



Breathline

Volume 37, Issue 5
September/October 2017

INSIDE:

PRESIDENT'S MESSAGE:

Detecting Greatness: The Proof is in Our Practice But Is It In Our Comfort Zone?

Susan Russell, BSN, RN, JD, CPAN, CAPA – ASPAN President 2017-2018

Describe your comfort zone. Do you have comfort zones at work and at home? Do you have intellectual and emotional comfort zones? What words do you associate with your comfort zones? Some words which come to mind are safe, cushy, familiar, calming, relaxed and non-threatening. Did you include boring?

What Causes Anxiety?

Now make a list of things which heighten your anxiety level. Avoiding anxiety-inducing activities is a normal response for many people. Thrill-seekers love the adrenaline rush, unlike those who prefer to stay in their comfort zones. We know that anxiety causes stress. Long-term stress may eventually lead to depression and isolation. In episodically stressful situations, we may experience muscle tension, irritability, sleeplessness, headaches, nausea, diaphoresis, palpitations and trembling. We may become short-tempered and act out.

Examples of stressful situations include test-taking, public speaking, writing for publication, interacting with strangers, traveling to unfamiliar places, and encountering unfamiliar cultures and customs. Add going back to school for a degree. In the clinical setting, we may be very uncomfortable when assigned an ICU or pediatric patient, serve as the relief charge nurse, or function as project leader for a specific initiative. Perhaps learning a new electronic health record should be on that list.



Susan Russell
BSN, RN, JD, CPAN, CAPA
ASPAK President 2017-2018

The Benefits of Adapting

The point is, that we each face challenges which lie beyond our defined comfort zones. Being able to function in new situations and unfamiliar circumstances is a tribute to our ability to adapt. And, we perioperative nurses excel at adapting to an ever-changing environment. When you think you have reached your limit, stretch just a little bit more. In the words of Dr. Martin Luther King, Jr., "The ultimate measure of a man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy."¹

Take the Challenge and Step Out of Your Comfort Zone

What do you have to gain from stepping out of your comfort zone? Some of these gains include success, recognition, professional advancement, personal growth and a feeling of accomplishment. So, do something which scares you, just a little bit, this autumn. You may have invested considerable time deliberating the next step on your professional journey. You may even know exactly where you would like that journey to end. If you are letting something stand in your way, make the effort to move the obstacle out of your path or work around it. Develop a strategy, be aware of the challenges, and be persistent. Climb out of the easy chair, square your shoulders, and raise your chin. Quiet your inner voice—the one encouraging you to be happy with the status quo.



CALL FOR NOMINATIONS!

Katrina Bickerstaff, BSN, RN, CPAN, CAPA

ASPN Immediate Past President and Nominating Committee Chair

*Leaders don't force people to follow — they invite them on a journey.
Charles S. Lauer*

Jam inviting you to take the journey of a lifetime. ASPAN is seeking visionary leaders ready to collaborate with colleagues in advancing the unique specialty of perianesthesia nursing practice. Be the one to show the way and demonstrate your excellence in practice and leadership.

Qualified and eligible candidates are needed for the 2018-2019 ASPAN Board of Directors positions:

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

To be considered for a leadership position:

- Declare your candidacy as soon as possible via email to kbickerstaff@aspan.org
- An *Intent to Place Name in Nomination Form* and *Conflict of Interest Form* must be signed electronically and emailed with a date stamp no later than October 1, 2017.

Late submissions will be returned

- An *ASPN Candidate Profile Sheet* and *Curriculum Vitae* must be submitted electronically with a date stamp no later than October 1, 2017. HARD COPIES and FAXES will NOT be accepted

For more information visit the ASPAN Web site, or contact Katrina Bickerstaff via email at kbickerstaff@aspan.org or by telephone 774-313-7000.

The deadline to declare a candidacy is October 1, 2017.

REFERENCE

1. Charles Laurer quotes. Available at: <http://www.quotationspage.com/quote/39314.html>. Accessed July 12, 2017.

Willingness to Participate

Regina Hoefner-Notz, MS, RN, CPAN, CPN

ASPN Vice President/President-Elect 2017-2018

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

ASPN has many opportunities for you. Participation in ASPN national committees and strategic work teams provide the platform to increase knowledge while developing a professional network. Take a moment to visit the ASPN Web site (www.aspan.org) and complete a Willingness to Participate form found under **About Us > Organization**. There are so many choices and something for all practice settings.

The deadline to sign up is October 31, 2017.

Start Planning to Showcase Your Accomplishments with Abstracts and Posters for the 2018 National Conference in Anaheim!

Celebrate Successful Practices (CSP) abstracts are due by **October 15, 2017**. Categories include patient care, staff education, nursing leadership, preadmit/preop, patient flow, handoff communication and documentation, and unit/environment activities. Research/EBP/QI abstracts are also due **October 15, 2017**. Start planning now to showcase your accomplishments! Visit the ASPN Web site for more information.

[Click here for CSP information.](#) [Click here for Research/EBP/QI information.](#)



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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

Membership/Marketing Corner

Rose Durning, MHS, BSN, RN, CAPA, TNCC
ASPN Membership/Marketing SWT Coordinator

Happy fall to our ASPAN members! I hope everyone had a great, safe summer. The Membership/Marketing Strategic Work Team (SWT) has been busy reaching out to every component president and vice-president to assist with promotion, including a reminder about ASPAN's upcoming national awards. 



Consider Nominating Someone for an ASPAN Award for 2018!

Excellence in Clinical Practice

Do you know someone who is a recognized expert in clinical nursing practice, or participates actively in nursing programs, committees or projects resulting in contributions to perianesthesia nursing? If so, consider nominating them for ASPAN's prestigious *Excellence in Clinical Practice Award*. The deadline to do so is November 30, 2017. [Click here](#) to learn more about the award and to access nomination forms.

Award for Outstanding Achievement

Do you know someone whose dedication to excellence has furthered the art and science of perianesthesia nursing? If so, consider nominating them for ASPAN's prestigious *Award for Outstanding Achievement*. The deadline to do so is November 30, 2017. [Click here](#) to learn more about the award and to access nomination forms.

Above and Beyond Service Recognition

The ASPAN *Above and Beyond Service Recognition Awards* are given to individuals in recognition of exemplary service to ASPAN and/or their component. [Visit the ASPAN Web site](#) for information on how to nominate a deserving colleague for a 2017 *Above and Beyond Service Award*. The deadline to do so is January 10, 2018.

Gold Leaf Component of the Year Award

The deadline for the *Gold Leaf Component of the Year Award* submission is February 1, 2018! 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, 2017 through December 31, 2017. 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 Anaheim. For information, guidelines and the application, [click here](#). 



MARK YOUR CALENDAR

PeriAnesthesia Nurse Awareness Week February 5-11, 2018. The theme is **Perianesthesia Nurses: Passionate Care, Excellence in Nursing.**

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

Help Us Increase ASPAN's and Your Component's Membership

ASPN invites you to send us the contact information of perianesthesia nurses who are not yet members, and the National Office will send them materials that explain the many benefits of joining. Contact information should include the person's name and email, and preferably a mailing address, so printed materials can be sent as well.

If you prefer to distribute the brochures yourself, we would be happy to mail them directly to you. Contact information and requests for materials can be sent directly to Doug Hanisch, Marketing and Communications Manager, at dhanisch@aspan.org. Thank you for your help in promoting your component and the benefits of ASPAN membership!

Award for Recruiter of the Year

This award is given to the individual who recruits the most new members to the organization from January 1 through December 31. [Click here](#) for more information.

Clinical Practice Hot Topic

Locking up Narcotics at the Bedside

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 locking up narcotics at the bedside.

Q. *In Phase 1 PACU, does The Joint Commission (TJC) require us to lock up narcotics while the PACU RN is present at the bedside?*

A. The Phase I PACU is a patient care area closely associated with the treatment of pain postoperatively. One of the core responsibilities of the Phase I PACU registered nurse is the administration of medications in the treatment of reported pain. The frequency with which the Phase I registered nurse is able to administer a dose of an opioid medication leaves a short interval between doses of medication. Most, if not all, pain medications are supplied in a multi-dose vial, and it is not often that the entire vial is administered at one time. This means there is a remaining dose that is kept at the bedside.

Joint Commission and ASPAN

The Joint Commission (TJC) speaks to medication safety in Goal Three (3) of its National Patient Safety Goals (NPSG). Part of this goal states that medications must be labeled and kept in the area in which they are used.¹ ASPAN also advocates for medication safety in its “A Position Statement on Safe Medication Administration” (Position Statement 5) in the *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*.²

Medication Safety Position Statement

Position Statement 5 states that the perianesthesia registered nurse is responsible for the outcome from the administration of medications, and carries with it professional and personal accountability. It is imperative that each registered nurse knows the

elements of the nurse practice act in his/her state related to the administration of medications, the state law regarding controlled substances, and facility policy regarding medications stored at the bedside. Position Statement 5 states that “the perianesthesia registered nurse is responsible for the safe administration and storage of all opioids and/or sedatives...and secures all controlled medications per institutional policy.”²

Personal Experience

The facility at which I practice has, for many years, required a patient label be affixed to any syringe kept at the bedside. Previous practice was to place the labeled medication in a basin on the counter behind the head of the patient. In December of 2016, the cabinets at each patient bay were equipped with a lock and each registered nurse given a key. Any unused portion of medication, controlled or otherwise, is now to be placed on the bottom shelf of the cabinet and the cabinet locked. This was a policy change to ensure safe medication administration for our patients and is reflective of the guidance provided in Position Statement 5.

REFERENCES

1. The Joint Commission National Patient Safety Goals. Available at: https://www.jointcommission.org/assets/1/6/NPSG_Chapter_HAP_Jan2017.pdf. Accessed July 9, 2017.
2. The American Society of PeriAnesthesia Nurses. A Position Statement on Safe Medication Administration. In: *2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2016:102-105. 

There is something about which you care deeply. It ignites your passion and inspires you. Passion and conviction are tools which enable you to move out of your comfort zone. Grab your toolbox and get moving. Shed that “summer” mindset. Savor the flavors of curiosity mingled with intellectual stimulation. Get uncomfortable. After a while, the unfamiliar task or role will no longer feel like you are wearing someone

else’s clothes. Remember, “Great things never come from comfort zones.”²

REFERENCES

1. Leadership Quotes. Available at: <http://www.inspirational-quotes.info/leadership.html>. Accessed April 13, 2017.
2. Molinsky A. If you’re not outside your comfort zone, you won’t learn anything! Available at: www.andymolinsky.com/comfort-zone. Accessed July 19, 2017. 

Diane Swintek
MSN, RN, CPAN
Director for
Clinical Practice

The Impact of Dust on Infections

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

Safety

Dust equals death! These were the words of my hospital's infection prevention (IP) nurse, as she inspected a construction barrier erected by the construction crew. We recently underwent a major renovation of both the holding area and the PACU in our almost 60-year-old facility. The IP nurse was very concerned about the age-old dust that would be disturbed during construction. Due to the proximity to the operating room, she insisted that appropriate precautions be taken to ensure that none of these contaminants were released into the air.

Data About Infections

According to an article by Anjali Joseph from The Center for Health Design, "Hospital-acquired infections are one of the leading causes of death in the United States and typically affect patients whose immune systems are compromised. Nosocomial infections are transmitted in hospitals through three main environmental routes – air, surface contact and water."¹

Robert E. Rosenbaum with the Coffman Engineers group, states, "In the past three years, scientists have discovered that dust is a very effective transporter of airborne bacteria. Many hospital deaths are attributed every year to dust-borne diseases such as Aspergillus. It's not that the dust itself is dirty - just that the particles give a free ride to bacteria looking for weak and vulnerable hosts. Discoveries linking patient deaths directly to contamination from construction dust have heightened national awareness about this problem."²

An article on the amienvironmental.com Web site cited several cases where patients were harmed due to dust and pathogens being released during hospital renovation and construction activities. One such story involved wallpaper being removed without proper controls. Mold growth was present on walls behind vinyl wallpaper and Aspergillus was released into the air, infecting 10 patients who had received kidney transplants or were suffering from hematological malignancy. All 10 patients died from their infections.³

Another incident involved a connecting bridge between an old and a new hospital unit that allowed dust to circulate from a nearby construction project. Additionally, one air vent near the construction was not properly sealed. This resulted in three heart transplant patients developing healthcare-associated infections after exposure to dust carrying the fungi. Two of the three patients died.³

Importance of Proper Air Flow

Operating rooms have positive air pressure so that when a door opens, air rushes out, rather than in. This serves to protect patients from infection by keeping the site of the wound clean and discouraging the influx of new germs. That's why it is so important to ensure that construction sites maintain negative pressurization. If the work area has a lower air pressure than adjacent areas of the healthcare facility, then air will rush in, not out, keeping dust particles from escaping.

Other Important Steps to Protect Patients

There are countless other stories of airborne infections being spread by pathogens being released during construction due to contamination and malfunction of the hospital ventilation system. People carry dust on their clothes and bodies, and dust could easily hitchhike on building materials being brought in and out of the construction site, so precautions should be taken not just at the work area itself, but also at entry points for workers and their supplies. Using high-efficiency particulate air filters to provide clean filtered air along with controlling indoor air pollution will help to ensure a positive outcome for patients and healthcare providers as well.

REFERENCES

1. Joseph A. The impact of the environment on infections in healthcare facilities. Available at: https://www.healthdesign.org/system/files/Joseph_The%20Impact%20of%20Environment_2006.pdf. Accessed July 14, 2017.
2. Rosenbaum R. Keeping dust down during healthcare construction. Available at: <https://www.djc.com/special/design98/10047019.html>. Accessed July 14, 2017.
3. Why does construction lead to infection control problems? Available at: <http://amienvironmental.com/why-does-construction-lead-to-infection-control-problems/>. Accessed July 14, 2017.



Donna Casey
MSN, RN, CPAN
ASPA Safety
SWT Coordinator

Looking Under the ASPAN Education Tab

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



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

Autumn is a wonderful time of year due to warm days, cool nights and all the color changes. Kids are back in school, and for me it's a time to "get educated." I hope you will take advantage of one of ASPAN's education offerings. In June, the summer-fall education series brochure was mailed to all ASPAN members highlighting both live and virtual presentations. If you can't find your brochure, head over to the ASPAN Web site www.aspan.org and click on the education tab to find the brochure. My new favorites are the Webcasts. Just turn on your computer and join in the education without leaving the house.

ASPA Select

More changes can be found under the ASPAN Education tab. ASPAN Select was launched and the inaugural program was in my home component, ILSPAN on a Saturday morning in August. A group of perianesthesia nurses gathered at the hospital auditorium in the morning to view two prerecorded presentations from the On-Demand library. The flash drive received from ASPAN with the two programs was loaded into the computer and viewed on the auditorium screen. During the presentation, we paused midway through as someone had a question and then at the end, questions were asked. Though we didn't have the speaker with us, as a group we were able to discuss the content and give our interpretation. This turned out to be a great opportunity to discuss a perianesthesia topic and voice individual opinions in a more intimate setting.

I hope this sounds like something you would like to participate in or host within your component. ASPAN Select is the result of members asking for education readily available for the component. ASPAN Select education is geared for smaller events, like chapter, district or component meetings.

Steps to Make It Happen

- A component leader submits a request to the National Office by the deadline for one, two or three presentations from the On-Demand library
- For events in January through April, submit your requests by **October 15th**
- ASPAN also has two other dates to submit requests for the Select program (February 15th for May to August; July 15th for September to December)
- The more topics selected, the less expensive each presentation becomes—and ASPAN shares the net profits by giving **10% back to the component!**

- A small, refundable deposit is required for the flash drive that is sent to the host
- The component leader is the "host" for the event, securing the location and basic AV equipment (computer, projector, screen and speakers). The room doesn't need to be an auditorium. A small conference room works equally well
- When submitting your application, there is a question about maximum capacity to avoid over booking the event
- Advertising is done on the ASPAN Web site along with local distribution of the ASPAN-provided flyer and/or the component Web site
- Each attendee can register through the ASPAN Web site or by mail or fax
- The day of the event, the host sets up the AV equipment and runs the presentation
- Materials are then shipped back to ASPAN and the flash drive deposit is returned. Again, the component will receive 10% of the net profits

New Membership Incentive

Three FREE *Journal of PeriAnesthesia Nursing* (*JoPAN*) contact hour articles of your choice are now available to members throughout the calendar year. Your ASPAN Board of Directors approved this new member benefit at the 2017 Post-Conference Board of Directors meeting. Members reading more than three articles are charged a \$5.00 evaluation fee (per article) instead of the previous \$12.00 charge. [Click here](#) to enjoy this great member benefit today!

Knowledge is Power

ASPA Select, webcast or a live seminar.....whatever your preference, I hope you take advantage of some fabulous education offerings from ASPAN. I would be remiss if I didn't put a shout-out for component conferences: your attendance is needed. Are you interested in bringing ASPAN Select to your area? Reach out to your component president to start the ball rolling.



What is the Resource Development Strategic Work Team?

Armi Holcomb, BSN, RN, CPAN – Resource Development SWT Coordinator

Would you like to ensure the continuity of ASPAN scholarship activities? Would you like to encourage others to exercise philanthropy as you have done? You can do these things through ASPAN's *Hail, Honor Salute!* and the *Legacy for Life* programs. Both programs are tax deductible as allowed by law.

New Silent Auction News!

This year, our challenge is to add something new to the development activities and national conference! This is a call for individuals or groups to solicit and donate bigger ticket items to be included in our annual Silent Auction event at national conference in Anaheim. Surely, YOU know some individuals or groups able to donate and help ASPAN's cause! The plan is to have these larger items available to bid on months before the actual silent auction in April, 2018 in Anaheim.

Your Support is Needed

The mission of this strategic work team is each year to find ways and means to raise monies for ASPAN scholarships. When we invite you to a Development event, whether it is the Dream

Walk, the Silent Auction or the Development breakfast, as was held this past national conference, please know that you are donating to ASPAN's mission. When you register to attend a Development activity, the fee minus the cost of food goes to *fund* ASPAN scholarships. Together with Doug Hanisch, ASPAN Marketing Manager and the Resource Development team, we are excited to make ASPAN's Development activities for the 2018 National Conference more fun, more energizing and geared to raising the most monies for ASPAN scholarships.

We are asking for your assistance to make sure we can continue to support perianesthesia nurses who desire to pursue higher education, attend national conference, donate time to a humanitarian mission or become more involved in our governmental affairs by attending NIWI (Nurse in Washington Internship).

Please contact Doug Hanisch at dhanisch@aspan.org if you can help with a large Silent Auction item! 



Armi Holcomb
BSN, RN, CPAN
Resource Development
SWT Coordinator



▲ From left, Armi Holcomb recognizes Nancy Fishman as the Pat Hansen Memorial honoree

◀ From left, Katrina Bickerstaff and Terry Clifford enjoy the Resource Development Breakfast



◀ This year, additional large ticket items with early bidding will be added to the current Silent Auction event

What is the Perianesthesia Pacesetters Strategic Work Team (SWT)?

Sarah Hessling BSN, RN, CPAN – ASPAN Perianesthesia Pacesetters SWT Coordinator



Sarah Hessling
BSN, RN, CPAN
ASPA Perianesthesia
Pacesetters SWT
Coordinator

My name is Sarah Hessling. I am 27 years old and have been an ASPAN member for three years. I graduated with a BSN in 2012. I have five years' experience as a nurse, and started working in the PACU in 2014. My preceptor, Betty Brookins, jump-started my passion for perianesthesia nursing by quickly encouraging me to join ASPAN and bringing me along to local and regional meetings. I then discovered that I could learn more about this specialty and even become nationally certified. I became CPAN certified in October 2015. I have continued to travel to ASPAN national conferences and the Leadership Development Institute to see where I can help ASPAN grow in the future. Now, I have volunteered to lead this important strategic work team to give all younger nurses a voice in how ASPAN can best reach our generation.

The key purpose of this strategic work team is to work on the future planning of ASPAN. This is a group specifically for the younger generation, anyone BELOW the age of 40. We want to discover how to help millennials craft an opinion on how large organizations can work for the bedside nurse. Members on this team will brainstorm new ideas for education seminars (like online), find ways to meet and network (like blogging or Skype), and use technology as a resource for perianesthesia nurses. Members will research what ASPAN members hope to gain from membership and how we can prepare for our needs in the future.

Another purpose of this SWT is to ENERGIZE bedside perianesthesia nurses and help them DISCOVER the true purpose of perianesthesia practice. As a leader, I want to support my bedside perianesthesia colleagues, just like I do in my everyday life. I know education, networking and standing together are very important, and I want to provide a voice for us. If you have ever felt the urge to make a difference in the nursing world, but had no idea where to start, here is your invitation. Try it, or at least start the conversation about the future of nursing. I am listening and want to help. Please let me know if you are interested in joining this strategic work team, and fill out your Willingness To Participate (WTP) form, available on the ASPAN Web site.

You can reach me at: sarah.hessling@yahoo.com for questions or more information. 

SPG Revitalization Strategic Work Team

Jennifer Kilgore, BSN, RN, CPAN – Regional Director, Region 2 – SPG Revitalization SWT Coordinator

Jit is my unique honor to be the leader for a brand new strategic work team (SWT), entitled the Specialty Practice Group (SPG) Revitalization SWT. While this is new water for me, I'm ready for the challenge because I believe in the mission and purpose of this SWT!

ASPA President Susan Russell has challenged and inspired us to embrace ASPAN's readiness to move from "good to great." Over the past three years, the ASPAN Board of Directors has discussed the life and vitality of ASPAN's SPGs. The purpose of ASPAN's SPGs is to bring together sub-specialty nurses who share a special practice in perianesthesia nursing.

SPGs are member-driven and offer a variety of networking and educational opportunities, and may serve voluntarily as resources to achieving ASPAN's strategic plan related to practice and professional issues. Members come from diverse practice areas and share a common desire and commitment to provide high clinical standards, quality care and patient safety.

ASPA has nine specialty practice groups including: Management, Informatics, Pediatric, Geriatric, Perianesthesia Nurse Educator, Pain Management, Advanced Degree, Publications, and Preoperative Assessment. Members may join their preferred SPG by adding the annual SPG fee of \$15.00 to their ASPAN membership fees.

While some SPGs are thriving and sharing information via innovative methods and using modern technology, others have lower membership and demonstrate less activity. The ASPAN Board of Directors created a strategic work team to explore and revitalize SPGs. The team has been established and a plan has been constructed to find new ways to energize its SPGs.

The Board of Directors' initial plan and its focus includes:

- Identify best practices, procedures, and utilization of SPGs
- Discuss current methods of communication and relevancy of each SPG newsletter publication as a requirement for SPG
- Explore changing the name Specialty Practice Group
- Examine SPG leader/facilitator requirements, responsibilities and incentives
- Examine SPG member expectations of joining and belonging to a SPG

Over the past years, technology and innovation have changed the way we interact and communicate. ASPAN wants to ensure that every aspect of the organization is functioning and meeting the goals and needs of its members. We also want to equip the leaders of SPGs to be successful. Finding new ways to relate to members of SPGs, and mentor and support SPG leaders is a must. Susan Russell reminds us that, "Complacency is incompatible with greatness. We must not take our members or our organization for granted. We must nurture creativity and innovation."¹

This SWT is in the process of discussion and surveying SPG leaders and members to gain insight on what is working and how we can make it better. I anticipate delivering a report to the ASPAN Board of Directors during the midyear board meeting in November.

REFERENCE

1. Russell S. Detecting greatness: the proof is in our practice. *Breathline*. 2017;37:3. 

ASPAR Perianesthesia Fellowship Program Strategic Work Team

Katrina Bickerstaff, BSN, RN, CPAN, CAPA – ASPAN Perianesthesia Fellowship Program SWT Coordinator



**Katrina Bickerstaff
BSN, RN, CPAN, CAPA
ASPAR Perianesthesia
Fellowship Program
SWT Coordinator**

The next best thing to being wise oneself is to live in a circle of those who are. C.S. Lewis¹

The American Society of PeriAnesthesia Nurses (ASPAR) was founded in 1980 to represent the interests of nurses who specialize in preanesthesia and postanesthesia care, ambulatory surgery, and pain management. 15,000 members strong, ASPAN is the only professional organization dedicated exclusively to the practice of perianesthesia nursing. With over thirty-five years of history, ASPAN's foundation is continuous and growing. As with many successful professional organizations, ASPAN would also like to reward a member's professional standing and achievements by developing a fellowship prominence as a form of recognition.

An ASPAN fellowship status would be considered the highest class of membership within our society. It would be an acknowledgment of outstanding and continuing work in the profession of perianesthesia nursing. Fellowship recognition within ASPAN could come at varying points in a career and can acknowledge a broad scope of activity within, including research, teaching, administration, practice, and notable participation within our society.

The ASPAN Perianesthesia Fellowship Program Strategic Work Team is currently in the process of exploring the possibility of designing the formal fellowship program and title to reflect one's accomplishments within our specialty. Exemplary individuals would be recognized for lifetime achievements, and significant contributions to the healthcare profession, perianesthesia nursing care, and ASPAN's core ideology.

This strategic work team is in the beginning phase of examining what is important in the foundation of a fellowship designation. We are going to be looking into application criteria, the name and acronym for a perianesthesia fellow, fee structures, application process and maintenance, and the qualifications of the group to determine eligibility of applicants.

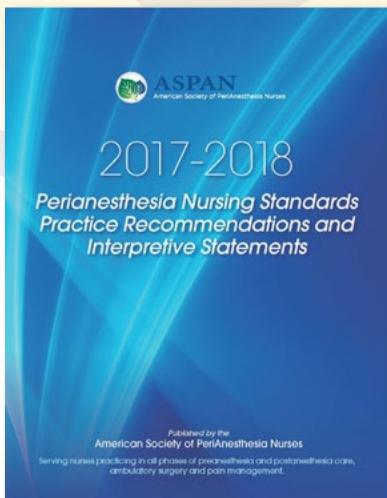
Fellow status is an honor that reflects your dedication to our specialty and to be that positive example for nurses entering into our discipline. Our hope is that this important designation will speak to your individual contributions to ASPAN and highlight your commitment to perianesthesia nursing.

REFERENCE

1. Lewis CS. Available at: <http://www.goodreads.com/quotes/443803-the-next-best-thing-to-being-wise-oneself-is-to>. Accessed July 1, 2017. 

Check out the many publications available for ASPAN members—and at significant discounts!

For more information, click on the appropriate title below.

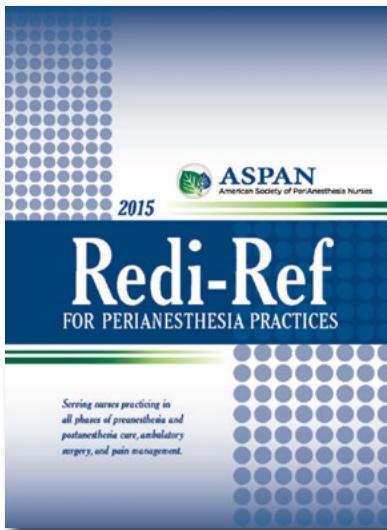


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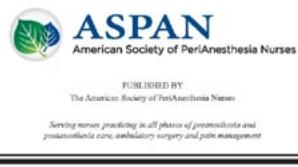


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A COMPETENCY BASED ORIENTATION AND CREDENTIALING PROGRAM for the UNLICENSED ASSISTIVE PERSONNEL in the PERIANESTHESIA SETTING

2017 Edition



Competency Based Orientation and Credentialing Program for Unlicensed Assistive Personnel in the Perianesthesia Setting (2017)

An extensive program to train, mentor, evaluate and examine competency and skill development for unlicensed assistive personnel in the perianesthesia nursing specialty.

A COMPETENCY BASED ORIENTATION AND CREDENTIALING PROGRAM for the REGISTERED NURSE CARING FOR THE PEDIATRIC PATIENT in the PERIANESTHESIA SETTING

2016 Edition



A Competency Based Orientation and Credentialing Program for the Registered Nurse Caring for the Pediatric Patient in the Perianesthesia Setting (2016)

An extensive program to train, mentor, evaluate and examine competency and skill development for RNs caring for pediatric patients in the perianesthesia setting.



Journal of PeriAnesthesia Nursing

FREE WITH ASPAN MEMBERSHIP

Published six times a year, ASPAN's journal provides original, peer-reviewed research, evidence-based practice, and clinical articles for nurses in perianesthesia settings.

Get Ready for Your California Adventure! 2018 Anaheim

Ronda Dyer, BSN, BSPA, RN, CPAN, CAPA – National Conference Strategic Work Team Member

Plans are underway for an exciting 2018 National Conference April 29-May 3 in sunny Anaheim, California! Pack your walking shoes and your sunscreen along with your thinking caps, as there are a plethora of activities from which to choose. Whether you arrive early, plan to add days after the conference, or just want to make the most of your evenings after days spent filling your mind, southern California has something for everyone, and the Anaheim Marriott hotel places you in the middle of it all.

Disneyland Close By

Just two blocks away, Disneyland and the neighboring California Adventure Disney theme parks entertain millions of visitors every year. Enjoy amazing rides, personal encounters with Mickey and Minnie Mouse and friends, take in a parade, or stroll through Downtown Disney. The Magic Kingdom houses the castle, princesses and rides, including some of my favorites: *It's a Small World, Space Mountain, Indiana Jones, and Pirates of the Caribbean*. Visit California Adventure to feel as though you've toured the state from the Sierra Nevadas to the Napa Valley to the Santa Cruz Boardwalk. Here, visitors enjoy *Carsland* featuring Lightning and Mater, *Bugsland*, and *Frozen's* Princesses Elsa and Anna.

Other Theme Parks, Activities, Beaches, Shopping

Disneyland may be the first theme park that comes to mind, but it certainly isn't the only one offered in the area. Knott's Berry Farm, Legoland, Universal Studios, and Six Flags Magic Mountain all offer tons of fun for the entire family. Sports enthusiasts may be excited to check out the Anaheim Ducks or Angels.



▲ Medieval Times – Buena Park
Photo Courtesy of www.visitanaheim.org

A visit to southern California also offers the opportunity to visit Hollywood, see the famous Hollywood sign, and the incredible Walk of Fame, featuring stars honoring more than 2,600 entertainers. Maybe you'll spot your favorite star!

Aside from the tourist attractions that make southern California a vacation destination for people from around the world, there are beaches, golf courses, and shopping centers galore. Enjoy unique dining experiences such as Medieval Times where you can take in a jousting tournament complete with knights and horses, or step back in time aboard the Queen Mary in Long Beach for an elegant dinner at Sir Winston's. With hundreds of restaurants offering foods from every ethnicity, you are bound to find something to tickle your taste buds.

Start Planning Your California Adventure Now!

Need more ideas? The website www.visitanaheim.org offers information on everything Anaheim. Concerned about getting around? For as little as \$5.00, you can catch ART (Anaheim Resort Transportation) to your favorite destination. Find transportation details at www.rideart.org.

REFERENCE

1. Anaheim Visitors Bureau. Available at: www.visitanaheim.org. Accessed July 20, 2017.



▲ Silver Bullet at Knott's Berry Farm
Photo Courtesy of www.visitanaheim.org

National Conference



Ronda Dyer
BSN, BSPA,
RN, CPAN, CAPA
NCSWT Member

National Conference

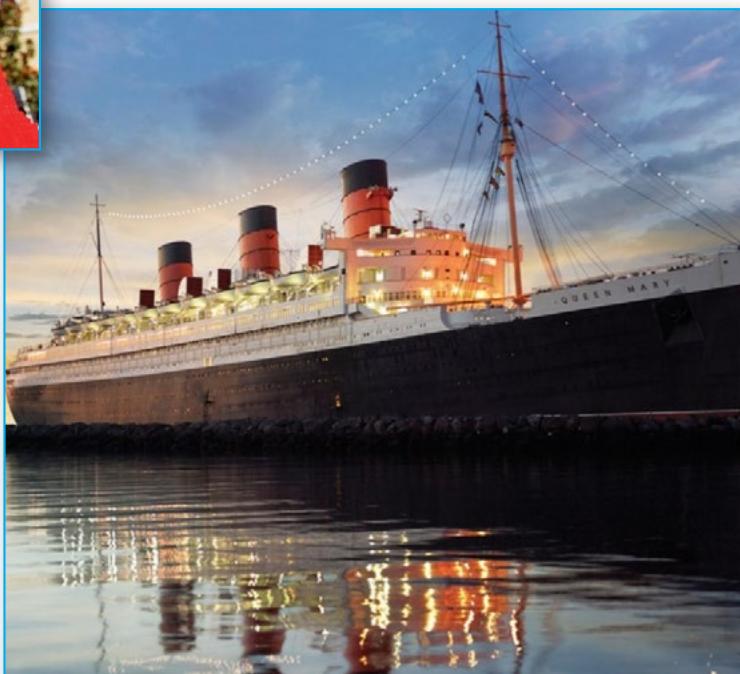
► Stagecoach at Knott's Berry Farm
Photo Courtesy of
www.visitanaheim.org



▼ Legoland
Photo Courtesy of www.visitanaheim.org



▼ Queen Mary
Photo Courtesy of www.visitanaheim.org



▲ ECCO Pizza Shoppe and Yardbar
Photo Courtesy of www.visitanaheim.org



► Unsung Brewery
Photo Courtesy of
www.visitanaheim.org

The Answer Is In the Asking: The First Step in Your EBP, QI or Research Journey

Nurses Share Their Bedside Stories

Research

Mary Downey, BSN, RN – Staff Nurse, Vanderbilt University Medical Center

Julia Yao, BSN, RN – Staff Nurse, Vanderbilt University Medical Center

Tina Tomes, MSN, RN – Evidence Based Practice Strategic Work Team Coordinator

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

The American Nurses Credentialing Center recognizes bedside nurses' ability to complete research through their recognition of Magnet designated hospitals.^{1,2} ASPAN encourages nurses of all levels to consume and create evidence upon which nursing practice is based. There are many nurses who have completed some amazing research studies and QI projects at the bedside. We would like to highlight their work to inspire more members and future bedside scientists.

Mary Downey, BSN, RN

Mary is a perioperative nurse at a children's hospital and describes her research question: "I had the privilege of working with the one of the most vulnerable populations, pediatrics. I noticed that pediatric patients and families have difficulty understanding the dynamics of the surgical process. This confusion can result in stress, anxiety, and decreased satisfaction for families. Additionally, it may result in cancellation of surgery due to noncompliance with fasting or nil per os (NPOs) instructions, contributing to increased healthcare costs. Preoperative education is one strategy that may improve understanding and emotional stress associated with the child's surgery and decreased numbers of canceled surgery cases."

With the help of family education, I created the "Surgical Passport." This is an age-appropriate and interactive booklet to increase patient and family understanding of the surgical process and to improve compliance with NPO guidelines and satisfaction. The outcome was that there was a decrease in canceled cases due to NPO violations (preN-55, postN-36) and prohibited medications (preN-36, postN-27) after the surgical passport was instituted. Obstacles to this project were writing the content for the general education level of the population, funding, and training the staff house-wide. Two separate grants were written and awarded which did help to fund the project.

After the initial rollout, the booklet and the NPO sheet were translated into Spanish and Arabic for the increasing numbers of immigrant

and refugee we care for at the medical center. Further possibilities for this project could be an online version or an iPhone application.

Having the opportunity to complete my project has, in turn, led to many other opportunities. I served as the co-chair of the nursing research committee, presented at a national conference, and spoke as a guest lecturer for my hospital's nurse interns on how to do a research project and use evidence based practice. I transitioned into splitting my time as an OR nurse and as the quality control analyst for my unit. I have served as the primary site coordinator for a multicenter trial for 'Nurse Statistical Study.' I was also awarded 'Vanderbilt University Medical Center (VUMC) Evidence Based Practice and Research Nurse of the Year' in 2016. Recently, I transferred to research nurse specialist for VUMC Clinical Trials. I am looking forward to my next 'I wonder what if ...' question and what it will bring."

Julia Yao, BSN, RN

Julia was working on the postpartum unit and shares her experience with research: "More than 20% of our patients do not speak or understand English. In fiscal year 2012, there were 36 different languages spoken for 4156 deliveries. Language barriers make communication between the nurse and the patient difficult. I realized that the communication with the patient is the key to pain management, and was a challenge with the many different languages that we have to deal with on a daily basis. I was inspired to do something to improve this."

My study examined if a visual chart could improve communication about pain management. Data was collected from 26 non-English speaking patients receiving pain medication, and compared with the amount of pain medications patients received before and after the visual chart was implemented. A survey was conducted with the 30 non-English speaking patients in their native languages to determine patient satisfaction with pain management efforts using the visual charts without a translator. Fully 100% of patients reported being satisfied with

pain management after using the visual chart. Analgesic prescription following vaginal delivery was standardized for both non-opioid (ibuprofen) and opioid (oxycodone) medications. Therefore, number of doses administered was the primary outcome. There was a significant increase in the number of doses of ibuprofen, oxycodone and total analgesics administered after visual chart implementation ($p < .001$).

Vanderbilt University Medical Center is such an amazing place to offer an evidence based nursing practices fellowship (EBNP) program for its nurses. The EBNP fellowship took me step-by-step from how to research the literature, level and appraise the research articles, create my research project, complete data collection and enabled me to complete my project. The biggest rewards are the patients' smiling faces and co-workers who have less stress and better ability to communicate with their non-English speaking patients after my project was implanted in the daily care."

Julia went on to serve as co-chair for the nurse research committee at her hospital, and she has since transitioned into a full-time research nurse role. She continues to question practice and work on improving care for patients.

Take the First Step

The first step in every research journey begins with reading, appraising, critiquing and synthesizing the best available evidence (literature). Many times, the answers to a clinical question can be answered, resulting in translational research or an evidence based practice project. If a gap in the literature is found, then research is completed and new knowledge generated. So, the next time you are caring for a patient and wonder WHY are we not doing _(fill in the blank) for our patients...don't stop there. The answer is in asking. It is the first step!

REFERENCES

1. Magnet Designation Criteria for Hospitals. Available at: <http://www.nursecredentialing.org/Magnet/ProgramOverview>. Accessed August 22, 2017.
2. Institute of Medicine Mandates. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK52847/>. Accessed August 22, 2017.

CERTIFICATION

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ABPANC is Accepting Nominations for its Board of Directors

If you have a commitment to perianesthesia nursing and a passion for professional certification, you could be an ideal candidate for serving on the ABPANC Board of Directors. ABPANC is particularly seeking directors who are CAPA or dually certified, and from the midwest or western United States (ASPN Regions 1 and 3).

- The term of office is July 1, 2018 – June 30, 2020
- The deadline to submit your nomination is October 31, 2017
- Learn more at www.cpancapa.org

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Phone: 800-6ABPANC Email: abpanc@proexam.org Web site: www.cpancapa.org

THE DIRECTOR'S CONNECTION

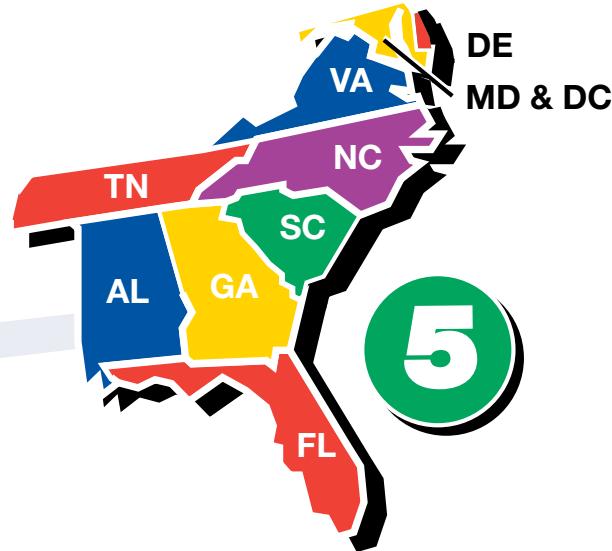
Kimberly Godfrey, BSN, RN, CPAN
ASPN Regional Director, Region 5

Region Report

Region 5 Update

Wow! National conference, then summer and now fall! The months sure fly by fast. It was great to have all Region Five presidents at national conference in Indianapolis. Indianapolis is a wonderful city and I hope each of you had an opportunity to network and catch up with old friends and make new ones. As one of the five regional directors, one of our responsibilities is to lead the first-timers' orientation. It was encouraging to see so many first-timers at this year's national conference. We also had many millennials in attendance, allowing us an opportunity to reach across all generations.

Fall is a busy time for Region Five. Tennessee had its state conference August 24-27 in beautiful Chattanooga. Virginia's conference was in Richmond September 15-17. North Carolina's conference is September 22-24 in Durham. Florida will have its annual conference September 28-29 in Tampa Bay, and Georgia will hold its fall conference September 29-October 1 in Savannah. South Carolina's conference will be October 13 in Charleston, and Baltimore, Maryland will host Chesapeake Bay's conference October 12-13. Alabama is planning a fall conference in Birmingham. Stay tuned for more information. Please take time to review your own component's Web site. Most now have online registration for the conferences.



Kimberly Godfrey
BSN, RN, CPAN
Regional Director,
Region Five

The ASPAN Leadership Development Institute was September 15-17 in Kansas City, Missouri. This proved to be a great time for your leadership and upcoming leaders to learn and network with each other, other component leaders and also with ASPAN leaders.

If you haven't visited www.aspan.org lately, take some time to navigate the site. There is a call for Board of Directors positions for the coming year. The Willingness To Participate (WTP) form will also be up on the site soon. Participating in a committee or strategic work team is a great way to learn about ASPAN and expand your network, and that's why we want your WTP form by October 31!

November brings the ASPAN mid-year board of directors (BOD) meeting. If there are any items or requests from the components that need to be brought before the BOD, please let me know. 



▲ Region 5 component leaders gather at National Conference in Indianapolis

Component Education Programs

FLASPA The Florida Society of PeriAnesthesia Nurses will be holding its fall conference **September 29-30, 2017** at the Moffitt Cancer Center, Tampa, Florida. For information contact: flaspan@gmail.com, Kathi Saball at kmsaball51@gmail.com, or Melissa Davidson at melsayers813@gmail.com. Brochure and registration are available at www.flaspan.com.

GAPAN The Northeast District of the Georgia Association of PeriAnesthesia Nurses is hosting this year's state conference in Savannah, Georgia. It will be held **September 29 - October 1, 2017** at the Coastal Georgia Center in the Historic District. Contact Linda Brooks at lb30607@aol.com for more information.

RMPANA The Rocky Mountain PeriAnesthesia Nurses Association will hold its 19th Annual *Retreat in the Rockies* **October 6-8, 2017** at Snow Mountain Ranch west of Winter Park, Colorado. Contact Sandy Olson at skolson9@yahoo.com for additional information.



LIVE IN-PERSON SEMINARS

FOUNDATIONS OF PERIANESTHESIA PRACTICE

October 28, 2017

Bozeman, MT

PERIANESTHESIA CERTIFICATION REVIEW

October 7, 2017

Hartford, CT

October 21, 2017

Fairfax, VA

November 18, 2017

Albany, NY

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT:

A SYSTEMS APPROACH

October 7, 2017

Murfreesboro, TN

REFRESHING YOUR PERIANESTHESIA PRACTICE

November 11, 2017

Omaha, NE

LIVE WEBCASTS - HALF-DAY PROGRAMS

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

November 5, 2017 SUNDAY

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE

October 7, 2017

PERIANESTHESIA ESSENTIALS III

October 1, 2017 SUNDAY

LIVE WEBCASTS - TWO-HOUR PROGRAMS

OBSTRUCTIVE SLEEP APNEA IN THE ADULT PATIENT:

PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

October 21, 2017

LIVE WEBCASTS - FULL-DAY PROGRAMS

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

October 14, 2017

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT:

A SYSTEMS APPROACH

November 4, 2017

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

October 8, 2017 SUNDAY

REFRESHING YOUR PERIANESTHESIA PRACTICE

September 23, 2017

SAFETY BEGINS WITH US

October 22, 2017 SUNDAY

SURROUNDING YOUR PRACTICE WITH EXCELLENCE:

LEGALITIES, STANDARDS AND ADVOCACY

November 11, 2017

PERIANESTHESIA ESSENTIALS IV

October 15, 2017 SUNDAY

PERIANESTHESIA ESSENTIALS V

October 29, 2017 SUNDAY

PERIANESTHESIA FOUNDATION

October 21, 2017

PREVENTION OF UNWANTED SEDATION:

PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

October 28, 2017