



INSIDE:

PRESIDENT'S MESSAGE: Energizing Generations: The Race to Distinction! *It Takes a Village*

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

"LEADERSHIP AND LEARNING ARE
INDISPENSABLE TO EACH OTHER."¹
JOHN F. KENNEDY

The days are shorter, nights are longer, trees are bare and the ground is cool. This is my New England. I love the fall season, the cool and crisp nights, a time to sit quietly and think about the year that has passed. This time last year, I often thought, "What will it be like being the president of ASPAN? Will I know how, and what to do? How will I manage work, ASPAN and my time?" I am sure these are some of the questions all the past presidents have thought about as well.

Having been active within ASPAN and on the Board of Directors (BOD) for several years, I observed and learned from the previous leadership. You begin to cultivate your leadership skills based on past experiences. You begin to understand the process and responsibility of being a leader, and you create the vision of what it takes to represent ASPAN. You have already begun to manage your time with work and your family. You have worked on many committees, met many deadlines and attended many meetings. You become comfortable with the ASPAN schedule and you can effectively manage it all.

The role of president is not a solo job, by any means. It takes a village. I consult with many others to make rulings and decisions. I have a weekly conference call with Susan Russell, VP/President-Elect and Kevin Dill, ASPAN CEO. I speak directly to the coordinators of ASPAN's strategic work teams (SWTs) and committees, and



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

I frequently call Armi Holcomb, ASPAN's Immediate Past President, for advice. We all communicate frequently to be sure we understand that any decisions we make are in the best interest of the entire membership.

When you start your ASPAN journey, to wherever you let it take you, remember you are never alone. The members and leaders of this organization take the extra time to support and nurture you. You may not even be aware of members encouraging and fostering your growth. Everything I learned about ASPAN was from past leaders guiding me each step of the way. I have had many mentors in ASPAN. Each one has allowed me to open my eyes to my potential.

Being the ASPAN president is work and a time commitment, but you do not go into it unaccompanied. Being the leader can be frightening, and at times intimidating. I was scared. My message to anyone who aspires to become the ASPAN president, or aspires to any other leadership role within ASPAN, is to take the next step. Know that is it okay to feel uncertain. And know that you will always have the people around to support and guide you. It does take a village, a village of members and past leaders to provide the many shoulders to lean on.

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Energizing the Generations at the Leadership Development Institute in Cincinnati, the "Queen City" of Ohio

Katrina Bickerstaff, BSN, RN, CPAN, CAPA

ASPN President 2016-2017

During September 16-18, over 140 component leaders converged on the great city of Cincinnati, Ohio. The Leadership Development Institute (LDI) is designed to support ASPAN members in their journey to reach excellence for their components, while taking the opportunity to network and share stories and experiences. More importantly, it is an opportunity to develop new collegial relationships and life-long friendships.

This year at LDI, I wanted to energize the members through music, interactive presentations and, of course, candy. We started the weekend with fun and Florence Nightingale, with an icebreaker about her great wisdom and how her legacy remains true even in today's nursing. Discussions among the group included the challenges of recruitment and retention, and strategies to energize younger members to become active in ASPAN. Armi Holcomb, ASPAN's Immediate Past President, along with members of the Nominating Committee, spoke to individuals considering possible leadership roles within ASPAN.

Other educational sessions were provided by some of the leaders within ASPAN, including:

- Elizabeth Card, ASPAN's Director for Research, presented an overview on the differences between a research study, an evidence based-practice project and a quality improvement undertaking
- Susan Russell, Vice President/President-elect, spoke on the ethics of research and the need for certain regulations to be in place to protect the subjects
- Diane Swintek, Director for Clinical Practice, presented clinical practice hot topics, which always elicits many questions from the audience
- Linda Beagley, ASPAN's Director for Education, discussed the specifics of the application process to obtain contact hours through ASPAN, highlighting the requirements necessary for the American Nurses Credentialing Center (ANCC) application
- Debbie Bickford, ASPAN Treasurer, and Kevin Dill, ASPAN CEO, discussed component fiduciary responsibilities, while Valerie Watkins, ASPAN Secretary, discussed the necessary important documents which components should have available
- Past president Terry Clifford walked us through the WiFi super highway, speaking to the media options for components in which to communicate to their membership and beyond

Throughout the weekend, a slide show was presented highlighting nursing over the generations, and it included ticklers for the upcoming National Conference in Indianapolis, Indiana. A mock board of directors meeting was held, demonstrating how to run a formal meeting with parliamentary procedure. Finally, we closed the weekend with a panel discussion of best component practices.

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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

I believe by the end of the weekend we were all energized! The venue was great, the weather cooperative and Oktoberfest was in town. We connected with old friends and made many new friends throughout the weekend. I want to thank everyone who participated in this great learning opportunity!



▲ Attendees were attentive during the learning sessions

▼ Roundtable discussions elicit engagement from all attendees

▼ The Nominating Committee, with the Indy racing theme, was present, talking to many emerging leaders



▼ ILSPAN reps at LDI: Rose Ziffra, Judith Kinnavy, Cheryl Gallet and Lorena Manalansan



▲ More smiles for the camera

▼ Time out for a photo



▼ Always a little time to socialize



Photos courtesy of
Judith Kinnavy,
Teri Baughman,
Terry Clifford and
Katrina Bickerstaff

▼ Cincinnati skyline
at night



Call for ASPAN Award Nominations!

Consider nominating someone you know for one of the following ASPAN Awards. Criteria can be found on the ASPAN Web site.

Excellence in Clinical Practice Award

Consider nominating someone you know for the Excellence in Clinical Practice Award. The deadline for nomination is **November 30, 2016**. For more information, nomination forms and details regarding this award, [click here](#).



Award for Outstanding Achievement

Do you know someone who should be considered for the Award for Outstanding Achievement? Consider nominating them for this prestigious award. The deadline for nomination is **November 30, 2016**. For nomination forms and details regarding this award, [click here](#).

Above and Beyond Service Award

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

Visit the ASPAN Web site for more information on how to nominate a deserving colleague for a 2016 *Above and Beyond Service Award*. The deadline to nominate a colleague is **January 10, 2017**. [Click here](#) for more information.

Gold Leaf Component of the Year Award

The deadline for the Gold Leaf Component of the Year Award submission is **February 1, 2017**! Components competing for the Gold Leaf Award must submit their applications to the ASPAN National Office by February 1. The award reflects the activity of your component from January 1, 2016 through December 31, 2016. The Membership/Marketing Strategic Work Team is looking forward to reviewing the applications from the components, and announcing the winner at the national conference in Indianapolis. For information, guidelines and the application, [click here](#). 

Call for Resolutions

The ASPAN Resolutions Task Force is announcing the Call for Resolutions for the 2017 Representative Assembly (RA) meeting on April 30, 2017.

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

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

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

Submission Deadline:

Resolution forms relating to **bylaws** changes or relating to **position statement, policy matters or other issues** must be received by the ASPAN National Office no later than **January 20, 2017**.

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

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

Clinical Practice Hot Topic

Do Not Resuscitate (DNR)/Do Not Intubate (DNI) for Perioperative Patients

Diane Swintek, MSN, RN, CPAN — 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 question about DNR/DNI in perioperative patients undergoing elective surgery.

Diane Swintek
MSN, RN, CPAN
Director for
Clinical Practice

Q. • Is there a national trend/practice regarding DNR/DNI status with patients going for elective procedures? Is the ordering physician having a discussion regarding honoring DNR?

A. In a hospital, every procedure requires voluntary consent from the patient or his/her legal representative prior to the procedure, with the exception of cardiopulmonary resuscitation (CPR).

When a patient presents to the perioperative environment with a do not resuscitate/do not intubate (DNR/DNI) order, what happens to that DNR/DNI order? Many patients are intubated during surgery by an anesthesia provider who is ensuring hemodynamic stability and adequate ventilation. This practice minimizes the need for resuscitative efforts during anesthesia. So, where does this leave the DNR/DNI order and the wishes of the patient?

The Patient Self Determination Act

The Patient Self Determination Act of 1990, which is the legislation concerned with advanced directives, was enacted on November 5, 1990, as part of the Omnibus Budget Reconciliation Act of 1990.¹ This Act essentially stated that effective December 1, 1991, all Medicare and Medicaid provider organizations were required to provide written information to patients at the time of admission concerning their right to make decisions regarding medical care, as well as the right to accept or decline that care.

ASPN Standards

In the 2015-2017 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, Position Statement 1, "A Position Statement on the Perianesthesia Patient with a Do-

Not-Resuscitate Advance Directive," addresses the perianesthesia patient with a DNR/DNI advance directive.² It is imperative that the nurse act ethically during the perianesthesia period and has knowledge and an understanding of the patient's wishes surrounding resuscitation. ASPAN recommends that prior to any anesthetic medication, the patient, or proxy, be asked to re-clarify wishes regarding resuscitation during the perianesthesia period.² An ideal time to have this discussion is during the consent process.

The discussion should include the ability of the anesthesia provider to respond quickly to any untoward event during the management of cardiopulmonary functioning while anesthesia is being administered. Additionally, the discussion should include a thorough review of the advance directives and any specific information contained within those documents. The final step is complete documentation of the discussion and the decision reached. If the perianesthesia nurse holds personal convictions that are counter to participation in that discussion, that nurse should make those feelings known and excuse themselves from participating in the discussion.^{2,3}

Practical Implementation

Each facility should have a policy and process in place for those patients that arrive to the facility with an existing DNR/DNI order. The policy should state the process to follow, which should include the following steps:

1. The anesthesia provider will have a discussion with the patient and family, or proxy, when the patient is scheduled for surgery
2. The discussion will include risks of anesthesia, mode of anesthesia, and measures that can be taken during surgery to sustain life
3. The term of suspending or maintaining a DNR order is included in the anesthesia consent



**Plan to Celebrate
PeriAnesthesia Nurse Awareness Week
(PANAW)
February 6 - 12, 2017**

PeriAnesthesia Nurse Awareness Week (PANAW) will be celebrated February 6 – 12, 2017! This year's theme is *Perianesthesia Nurses: Skilled in Nursing, Professionals in Caring*.

PANAW is our time to shine and let our colleagues know of the great patient care we deliver each and every day. Maybe you're having a celebration at work or within your component to mark this special week. Some other ways to celebrate include:

- Placing announcements in employee publications/emails
- Displaying and using PANAW products (available at www.panaw.com)
- Offering coffee and cake within your unit/department
- Taking photos of your PANAW celebration

The PANAW catalogue is full of great gift ideas to recognize the perianesthesia nurses you know. Official PANAW products can be ordered online at www.panaw.com. How will you celebrate PANAW this year?

Remember to submit photos of your PANAW celebration to *Breathline* Editor Barb Godden for possible use in a future issue: bgodden@aspn.org. 

Help Your Component Grow

Leave the National Office help in the effort to recruit new members for your component. If you send us the contact information of a prospective member, we will send them four separate invitations to join over the course of four months, each emphasizing different benefits of membership. Contact information should include the person's full name, email and mailing address. This information can be sent directly to Doug Hanisch, Marketing and Communications Manager, at dhanisch@aspn.org. 

Need a Gift?

ASPN 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 perianesthesia 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. 

4. A narrative note is entered into the patient chart reporting the decisions reached and the personnel present. This information should be part of the handoff of care from the anesthesia provider to the PACU nurse following the procedure.

The practice of suspending the DNR/DNI order when the patient undergoes surgery is decreasing, as increasing numbers of institutions have a policy and process in place to honor the end of life wishes of patients. It remains critical for all caregivers to understand the wishes of the patient during the entire perioperative experience.

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“Go with the Flo”

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

Florence Nightingale was a great contributor to the foundation of nursing. An area in which she is not as well-known is in her influence on evidence-based practice, a term that was not used in her day, but was present in her work. She pursued the best research and statistics, and, if it was not there, she wanted it to be collected through studies.¹ As such, we should follow Florence Nightingale’s lead in consuming and contributing to the evidence upon which nursing practice is built.

The Institute of Medicine (IOM) has mandated that 90% of the clinical decisions bedside nurses make need to be evidence-based by the year 2020.² Evidence-based practice (EBP) improves patient outcomes and streamlines care. However, the concept of EBP is fairly new. EBP was introduced into nursing curriculums in response to the 2003 Committee on the Health Professions Education Summit, call for all healthcare professionals to have training in EBP.³ With the mean age for nurses in the United States at 50 years old,⁴ the majority have not received formal training on EBP in their nursing programs.

Appraising the Literature

The first step in using evidence is learning how to critique, critically appraise and synthesize the literature. Critical appraisal of an article is to read it with a questioning and open mind. Why was the research method chosen and was it appropriate to answer the research question? Who were the study participants? Do they represent your patient population? How were the

individual participants selected? Was participation offered to all the patients, or was there selection bias?

Recognition of good, or poor, research practices is critical AND a learned skill. ASPAN’s EBP journal club Web site is a good place to begin to build these skills. There, posted articles are accompanied by ASPAN JBI critique tools completed by the EBP committee members. The critique tool guides critical appraisal through a series of questions to answer as you read the article.



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

Building on the Evidence

Research builds upon the evidence and the evidence is built from research (see Figure 1). We often refer to this as “levels of evidence.” The higher up the pyramid, the stronger the evidence. Essentially what we learn from completing, analyzing and publishing (sharing) a research study is the foundation for the next research question and next research study.

Types of Studies

When very little is understood about a phenomenon, we conduct “exploratory studies.” These are foundational, and many times this is where animal subjects or cells are used. However, sometimes human subjects may be used. For example, the researcher may use human subjects to examine how athletic adult diabetic patients utilize the special features in their insulin pumps when hiking. Human subjects may be necessary as there may not be much published on the subject. An exploratory research study design would be appropriate as the researcher gathered qualitative (the human or lived experience) and quantitative (measurable data including A1C, BMI, distance hiked) to form a basis of understanding. Generally, hypotheses are not generated for this type of study.

If the researcher is examining a phenomena previously researched or a relationship between variables of interest, such as type of insulin pump used, the type of insulin, BMI, distance hiked, caloric intake, then they may complete a “descriptive study.” Descriptive studies may include hypothesis testing. It is important to remember hypothesis are not proven, but instead are tested.

Many survey studies are exploratory or descriptive in nature. Learning what can bias a question or how clarity can impact results is

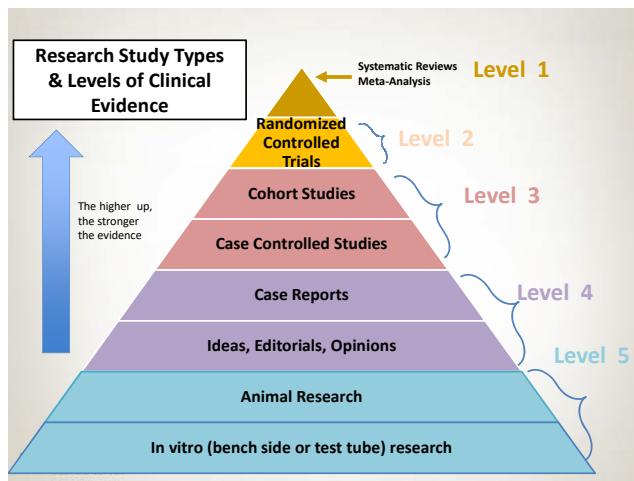


Figure 1. Levels of Evidence. Copyright © Elizabeth Card.
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imperative. If the survey questions are poorly written and misinterpreted by participants, the data generated are misleading and useless. The old adage “garbage in, garbage out” would apply here.

There are methods to well-constructed surveys, including the use of previously constructed testing for validity (Did it measure what it was intended to measure?) and reliability (Could it measure this repeatedly?). Including these instruments in surveys is prudent and good research practice.

Further Education

Additional information on survey research is available to ASPAN members through the Web site (log in first to access). Some short videos have been placed upon the Research tab on ASPAN's Web site to further educate on survey studies. In reading the research articles and the literature, appraisal skills are built and strengthened and a spirit of scholarly inquiry develops.

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Energizing Generations: The Race to Distinction

The Countdown Has Started...

Carol Matthews, BSN, RN, CAPA, CPN - Member-at-Large, 2017 NC Strategic Work Team

National Conference

Visitors to the city of Indianapolis will tell you, "There's more than corn in Indiana." The Indianapolis community has numerous cultural, educational and recreational attractions for visitors to embrace and explore. So, come see what Indiana is all about!

ASPA's 36th National Conference, April 30 through May 4, 2017, will provide the opportunity for you to experience both personal and professional growth, as well as global networking with colleagues. ASPAN's conference offers many educational sessions for you to attend, including topics on patient care, leadership, standards, advocacy, evidence-based practice and research. When you are finished with your educational sessions, take some time to relax and enjoy the host city.

History

History buffs can tour many historical exhibits at several museums. The Eiteljorg Museum showcases Native American and Western art collections. The Indiana State Museum focuses on the history and growth of Indiana and features artifacts, mastodons and a 17-foot-tall steam clock. The Indiana State Soldiers and Sailors Monument is dedicated to Hoosier soldiers of the American Civil War, the American Revolutionary War, the War of 1812, the Mexican-American War and the Spanish-American War. In addition, it has an observation deck as well as a Civil War museum in the basement. The Indiana

Medical History Museum is a monument dedicated to the beginnings of psychiatric medical research. This hospital opened its doors in 1848 for treatment of patients with mental illnesses. Exhibits include the pathology lab and medicinal gardens. White River State Park or take a bike ride on the eight-mile Cultural Trail. Historical sites include the Soldiers and Sailors Monument, Indiana War Memorial, and Veteran Memorial.



▲ Eiteljorg Museum of American Indians and Western Art
Photo Courtesy of www.visitindy.com



▲ Indiana State Museum - Photo courtesy of www.visitindy.com



▲ Indianapolis Motor Speedway Hall of Fame Museum
Courtesy of Indianapolis Motor Speedway



► Indianapolis Motor Speedway
Courtesy of Indianapolis Motor Speedway

Sports

Sports enthusiasts can savor the atmosphere of the Indianapolis Motor Speedway, known as "The Greatest Race Course in the World." It is the home of the Indianapolis 500 and the Brickyard 400. Spend some time touring its museum displaying race cars from Indy Car, NASCAR, Formula One, Sprint and Midget. If conditions permit, you can experience a narrated lap on the 2.5-mile track. Indianapolis 500 festival traditions begin in early May.

Individuals who enjoy running or walking may want to consider participating in 2017 Mini-Marathon, the largest mini in the country, or the 5K-walk on Saturday, May 6, 2017. Baseball fans can enjoy an evening game at beautiful Victory Field with the Indianapolis Indians and the visiting team. You may see a player hit a grand slam! Don't forget the park's enjoyable foods: hot dogs, peanuts, and cotton candy.

Outdoor Naturalists

Outdoor naturalists will find a relaxing, nature wonderland at the White River State Park with its green spaces, trails, trees and waterways. There are also many fascinating ecological systems to appreciate at the Indianapolis Zoo. The zoo's White River Gardens has three acres of beautiful landscaping. Enjoy a walk, jog, run, bike ride or Segway tour along the Indianapolis Canal. Stroll the 100 acre woods with gardens and sculptures at the Indianapolis Museum of Art after seeing its collection of African, Asian, European and contemporary art.



▲ The Indianapolis Zoo includes a Zoo, Aquarium and Botanical Gardens

Photo courtesy of www.visitindy.com

Noisseurs have over one hundred restaurants to choose from in the heart of downtown Indianapolis. Eateries range from fast foods to casual dining to fine dining. Taste the flavors of many international cuisines: Brazilian, Ethiopian, German, Greek, Indian, Irish, Japanese and Mexican.



▲ Slippery Noodle Inn

Photo courtesy of Drew Endicott Photography

The Oceanaire Room is known for its fantastic seafood, the famous St. Elmo's is applauded for its great steak, shrimp, and shrimp cocktail sauce, and Fogo De Chao Brazilian Steakhouse serves a variety of phenomenal grilled meats at your table continuously. Enjoy a hearty delicatessen sandwich at Shapiro's Deli. Have gourmet pub-style Bavarian food with a stein of German lager at the historic Rathskeller Biergarten. Family-owned and operated, Santorini's serves authentic flavorful Greek food, and on Saturday you will be



▲ Central Canal

Photo courtesy of Lavengood Photography

entertained by a belly dancer. Indianapolis has cuisine for every palate!

Nightlife Adventurers

Nightlife adventurers will find theaters, restaurants, breweries, comedy clubs, live music, dancing, eclectic boutiques, art galleries, and working artists in the trendy cultural districts of Indiana Avenue, Mass Avenue, Georgia Street, Market East, Fountain Square and Broad Ripple Village. Classical music lovers can enjoy an entertaining evening with the orchestra of the Indianapolis Symphony. Mozart's compositions will be performed on April 28, 2017 and Rachmaninoff's on May 4-5, 2017. Theatre enthusiasts may wish to see a play production at the Indianapolis Repertory Theatre. Listen to jazz and blues music at the Slippery Noodle Inn. Dance to old-time rock and roll at Ike and Jonesy's. Share friendly conservation while enjoying a breath-taking view of the Indianapolis skyline at night from the Eagles Nest Restaurant. Indianapolis nightlife is magical!

Conference attendees can plan fun-filled activities by viewing www.visitindy.com. INSPAN's hospitality table will also have information available. Be part of something big!



▲ International Violin Competition

Photo courtesy of International Violin Competition of Indianapolis

Component Night: Friendship, Food, and Fun

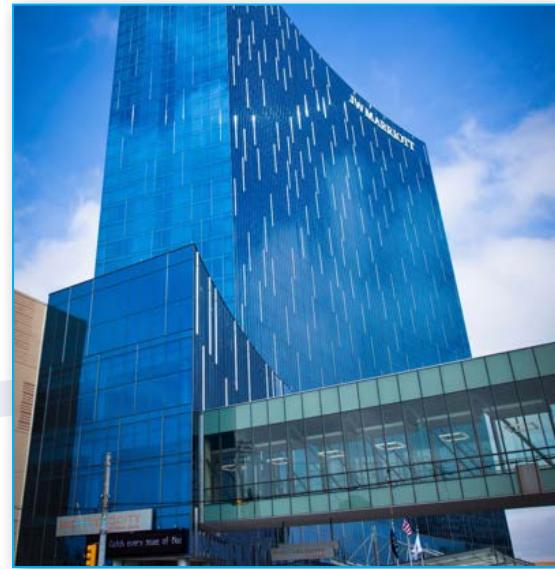
One of the most fun-filled social events at National Conference is Component Night, taking place on Sunday, April 30, 2017. Hoosiers are die-hard sports enthusiasts, and this year's theme is *Hoops to Hot Rods*. In fact, in the month of March, we celebrate "March Madness," while the entire month of May is dedicated to Indy Racing! Dress in your favorite sports attire, possibly with a basketball or racing theme. Join the party, socialize with old friends, make new friends, listen to great music and put on your dancing shoes. ASPAN extends a "big" invitation to you!

Conference Volunteers

Conference attendees can become an ASPAN ambassador by volunteering as a host/hostess or session moderator. Your warm welcome and smile will express ASPAN's "Hoosier Hospitality." Complete contact information will be printed in ASPAN's 36th National Conference Registration Brochure and on ASPAN's Web site.

Room Sharing

If you are a conference attendee traveling to Indianapolis by yourself, you may want to consider room sharing. The benefits of room sharing are two-fold: alleviate expenses and meet a new colleague. The process for determining a roommate is truly simple. You submit your name for placement on the "Willingness to Share a Room" list. The room sharing list will be sent to you. It then becomes your responsibility to contact others on the list to coordinate room sharing arrangements and reservations. Complete infor-



▲ JW Marriott
Photo courtesy of White Lodging

mation will be printed in ASPAN's 36th National Conference Registration Brochure and on ASPAN's Web site.

Challenge yourself and set a goal to become energized in the "Circle City" when Katrina Bickertaff waves the "green flag" on April 30, 2017.

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National Conference

THE DIRECTOR'S CONNECTION

Regina Hoefner-Notz, MS, RN, CPAN, CPN
ASPN Regional Director, Region 1

Region 1 Highlights

Greetings from Region 1! Exciting things are happening across the western states! This year, I traveled to HIPAN and NPANA in October, and I will be catching up with NevPANA and USPAN later this year.

Arizona PeriAnesthesia Nurses Association (AzPANA)

AzPANA is updating its Web site, while also creating a Facebook and Twitter presence on the Web. Visit AzPANA's Facebook page, and possibly win a \$50 Amazon gift card! AzPANA's newsletter is on the Web site, but they continue to mail a paper copy of one newsletter each year and provide a refrigerator magnet for members.

Hawaiian Islands PeriAnesthesia Nurses (HIPAN)

President Takako Varney and VP/President-Elect Evelyn Berghell are reenergizing HIPAN in a variety of ways. Through facility liaisons, they are encouraging membership and board activity across the multiple islands. Dinner meetings have proven to be a successful strategy for increasing membership. During a Skype meeting, it was awesome to feel the energy in the room. Takako completed HIPAN's incorporation this year. Great job!

Nevada PeriAnesthesia Nurses Association (NevPANA)

Give a "shout out" to Brent Richmond, immediate past president, for supporting this component for the past three years. Thank you, Donna Wollman, now current president, for stepping up to create an engaged board of directors. Donna crafted an October half-day workshop in Reno. They are cheering for Nevada perianesthesia nurses to get involved.

Northwest PeriAnesthesia Nurses Association (NPANA)

NPANA is a vibrant component, led by President Maria Heinje. The Board added the new position of communication coordinator, who is responsible for updating the Web site, writing the newsletter, sending mass emails and coordinating social media updates. NPANA is excited to launch a new district forming in Alaska, with plans for NPANA's annual meeting in Alaska next year.



Regina Hoefner-Notz
MS, RN, CPAN, CPN
ASPN Regional
Director, Region 1

PeriAnesthesia Nurses Association of California (PANAC)

PANAC President Lori Silva, its board of directors and the ASPAN national office are sending membership packets to over 216 California hospitals to inform nurses about ASPAN and encourage membership. With over 1000 certified nurses, ongoing education is a priority, with multiple conferences throughout the state.

PeriAnesthesia Nurses Association of New Mexico (PANANM)

Although PANANM's current president, Megan Ketcher, will joke and tell you its best accomplishment this year is that PANANM is still in business, she has infused some new ideas into meetings to create interest and participation. Megan and PANANM's VP/president-elect, Ashley Stein, have incorporated yoga, wine-tasting and dinners, just to bring in members. During a very successful workshop in beautiful Taos, New Mexico, attendees had the option to attend a cooking class the night before the workshop as well as an outdoor yoga class the following afternoon. Great creativity!

Rocky Mountain PeriAnesthesia Nurses Association (RMPANA)

Congratulations to Barb Watts, outgoing president, for a successful year, and welcome Sana Zamarripa, incoming president, as they transitioned at the amazing October *Retreat in the Rockies* annual workshop. Some of Barb's accomplishments include revitalization of its Web site, creation of a space on its Facebook page to share journal articles, and monthly conference calls with the board of directors to increase communication and allow for prompt updates.

Utah Society of PeriAnesthesia Nurses (USPAN)

The goal of President Susan Cooper and VP/President-Elect Krista Gotberg is to encourage more activity from members in Utah. The geography is challenging, but Susan is hoping to develop an educational workshop sometime soon. Stay tuned, Utah! 

Study Trip to Tanzania: Why Nurses are Important to Expanding Healthcare

Valerie Watkins, BSN, RN, CAPA - ASPAN Secretary

Where does one begin? When I visited Arusha, Tanzania in May, the first thing that stood out was the massive number of people walking everywhere! Although there are vehicles, and motorcycles are everywhere, many more walk.

Eleven of us from my church arrived on a study trip to see the work that has been done to bring healthcare to the four million people of northern Tanzania, one of the poorest countries in the world. Through our connection with Dr. Mark Jacobson, who has been here for over 30 years, we saw the growth, but also saw the need. When Dr. Jacobson arrived in the early 1980s, he took over a small hospital called Selian, which began as a clinic in 1954 on the outskirts of Arusha. Initially, when Dr. Jacobson arrived, there was no running water or electricity, and equipment was sterilized over a Bunsen burner. Gradually, he added buildings and it became a hospital serving the poor and marginalized in its society.

Today, as we visited, the dryers were not working and all the linen was hanging outside to dry. But the facility was humming, and there were patients in every ward. We viewed the labor deck and it was, surprisingly, without a patient at that time.

Work of the Hospital

Selian Hospital provides free surgery for the women who have vaginal/rectal fistulas. For something extremely rare in the United States, many women, you might say early adolescents, are married and not fully developed, having deliveries at home. The complications are usually a stillborn baby and the development of a vagina/rectal fistula, leading to them being considered an outcast in their own communities. The patient rooms are communal, with many beds to a room, no curtains and families everywhere.

Other services provided include plastic and orthopedic surgeries, from cleft palate to club foot. Physical anomalies lead to the child becoming an outcast. Much of the water in Tanzania has too much fluoride, which causes skeletal fluorosis. Every issue has its challenges. Surgery done to repair skeletal issues, including casting an extremity, was met with unsatisfactory results due to a family's inability to handle the cast, resulting in infections and unhealed extrem-

ities. This led to the inception of the Plaster House, where children stay until the healing is completed. Frequent surgeries for burns is also common, as nearly everyone cooks on open fires outside of their homes. For a look at Plaster House, visit <https://www.youtube.com/watch?v=irYFmOx4cJU>.

Objectives of the Work

The goal of this work is to accompany, not run, the Tanzanians. They are training their own doctors and nurses to serve the community, and as such, they are better able to provide the spiritual component, which is important to the African people.

HIV still has a large hold on Tanzania, and as healthcare slowly improves, other medical issues have arisen, including hypertension, diabetes and cancer. Along with hospice workers, we visited the homes of two young mothers with HIV, living in one or two room buildings, either with no windows or very small windows, and each taking care of their three children. One room was so dark that the hospice worker had to use the flashlight on her cell phone to see and document on the patient.

Nursing Needs

Dr. Jacobson, through the work of the church and very generous people, built a hospital in the city of Arusha to bring higher quality care to its people. Here, they take premature babies into the only neonatal intensive care unit (NICU) that exists in northern Tanzania. Doctors come from many places to help train the doctors to care for these patients. But this hospital's real need is nurses! The NICU is limited to seven premature babies because trained nursing staff is not available. The expansion of many of the medical programs in the hospitals is limited by the lack of nurses.

These issues led to the development of a nursing program, which just recently graduated its first class. Starting out as a two-year program that includes the training of midwives, it was recently approved as a three-year nursing school. The goal now is to build a facility (they currently are in a rented space), and concentrate on expanding. Read about the need for nursing scholarships from Operation Boot Strap - http://media.wix.com/ugd/d33e22_0598ab17d08e4134b0cfaddea6a0cc02.pdf



Valerie Watkins
BSN, RN, CAPA
ASPA Secretary

Other Observations

There are only two stoplights in Arusha, a city of 1.5 million people. So, it is not surprising that people walk everywhere. Few roads are paved and there is no word to describe how bumpy the unpaved roads were! We saw poverty like nothing we had experienced, and yet there was hope.

The trip also included a visit to an all-girls school as they work to educate the girls beyond seventh grade and out of early marriage situations. We also toured an orphanage filled to capacity. The commitment and service of the Tanzania people to help others is amazing!

And, just so you don't think it was all work and no play, we went on Safari to Tarangire

National Park, Ngorongoro Crater and Serengeti. We did not see a rhinoceros, but everything else was amazing. Finally, before heading home, nine of us hiked to the first hut of Kilimanjaro, a 10-mile round-trip hike. The entire trip was an amazing experience! 



▲ Drying hospital linens at Selian Lutheran Hospital



▼ Dr. Mark Jacobson with Ms. Lillian Shuma, Principal, Arusha Nursing School



▲ Arusha Nursing School



► Nurses at Arusha Lutheran Hospital with study group members Janet Weinz (L, front row) and Valerie Watkins

An Introduction to ASPAN's Position Statement 15

"A Position Statement on Air Quality and Occupational Hazard Exposure Prevention"

Dina Krenzischek, PhD, MAS, RN, CPAN, CFRE, FAAN

Susan Russell, BSN, RN, JD, CPAN, CAPA

On April 10, 2016, ASPAN's Director for Clinical Practice presented "A Position Statement on Air Quality and Occupational Hazard Exposure Prevention" to the ASPAN Representative Assembly (RA) for discussion. The position statement was submitted to the RA for electronic vote and approved May 15, 2016.

Importance of the Position Statement

As the voice for perianesthesia nursing practice, ASPAN advocates for a safe perianesthesia environment. Based on new evidence and increasing concerns expressed by perianesthesia nurses, ASPAN President Holcomb appointed a team to review the archived 1995 Position Statement on Air Safety¹ and make recommendations to the Board of Directors. ASPAN Position Statement 15 reflects those recommendations. The goal of this statement is to increase awareness of recent research and the need for further studies. ASPAN encourages interdisciplinary collaboration for research, policy development and promotion of effective interventions to address air quality, as well as prevention and elimination of environmental hazards in perianesthesia settings.

Summary of Evidence Presented

1. Exposure to waste anesthetic gases exceeding National Institute for Occupational Safety and Health recommended exposure levels which are exhaled by patients in the breathing zone of nurses providing bedside care as well as cross contamination to other PACU patients
2. Lack of sufficient monitoring within the breathing zone of PACU patients following general anesthesia



3. Lack of engineering control interventions to reduce level of waste anesthetic gas exposure in the perianesthesia environment
4. High risk of exposure to respiratory pathogens for healthcare workers and patients in the perianesthesia environment
5. Increased risks of exposure to droplet and airborne infectious diseases

This position statement is available on the ASPAN Web site at www.aspan.org/Clinical-Practice/Position-Statements. Please take the time to read it and familiarize yourself with the content. More research is needed to fully understand potential short-term and long-term risks, and to develop strategies to prevent or minimize those risks to anyone receiving or delivering care in the perianesthesia environment. 

Component Education Programs

March 4, 2017 The Illinois Society of PeriAnesthesia Nurses will hold its spring conference in Rolling Meadows, Illinois. For more information, please contact Alexis Nicpon, MSN, RN, CPAN, at ajnicpon@comcast.net or Lorena Manalansan, BSN, RN, CAPA, at lmanalansa@nch.org or 847-809-9484.



webcasts AND seminars



LIVE IN-PERSON SEMINARS

ADVANCED PATIENT SAFETY: NEW APPROACHES AND DIRECTIONS

June 17, 2017 *Richmond, VA*

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

February 11, 2017 *Coeur d'Alene, ID*

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

March 4, 2017 *Fairfax, VA*

PERIANESTHESIA CERTIFICATION REVIEW

February 18, 2017 *Baltimore, MD*

February 25, 2017 *Raleigh, NC*

March 4, 2017 *Cleveland, OH*

March 18, 2017 *Scottsdale, AZ*

March 24, 2017 **FRIDAY** *Ann Arbor, MI*

March 25, 2017 *Santa Clara, CA*

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

June 24, 2017 *Fullerton, CA*

SURROUNDING YOUR PRACTICE WITH EXCELLENCE: LEGAL ISSUES, STANDARDS AND ADVOCACY

February 4, 2017 *Burlington, MA*

February 25, 2017 *New York, NY*

March 4, 2017 *West Columbia, SC*

LIVE WEBCASTS – FULL-DAY PROGRAMS

FOUNDATIONS OF PERIANESTHESIA PRACTICE

January 28, 2017

PEDIATRICS: BEYOND THE BASICS

February 4, 2017

PERIANESTHESIA CERTIFICATION REVIEW

February 12, 2017 **SUNDAY**

March 11, 2017

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

February 18, 2017

REFRESHING YOUR PERIANESTHESIA PRACTICE

February 25, 2017

June 10, 2017

LIVE WEBCASTS - HALF-DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

June 3, 2017

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE

March 4, 2017

PERIANESTHESIA ESSENTIALS I

January 29, 2017 **SUNDAY**

PERIANESTHESIA ESSENTIALS II

March 5, 2017 **SUNDAY**

PERIANESTHESIA ESSENTIALS III

March 19, 2017 **SUNDAY**

PERIANESTHESIA ESSENTIALS IV

February 26, 2017 **SUNDAY**

PERIANESTHESIA ESSENTIALS V

June 4, 2017 **SUNDAY**

PERIANESTHESIA FOUNDATION

March 18, 2017

LIVE WEBCASTS - TWO-HOUR PROGRAMS

OBSTRUCTIVE SLEEP APNEA IN THE ADULT PATIENT: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

February 11, 2017

June 11, 2017 **SUNDAY**

PREVENTION OF UNWANTED SEDATION: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

February 11, 2017

June 11, 2017 **SUNDAY**