



Breathline

Volume 37, Issue 2
March/April 2017

INSIDE:

PRESIDENT'S MESSAGE: Energizing Generations: The Race to Distinction!

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

Spring is here, flowers are blooming, the days are longer and the sun is warmer. Spring is a time of rebirth and renewal, and what better way to energize yourself than to attend the 36th ASPAN National Conference, *Energizing the Generations: The Race to Distinction!* This year's conference will be in the great city of Indianapolis. It seemed like just yesterday that we were celebrating in Philadelphia.



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

The second part of the theme title, *The Race to Distinction*, does not necessarily refer to this year's national conference being in the racing capital of the world, Indianapolis,² or the fact that I am huge NASCAR (National Association for Stock Car Auto Racing) and INDYCAR (Indy Racing League LLC) fan. Rather, it is in reference to the fact we are endlessly striving, racing, and competing to be the best. In this sense, our race will never be finished.

Why Did I Choose This Theme?

As I look back over the past exciting and very rewarding year, I think of all the wonderful people I have met in all the states I have visited. This last year was an opportunity to spread my ASPAN message of *Energizing the Generations: The Race to Distinction*. Many people asked how I chose the words for my theme. In choosing my theme, I thought about what intrigues and moves me, and how I could use that message and those ideas to connect to all nurses, young and old.

What the Words Mean

When creating my theme, I wanted to use the word **energize** which means, "Give vitality and enthusiasm to."¹ I am an energetic person, and wanted to exude some of my passion and enthusiasm about ASPAN to all. I chose to focus on all the **generations**, because we all know each generation has different values and priorities. Important to me was to emphasize to each generation how they can make an impact and influence the future of peri-anesthesia nursing.

Distinction: "An excellence that sets someone or something apart from others."³ This word is important to my theme because ASPAN is unique and is different from other organizations. We are not critical care nurses, at least not all the time. We are not operating room nurses, although many nurses are cross-trained. We are not interventional radiologic nurses, obstetrical nurses, or cardiac catheterization nurses, but, at any time, we can be a bit of everything. We are no longer caring for just patients recovering from surgical procedures. We are distinct because we excel in not just one area, but provide care to all who will be patients recovering from any number of procedures. My message to all perianesthesia nurses of every generation is to focus on our future, embrace our distinction, and show your pride.

What's Next for Me?

As I near the end of my term, I am honored and humbled to have been the leader of this wonderful organization. I could not have done it without the thousands of volunteers. It is only because of you



and your commitment to ASPAN that we have this great organization, and I would like to thank each and every one of you. I would also like to thank a very hardworking group of people, the ASPAN National Office staff. Believe me, I could not have done this without them. Together, the national office staff along with Kevin Dill, ASPAN Chief Executive Officer, work tirelessly to support the work of ASPAN's many volunteer leaders.

In Indianapolis, I will be installing the new ASPAN Board of Directors and I will be passing the torch to Vice President/President-Elect Susan Russell. I will begin a new chapter as a past ASPAN leader. I will continue to support the work of the Society during this next year as the Chair of the Nominating Committee and Leadership Development Committee. I will now be responsible for promoting the leadership roles within ASPAN. I want to develop and mentor all who are interested, and I hope to encourage those who may be fearful to take the next step towards that leadership role.

My hope is that I have energized each and every one of you in some way to be the best that you can be, to find the energy within and ignite the passion for our specialty. ASPAN is distinct because of members like you and we should all be honored to be part of this great organization.

Another Leader's Great Words

On a personal note, I must tell the story of how and why I decided to focus on the top position of ASPAN. Three years ago, I was on one of my favorite walks, a walk I have done many times, the Cape Cod Canal. It is a lovely stretch of seven miles each way, paved and preserved. Along the walk there is a short wall, and painted, graffiti-like, was the quote by the late Senator "Ted" Kennedy. I passed this wall nearly one hundred times and never gave it much thought, but one day, I stood there and

thought my journey was just beginning. I wanted to be part of the ASPAN future. I leave you with the quote.

"There is no end to the journey, only the next great voyage. We know the future will outlast all of us, but I believe that all of us will live on in the future we make"⁴

Senator Edward Kennedy



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*Address changes and administrative
correspondence to:*

ASPAN
90 Frontage Road
Cherry Hill, NJ 08034-1424
877-737-9696
Fax: 856-616-9601
aspan@aspan.org
www.aspan.org

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Editorial Comments or
Letters to the Editor to:
Barbara Godden
9320 Erminedale Drive
Lone Tree, CO 80124
bgodden@aspan.org

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

NATIONAL CONFERENCE DEVELOPMENT ACTIVITIES

Development

There are several fun ways you can support ASPAN and perianesthesia nursing practice at the National Conference in Indianapolis:



Dream Walk

Enjoy an early morning walk that originates from the hotel and takes you past a variety of local downtown attractions. **Sunday, April 30, begins 6:30 a.m.**



Development Celebration Breakfast

Begin Wednesday morning by supporting ASPAN, earning .75 contact hour, honoring your friends and colleagues, and enjoying a traditional American breakfast. **Wednesday, May 3, 6:30 – 8:30 a.m.**



Silent Auction

Components and individuals are invited to donate – and purchase – items for the 2017 Silent Auction, which will take place in the Exhibit Hall. **Open during Exhibit hours.**



Hail, Honor, Salute!

Honor a special colleague and support ASPAN by completing a *Hail, Honor, Salute!* form which will be included in your registration packet. Forms can be turned in at the Development Celebration Breakfast or the ASPAN booth in the Exhibit Hall during exhibit hours.

For additional information on any of these activities, please email Doug Hanisch at the National Office: ghanisch@aspan.org. 🌱

ASPAN Member-Get-A-Member Campaign

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

You can obtain free promotional materials and membership applications by contacting ASPAN's National Office toll free at 877-737-9696 or emailing: ghanisch@aspan.org. Request as many copies as you like, and be sure to place your name as the recruiting member on each application you distribute. Click [here](#) to learn more about the *Member-Get-A-Member* campaign and available awards. 🌱

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Get Ready for Some Hoosier Hospitality in the Crossroads of America!

Kim Kraft, MSN, RN, CPAN, CAPA - ASPAN 2017 NCSWT Coordinator

Carol Matthews, BSN, CAPA, CPN - Member-at-Large, 2017 NCSWT

Ladies and Gentlemen: Are you ready for the start of ASPAN's 36th National Conference? Katrina Bickerstaff will wave the green flag on April 30 for the start of our conference and wave the checker flag on May 4 for the end of this specular event.

ASPAN invites you to cross the "Yard of Bricks" to its Component Night party. Enjoy an evening of good food, great dancing, music, and global networking. Socialize with old friends and meet new friends. Whether this is your first conference or 36th conference, don't forget to purchase a conference pin from INSPAN members! One dollar from every sale will be donated to a food bank in one of Indiana's poorest counties.

Conference provides the opportunity for you to experience personal and professional growth. Educational session topics include patient care, leadership, standards, advocacy, evidence-based practice, and research.

Remember, conference attendees can serve as ASPAN ambassadors by volunteering as a host/hostess or session moderator. Contact information for the coordinators can be found in the

conference registration brochure and on ASPAN's Web site.

The City of Indianapolis has many cultural, educational, and recreational attractions to enjoy. Visit many historical museums. See Western and Native American art at the Eiteljorg Museum. See Indiana's history at the Indiana State Museum. Enjoy fabulous art collections at the Indianapolis Museum of Art. Stroll beautiful gardens and grounds at White River Gardens. Walk, jog or bike ride along the footpaths of the Indianapolis Canal. Enjoy a relaxing evening at Victory Field Baseball Park. Visit the Indianapolis Motor Speedway, home of the Indianapolis 500 Race and Brickyard 400 Race. Taste the flavors of international cuisines of many restaurants: Ethiopian, German, Greek, Indian, and Mexican. Shop in trendy cultural districts. Dance and join the fun-loving crowds that party in Indy's night life.

Remember, Indy is the Cross Roads of America, so all roads lead here. ASPAN and INSPAN welcome you and hope you enjoy our Hoosier hospitality!

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▲ **Indianapolis Airport**
Photo courtesy of www.visitIndy.com

► **Indianapolis Zoo**
Photo courtesy of
www.visitIndy.com



▲ **White River State Park – in the heart of downtown Indianapolis**
Photo courtesy of Lavengood Photography



▲ **Antiques in Fountain Square** – an area of shops, restaurants, arts and live music
Photo courtesy of Lavengood Photography



▲ **Central Canal at Night**
Photo courtesy of Lavengood Photography



▲ **Colts Grille**
Photo courtesy of Indianapolis Colts Grille



▲ **Indianapolis City Market**
Photo courtesy of Lavengood Photography



▲ **Indianapolis 500 Aerial View**
Photo courtesy of Indianapolis Motor Speedway



▲ **Mass Avenue Cultural District** – Best Boutique Shopping
Photo courtesy of Lavengood Photography

ASPAN Safety and Acuity Focus Group

Jacque Crosson, MSN, RN, CPAN – Team Leader



Jacque Crosson
MSN, RN, CPAN
Team Leader

In the January/February edition of *Breathline*, a synopsis of the activities of the Safety Focus Group was reported which incorporated all of the work done so far to further support staffing in Phase I PACU by acuity. A survey was launched on June 3, 2016 and ended on July 31, 2016. This survey asked for the following information from the ASPAN membership:

1. What criteria or elements must be included to help identify patient acuity in Phase I PACU?
2. List some examples which indicate changes in patient acuity and need for more complex care in Phase I PACU
3. What tasks do you complete that increase workload or distract from assessing or monitoring your patient?
4. If your facility utilizes an acuity/complexity tool, will you share it with our work team?
5. If you would like to share your name, email address or any other comments, please type below

Under items 1 through 3, the expert work team developed selection criteria for each query with the ability for participants to add comments and other items. A total of 2,176 members completed the survey with 1,641 comments. Following are the top results:

Under “What criteria or elements must be included to help identify patient acuity in Phase I PACU?”

- Integrity of airway 95.2%
- Instability of vital signs 93.6%
- Altered mental status 89%
- Uncontrolled pain 82.1%
- Children (require 2:1) 76.7%
- Nausea, vomiting, retching 71.4%

Under “What tasks do you complete that increase workload or distract from assessing or monitoring your patients?”

- Unclear/absent provider orders for care 85.2%
- Patient in PACU extensive time due to lack of bed 73.5%
- Short staffed (nurses or support staff or charge nurse taking patient) 70.3%

The next phase of this project will be to beta test and validate the identified concerns and clinical situations that identify patient acuity in the Phase I PACU. This will include those distractions that impact our ability to appropriately assess and monitor patients.

Each milestone of this project will be highlighted in both *JoPAN* and *Breathline*. Currently in progress is an article that will be submitted to *JoPAN* that further defines the literature search for any staffing/acuity models currently in use or any validated scale that exists for the Phase I PACU environment. Stay tuned! 🌱

ASPAN Scholarship Program Accepting Applications

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

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

Scholarships offered:

- \$1,500 for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing
- \$750 for ASPAN National Conference Attendance for April 29 to May 3, 2018, Anaheim, CA
- \$1,000 for Humanitarian Missions
- Two \$2,000 scholarships for the 2018 Nurse in Washington Internship (NIWI) program
- \$314 for CPAN or CAPA Certification Exam fee

ASPAN's Scholarship Program postmark deadline is **July 1, 2017.*** 🌱

*ICPAN registration fee scholarship postmark deadline is May 1, 2017. For information, visit the ICPAN Scholarship page on www.aspan.org.

Medications at the Bedside

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

Safety

How often have you pulled medications from the automated medication management system in anticipation of the physician giving you the order? I'll bet most of us could answer "yes" to that question. Unfortunately, there are problems with this process that could prove to be dangerous for the patient.

Risks of Overriding Medications

During an analysis of a sentinel event that occurred in 2006, the Institute for Safe Medicine Practice (ISMP) identified a risk that may very well be common practice in your own procedural area. In this incident, there was a mix-up involving bags of epidural fentaNYL and bupivacaine, and intravenous penicillin that caused the death of a young woman in labor.^{1,2} The nurse brought the fentaNYL and bupivacaine bag into the procedural area so that everything would be ready for the anesthesia provider. It seems the anesthesia staff expressed dissatisfaction because the drugs, supplies and patient were not ready when they arrived to perform the epidural.

Their displeasure put pressure on the nurses to ensure that everything was ready for the anesthesia provider before they arrived on the unit. Guidelines were written, and a checklist was created to help the nurses make sure the patient was ready for the procedure. These guidelines included retrieving the epidural medication from the automated drug dispensing cabinet (ADC) before the anesthesia staff arrived. It was difficult for the nurses to anticipate what time the anesthesia staff member would arrive because the obstetrician would communicate directly with them, not the nurse.

Without a written order, the nurse would take the drugs out of the ADC by override and forgo the pharmacy verification. This process resulted in the tragic death of a young mother in labor when the nurse accidentally picked up the bag of epidural fentaNYL and bupivacaine and administered it instead of the intended penicillin, which was in a similarly sized plastic bag.

Unfortunately, this scenario could be played out on any given day in the perianesthesia arena. Nurses bring controlled substances to a procedural area or to the bedside of a postoperative patient before they are ordered or needed in an effort to be prepared for the physician or CRNA to carry out a procedure or administer anesthesia. It is important to be prepared, but the risk of diversion or accidentally administering the wrong medication because it is in a lookalike vial or syringe is too great a risk to take.

ISMP Recommendations

A Safe Practice Recommendation of the ISMP states, "Any controlled substance needed for a procedure should be ordered and verified by the pharmacy, if possible, and then brought to the bedside immediately before use. This way, the controlled substance will not be accessible until needed and can't be confused with other medications that are ordered for the patient."^{1,2,3} Other safety measures include performing a "Time Out" prior to administering the drugs, scanning a barcode on the medicine as well as the patient, or simply having the anesthesia provider bring the needed medication with them. It is completely understandable for the nurse to strive for efficiency and preparedness, but patient safety should be the primary concern of all members of the perianesthesia team.

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Donna Casey
MSN, RN, CPAN
ASPAN Safety
SWT Coordinator



Clinical Practice Hot Topics

Defining the Level of Care for a Patient

Diane Swintek, MSN, RN, CPAN – Director for Clinical Practice



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 month, the questions are about defining the level of care for a patient.

Q. *Can you please define what a blended unit means and if it is safe for a nurse to take care of a fresh postop, who remains unarousable, and at the same time preop a patient that the operating room staff is waiting for?*

Q. *I now work in a small community hospital that has been asking its Phase I recovery room to act as both a Phase I and Phase II unit, and discharge patients home from here. Is this allowed?*

Q. *Looking for definitions or criteria for recovery Phase I, Phase II, Phase III. Are these objectively defined? Do the Centers for Medicare and Medicaid Services (CMS) define them? Does ASPAN? Are they simply bedside nurse judgment?*

A. The 2017-2018 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* reference the scope of perianesthesia nursing practice to include a preanesthesia phase and a postanesthesia phase. The preanesthesia phase is further broken down into the preadmission and day of surgery/procedure. The postanesthesia phase consists of Phase I, Phase II and Extended Care (previously called Phase III). It is essential that the perianesthesia nurse is knowledgeable about patient care requirements in each phase of the perianesthesia continuum.

Caring for Preoperative Patients in the Same Area as Postanesthesia Patients

In "Standard II, Environment of Care," the standard states that, in all perianesthesia areas, the privacy and confidentiality of each patient must be maintained. Preanesthesia patients can be in the same physical space as a postanesthesia patient. However, every effort should be made to physically separate preanesthesia patients from patients coming out of anesthesia or sedation, and if possible assign a different caregiver to each.¹

In today's environment, we must approach patient assignments with a creative eye. This may mean freeing up a staff member to prepare a patient

for the operating room, or to provide the patient and family with instructions prior to discharge in a Phase II level of care situation. Patient safety is of paramount importance when deciding staffing and patient assignments. The blending of patients and staffing patterns can work when the perianesthesia nursing professional uses clinical judgment and critical thinking in assessing patient acuity and staff skill set.

Phase I and Phase II in the Same Physical Location

"Practice Recommendation 1, Patient Classification/Staffing Recommendations" discusses all levels of care and nursing responsibilities. Level of care (Phase I, Phase II, Extended Care) is not a physical location, but rather, what care is required to meet the needs of the patient. So, because Phase I and Phase II are not physical locations, but rather levels of care, yes, the patient can be discharged in the same location as where Phase I care was delivered. The nurse is just transitioning the care, not the physical location.¹

Phases of Care

In defining the Phases of Care:

- Phase I care focuses on providing care to the patient in the immediate postanesthesia period. The nurse is ever vigilant at the bedside, and staffing levels should reflect the changing acuity of the patient
- Phase II care focuses on preparing the patient and family, or caregiver, to transition to home or an extended care facility. This is a less intense level of care and one that allows the nurse to assess and plan for care post-discharge
- Extended care is ongoing care that is provided for that patient which requires more observation or interventions after discharge from Phase II. This level of care can also be the level of care required when a patient is waiting to go to an inpatient room

REFERENCE

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Become More Research Savvy Through Participation in ASPAN's Journal Club Forum!

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

Christine Tomes, MSN, RN, CPAN – ASPAN Evidence Based Practice SWT Coordinator

As professional nurses, evidence based practice (EBP) is an expectation that we embrace. Using the best and most current evidence to base practice upon streamlines patient care, decreases costs and contributes to best outcomes.¹ However, most American nurses have not received formal training on how to search and critique the literature/evidence.² Developing these skills can prove challenging in the perianesthesia work environment that is fast-paced while requiring constant vigilance. How do our physician colleagues gain the knowledge and skills to understand and embrace EBP? Some may attend formal training, but many are active in a journal club. Journal clubs meet either in person or “virtually” using technology.

Benefits of Journal Clubs

There are several benefits to participating in a professional journal club. A journal club can provide an avenue to learn about “hot” topics and how other nurses are responding to those issues. For instance, alarm fatigue has been a focus in recent years. Reading an article about how a facility used research to address this problem could help nurses to further their understanding of the topic and its effect on patient safety. A journal club may also help to improve a problem in the participant's unit, such as customizing alarm settings for each patient. Another benefit to a journal club is that they are composed of members with varying skill sets and experience. You can learn from each other how to critique articles and develop a deeper understanding of whether a study meets the criteria to be worthy of a change in practice.

Leadership

The leader or chair of a professional journal club typically is an expert in searching and critiquing the literature, and may be additionally tasked with choosing and distributing the journal article that the club will critique. The process of formally critiquing and discussing the researchers' findings allows understanding at a much deeper and meaningful level. Completing this as a group adds insights and ideas that enrich the experience even further.

Tools to Help in Critiques

Utilizing a tool developed for medical professionals to critique the literature will ensure success as these tools give cues on what should be examined or considered when appraising the evidence. These cues will help form insight and understanding on how sound the research was, if there were biases that could affect the results, and if the articles findings (results) are applicable to your patients and worthy of a change in practice. A journal club allows networking with other professionals and hearing differing opinions and ideas on a topic. This allows for professional growth. Continuing some of these relationships and pursuing a specific topic further may lead to replication of one of these research studies!

ASPAN's Journal Club

ASPAN is proud to announce a new ability of ASPAN's own journal club which will allow dialog between members and will be available 24/7 through the EBP Web site! Articles have been posted and critiqued in the past to assist you in understanding how to critique different types, such as systematic reviews or qualitative studies. Now you will also be able to participate in forums which will allow discussion of the article between members, and give you a deeper understanding of the evidence that was found.

You will find this under the research tab on the home page. Log into the ASPAN Web site and then within the Research tab scroll to the EBP Journal Club forum. Then, you will be able to choose the articles you are interested in critiquing. We hope to see plenty of participants in these first articles posted which are on a very important topic to nursing, workplace violence!

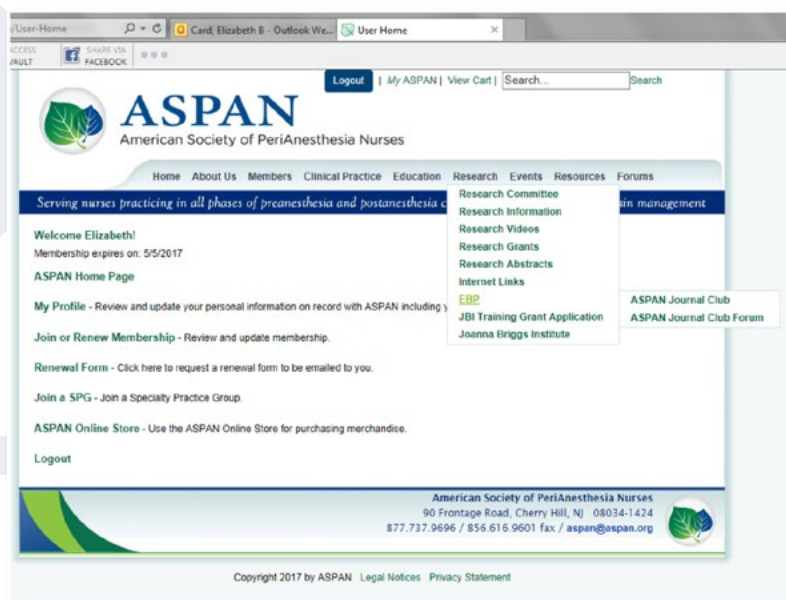


Elizabeth Card
MSN, RN, APN, FNP-BC,
CPAN, CCRP
ASPAN Director for
Research

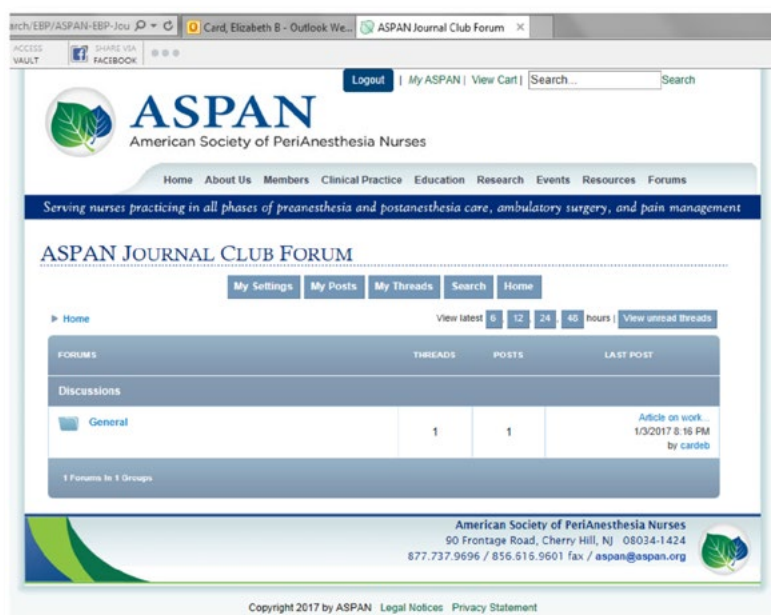


Christine Tomes
MSN, RN, CPAN
ASPAN Evidence
Based Practice
SWT Coordinator

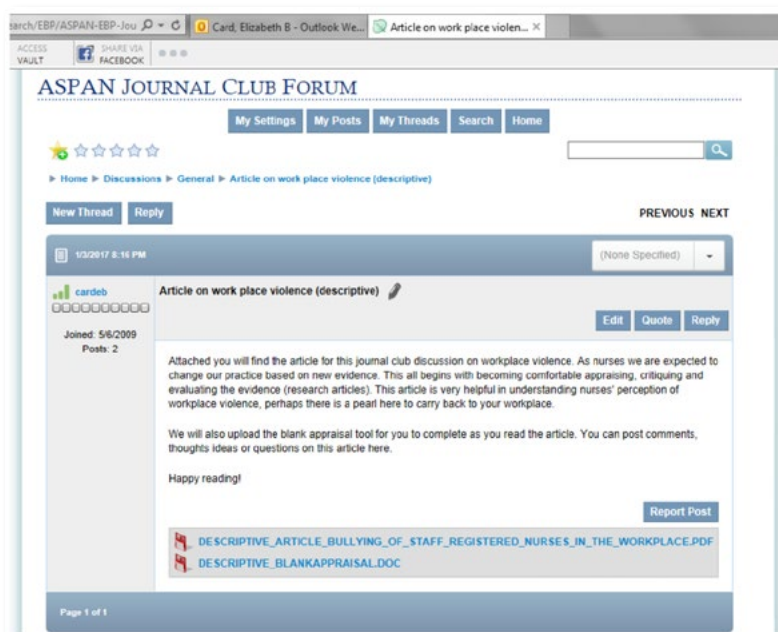




▲ Screen shot displaying how to find Journal Club Forum



▲ Screen shot displaying the journal club forum, click on the article folder to open



▲ Screen shot displaying the first post with accompanying PDF of the article and critique tool for the forum to discuss

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2016: A Critical Year in Pain Management

Melanie Simpson, PhD, RN-BC, OCN, CHPN, CPE

Liaison to the American Society for Pain Management Nurses (ASPMN)

Liaison to the Pain Action Alliance to Implement a National Strategy (PAINS)

We continue to have competing health-care crises in the United States: “Under-treatment of Chronic Pain”¹ and “Opioid Related Overdose Deaths.”² Healthcare providers are left questioning if they should treat pain, and if so, how can they do it safely. Trying to find a balance has become the theme for education and regulation in order to provide resources for healthcare providers who feel trapped in the middle. Important documents released in 2016 to help guide healthcare providers in their pain management practices include: *CDC Guidelines for Prescribing Opioids for Chronic Pain*,³ *National Pain Strategy*⁴ and *CMS Opioid Misuse Strategy 2016*.⁵

Guideline for Prescribing Opioids

On Tuesday, March 15, 2016, the Centers for Disease Control (CDC) released its *Guideline for Prescribing Opioids for Chronic Pain*.³ This document is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose. The guideline is not intended for patients who are in active cancer treatment, palliative care or end-of-life care. It is truly a guideline, in that it helps educate and direct healthcare providers to appropriately use opioids for chronic pain in their practice. There are 12 points divided in three separate categories:

- Determining when to initiate or continue opioids for chronic pain
- Opioid selection, dosage, duration, follow-up, and discontinuation
- Assessing risk and addressing harms of opioid use. For more information go to <https://www.cdc.gov/drugoverdose/prescribing/resources.html>²

Report: Relieving Pain in America

In June 2011, the Institute of Medicine (IOM) submitted to Congress a landmark report entitled, “Relieving Pain In America.”⁶ In this over 500-page report, the IOM offered a blueprint for action in order to transform prevention, care, education and research, with the goal of providing relief for the approximately 116 million

people with pain in America. A core recommendation of the report states: “The Secretary of the Department of Health and Human Services should develop a comprehensive, population health-level strategy for pain prevention, treatment, management, education, reimbursement, and research that includes specific goals, actions, time frames, and resources.”⁶ It states that, given the burden of pain in human lives, dollars, and social consequences, relieving pain should be a national priority.⁶

National Pain Strategy

In August, 2011, the Pain Action Alliance to Implement a National Strategy (PAINS)^{7,8} was founded, and those national leaders present completed a strategic planning process which prioritized advocating for the development of a national population health strategy for chronic pain as its highest priority. ASPAN was one of those leaders and has been a part of PAINS since its inception. Finally, after almost five years, the Office of the Assistant Secretary for Health at Health and Human Services (HHS) released on Friday, March 18, 2016, the National Pain Strategy (NPS), *A Comprehensive Population Health Level Strategy for Pain*.⁹ The NPS outlined the federal government’s first coordinated plan for reducing the burden of chronic pain in the United States. It makes recommendations for improving overall pain care in America in six key areas:

- Population research
- Prevention and care
- Disparities
- Service delivery and payment
- Professional education and training
- Public education and communication

The NPS is well-written and covers most aspects of a comprehensive pain strategy. For more information go to https://iprcc.nih.gov/National_Pain_Strategy/NPS_Main.htm.⁴

Of note, the reason the specific release dates of the CDC guidelines and the NPS are listed is to show they were released just three days apart. The CDC guidelines completely overshadowed the NPS. Everyone was discussing the CDC document, and most had no idea the NPS was released, let alone what it said. The CDC guideline focuses on what a healthcare provider should do or not do in prescribing pain medica-



Melanie Simpson
PhD, RN-BC, OCN,
CHPN, CPE

tions in chronic pain management. The NPS outlines the essential elements of a true comprehensive nationwide strategy to manage chronic pain.

CMS Opioid Misuse Strategy

Then, in early January, the Centers for Medicare and Medicaid Services (CMS) *Opioid Misuse Strategy 2016* was released.⁵ This is an ongoing CMS strategy, as part of the Health and Human Services Opioid Initiative launched in March 2015, to combat misuse and promote programs that support treatment and recovery support services. This document covers the CMS's two key goals of: 1) decreasing opioid overdoses and overall overdose mortality, and 2) decreasing the prevalence of opioid use disorder. They have listed four priority areas to drive their strategic and operational planning to meet those goals:

1. "Implement more effective person-centered and population-based strategies to reduce the risk of opioid use disorders, overdoses, inappropriate prescribing, and drug diversion
2. Expand naloxone use, distribution, and access, when clinically appropriate
3. Expand screening, diagnosis, and treatment of opioid use disorders, with an emphasis on increasing access to medication-assisted treatment
4. Increase the use of evidence-based practices for acute and chronic pain management"⁵

What Does This Mean for Perianesthesia Nurses?

So, if you are like me, you are asking yourself, "How does this affect my patients and my practice?" Think about all the patients you see who are on chronic opioid therapy for chronic pain. They usually come across as anxious or difficult. They are usually scared to death to have surgery because they already have pain every day, and they simply cannot imagine how they can stand it if the pain becomes worse. They may have had bad experiences in the past when their chronic pain was not taken into consideration as a part of the postoperative pain management plan, and they suffered.

Many providers have been negatively influenced by the media attention related to opioids and simply do not want to prescribe. Patients are very aware of these attitudes, but they feel they have to have opioids to survive. It is important to know what they are going through every day. Patients may feel very lucky to have found a healthcare provider that is willing to jump through all the hoops to be able to prescribe opioids with confidence that it is the right and safe thing for them.

So, 2016 has been a big year in pain management with lots of changes in practice and attitudes. We will all continue to look for ways to manage pain in the safest way possible. This will include using opioids for the foreseeable future, but certainly the focus will be on a more multimodal approach, which will allow us to use the least amount of opioids possible with the best possible outcomes.

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THE DIRECTOR'S CONNECTION

Amy Dooley, MS, RN, CPAN
Regional Director, Region Four

Region Four Highlights

Region 4 is the northeast portion of the United States. It comprises eight components, covering 10 states along with Bermuda. Region 4 is the smallest in area of all the ASPAN components, making it easy for members to travel and take advantage of conferences in nearby components.

Connecticut Society of PeriAnesthesia Nurses CSPAN

Pat Moore does a great job publishing three newsletters per year so its members stay informed. CSPAN is currently working on rejuvenating its Web site, so stay tuned for bigger and better. The spring conference will be held in Rocky Hill near Hartford.

Maine Society of PeriAnesthesia Nurses MeSPAN

President Amy Levesque has taken on her role with poise and confidence. She brings enthusiasm and commitment to this component. They held a successful conference in Brewer with a great turnout. MeSPAN's newsletter, "Wake Me Up," is filled with great information.

Massachusetts Association of PeriAnesthesia Nurses MASPAN

MASPER is ASPAN President Katrina Bickerstaff's home component. MASPAN held a successful conference in the fall with Katrina speaking at the conference. MASPAN's Board of Directors is very busy with strategic planning. In February, MASPAN held an ASPAN seminar in Burlington.

New Jersey/Bermuda PeriAnesthesia Nurses Association NJBPANA

NJBPANA has shown revitalization, with results shown in its great new Web site. It is a great source of information for the members and looks beautiful. Holding two conferences a year, NJBPANA switches from Morristown in northern New Jersey in the fall, to Moorestown in southern New Jersey in the spring. In February of the year, a conference was held in Bermuda, which they do every other year. Many of the nurses that work in the hospital in Bermuda attend, and not just the perianesthesia nurses. Those nurses have such few options for actually attending a conference that they all show up and really appreciate all that NJBPANA does for them.



New York State PeriAnesthesia Nurses Association NYSPANA

This component is the largest in Region 4 with 859 members. I was fortunate to attend NYSPANA's state conference in Albany this year and learned all about the diverse care of the transgendered person. It was a very interesting and timely topic. The Board of Directors is focused on its strategic plans which is robust, timely and strong.

Pennsylvania Association of PeriAnesthesia Nurses PAPAN

Roberta Wyworski is doing a great job, along with her board of directors, in providing the PAPAN members up-to-date information, newsletters and conferences. PAPAN's fall conference was at Mohegan Sun in Wilkes-Barre. Everyone really enjoyed themselves and took a few "chances." The next state conference will be in Pittsburgh fall 2017.

Rhode Island Association of PeriAnesthesia Nurses RIAPAN

President Pat Marshall is busy with her Board preparing for their spring conference in Providence. A goal of RIAPAN is to grow their membership so many will reap the benefits of ASPAN.

Vermont/New Hampshire Association of PeriAnesthesia Nurses VT/NH APAN

VT/NH APAN was awarded its first research grant and is eagerly awaiting to hear the results. ASPAN President Katrina Bickerstaff will be the keynote speaker at its spring conference in Manchester, New Hampshire. 🌿

Region Report



Amy Dooley
MS, RN, CPAN
Regional Director,
Region Four

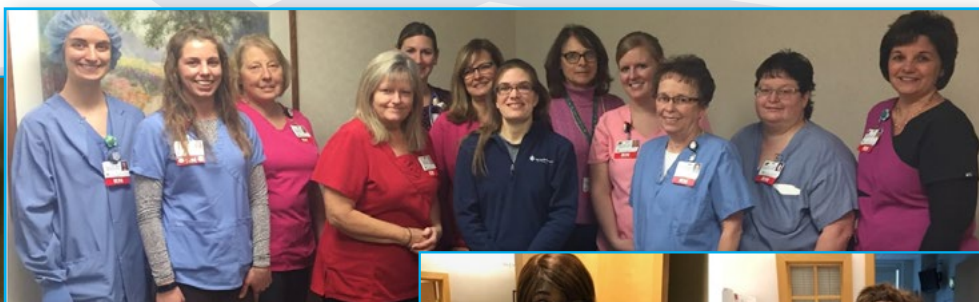
PeriAnesthesia Nurse Awareness Week (PANAW)



PANAW was celebrated across the country February 6-12. There were workshops and seminars, posters to show others what we do, decorations, recognition by anesthesia colleagues, dinner out with fellow perianesthesia nurses, gifts, fun and laughter, and as always, CAKE!

▼ Perianesthesia staff at Holy Family Memorial Medical Center in Manitowoc, Wisconsin

▼ INSPAN nurses from Beltway Surgery Center IU Health, Indianapolis, showing off their gifts



▼ Perianesthesia nurses at Children's National Health System in Washington, DC, during PANAW



▼ Akron Medical Center, Ohio. Evening celebration after a special lecture by a physician colleague



▲ INSPAN nurses from Beltway Surgery Center IU Health, Indianapolis, celebrating PANAW with door prizes



► Children's National Health System, Washington, DC, perianesthesia nurses celebrated with their own colorful poster



▲ Children's Mercy Hospital SDS/PACU in Kansas City



◀ Display made by the SDS and PACU nurses at Children's Mercy Hospital, Kansas City

► **Perianesthesia Nurses at Affinity Medical Center in Massillon, Ohio, celebrating PANAW**



PANAW Celebrations

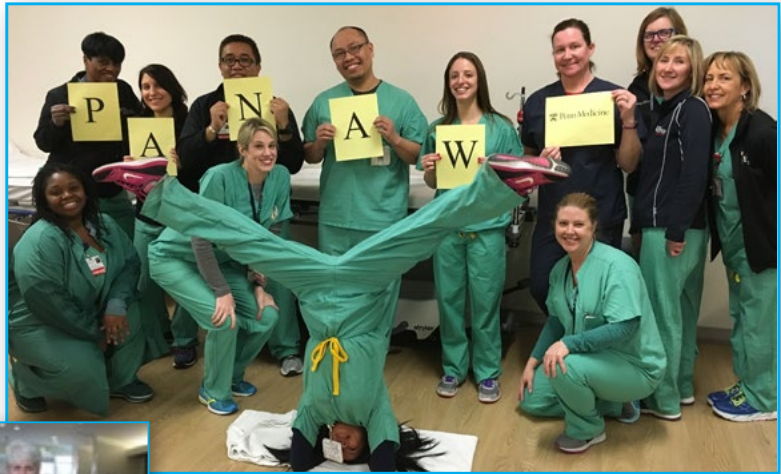
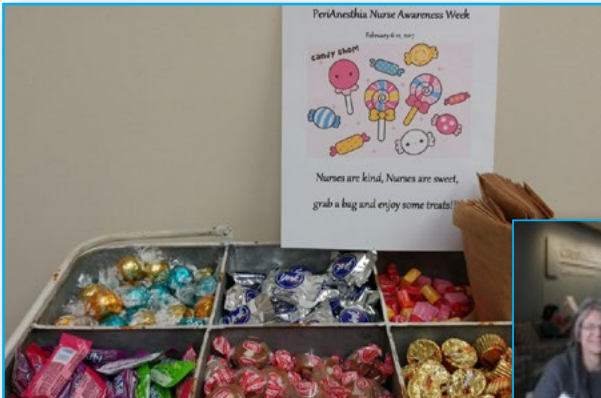


► **Portage Medical Center in Ohio, celebrating PANAW**

◀ **Some of the perianesthesia nurses at St. Mary's Regional Medical Center in Lewiston, Maine**



▼ **A candy buffet at Sycamore Medical Center in Dayton, Ohio**



▲ **"Our Preop and PACU nurse are head over heels for PANAW" at Penn Presbyterian Medical Center in Philadelphia, Pennsylvania**

▼ **Perianesthesia staff at St. Vincent Hospital in Anderson, Indiana, also celebrated with cake**



▲ **RMPANA celebrated PANAW with a workshop that included chocolate and vanilla cake, several vendors, and great speakers**



▲ **Perianesthesia nurses at Sycamore Medical Center in Dayton, Ohio, also had cake**



► **RMPANA celebrated by giving out baskets in one district**





LIVE IN-PERSON SEMINARS

ADVANCED PATIENT SAFETY: NEW APPROACHES AND DIRECTIONS

June 17, 2017 *Richmond, VA*

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

June 24, 2017 *Fullerton, CA*

LIVE WEBCASTS – FULL-DAY PROGRAMS

REFRESHING YOUR PERIANESTHESIA PRACTICE

June 10, 2017

LIVE WEBCASTS - HALF-DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

June 3, 2017

PERIANESTHESIA ESSENTIALS V

June 4, 2017 SUNDAY

LIVE WEBCASTS - TWO-HOUR PROGRAMS

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

June 11, 2017 SUNDAY

PREVENTION OF UNWANTED SEDATION: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

June 11, 2017 SUNDAY

CERTIFICATION

Join Us for Recommended CPAN® / CAPA® Lectures at Annual Conference

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

Tuesday, May 2 12:30 – 1:30 (1 contact hour)

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

Wednesday, May 3 12:00 – 1:30 (1.5 contact hours)

Learning How to Write CPAN/CAPA Exam Questions – A workshop

Sunday, April 30 12:30 – 5:00 (4 contact hours)

Certification Coaching: The Art of Mentorship

Monday, May 1 3:45 – 4:45 (1 contact hour)


Honor Your Certification at Our CPAN and CAPA Luncheon Celebration

Monday, May 1 12:15 – 2:15 (.75 contact hour)
\$55

All current and retired CPAN and CAPA certified nurses are invited

Speaker David Glickman, “Funny is the New Serious: Changing Your Perspective to Produce Powerful Results”

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Contact ABPANC

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

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