washington Internship (NIWI) Conference was held at the Westin Crystal City Hotel just outside of Washington, D.C., on March 6-8, 2016. This conference is an excellent opportunity for nurses of all educational levels, and nursing students, too, to become familiar with the legislative process on healthcare programs that affect us. There were more than seventy-five nurses in attendance from the United States, including two from Hawaii!

What is NIWI All About?

NIWI is sponsored by the Nursing Organizations Alliance to provide a forum for nurses to discuss healthcare issues and concerns with one voice. For two days, we enhanced our lobbying skills before taking our mission to Capitol Hill. Then, on the third day, all seventy-five of us were assigned to meet with various senators and congressional staffers to discuss legislative funding for the nursing workforce programs. These included the National Institute of Nursing Research and Title VIII of the Public Health Service Act.

Nursing Legislative Issues

I believe America loves nurses. We are essential members of the healthcare delivery system. We provide significant care in a variety of settings: hospitals, clinics, schools, private homes, long term care facilities and businesses. That's why the funding for which we lobbied is so important. For more than fifty years, the nursing workforce development program has helped to meet the demand for high quality nursing services in underserved and diverse populations. Title VIII supports nurse education from entry-level preparation through graduate and doctoral study. It also supports nurse recruitment and retention.

Along with Title VIII, we were seeking increased funding for the National Institute of Nursing Research (NINR). This funding is important for the development of nurse scientists; to enhance innovation in science and practice; to promote disease prevention, manage symptoms of acute and chronic illness and improve palliative and end-of-life care. NINR funds research that establishes evidence–based quality and cost-effective patient care.

Enhanced Veterans Care through APRNs Legislation

Perhaps the highlight of this year's conference was our request to the United States senators to co-sponsor the Veterans Health Care Staffing Improvement Act (S.2279). This legislation allows Advance Practice Registered Nurses (APRNs) to practice to the full extent of their education, skill and training. APRNs include nurse practitioners, certified registered nurse-midwives, certified registered nurse anesthetists and clinical nurse specialists. APRNs are well-trained in their specialty areas and are also board-certified. With more full service providers throughout the country, our veterans would have increased access to timely, safe, efficient and effective healthcare in their hometowns.

The Importance of NIWI

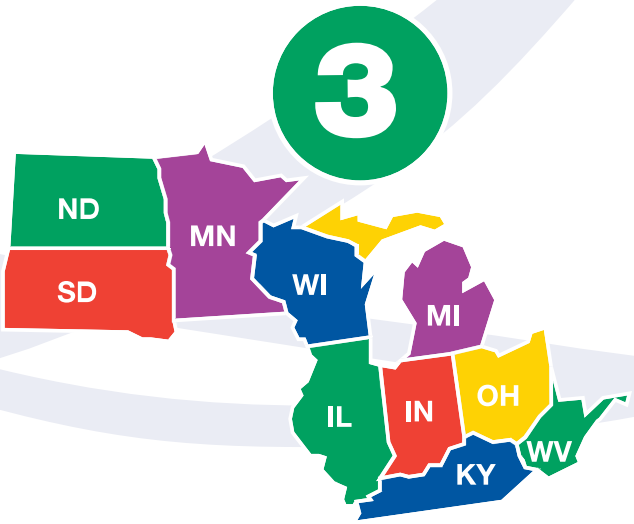
At the end of our session on Capitol Hill, the NIWI attendees met for wrap-up sessions. The entire experience informed me how nurses can influence policy on a national level. I had an eyewitness view of the political and economic forces around healthcare legislation. NIWI is important. Start planning now for next year's conference. It's a great experience!

From left, Margaret Young, Representative Gale Adcock (NC), Nurse Practitioner, and Katrina Bickerstaff

THE DIRECTOR'S CONNECTION

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

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



Region 3 Highlights

This has been a great year of experience for me as the new Regional Director for Region 3. I am exhilarated with the opportunities to network and assist my perianesthesia colleagues throughout the region. Every single perianesthesia nurse I've met has demonstrated caring, creativity and curiosity as advocacy is delivered on a daily basis to those patients in our care, and these components are fun! We contribute over 2800 members to ASPAN's total membership.

Illinois Society of PeriAnesthesia Nurses

ILSPAN had a successful spring conference on March 5 with a strong emphasis on the pediatric patient and how perianesthesia nurses impact this patient population. ILSPAN has 676 members.

Indiana Society of PeriAnesthesia Nurses

INSPAN is working on teambuilding within its board of directors. Activities have been completed, and those activities have resulted in a strong, cohesive unit to lead the component. INSPAN is busy supporting and preparing for 2017 when Indianapolis and INSPAN will host ASPAN's 36th National Conference. INSPAN has the support of 227 members.

Kentucky Society of PeriAnesthesia Nurses

KSPAN had a very interesting fall meeting where the topics included research and changes in healthcare, and how these changes affect the perianesthesia nurse. KSPAN has transitioned its leadership, and with the work that previous leaders have forged, this component is flourishing. KSPAN members number 208.

Michigan Association of PeriAnesthesia Nurses

MAPAN's spring conference was held on April 30th, and its fall conference will be held October 15th in Frankenmuth. Plans are underway for an exciting conference. If you are in the area, please make plans to attend! MAPAN has a goal of mentoring new board members into leadership positions. MAPAN's membership is 370 strong.

Minnesota-Dakotas Society of PeriAnesthesia Nurses

MNDAKSPAN's fall conference was held in Duluth with 140 perianesthesia nurses in attendance. Mary Olson and Darin Prescott were co-recipients of MNDAKSPAN's 2015 Component Excellence Award. MNDAKSPAN hosted another conference in Minneapolis, MN. Membership numbers for MNDAKSPAN are 335. Take a look at MNDAKSPAN's newly redesigned Web site! It has a lot of "eye-popping" effects.

Ohio PeriAnesthesia Nurses Association

OPANA's fall conference was very interesting with a wide range of topics. Each of OPANA's districts maintains active participation as membership needs are met via educational activities. OPANA leadership is active with the Ohio Nurses Association and state-wide legislative events. OPANA's membership is 566.

West Virginia Society of PeriAnesthesia Nurses

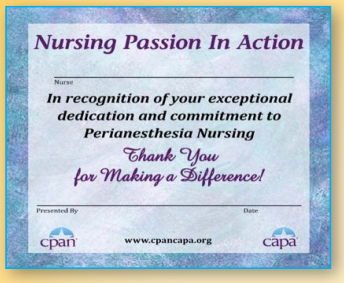
WVSPAN has had a lot going on this past year. It's wonderful that WVSPAN members are willing to "step up to the plate" to keep this young component moving forward. This past year has been one that has strained this component, yet it remains strong with 53 members.

Wisconsin Society of PeriAnesthesia Nurses

WISPAN had a very successful winter conference in February. WISPAN finished 2015 with plenty of positive activities to mark a successful year. WISPAN donates money and food to local charities, is moving closer to being "green" as the component implemented PayPal for payment for conferences, supported a nursing student with a new stethoscope, continued its financial viability and provided succession planning for incoming board members. Take a look at WISPAN's updated Web site! WISPAN has 374 members.

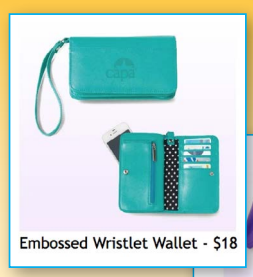
CERTIFICATION

CPAN® / CAPA® Nursing Passion in Action Award



Nominate a colleague when you see Nursing Passion in Action. Any CPAN and CAPA nurse who goes beyond his/her normal job responsibilities to provide outstanding patient care is eligible for the monthly Nursing Passion in Action award. Each month, ABPANC selects ten winners who then receive a $25 gift certificate to be used for great merchandise at the CPAN/CAPA online store.

The award nomination is easy to fill out, and award posters are available online at:
www.cpancapa.org > resources > awards


Embossed Wristlet Wallet - $18


Sterling Silver Lapel Pin - $35


Purple Power T-Shirt - $10

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LIVE IN-PERSON SEMINAR

PEDIATRICS: BEYOND THE BASICS
June 4, 2016
New Brunswick, NJ

LIVE WEBCASTS – FULL-DAY PROGRAMS

PEDIATRICS: BEYOND THE BASICS
June 4, 2016

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE
June 4, 2016

PERIANESTHESIA CERTIFICATION REVIEW
June 11, 2016

LIVE IN-PERSON SEMINARS

FOUNDATIONS OF PERIANESTHESIA PRACTICE
August 13, 2016
Richmond, VA

August 27, 2016
San Francisco, CA

September 10, 2016
Tampa, FL

continued on page 16

continued from page 15

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS
October 1, 2016
Binghamton, NY

October 22, 2016
Bedford, NH

PEDIATRICS: BEYOND THE BASICS
June 4, 2016
New Brunswick, NJ

August 13, 2016
Burlington, MA

PERIANESTHESIA CERTIFICATION REVIEW

July 14, 2016 THURSDAY	*Indianapolis, IN*
July 16, 2016	*New Orleans, LA*
July 30, 2016	*Manchester, NH*
August 20, 2016	*Wilmington, DE*
August 20, 2016	*Kansas City, MO*
September 10, 2016	*Fishkill, NY*
September 24, 2016	*Oklahoma City, OK*

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH
October 29, 2016
Little Rock, AR

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE
November 12, 2016
Phoenix, AZ

REFRESHING YOUR PERIANESTHESIA PRACTICE
August 21, 2016 SUNDAY
Chattanooga, TN

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY

August 13, 2016	*Winfield, IL*
October 29, 2016	*Fairfax, VA*

LIVE WEBCASTS – FULL-DAY PROGRAMS

FOUNDATIONS OF PERIANESTHESIA PRACTICE
November 26, 2016, SUNDAY

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS
August 13, 2016

PEDIATRICS: BEYOND THE BASICS
October 22, 2016

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES
September 10, 2016

PERIANESTHESIA CERTIFICATION REVIEW
July 30, 2016
August 28, 2016 SUNDAY
September 24, 2016
October 29, 2016
November 19, 2016

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH
October 8, 2016

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE
August 27, 2016

REFRESHING YOUR PERIANESTHESIA PRACTICE
October 15, 2016

SAFETY BEGINS WITH US
October 1, 2016

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGALITIES, STANDARDS AND ADVOCACY
November 12, 2016

LIVE WEBCASTS - HALF-DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE
July 23, 2016
November 5, 2016

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE
August 6, 2016

PERIANESTHESIA ESSENTIALS I
July 9, 2016
October 24, 2016 MONDAY

PERIANESTHESIA ESSENTIALS II
July 10, 2016 SUNDAY
October 23, 2016 SUNDAY

PERIANESTHESIA ESSENTIALS III
July 24, 2016 SUNDAY
October 23, 2016 SUNDAY

PERIANESTHESIA ESSENTIALS IV
July 18, 2016 MONDAY
November 13, 2016 SUNDAY

PERIANESTHESIA ESSENTIALS V
August 20, 2016
November 13, 2016, SUNDAY

PERIANESTHESIA FOUNDATION
October 2, 2016 SUNDAY