



Breathline

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INSIDE:

PRESIDENT'S MESSAGE: Celebrate Strengths: Elevate Practice

Amy Dooley, MS, RN, CPAN, CAPA – ASPAN President 2019-2020

Let us celebrate the strength of ASPAN! It begins with the foundation of governance via the Representative Assembly that gives equal voice to every component. Every member can bring his/her concerns, ideas and suggestions to their respective component leadership. This is democracy in action.

The strength of ASPAN is found in the incredible work that supports all perianesthesia nurses. The *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* book provides the working documents that defend safe practice in the many areas of perianesthesia nursing. In addition, ASPAN's liaisons reach out to other organizations whose practice may overlap with ours. We work with these groups, sharing expertise and best practices for perianesthesia patients, wherever these patients are located.

The Uniqueness of ASPAN and Perianesthesia Nurses

The strength of ASPAN is its perianesthesia nurses. Many of us started on a medical-surgical floor as new graduates, working our way to an intensive care unit and eventually to the PACU. The postanesthesia environment is fast-paced, with many patients, many of whom hardly remember us. Families are stressed waiting for their loved ones, so we take care of them as well. We toil day and night, with call in-between, to keep our patients safe. Many of our units are windowless, so we don't see the sun or moon. If



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this was the job description for perianesthesia nurses, no one would apply!

But, it is the camaraderie, support, friendships and teamwork present in this environment that makes our work in the PACU, ambulatory surgery and preoperative care areas all worthwhile. We all work towards the same goal and are ready to dig in to make it happen. Our environments lend themselves to supporting each other. But it must be more than

that. There are other similar units in our hospitals that are small and unique, but that same camaraderie just doesn't exist in those places. Why are perianesthesia units so unique? I can tell you why. It is the strength of its nurses.

How Do You Identify Your Strengths?

Each nurse has unique strengths that have made us successful in our professional and personal lives. I would venture to suggest that many perianesthesia nurses have similar strengths. Do you know your own strengths? Are you curious about your strengths?

There are several ways to discern these strengths. You can ask those around you who know you well. They can articulate your strengths and identify those attributes at which you excel. You can do some introspection and identify those activities at which you are most happy or comfortable. You can think about what other people have asked you to do. These requests may be based on others' opinions of your strengths and





successes. You can also identify your strengths using an online assessment tool, many of which are free. These tools ask you to complete a quiz, at the end of which you are given a report detailing your strengths. Think about reaching within yourself to discover your strengths.

My Own Self-Assessment

I was curious about my strengths, so I did an online assessment. The results were amazing. As I read each strength, I was totally astonished at the accuracy of the report's description of me. The summary indicated that I like lists and checking things off. This is so true. I will even add some activity to the list I completed just so I can cross it off. The results indicated that I am also highly responsible, keeping commitments that I make. Feedback from colleagues reveals that I do what I will say I am going to do. Knowing my strengths allows me to put these skills to good use in my work and personal life.

The awareness of my strengths also gives me insight into my potential blind spots. Most of us are not strong in every aspect of life, so we need to keep in mind those areas in which we may need help. This is where knowing your colleagues' strengths is helpful. If I know that my colleague's strength is being visionary and that is not my strength, I can use that knowledge to improve the outcome. I would ask my colleague to offer suggestions on strategic planning or long-term goals so his/her strength could be utilized.

There are many arenas in which knowing strengths is beneficial. Perhaps your component Board of Directors would function smoother if you could identify each other's strengths. Or, use your strengths to apply for a new position or even become confident enough to move up to a leadership position. I suggest you identify your strengths and use them to benefit yourself, your patients and ASPAN. You just might be surprised at what you learn. 



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ASPN Scholarship/Award Program

Accepting Applications Now - Deadline July 1, 2019!

ASPN News

The ASPN Scholarship/Award 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. This scholarship/award granting year is 2020.

Applicants must be current Active Category members of ASPN and a component for the past two full years prior to the application deadline, and currently participating in component or ASPN national activities. Scholarship/award information is available online only. Specific eligibility requirements for each type of scholarship/award are detailed in the instructions and required items lists on the Scholarship/Award Program webpage: <https://www.aspn.org/Members/Scholarship-Award-Program/ASPN-Scholarships-Awards>.

SCHOLARSHIPS/AWARDS OFFERED:

- \$1,500 for Bachelor of Science in Nursing, Master of Science in Nursing or Doctorate in Nursing (for degree programs extending into 2020)
- \$750 for ASPN National Conference attendance for April 26 to 30, 2020, Denver, CO
- \$1,000 for Humanitarian Missions in 2020
- Two \$2,000 awards for the 2020 Nurse in Washington Internship (NIWI) program
- \$314 for CPAN or CAPA Certification Exam fee in 2020

Applications must be postmarked by July 1, 2019! 

Join us in Cincinnati at the Component Development Institute

Work on your Strengths!

Amy Dooley, MS, RN, CPAN, CAPA

ASPN President 2019-2020

Mark your calendars for the Component Development Institute (CDI) to be held September 13-15, 2019. Come to Cincinnati to learn, share, develop, explore and meet your fellow component leaders. The goal of this ASPN sponsored event is to bring together component leaders and future leaders to meet and share each other's expertise. The Gold Leaf Award will be our blueprint to address the necessary building blocks to assure a strong component. We find that components have many similar struggles, and when we bring together the experts, you, the component leaders, share your strengths with each other. In turn, we discover new ways to approach difficulties and we can adopt those strategies to move our components forward.

This special weekend is structured to offer attendees the chance to interact with the leaders of ASPN, get their questions answered, and become more familiar with the inner workings of ASPN. There are usually about 120 attendees, and you will have the opportunity to interact with everyone. Attendees are from all over the country, representing every component.

CDI is for members who would like to learn more about ASPN, network with friends, and explore how to strengthen your component. All members are invited to come and experience this great weekend. We will be gathering in Cincinnati, Ohio, to build component strength. Cincinnati is a great city with lots of interesting things to see and do. So, book your flight and come on down to experience CDI. 



▲ Cincinnati skyline at night

Abundant Membership/Marketing Activities

Lori Silva, RN, CCRN, CPAN
Coordinator, Membership/Marketing SWT



Lori Silva
RN, CCRN, CPAN

This has been a busy year for the Membership/Marketing Strategic Work Team (M/M SWT). Now that ASPAN's 38th National Conference is behind us, I want to share what the 2018 – 2019 M/M SWT accomplished and what is in store for this coming year:

PeriAnesthesia Nurse Awareness Week (PANAW)

Beginning immediately after each national conference, the M/M SWT works on ideas/themes for the next year. The 2019 PANAW Theme, "Leading with Knowledge, Serving with Heart," inspired our perianesthesia colleagues. We saw an increase in product sales and learned of many ways nurses across the country celebrated the week.

Member-Get-A-Member Campaign

The 2018 campaign was very successful, with a total of 770 members participating in the campaign and recruiting nearly 1,000 new and returning members! See how to participate and win great prizes by clicking the link at the bottom of this page.

Member Benefits and Social Media Campaign

A survey was sent out to ASPAN millennial members, and many indicated they were not aware of all the benefits of membership. As a result, a member benefits campaign was created and ran throughout 2018. Traffic to the Members

Benefits page (which has links to join) increased 38.7% in 2018, with 10,561 visits. Also, ASPAN has several membership displays available to components and promotional brochures available to any members for recruitment.

Component Liaisons

Each component has a M/M SWT member assigned as its component liaison. These liaisons connect with component leaders three times during the year, giving information about upcoming events, awards, deadlines and membership campaigns.

ASPAR Awards

The M/M SWT stays busy reviewing applications for the Above and Beyond awards, Award for Outstanding Achievement, and Gold Leaf Component of the Year Award. Thank you to those who submitted these applications and please continue the great work.

Pacesetters Transition

The Pacesetters SWT has done great work and will be continuing work now under the M/M SWT as the Millennials team. The purpose of this team is to identify and recruit millennials through several objectives. They will review technology, ideas and tools for marketing to recruit and retain millennials in the organization.

Stay tuned for upcoming activities from your Membership / Marketing SWT.

MEMBERSHIP CAMPAIGN 2019

Did you know that our nurses recruited nearly 1,000 members in 2018? You can do the same—and win some great prizes—by participating in our 2019 membership campaign. It's as simple as it is rewarding: invite your colleagues to join ASPAN and have them name you as the recruiter on their membership application. Additional information on our Member-Get-A-Member Campaign, including prizes for participation, is available here: [ASPAR Membership Campaign 2019](#).



Check Out the Continuing Education Options!

Linda Beagley, MS, BSN, RN, CPAN, FASPAN – ASPAN Director for Education 2015-2019

Journal Articles

ASPAН education continues to work for you! To go into effect later this summer, the ASPAN Board of Directors voted all *Journal of PeriAnesthesia Nursing* continuing education articles will be FREE for ASPAN members. The ASPAN Board continues to look at enhancing membership, and this is just one of the latest perks for ASPAN members.

On-Demand Library

Have you been to the library? As in, ASPAN's On-Demand library? This past winter, the Education Provider Committee developed new presentations, searching for high quality content and recording these presentations for all of you to use in extending your perianesthesia knowledge. In the library are three new presentations, just to name a few:

1. "Nerve Blocks 101"
2. "Investigative Reporter, Detective and Nurse: There's Always a Story in Pre-op"
3. "When Appearances Deceive: The Changing Face of Heart Failure"

Some of the classic presentations on preanesthesia/pre-op assessment, PACU assessment and discharge and postanesthesia complications have received a thorough review and update.

ASPAН Select

ASPAН Select is designed for components, chapters or any small groups to use. Requests are accepted three times a year in February, July and October, due by the 15th of the month.

ASPAН Select allows the host to choose up to three On-Demand modules which are then placed on a jump drive, and sent to the host to

show at a predetermined date and time. The location and AV equipment are reserved by the host, and a minimum of five attendees are required. The chosen date is advertised on the ASPAN website plus the component, chapter or small group promotes the selected date. ASPAN Select is a great way to network with perianesthesia nursing colleagues while earning some continuing education hours.

Introducing ASPAN's New Director for Education

Mary Baird, MSN, RN, CPAN, is the new ASPAN Director for Education. Mary works as the PACU clinical educator at Porter Regional Hospital in Valparaiso, Indiana. Some of Mary's duties include facilitating and providing education to preadmissions, Preop/Phase II for surgery and Endoscopy, and Phase I. She is a BLS/ACLS instructor and PALS faculty. Previously, Mary worked as a PACU RN for 27 years before embracing the educator role. She continues to provide bedside care on a prn basis. Her hospital committee activities include enhanced recovery, continuing education committee, and chair of Professional Practice Committee for Shared Governance.

Mary remains active in INSPAN and has served as a NW Indiana district representative, INSPAN vice president/president/past president. She is again serving as the current vice president/president-elect for INSPAN. Mary's ASPAN SWT/committees service includes the Nominating, Education Provider, and Clinical Practice Committees. She has presented at chapter meetings in Indiana and as an ASPAN speaker for webcasts.

When not working or volunteering, Mary enjoys gardening or "playing in the dirt," antiquing and scavenging for rustic finds. One of her favorite vacation spots is a good campground with fabulous biking trails, preferably in Michigan.

One thing everyone should know about Mary, according to her family: "I do not appreciate tardiness." The director baton for education is in good hands with Mary onboard! 



Linda Beagley
MS, BSN, RN, CPAN,
FASPAN



Clinical Practice Hot Topic

Fall Risk Assessment and Interventions

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



Diane Swintek
MSN, RN, CPAN

The Clinical Practice Committee receives many questions via the ASPAN website each month. Committee members then research the answer and respond to the query. This month, the questions are about assessing and implementing fall risk assessments and interventions.

Q. *Are there any standard practice recommendations regarding documentation of Schmid scoring in the surgical care area, especially in PACU? Are there any ASPAN recommendations around fall risk patients, especially regarding placing fall bracelets and socks on patients when they are having surgery? What is the ASPAN standard for fall prevention?*

A. Two separate questions were submitted to the Clinical Practice Committee five months apart about keeping patients safe, especially after anesthesia. These questions remind us this is a challenge for perianesthesia nurses everywhere. Part of a safety evaluation is a fall risk assessment.

Preoperative Assessment

During the preoperative health history and assessment, we should ask about any fall history with the patient. Upon arrival, we can examine the steadiness of the patient's gait. Today, many ambulatory procedures are done on lower extremities that are worn, either from aging, or perhaps from a sports injury. These procedures may leave the patient with decreased confidence in ambulating once his/her surgery is completed. Other comorbidities may also interfere with ambulation. During the preoperative assessment, a risk score can be documented using a tool specific for your facility.

ASPN Practice Recommendation on Assessment

In the *ASPN 2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, Practice Recommendation 2: Components of Assessment and Management for the Perianesthesia Patient, assessments should be completed throughout the perianesthesia continuum regarding mobility, history of falls, and sensory limitations that can contribute to falls. These assessments should also include medications, patient's age or other comorbidities that alter the patient's ability to maneuver without an assistive device.¹

Clinical Practice Committee Response

A member of the Clinical Practice Committee, Linda Ziolkowski, offered this response to the question regarding a Schmid scale to use in completing a fall risk assessment:

"There are a number of scales/assessment/intervention programs available in the literature, such as the Schmid scale, Hester-Davis, Morse scale, STEADI, Fall Risk Assessment Tool (FRAT). The trick is to find the one that will work in your institution. You want **consistency** from area to area, so that the assessments are continuous, and the interventions flow through from preop to OR to PACU to the next level of care, whether it be inpatient or home. Look also at any recommendations from the accreditation association for your hospital or facility.

In general, you want an assessment to use in preadmission testing, preop day of surgery and in PACU. What is the rest of your hospital/health system using? How are they documenting? In the electronic medical record? On paper? Are interventions for nursing based on orders that can easily and consistently be part of the plan of care? Interventions should fit the patient assessment score and specific patient needs."

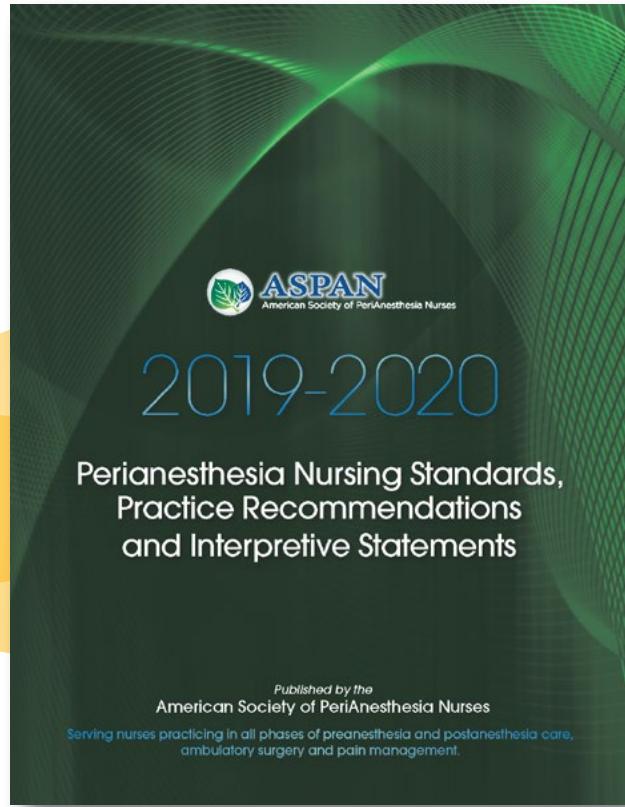
Selecting a Tool

In my own practice, we use the Morse scale. This is an assessment that follows the patient through each phase of his/her surgical experience. One of the desirable elements in selection of a tool is the ease of use and inter-rater reliability. There is also a great article listed in the references below from the *Journal of PeriAnesthesia Nursing* that addresses the need for a good fall risk assessment screening in the ambulatory surgery setting.²

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Enhanced Recovery After Surgery

Judith Kinnavy, BSN, RN, CAPA



Judith Kinnavy
BSN, RN, CAPA

The first time I ever heard about “ERAS” was at the 2015 ILSPAN fall conference when a physician presented a lecture on “Enhanced Recovery After Surgery (ERAS).” His presentation challenged all the standard perioperative care I had practiced for the previous 34 years. No more bowel preps, NG tubes, NPO after MN, opioid pain management. I found it to be groundbreaking evidence-based information I wanted to share with colleagues. Here it is three years later, and my hospital has fully embraced the enhanced recovery model. At first, this model of care was only used with colorectal surgeries. The following year it was expanded to include spinal surgeries and total joint replacements, and is now used with all surgeries at my facility.

Enhanced recovery has been practiced in Europe for over twenty years. Originating in Denmark, the model of care was originally used in colorectal surgeries, but has since been expanded to orthopedic, thoracic, gynecological and genitourinary procedures, to name a few.¹ The main premise of enhanced recovery is reducing the body’s physiologic stress response to surgery leads to a shorter hospitalization with fewer complications.

Teamwork is essential to the success of this model of care. Patient preparation starts with education in the preadmission stage. Information is provided to the patient about smoking cessation, adequate nutrition and medication management. With the focus on active patient involvement, the benefits of accelerated recovery,² including expectations for both the patient and the caregiver, are addressed. On the day of surgery, preprocedure education is reinforced by the perianesthesia nurse, and any misconceptions are clarified so that all participants have the same understanding. The success of ERAS depends on all members of the health care team working together and communicating any deviations from the protocol.³

On the day of surgery, the patient is instructed to drink clear liquids including a carbohydrate-rich drink two hours preop. Minimizing prolonged fasting helps prevent insulin resistance. Colorectal surgeries no longer require selective bowel preparation (no routine bowel cleansing procedures).¹ DVT (deep venous thrombosis), PONV (postoperative nausea and vomiting) and antibiotic prophylaxis are provided. Pain prophylaxis may also be provided. Our surgical patients receive oral pain medications preoperatively, such as acetaminophen, celecoxib and

gabapentin or pregabalin in an effort to provide a preemptive strike against pain.

Intraoperative enhanced recovery protocols (ERPs) include normothermia, avoidance of drains/nasogastric tube, goal-directed fluid replacement to prevent fluid overload, short-acting anesthetic agents and opioid-sparing multimodal pain management (including the use of epidural and/or regional blocks). The postoperative goals of early mobilization and stimulation of gut motility are attained through the use of multimodal analgesia, early tube/catheter removal, early oral fluids and, in colorectal surgeries, the use of alvimopan (a medication that speeds up gut recovery).⁴

There is considerable economic benefit in the implementation of ERPs that is related to both the reduction in hospital length of stay (LOS) and complications. The most recent meta-analysis showed that ERPs shorten hospital LOS by approximately 2.3 days.⁵ ERAS care pathways reduce surgical stress, maintain postoperative physiological function, and enhance mobilization after surgery leading to reduced rates of morbidity, faster recovery and a shorter hospital stay. The role of the perianesthesia nurse is essential in the successful implementation of enhanced recovery, leading to an optimal outcome for our surgical patients.

For a list of available guidelines for an enhanced recovery protocol, visit <http://erassociety.org.loopiadns.com/guidelines/list-of-guidelines/>.

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Research and EBP Working for You!

Research

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP, FASPN

ASPN Director for Research 2015-2019

ASPN Vice President/President-Elect 2019-2020

Margaret McNeil, PhD, RN, APRN-CNS, CCRN-K, CCNS, TCRN, CPAN, NE-BC, NHDP-BC, FCNS, FAAN

Coordinator, ASPAN Evidence-Based Practice SWT 2018-2019

ASPN Director for Research 2019-2021

The Importance of Evidence-Based Practice

Evidence-based practice (EBP) skills are critical in today's health care environment. There is ample evidence that using best and most current evidence, combined with patient preferences and clinician expertise, improves patient outcomes, decreases costs and streamlines care for multiple healthcare disciplines.¹⁻³ A recent research study has revealed nurses in the U.S. do not feel competent in EBP skills. The research, led by Dr. Bernadette Melnyk, is the first to explore EBP competencies, and the results should be alarming to perianesthesia nurses because of the significant impact EBP has on patient outcomes, quality and safety.⁴

But the results were not all discouraging. The findings included strong positive associations between EBP competency with EBP beliefs ($r = .66$) and EBP mentorship ($r = .69$), a moderate positive association between EBP competency and EBP knowledge ($r = .43$), and a small positive association between EBP competency and culture ($r = .29$).⁴

ASPN believes EBP and a culture of inquiry are critical to perianesthesia nurses. ASPN spearheads several initiatives that leverage EBP in support of the membership and their nursing practice that include mentorship and knowledge.

Research Grants

The Research Committee strives to foster new knowledge to guide practice. ASPN offers research grants funding, and, in turn, the Research Committee provides experts to rank the applications and select high quality original research projects through a blinded review process. The grant awardees are ASPN members who are then funded to conduct original research to bolster perianesthesia evidence. Grants are awarded twice during the year to both novice and experienced researchers. Other work the committee may be involved in is completing original research and providing mentorship.

Joanna Briggs Institute

Each year, members of ASPN are selected to attend the Joanna Briggs Institute (JBI) for training on systematic appraisal of evidence so they can better inform clinical practice colleagues and conduct research. The ASPN JBI fellows are trained as comprehensive systematic reviewers. This process is much more involved than the more common integrative review of the literature. A comprehensive systematic review is inclusive of all of the literature that meet the review questions criteria. It is an exhaustive search of the literature.

Journal Club

The **EBP Strategic Work Team** sponsors a journal club so members can apply the JBI framework and tools found on the ASPN website to critically appraise and grade evidence found in published research studies of varied designs. The posted completed article appraisals afford the opportunity to begin a local journal club for any ASPN member. Using articles posted and the blank appraisal forms, the local journal club members can complete their own appraisals and then combine all of the groups' findings prior to comparing their completed appraisal form to the one completed by the EBP SWT. The process of critique and appraisal is one that is best learned through doing.

Practical Applications for the ASPN Member

Members have access to the completed JBI systematic reviews through the ASPN website so they can be used to translate the findings to practice. The ASPN website includes numerous resources to support and increase research and EBP knowledge.

The clinical practice guidelines and all of the recommendations published by ASPN are evidence-based.

Each year, members of the Research Committee and the EBP SWT work together to select the presenters and posters for the annual conference, so best practices rooted in evidence are front and center for attendees.



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The *Journal of PeriAnesthesia Nursing*, ASPAN's journal published by Elsevier, is a peer-reviewed journal with research articles included. In addition, this newsletter, *Breathline*, highlights research and EBP tailored to the specific needs of perianesthesia nurses.

The results of Melnyk's research are a call to action for all nurses.⁴ ASPAN has been working to answer this call for all perianesthesia nurses and patients, and we encourage you to use the resources and contribute to the efforts.

Where to Start

The first step in the EBP process is to have curiosity in your practice, and then learning to create a searchable clinical practice question. These questions may follow many formats. The PICO method is one common format.

P stands for **Population**. What is the population of focus for your clinical question? Get as specific as possible: children, adults, geriatric. Is it specific to a gender or disease state, in-hospital or ambulatory setting? (Example: hospitalized female teenagers with diabetes in the immediate postoperative period.)

I stands for **Intervention**. The intervention can be a medication, a device (insulin pump), therapy (hyperbaric chamber or physical therapy), an assessment tool, a protocol, or even complementary treatments (aromatherapy).

C stands for **Comparison** group. You may or may not have a comparison group depending on your question. For example, who would want to be randomized to experience pain or not experience pain? Or, the comparison may be the current standard of practice.

O stands for **Outcome**. This is how you will measure the effectiveness of the intervention. Ideally, you would use a smart outcome, one that is specific, measurable, relevant and timely. Some outcome measures may occur but are not generally charted. For example, exact extubation times may not be charted at an institution, only that it occurred and the patient's response. An example of a smart outcome would be postoperative nausea with emesis within the first four hours following extubation.

Putting it all together: In the hospitalized female diabetic teenager, how does aromatherapy of ginger versus no aromatherapy impact postoperative nausea with emesis within the first four hours following extubation?

Guided by the PICO, the next steps would be to search the literature using the key words to answer your clinical question. If the evidence is consistent in their recommendations (e.g., ginger showed significant reduction in PONV), then the evidence is sufficient for a practice change.

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2019 Nurse in Washington Internship (NIWI) Report

Suzanne Russell, BSN, RN, CAPA

The Nurse in Washington Internship (NIWI), sponsored by the Nursing Organizations Alliance (NOA), is a program designed to empower nursing professionals who are interested in learning more about the legislative process.¹ The objectives focus on how nurses can be involved and influence policy at the local and national level, how nurses can work effectively with legislative staff to advocate policy agendas, and how nurses can identify techniques to advance legislative issues in regard to nursing practice.

NIWI Excitement

The learning environment was welcoming and organized, and the objectives were presented in a manner that immediately allowed us to sit back and learn. The room was filled with nursing advocates from across the country. Professional nursing organizations representing such specialties as hospice and palliative care, dermatology, nephrology, oncology, neurology, neonatal/pediatrics, the International Nurses Society on Addiction, the Academy of Medical-Surgical Nurses and ASPAN (to name just a few), were passionately engaged.

It was overwhelming to hear the stories about the struggles our profession encounters on a daily basis. The consensus was the same. Our patients are at risk if health policy and processes are not addressed. NOA understands that, in order to care for our patients, our colleagues and ourselves, nurses must be heard. Hence, the reason they graciously support NIWI.

The Professional Advocate panel and the Advocacy sessions provided us with the materials we needed to be heard. They focused on how nurses can advocate for congressional support to improve health and healthcare, and for the reauthorization of Title VIII, which supports nurse workforce development and ensures that nurses are a vital voice for better American health and healthcare.^{2,3} They taught us how to



◀ From left, Suzanne Russell from Massachusetts and Amy Dooley, newly installed ASPAN President

express to our governmental leaders that nurses are critical to effective strategies addressing the opioid crisis.

Our Visit to the Hill

The most amazing part of NIWI was heading to Capitol Hill to meet with our representatives. We were ready, we knew what to say, how to say it and how to leave a lasting impression on how committed we are! Meetings were scheduled to speak with legislative assistants to Senator Elizabeth Warren and Senator Edward Markey from Massachusetts. The meetings went well, though brief. I felt I was heard. I expressed my gratitude that Senators Warren and Markey co-sponsored Title VIII, and I appreciated their veneration towards the nursing profession. Yet, I wanted them to know, as a constituent of Massachusetts, I'm counting on them to continue to support Title VIII.

I offered my services at the local level to spread the word on my congressional requests. I have already heard back from Representative Seth Moulton's office to set up a meeting in Massachusetts.

As a member of ASPAN and a member of the Governmental Affairs Strategic Work Team, I am extremely grateful to have been granted the NIWI scholarship.

REFERENCES

1. Nursing Organizations Alliance. Available at: <https://www.nursing-alliance.org/>. Accessed April 9, 2019.
2. Thew J. House passes nursing workforce reauthorization act. Healthleadersmedia.com website. Published July 25, 2018. Available at: <https://www.healthleadersmedia.com/nursing/house-passes-nursing-workforce-reauthorization-act>. Accessed April 9, 2019.
3. National League for Nursing. Title VIII nursing workforce development program. Available at: <http://www.nln.org/docs/default-source/advocacy-public-policy/title-viii-nursing-workforce-development-programs.pdf>. Accessed April 9, 2019.



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Region Three Demonstrates ASPAN Pride

Sylvia Baker, MSN, RN, CPAN, FASPA
ASPA Regional Director, Region 3, 2015-2019

Passion

The members of Region 3 components regularly demonstrate ASPAN's Core Values. The eight components: ILSPAN, INSPAN, KSPAN, MAPAN, MNDAKSPAN, OPANA, WISPAN and WVSPAN show their passion for their patients and each other through applications submitted for Gold Leaf Component of the Year Award. Four Region 3 components submitted Gold Leaf Applications this year (KSPAN was ineligible to apply as they were awarded the Gold Leaf Award in 2016). Each component also demonstrated passion with PANAW celebrations in February. As one example, ILSPAN members received a \$5.00 Starbuck's gift card from the ILSPAN Board!

Respect

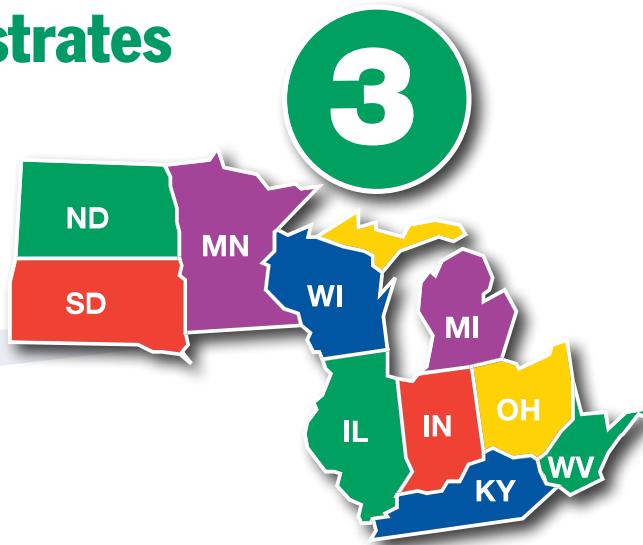
Each component demonstrates respect for one another and the practice of perianesthesia nursing as they promote this unique specialty of nursing. OPANA, INSPAN and WISPAN weighed the impact of any changes (or clarification) to their bylaws and policies on their membership, and ensured that ASPAN had an updated copy of their bylaws on file.

Integrity

Integrity: "The quality of being honest and having strong moral principles,"¹ is alive and well in Region 3 components. Each component demonstrates strong moral principles by supporting multiple community outreach programs. Over this past year, collections have been taken to support food pantries and provide needed supplies, such as personal hygiene products and clothes, for less fortunate individuals in their local communities. ILSPAN, MAPAN, and INSPAN, like all components in this region, incorporated drives during their conferences to meet the needs of local organizations.

Diversity

Diversity is seen not only in the diversity of the topography of Region 3 but also in the diversity of the approximately 2484 members who comprise Region 3. The diverse members of Region 3 also serve a wide diversity of patients with equally diverse needs. Region 3, like the other regions, serves preanesthesia patients with teaching for preparation of their procedures, postanesthesia



Sylvia Baker
MSN, RN, CPAN, FASPA

patients as they receive monitoring and assessments, and discharge care and instructions to ensure safe and complete recovery for patients. Diversity is also demonstrated in the variety of ages of perianesthesia nurses throughout Region 3. All members have learned from one another how to promote the strength of ASPAN. As one example of diversity, KSPAN's fall conference demonstrated diversity by covering a wide variety of topics to appeal to virtually all perianesthesia nurses and their needs.

Excellence

Excellence, the final value to which all perianesthesia nurses strive, is demonstrated on a day-to-day basis in the care delivered to the many patients whom we each touch. Each component's membership committees use excellent communication methods to also promote membership involvement. MNDAKSPAN saw a 3.47% increase in membership since July '18; WVSPAN reached out to previously sparsely member areas and increased its membership by 9%. Excellent educational sessions have been offered to members which also shows a high level of excellence from each of Region 3's components.

This busy region supports ASPAN P.R.I.D.E. in a multitude of ways. The work and joy of ASPAN carries through from local arenas to the national venue, as Region 3 members serve their patients with heart, while demonstrating their knowledge of perianesthesia care!

REFERENCE

1. Integrity. Available at: <https://dictionary.cambridge.org/us/dictionary/english/integrity>. Accessed April 13, 2019. 

The Director's Connection

Bronwyn Ship, BSN, RN, CPAN, CAPA
Regional Director, Region 4



Bronwyn Ship
BSN, RN, CPAN, CAPA



ABPANC Introduces New Test Assured Program

You've done your studying. You've taken the practice exam. You've answered the question of the week on Facebook or the ABPANC website. You are finally ready to take your CPAN® or CAPA® exam. And, to put you on the path to success, ABPANC is now offering a new Test Assured program.

The Test Assured program allows CPAN® or CAPA® candidates to take the exam twice in a 12-month period if the first attempt is unsuccessful.

Over the years, perianesthesia nurses have told us that the best preparation for taking and passing the CAPA® or CPAN® exam is actually taking the exam. Now, you have the ability to take the exam a second time—if the first attempt is not successful—for a nominal fee of an additional \$50.00 at the time of registration.

New Jersey/Bermuda PeriAnesthesia Nurses Association (NJBPANA)

Grace Squibb is president. A spring conference was held in April.

New York State PeriAnesthesia Nurses Association (NYSPANA)

Sherry Fieroh is president. The 2018 fall board meeting focused on succession planning and future conferences. Several districts held PANAW activities, and the 2019 fall conference will be held on Long Island.

Pennsylvania Association of PeriAnesthesia Nurses (PAPAN)

Ursula Mellinger is president. PAPAN hosted an ASPAN Seminar on Pediatrics: Beyond the Basics on March 30, in State College, PA.

Rhode Island Association of PeriAnesthesia Nurses (RIAPAN)

Pat Marshall is president and Susan DiBiasi is vice president/president-elect. I enjoyed meeting the members of RIAPAN and the board at their fall 2018 conference.

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

Sandie Watts is president. The VT/NH component hosted its spring conference on March 23, at Southern New Hampshire Medical Center, Nashua, NH. 

CERTIFICATION

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Now, you can rest assured with Test Assured! For more information, visit www.capacpan.org.

REMINDERS:

Fall CAPA®/CPAN® Exam Administration

Registration Window Opens: **July 1**

Regular Registration Deadline: **September 15**

Exam Administration Window:

September 15 – November 15

Fall CAPA®/CPAN® Recertification Window Opens:

July 1

Recertification Window Closes: **October 31**

Fall Reinstatement Window:

November 1 - November 15

Component Education Program

October 5 - October 6, 2019 **Pennsylvania Association of PeriAnesthesia Nurses (PAPAN)** will celebrate its annual PRIDE (Perianesthesia nurses, Resourceful, Individuals Dedicated to Excellence) conference at the Crowne Plaza in King of Prussia, PA. Topics will include postop urinary retention, ethical dilemmas, and medical marijuana, to name a few. A Saturday evening event, Painting with a Twist, is planned. For additional information, contact Susan Erwine at: serwine@verizon.net.

October 19, 2019 **Illinois Society of PeriAnesthesia Nurses (ILSPAN)** will hold its fall conference at Methodist College of UnityPoint Health in Peoria, IL. For more information, contact Liz White at elizabeth.white@unitypoint.org or 309-208-6932. 



LIVE IN-PERSON SEMINARS

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

October 26, 2019 *Worcester, MA*

PEDIATRICS: LITTLE BODIES; BIG DIFFERENCES

October 5, 2019 *Springfield, OR*

PERIANESTHESIA CERTIFICATION REVIEW

August 10, 2019 *Lake Forest, IL*

October 19, 2019 *Little Rock, AR*

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

August 10, 2019 *Burlingame, CA*

PERIANESTHESIA STANDARDS AND IMPLICATIONS FOR PRACTICE

September 21, 2019 *San Antonio, TX*

REFRESHING YOUR PERIANESTHESIA PRACTICE

August 10, 2019 *Renton, WA*

September 21, 2019 *San Francisco, CA*

September 21, 2019 *Great Falls, MT*

SAFETY BEGINS WITH US

September 21, 2019 *Indianapolis, IN*



LIVE WEBCASTS FULL-DAY PROGRAMS

FOUNDATIONS OF PERIANESTHESIA PRACTICE

August 3, 2019

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

August 17, 2019

PEDIATRICS: BEYOND THE BASICS

November 2, 2019

PEDIATRICS: LITTLE BODIES; BIG DIFFERENCES

August 25, 2019

PERIANESTHESIA CERTIFICATION REVIEW

August 10, 2019

September 21, 2019

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)

October 16, 23 and 30, 2019 WEDNESDAYS

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

September 7, 2019

PERIANESTHESIA STANDARDS AND IMPLICATIONS

FOR PRACTICE

August 24, 2019

REFRESHING YOUR PERIANESTHESIA PRACTICE

October 5, 2019

SAFETY BEGINS WITH US

October 19, 2019

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

October 26, 2019

LIVE WEBCASTS HALF-DAY PROGRAMS

ADVANCED CARDIOVASCULAR PULMONARY

PATHOPHYSIOLOGY

August 18, 2019 SUNDAY

November 3, 2019 SUNDAY

FOUNDATIONS OF PEDIATRIC PERIANESTHESIA CARE

October 6, 2019 SUNDAY

PERIANESTHESIA ESSENTIALS I

August 4, 2019 SUNDAY

PERIANESTHESIA ESSENTIALS II

August 4, 2019 SUNDAY

PERIANESTHESIA ESSENTIALS III

September 8, 2019 SUNDAY

PERIANESTHESIA ESSENTIALS IV

October 20, 2019 SUNDAY

PERIANESTHESIA ESSENTIALS V

September 22, 2019 SUNDAY

PERIANESTHESIA FOUNDATION

November 10, 2019 SUNDAY

LIVE WEBCASTS TWO-HOUR PROGRAMS

ERAS: WHAT YOU NEED TO KNOW FOR

ENHANCED RECOVERY AFTER SURGERY

August 21, 2019 WEDNESDAY

INFECTION CONTROL CHALLENGES: IMPLICATIONS FOR THE PERIANESTHESIA NURSE

November 6, 2019 SUNDAY

OBSTRUCTIVE SLEEP APNEA IN THE ADULT PATIENT: PUTTING THE PRACTICE

RECOMMENDATION INTO PRACTICE

October 2, 2019 WEDNESDAY

PREVENTION OF UNWANTED SEDATION: PUTTING THE PRACTICE RECOMMENDATION INTO PRACTICE

September 18, 2019 WEDNESDAY