



Breathline

Volume 40, Issue 3
May/June 2020

INSIDE:

PRESIDENT'S MESSAGE: Precision Vision: Empowering Innovation and Well-being

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

While we regret ASPAN's 39th national conference in Denver has been canceled, consideration for the health and safety of our members left ASPAN no other choice. And, although the Covid-19 pandemic is uncharted territory for all of us, let us, as nurses, respond with the same courage, empathy, and integrity that first called us into our profession. I would like to share some thoughts with you about my hopes and focus for our organization in the coming months.

Year of the Nurse and Midwife

The World Health Organization (WHO) has declared 2020 the International Year of the Nurse and the Midwife. Dr. Tedros Adhanom Ghebreyesus, the WHO Director-General, stated: "Nurses and midwives are the backbone of every health system: in 2020 we're calling on all countries to invest in nurses and midwives as part of their commitment to health for all."¹ These two roles are crucial in their ability to impact and improve global health, often the first and maybe the only health point of contact in their communities. This decision to name 2020 the International Year of the Nurse and the Midwife was unanimously approved by the World Health Assembly. The WHO is partnering with the International Council of Nurses, the United Nations Population Fund, and the International Confederation of Midwives to celebrate and, also, to take action on the challenges faced by nurses and midwives. Elizabeth Iro, WHO Chief Nursing Officer, expressed gratitude: "I'm thankful that nurses and midwives are helping make progress towards health for all throughout the world."¹



Elizabeth Card
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ASPN President
2020-2021

There are many of us to celebrate. Nursing is the nation's largest health-care profession, with approximately four million registered nurses (RNs) in the United States. Of all licensed RNs, 84.5% are employed in nursing.² Nurses comprise 50% of the global healthcare workforce in most countries. In 2018, the WHO launched its three-year global campaign aimed to improve communities' health by improving the status of nursing.¹ This work will culminate at the end of 2020, the same year nurses celebrate the 200th birthday of the founder of modern nursing, Florence Nightingale.

Letter from the Duchess of Cambridge

Her Royal Highness, The Duchess of Cambridge, penned an open letter to nurses and midwives stating "...No matter the setting, I was continually struck by the compassion that those of you I spent time with showed, and the incredible work ethic you demonstrated on behalf of your entire profession - not only performing your rounds but working tirelessly through the night to support people who were at their most vulnerable."³

World Health Organization Goals

Worldwide, approximately 70% of the health and social workforce are females, many of which are also nurses and midwives. The WHO recognizes nurses often work under challenging circumstances, being undervalued, without needed resources and often overworked. It is projected by the WHO the world needs nine million more nurses and midwives to achieve



universal healthcare coverage by the year 2030.¹ This year, the WHO is focused on:

- Strengthening nursing to work at the highest extent of their licensure to address healthcare for all
- Increasing nursing leadership and influence
- Increasing investment in nursing and midwifery

To learn more, or join their campaign, visit their website: www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020.¹

There are many nurses who hear the call for volunteers to address global health inequity. The need is great, but only a few nurses respond to those needs. ASPAN is launching a Humanitarian Global Outreach Strategic Work Team to educate, mentor, and collect narratives from nurses who have volunteered. Author Emily Dickinson wrote "Hope is a thing with feathers that perches in the soul."⁴ We can bring hope when we volunteer for this very special type of work, and share the stories of those who answered this call both locally and abroad.

American Nurses Association Data and Strategies

The American Nurses Association (ANA) regularly surveys nurses across the United States to appraise health risks. They then share their findings in their executive summary. Their data, which focused on a healthy work environment, had some startling findings. Approximately half of their respondents reported having experienced workplace incivility, the average BMI was 27.6, which is in the "overweight" category and 82% reported they are under "significant levels of risk for workplace stress."⁵ In response to this data, the ANA has launched the Healthy Nurse, Healthy Nation Grand Challenge. This initiative engages nurses to improve health in five areas: nutrition, physical activity, quality of life, rest and safety.^{5,6}

If you have not joined yet, please go to their website: www.heathynursehealthynation.org in creating your profile. Associate yourself with ASPAN. As an organization, we

can challenge other nursing organizations through the Healthy Nurse Healthy Nation (HNHN) grand challenge!⁶ ASPAN will be launching a Well-being Strategic Work Team to address some of these issues (nurse civility, wellness initiatives, etc.) and others specific to our practice (waste anesthesia gases, etc.). There are many things we can do as an organization and as individuals to impact the wellness of our work environment; some only take a moment. Mother Teresa stated this so well: "Every time you smile at someone, it is an action of love, a gift to that person, a beautiful thing."⁷

Nurses are Innovators

Nurses are natural innovators. According to Rebecca Love, the director of Nurse Innovation and Entrepreneurship at Northeastern University's School of Nursing, nurses on average perform 27 workarounds per shift.⁸ Deborah Debono's scoping review of the literature on nurses' workarounds in acute care settings identified three large categories for workarounds: technology (examples may include barcode medication administration features, electronic health record, or pharmacy dispensing), operational failures and work restraint (time pressures, workflow), and policies, rules and regulations (expectations, guidelines or regulations).⁹

Many times, the nurse is creating a workaround on an issue because that same issue did not include nurses at the decision table. Those who created the policy or electronic health record may not have understood the nursing perspective because the nurses were not represented. So, to meet the demands of their jobs and provide the best care, nurses are innovating solutions, up to 27 times per shift. Rawsi Williams, a nurse and attorney, sums up nurse innovation: "To do what nobody else will do, a way that nobody else can do, in spite of all we go through; that is to be a nurse."¹⁰ ASPAN will be launching an Innovation Strategic Work Team.

We are standing on the shoulders of visionary giants. I am truly honored and humbled to begin my journey as



ASPA Breathline

Published by the American Society of PeriAnesthesia Nurses™

Indexed in the Cumulative Index to Nursing Allied Health Literature (CINAHL)

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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

Illustration p.3:
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Illustration p.3:
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ASPAN Scholarship/Award Program

Accepting Applications Now Through July 1, 2020!

ASPAN News

The ASPAN Scholarship/Award Program is a member benefit designed to provide financial assistance to ambulatory surgery, postanesthesia, preanesthesia and pain management nurses aspiring to enhance their abilities to contribute to the perianesthesia nursing community. This scholarship/award granting year is 2021.

Applicants must be current Active Category members of ASPAN and a component for the past two full years prior to the application deadline, and currently participating in component or ASPAN national activities. Scholarship/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 Program webpage, or from www.aspans.org, select **Members > Scholarship/Award Program**.

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 2021)
- \$1,000 for ASPAN National Conference attendance for April 25 to 29, 2021, Orlando, FL
- \$1,000 for Humanitarian Missions in 2021
- Two \$2,000 awards for the 2021 Nurse in Washington Internship (NIWI) program
- \$314 for CPAN or CAPA Certification Exam fee in 2021

ASPAN's Scholarship/Award Program postmark deadline is **July 1, 2020**. 



COVID-19 TOOLKIT

ASPAN has created an extensive COVID-19 Toolkit, which provides recommendations intended to guide perianesthesia nurses who may be working in those extreme situations. You can access the toolkit on ASPAN's home page or by [clicking on the link below](#):

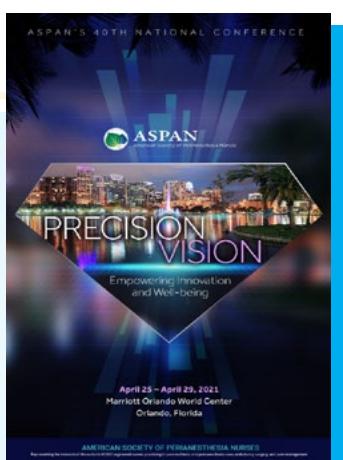
[COVID-19 Toolkit for the Perianesthesia Nurse](#)

Leadership Development Institute

The Leadership Development Institute (LDI) is scheduled for **November 7-8, 2020**, and will be held at the Kansas City Marriott, Country Club Plaza. The meeting will be all day on Saturday and a half day on Sunday. Stay tuned for more information 



▲ Kansas City Fountains at Country Club Plaza



**Join ASPAN in Celebrating its
40th National Conference!
Start planning now!**

April 25-29, 2021, at the Marriott Orlando World Center

Volume 40, Issue 3
May/June 2020

Virtual National Conference 2020

We were unable to have our National Conference live in Denver. However, many events related to the business of ASPAN still took place in a virtual way. These events included the annual Representative Assembly (RA) meeting. Representatives listened to video speeches by board candidates, and cast their ballots prior to the meeting. They then participated in the hearings and formal sessions, held online April 26, 2020, on resolutions presented for a vote. Representatives cast their ballots online for resolutions after the meeting adjourned, and four resolutions were passed:

1. A Position Statement on Human Trafficking
2. A Position Statement on Electronic Nicotine Delivery Systems/Vaping Products
3. ASPAN's 2021-2022 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*
4. ASPAN Bylaws Amendment – Section 5.4.6. Director for Education Election Year Change (from odd-numbered years to even-numbered years)

The opening conference speech by President Amy Dooley and closing speech by incoming President Elizabeth Card have also been recorded for all of us to view online. Awards were presented and are listed below. A preview to ASPAN's 40th National Conference in Orlando April 25-29, 2021, was also video-recorded by National Conference Strategic Work Team Coordinator Laurie Laurino. Check out the links on page 5 to view some of these virtual conference events! 

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Opening Ceremonies Speech

by President Amy Dooley:

VIEW HERE**Closing Ceremonies Speech**

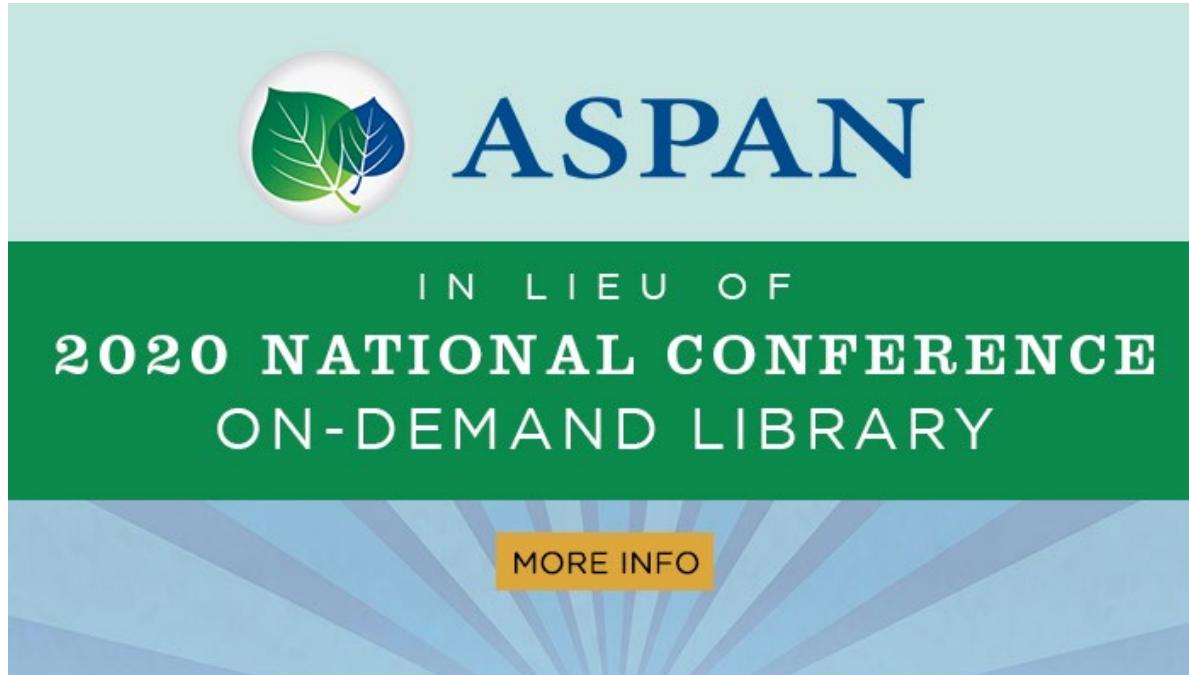
by incoming President Elizabeth Card:

VIEW HERE**2021 National Conference Preview**

by Laurie Laurino:

VIEW HERE**ASPAÑ Awards:****VIEW HERE**

Also, check out the additional 2-hour webcasts added to the education offerings on [page 15-16](#) of this issue of *Breathline*.



The banner features the ASPAN logo (a green leaf with a blue drop) on the left. To the right, the word "ASPAÑ" is written in large, bold, blue capital letters. Below this, the text "IN LIEU OF" is in a smaller, white, sans-serif font. Underneath that, "2020 NATIONAL CONFERENCE" is written in large, bold, white capital letters. Below that, "ON-DEMAND LIBRARY" is written in a slightly smaller, bold, white capital letters. At the bottom right of the banner, there is a yellow button with the text "MORE INFO" in white.

president leading our organization and building upon our strengths that Immediate Past President Amy Dooley and other ASPAN past presidents have helped us discover. ASPAN, in the next year, will strive to have precision vision, empowering innovation and well-being!

REFERENCE

1. World Health Organization. Year of the nurse and midwife 2020. <https://www.who.int/news-room/campaigns/year-of-the-nurse-and-the-midwife-2020>. Accessed April 30, 2020.
2. Smiley RA, Lauer P, Bienemy C, Berg JG, Shireman E, Reneau KA, & Alexander M. The 2017 national nursing workforce survey. *J Nurs Regul*. 2018;9(3):supplement (S1-S54).
3. Royal UK. An open letter from the Duchess of Cambridge to midwives. <https://www.royal.uk/open-letter-duchess-cambridge-midwives>. Accessed May 2, 2020.
4. Dickinson E. Enotes. Hope is the thing with feathers. <https://www.enotes.com/homework-help/what-learn-from-hope-is-the-thing-with-feathers-dickinson-660268>. Accessed May 2, 2020.
5. American Nurses Association Executive Summary, Health Risk Assessment. American Nurses Association, Silver Springs, Maryland. 2018.
6. ANA Enterprise. Healthy nurse healthy nation. <https://www.healthynursehealthynation.org/>. Accessed May 2, 2020.
7. Mother Teresa. Pass It On. Inspirational quotes. <https://www.passiton.com/inspirational-quotes/7597-every-time-you-smile-at-someone-it-is-an>. Accessed May 2, 2020.
8. Love R. Nurse.com. Nursing innovations allow rns to spread their wings. <https://www.nurse.com/blog/2018/06/13/nursing-innovations-allow-rns-spread-their-wings/>. Accessed May 2, 2020.
9. Debono D. BMC Health Services Research. Nurses' workarounds in acute healthcare settings: a scoping review. <https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-13-175>. Accessed May 2, 2020.
10. Williams R. AANAC The Care Connection <https://www.aanac.org/Information/AANAC-Blog/Blog-Detail/post/10-inspiring-nursing-quotes/2016-05-03>. Accessed May 2, 2020.

Clinical Practice Hot Topic

Retired Position Statements; Phase I Staffing

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



Diane Swintek
MSN, RN, CPAN

Q. What does it mean when reviewing the Standards Position Statements and it states "Retired" in a certain year? Also, what does it mean when the Standards state 2 nurses in PACU at all times?

A. The Clinical Practice Committee (CPC) uses the current *ASPAN Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* (Standards) as the primary source when providing a response to all inquiries submitted to ASPAN through the Clinical Practice network.¹ In order to stay current, the Standards are continuously reviewed for accuracy of information, current evidence and scientific support. The team members who participate in this important review work are the members of the ASPAN Standards & Guidelines Strategic Work Team (SWT).

How Information Becomes Part of the Standards

Issues and new practice information may be raised through the CPC related to patient safety, staff safety, quality of care concerns, new practice methods or a national healthcare topic related to perianesthesia care or perianesthesia nursing. These issues are researched by the CPC and Standards & Guidelines SWT. The journey then often begins with the development of a position statement. With further research over time, the position statements may evolve into practice recommendations which generally carry more weight, and are what ASPAN “recommends,” hence the name, practice recommendation.

A wealth of information and knowledge is contained within the Standards book that can assist the perianesthesia registered nurse in providing high quality, safe perianesthesia nursing care. There are several sections within the Standards covering various aspects of practice. All these sections are reviewed on a regular basis, and may be updated with additions, deletions, may be upgraded and moved to another section of the standards, or may be retired. The sections within the current standards include:

- The **Scope** of Perianesthesia Nursing Practice
- **Principles** of Perianesthesia Nursing Practice
- **Standards** of Perianesthesia Nursing Practice
- **Practice Recommendations**
- **Position Statements**
- **ASPAN Resources**¹

Elevating a Position Statement to a Practice Recommendation

So, what does it mean when a position statement is retired in a certain year? In this particular inquiry, *Position Statement 2, A Position Statement on Minimum Staffing*, was part of the 2010-2012 ASPAN Standards and was retired in 2012.² It was a position statement based on expert opinion, and had rationale and background to support it. In this instance, ASPAN utilized the evidence of a legal case in Canada to support the requirement of two registered nurses being present in the same room during a Phase I PACU recovery.

When the Standards state two nurses in PACU at all times, two registered nurses, one of whom is competent in Phase I postanesthesia nursing, must be in the same location as the patient receiving Phase I level of care.^{3,4} The second nurse cannot be in another area of perioperative services, for example, in the operating room or the lounge. Both must be within “shouting” distance of each other. The adverse outcome seen in *Laidlaw et al v. Lions Gate Hospital* truly highlighted the necessity of two registered nurses being present in the same room, especially when patients are at their most vulnerable.⁵

As a result, that position statement evolved into a practice recommendation, which again, carries more weight for the perianesthesia practitioner. Because it evolved into a practice recommendation, there was no longer a need to keep the position statement. It has never been the intent of ASPAN for a position statement to languish in the Standards for all time. A position statement is often the jumping off point, and we either grow

Protecting Research Participants

Research Ethics and the Institutional Review Board

Margaret McNeill, PhD, RN, APRN-CNS, CCRN-K, CCNS, TCRN, CPAN, NE-BC, NHDP-BC, FCNS, FAAN
ASPAN Director for Research

Before you undertake a research study, consideration of the protection of the participants is a must. Thoughtful consideration of the rights of those who agree to be in your study is not only an ethical obligation, it is the law.

History has many examples of violations of human subject protections, and that is why we have independent research ethics review committees, also known as Institutional Review Boards (IRBs).

Historical Examples of Research Violations

A famous example of why these laws exist is the Nazi experiments on prisoners that had no scientific merit and were conducted against the will of the subjects.¹ We have our own shameful history in the U.S.: the Public Health Service opened a study in 1932 known as the “Tuskegee Study of Untreated Syphilis in the Negro Male.” For 40 years, the researchers misled the participants about the purpose of the research, and they watched the progression of the disease rather than inform and treat the participants, even after penicillin was available.² And, there is the story of Henrietta Lacks, a cancer patient at Johns Hopkins, where, without her consent, researchers used her cancer cells from a biopsy to develop a cell line that is still used in studies today. Rebecca Skloot documented the extensive histories of both the HeLa cell line and the Lacks family in her 2010 book *The Immortal Life of Henrietta Lacks*.³

Protection of Human Subjects

The Belmont Report was written by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research.⁴ The Commission was created as a result of the National Research Act of 1974,⁵ which became law after the Tuskegee study caused public outrage. The Commission was charged with identifying the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects. They developed guidelines to assure that research is conducted in accordance with those principles.

The **Basic Ethical Principles** identified in the report are:

1. Respect for Persons: Individuals should be treated as autonomous agents (they get to

choose what happens to them), and persons with diminished autonomy should be protected (for example, children or prisoners).

2. Beneficence: We have an obligation to do no harm AND maximize benefits and minimize risks or possible harm.
3. Justice: Do those who bear the burden of the research also get to benefit? Clearly, the Nazi experiments were an example of injustice.⁴

These principles are upheld through informed consent, assessment of risk and benefits and fair selection of subjects. Informed consent includes three elements: information, comprehension and voluntariness.

Institutional Review Boards

The IRB is the body at the institution level charged with ensuring research is conducted according to these ethical principles and follows the related federal regulations. IRBs exist worldwide. There must be at least five members of varying backgrounds, although many organizations have large boards, and more than one. IRB members should have the professional experience to provide appropriate scientific and ethical review. Many people think the board should not review the science; everything is reviewed because if the science is not sound, then the research will put subjects at risk for no benefit, which is unethical. An IRB must have at least one scientist member and at least one nonscientific member. There must be one member who is not affiliated with the institution (a community representative). IRBs can have representatives that are scientists, physicians, nurses, members from other healthcare disciplines, chaplains and attorneys.⁶

All research must be reviewed by an IRB. Some institutions want all projects that involve patients or patient data to be reviewed by the IRB for a determination whether it falls under IRB purview. Such organizations require IRB review of EBP and QI projects, even though that is not required by the regulations. Frequently people think their study may meet the criteria to be exempt from IRB oversight, but a researcher does not get to decide; the IRB must review and make that ruling.⁶ When in doubt, consult your IRB!



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2019 Updates in the World of Pain Management

Melanie Simpson, PhD, RN-BC, OCN, CHPN
Liaison, American Society for Pain Management Nursing



Melanie Simpson
PhD, RN-BC, OCN,
CHPN

Professionals specializing in pain management saw some dramatic changes in 2019. The end of January, the Academy of Integrative Pain Management (AIPM) closed for business.¹ This was a wonderful, truly multidisciplinary pain organization that simply saw a dramatic decrease in membership and funding related to the opioid crisis and could no longer function. AIPM had funded pain management policy and advocacy work with the State Pain Policy Advocacy Network (SPPAN).² SPPAN had done some amazing work over the previous three years, bringing together providers, patients, and payors from over 75 organizations to improve comprehensive integrative pain management (CIPM) at the Integrative Pain Care Policy Congresses.³ Luckily, the director found funding and support through the Alliance to Advance Comprehensive Integrated Pain Management (AACIPM), so our work will continue with the first meeting in May, 2020.⁴

The CDC and Its Guideline for Prescribing Opioids

March, 2019 brought on a bit of an argument in the pain management world. The CDC took inventory of how its Guideline for the Prescribing Opioids for Chronic Pain⁵ had been used/misused over the three years since it had been released in March of 2016. They clearly recognized the unintended consequences, including misapplication and misrepresentation of the guidelines, and acknowledged the guidelines had caused forced tapers and patient abandonment. You are probably saying "what does this have to do with me in the perianesthesia arena?" Although the title was "chronic pain," there was one little paragraph:

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.⁵

Although many would argue this is an accurate statement, the problem is most providers and pharmacies saw it as a mandate. Consequently, many providers and pharmacies would not prescribe or fill prescriptions for more than 3-7 days. So, the patient who had a big, painful surgery was treated exactly the same

as those having minor procedures, with no one receiving more than seven days. This practice was very detrimental to both acute and chronic pain patients.

More Changes to Pain Organizations

So, if the pain management world was not in enough of an uproar in May, 2019, the American Pain Society (APS,) another multidisciplinary professional pain management organization, was forced to claim bankruptcy and fold.⁶ The soaring legal costs to fight litigation alleging that APS and other medical organizations took money from opioid manufacturers to encourage the inappropriate use of opioids was too much. Unfortunately, APS published *The Journal of Pain*, the most prestigious pain management publication. This publication loss leaves pain researchers and clinicians looking for a new source for disseminating important pain research and clinical information.

May, 2019 also brought the release of the Health and Human Services (HHS) Pain Management Best Practices Inter-Agency Task Force Report.⁷ The Task Force was established to propose updates to best practices and issue recommendations to address gaps or inconsistencies for managing chronic and acute pain. It was a stellar document. Unfortunately, it is a long document, so very few people actually read it and it had no financial backing to make it successful.

ASPMN National Conference

On a high note for 2019, The American Society for Pain Management Nursing (ASPMN) held its 29th National Conference in September in Portland, Oregon. It was a wonderful opportunity to learn and network with nurses passionate about managing patients' pain. We learned about new technologies, integrative therapies, and evidence-based clinical practice. If you have an interest in learning more about pain management, please join us, October 21-24, 2020, for our 30th National Conference in Minneapolis, MN.⁸

REFERENCES

1. Rushlau K. Academy of Integrative Pain Management ceases operation. Integrative Practitioner website. <https://www.integrativepractitioner.com/practice-management/news/academy-of-integrative-pain-management-ceases-operations>. Accessed May 12, 2020.

substantial evidence to make a solid practice recommendation or, the practice issue is resolved by changes in technology or regulations.

When the *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* were voted on and approved at the Representative Assembly in Orlando, Position Statement 2 was retired and the information rolled into *Practice Recommendation 1, Patient Classification/Staffing Recommendations*.³ The Standards also have at their core *Standard III, Staffing and Personnel Management*, as the bedrock for all decisions surrounding staffing.⁴ A standard is a rule, a defining element, a consistent guideline that is, in this case, further expanded on in Practice Recommendation 1 for practical application in your daily perianesthesia nursing practice. A Standard, such as Standard III, is also a necessary component that may be referenced in legal actions.

REFERENCES

1. American Society of PeriAnesthesia Nurses. *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN;2018.
2. American Society of PeriAnesthesia Nurses. *2012-2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2012.
3. American Society of PeriAnesthesia Nurses. Practice recommendation 1- patient classification/staffing recommendations. In: *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN;2018:34-39.
4. American Society of PeriAnesthesia Nurses. Standard III-staffing and personnel management. In: *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN;2018:25-26.
5. *Laidlaw et al v. Lions Gate Hospital*, et al, 1969; 70 WWR 727(BC SC):735. 

REFERENCES

1. Weindling P, von Villiez A, Loewenau A, Farron N. The victims of unethical human experiments and coerced research under National Socialism. *Endeavour*. 2016;40(1):1-6. doi:10.1016/j.endeavour.2015.10.005. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4822534/> Accessed May 11, 2020.
2. Centers for Disease Control and Prevention. U.S. public health service syphilis study at tuskegee. <https://www.cdc.gov/tuskegee/timeline.htm> Accessed May 11, 2020.
3. Skloot R. *The Immortal Life of Henrietta Lacks*. New York, NY: Crown; 2010.
4. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. The Belmont

Report: ethical principles and guidelines for the protection of human subjects of research. Washington, DC: Department of Health Education and Welfare; 1979. DHEW Publication OS 78-0012 1978. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html>. Accessed May 11, 2020.

5. Schindelholz K. How the national research act of 1974 enhanced trial safety. IMARC website. <https://www.imarcresearch.com/blog/the-national-research-act-1974>. Accessed May 11, 2020.
6. Grady C. Institutional review boards: purpose and challenges. *Chest*. 2015;148(5):1148-1155. doi: 10.1378/chest.15-0706. 

2. State Pain Policy Advocacy Network (SPPAN). Eds info word press website. <https://edsinfo.wordpress.com/2015/11/21/state-pain-policy-advocacy-network-sppan/>. Accessed May 12, 2020.
3. Integrative Health Policy Consortium. National strategy for comprehensive integrative pain management gaining momentum at 2nd annual integrative pain care policy congress. <http://www.ihpc.org/national-strategy-for-comprehensive-integrative-pain-management-gaining-momentum-at-2nd-annual-integrative-pain-care-policy-congress/>. Accessed May 12, 2020.
4. Alliance to Advance Comprehensive Integrative Pain Management. Pain Management Alliance website. <https://painmanagementalliance.org/>. Accessed May 12, 2020.

5. CDC Guideline for Prescribing Opioids for Chronic Pain. CDC website. https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-a.pdf. Accessed May 12, 2020.
6. McNamara D. American pain society officially shuttered. Medscape website. <https://www.medscape.com/viewarticle/915141>. Accessed May 12, 2020.
7. Pain Management Best Practices Inter-Agency Task Force. HHS.gov website. <https://www.hhs.gov/ash/advisory-committees/pain/index.html>. Accessed May 12, 2020.
8. American Society for Pain Management Nursing. ASPMN website. <http://www.aspmn.org/Pages/default.aspx>. Accessed May 12, 2020. 

Recruitment, Retention, Recognition!

Lori Silva, RN, CCRN, CPAN

Membership/Marketing Strategic Work Team Coordinator



Lori Silva
RN, CCRN, CPAN

Jam often asked, "What is the Membership and Marketing Strategic Work Team (M/M SWT), and what do they do?" The M/M SWT coordinates the recruitment, retention and recognition of ASPAN members. It serves to expand the image of ASPAN and awareness of all phases and settings of peri-anesthesia nursing practice. The M/M SWT has 45 members from all over the United States. Most of our work and communication is done via email, but those who attend the ASPAN National Conference meet up on the Monday morning of the conference to review progress and upcoming assignments for the new year. M/M SWT members are divided into subgroups to complete assignments. These subgroups include serving as component liaisons, reviewing Gold Leaf Component of the Year applications, reviewing the Above and Beyond Service Recognition nominations and reviewing Award for Outstanding Achievement nominations. Another group works on PeriAnesthesia Nurse Awareness Week, generating ideas for themes and products. In addition, a fairly new millennials subgroup looks at creative ways to recruit and engage younger nurses within ASPAN.

Some Highlights from 2019-2020:

Member-Get-A-Member (MGM) Campaign: ASPAN membership as of February 1, 2020 was 14,216 members. Seven hundred sixty-nine members participated in the 2019 MGM Campaign, and their hard work led to the recruitment of 999 new and returning members. Great job, everyone!

Social Media Campaign: ASPAN's presence on social media has grown and expanded to Facebook, Instagram, LinkedIn and Twitter. ASPAN posts regularly on all four social media platforms. Facebook continues to be the most prominent platform with over 6,500 followers, but the other groups are growing.

FOLLOW US! On Social Media:



PeriAnesthesia Nurse Awareness Week (PANAW): We are already working on ideas and themes for the 2021 PANAW week. This past February, the 2020 PANAW theme, "Perianesthesia Nurses: Strength in Knowledge," inspired our perianesthesia colleagues. If you have a great idea for a theme, please send it to me at loris@panac.org.

ASPA Awards: The group was busy this year reviewing many nominations for the various ASPAN awards, including the Award for Outstanding Achievement, Above and Beyond Service Recognition nominations, and Gold Leaf Component of the Year Award applications. Thank you to everyone who submitted nominations and applications. Keep up the great work!

Component Liaisons: Each member of the M/M SWT serves as a component liaison, communicating with component presidents and vice-presidents three times a year about upcoming ASPAN events and deadlines. They also offer support and help with membership and marketing ideas.

Millennials Subgroup: This group met via conference calls this year to discuss ideas to recruit, retain, and engage younger nurses in the organization. Great ideas have been shared for social media information and to reach out to younger nurses. This group is available as a resource to component leadership and can assist in developing ideas on how to encourage younger nurses to get involved in component leadership. Many of these younger perianesthesia nurses are working in outpatient settings and ambulatory surgery centers. We need to reach out to these nurses, sharing the many benefits of ASPAN membership. Another opportunity for outreach is to nursing students and new graduate nurses. Stay tuned for more information from your Membership/Marketing SWT. 

2020 MEMBERSHIP CAMPAIGN

Stella states:

"Asking all perianesthesia nurses to be ASPAN members was born because I realized the importance of having all perianesthesia nurses practice according to the ASPAN Standards. I went about campaigning for this practice standard. By 2017, I was thrilled to learn that all nurses who worked on the ASCU and PREP Center in our hospital were ASPAN members, ensuring the highest quality of care is delivered."

Stella Olorunttoyin, BSN, RN, CAPA

ASPN Recruit of the Year 2018 and 2019

Nearly 800 ASPAN members like Stella participated in our 2019 membership campaign. You can help recruit ASPAN members—and win some great prizes for your work, too. More information on ASPAN's current membership campaign is available by [clicking here](#).



ABPANC Introduces New Logo and Website

ABPANC serves an elite group of experienced nursing colleagues who collectively serve to promote quality patient care while enhancing the awareness and respect of perianesthesia nursing. To keep pace with current trends in healthcare and perianesthesia nursing, ABPANC redesigned its website to better reflect its mission of supporting nurses as they seek certification and enhance their career. The new website is streamlined and easy to navigate, designed to assist nurses through the CPAN and CAPA certification and recertification process as easily as possible. You can find the new website at the same address: www.cpancapa.org.

The new ABPANC logo encompasses the best of all that CAPA and CPAN nurses represent. Learn about the meaning of the logo [here](#).



Celebrating 35 Years of Perianesthesia Nursing Certification!

ABPANC was formally formed as a stand-alone certification board for perianesthesia nurses in 1985. We are proud to be celebrating 35 years as an accredited certification board in 2020!

Did you know ABPANC offers a limited number of scholarships each year for both certification and recertification exam fees? [Click here](#) for more information.

CERTIFICATION

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

We've Moved!

Please note ABPANC's new address and contact information:

1133 Broadway, Suite 544
New York, NY 10010
NEW Phone: 347.708.7975
Email: abpanc@cpancapa.org
Web site: www.cpancapa.org



Diane Swintek
MSN, RN, CPAN

Clinical Practice Hot Topic Alarm Management

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

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 alarm management.



What are the recommendations regarding setting alarm limits?

A. The Joint Commission (TJC) has made alarm management, including volume and response, a National Patient Safety Goal (NPSG) for successive years.¹ The ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* do not specifically address setting alarm limits on patient monitors. The ASPAN Standards do, however, address alarm management in Position Statement 12 – “A Position Statement on Alarm Management.”² Alarm fatigue is the real issue that has led to both the NPSG by The Joint Commission and the position statement from ASPAN.

Increasing Noise in the Work Environment

Manufacturers provide default alarm limits for the monitors, and institutions determine which physiologic monitors and alarms are applicable in each clinical area. The advent of multiple technological devices, helpful in providing patient care that provides audio and visual alarms, can lead to missed alarms or signals. The perianesthesia registered nurse can become “overwhelmed by, distracted by, or desensitized to the number of alarms that activate”² from each of these devices. We must also consider noise from patient handoffs, visitors at the bedside, and telephone calls to the unit in addition to the physiologic or other equipment alarms. The World Health Organization (WHO) has reported noise levels should not be greater than 35 decibels during the day, and yet, in hospitals, the measured decibel level is closer to 70-100 decibels.³ Where does the volume of alarms fit into the noise in PACU?

Alarms and Patient Safety

A measure every perianesthesia registered nurse can take to reduce alarm noise in PACU is to individualize the alarms to the specific patient. The incidence of false alarms has led to staff being desensitized to alarms and, therefore, delaying action when an alarm calls for intervention. Institutions should create policy

stating which specific devices and alarms are necessary in order to minimize alarm noise and fatigue.

An article by Sendelbach and Funk emphasizes just how long alarm management has been of concern. The authors remind us the reason behind alarms is to improve patient care and outcomes. The alarms are there to alert the nurse when a patient’s condition is deteriorating. When the alarm is missed related to low volume or overwhelming input, then patient safety is compromised.⁴

Individualizing Alarm Parameters

In my practice at a Phase I PACU, our monitors have default settings for adults and pediatric patients. We have some providers who enter alarm limits for certain parameters in their postanesthesia orders. They know their patients, they know what physiologic response to expect from the interventions, and they have the foresight to order patient specific limits. This alleviates the incidence of overwhelming alarm noise and alarm fatigue.

REFERENCES

1. The Joint Commission National Patient Safety Goals. https://www.jointcommission.org/-/media/tjc/documents/standards/national-patient-safety-goals/npsg_chapter_hap_jan2020.pdf. Accessed February 15, 2020.
2. American Society of PeriAnesthesia Nurses. Position statement 12 – a position statement on alarm management. In: *2019-2020 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018:135-138.
3. Sparacino D. Dangerous decibels: hospital noise more than a nuisance. <https://www.rn.com/nursing-news/hospital-noise-more-than-a-nuisance/>. Accessed February 16, 2020.
4. Sendelbach S, Funk M. Alarm fatigue: a patient safety concern. *AACN Adv Crit Care*. 2013;24(4): 378 – 386. https://www.nursingcenter.com/pdfjournal?AID=1617134&an=01256961-201310000-00009&Journal_ID=230572&Issue_ID=1616941. Accessed January 14, 2020. 

Region Three Update

Deborah Moengen, BSN, RN, CPAN
Regional Director, Region Three

Attracting New Leadership

There are common themes among all component leaders in Region Three: these themes consist of passion, a presence of strong leaders within each component and uncertainty related to the future leadership and viability of their respective components. This uncertainty involves hesitancy of members to come forward and volunteer for positions on district or component boards.

The magic question is, how do we attract potential leaders in order to sustain strong components? There are many component members who have been on the boards for many years. This is such a testament to dedication. However, it can also contribute to some vulnerability if a leader retires or is no longer involved. This longevity of some members on boards may also keep upcoming leaders from stepping forward, getting involved and enhancing their own development.

How do we encourage and support the next generation to join component leadership teams? We know that it is a volunteer position. We know the benefits outweigh the cost, and this is something that we must speak to when encouraging others to volunteer. In healthcare, we often look at patient care decisions in terms of benefits outweighing the risk. So, what is it for ASPAN? Below are some of the benefits that can and should be shared with potential leaders:

Recognition: Each component has its own unique way of acknowledging the work that each member provides

3



Region Report



Deborah Moengen
BSN, RN, CPAN

Access to Knowledge: Through networking with many other component and national leaders, we have access to unlimited shared knowledge on what others are doing in perianesthesia care

Support: Most components do a nice job supporting board members to attend local conferences, the ASPAN Leadership Development Institute and the ASPAN National Conference

A Voice: Being involved at the district or component level allows one to be at the table and contribute to changes on a state and national level. Making changes to provide better care for our patients starts with one voice speaking up. This may lead to conducting research or reviewing the research so we can improve patient outcomes and enhance our clinical practice.

Region Three is alive and well. There are many opportunities for the nurses in this region to get involved and grow their components. As the regional director, my focus is on creating ways to connect through a shared calendar, Facebook and meeting together. Because I know we are better together. 🌱



▲ Region 3 leaders gathered in Nashville, 2019

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*Infection prevention is referencing the Mistral-Air HEPA filter and Altrix FDA clearance that there is no aerosolization of bacteria from the water system, reducing particle and bacterial spread through the air. The use of Altrix and Mistral Air do not guarantee reduction or prevention of infection. Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: Altrix, Stryker. Mistral-Air is a registered trademark of the 37 Surgical Company. All other trademarks are trademarks of their respective © 2020 Stryker.

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Component Education Program

Arizona PeriAnesthesia Nurses Association (AzPANA) will hold a fall conference October 3, 2020, at the Desert Diamond Casino and Hotel in Tucson, AZ. For more information visit www.azpana.org.

Education

Pennsylvania Association of PeriAnesthesia Nurses (PAPAN) will hold its annual conference "Bridging Knowledge to Practice" Saturday, October 4, 2020, via live webcast only. Details along with brochure will be on the website <https://papanonline.nursingnetwork.com>. Contact Ursula Mellinger at ursmellinger@gmail.com for any questions.

Rocky Mountain PeriAnesthesia Nurses Association (RMPANA) will hold its annual Retreat in the Rockies October 2-4, 2020, at Snow Mountain Ranch outside of Winter Park, Colorado. Visit <https://rmpana.nursingnetwork.com/> for more information.

Northwest PeriAnesthesia Nurses Association (NPANA) will hold its Big Sky Fall Conference October 3-4, 2020, in Billings, MT, at The Northern Hotel. For information, please visit the NPANA website at www.npana.org.

Illinois Society of PeriAnesthesia Nurses (ILSPAN) will hold its fall conference Saturday, October 17, 2020, at Saint Louis Children's Hospital, Saint Louis, MO. Contact Hasima Hajdini, BSN, RN, CPN, at hasima.hajdini@bjc.org or 314-288-7218 for more information.



2020 SUMMER FALL Webcasts & Seminars  **ASPN**

LIVE IN-PERSON SEMINARS

ADVANCED PATIENT SAFETY: NEW APPROACHES AND DIRECTIONS

- August 22, 2020**
Springfield, IL
- October 3, 2020**
Middletown, NY

FOUNDATIONS OF PERIANESTHESIA PRACTICE

- September 26, 2020**
Indianapolis, IN

PERIANESTHESIA CERTIFICATION REVIEW

- July 11, 2020**
Long Beach, CA
- August 23, 2020 SUNDAY**
Newport Beach, CA
- November 14, 2020**
Columbia, MD

REFRESHING YOUR PERIANESTHESIA PRACTICE

- October 3, 2020**
Fishkill, NY
- November 14, 2020**
Little Rock, AR

LIVE WEBCASTS FULL-DAY PROGRAMS

FOUNDATIONS OF PERIANESTHESIA PRACTICE

- August 1, 2020**

PAIN MANAGEMENT IN THE PERIANESTHESIA AND CRITICAL CARE SETTINGS

- August 15, 2020**

PEDIATRICS: BEYOND THE BASICS

- August 22, 2020**

PEDIATRICS: LITTLE BODIES, BIG DIFFERENCES

- September 26, 2020**

PERIANESTHESIA CERTIFICATION REVIEW

- August 8, 2020**
- November 8, 2020 SUNDAY**

PERIANESTHESIA CERTIFICATION REVIEW (3 Parts)

- October 7, 2020 WEDNESDAY**
- October 14, 2020 WEDNESDAY**
- October 21, 2020 WEDNESDAY**

PERIANESTHESIA PATHOPHYSIOLOGY AND ASSESSMENT: A SYSTEMS APPROACH

- August 29, 2020**



**LIVE WEBCASTS
FULL-DAY PROGRAMS
CONTINUED**

PERIANESTHESIA STANDARDS AND IMPLICATIONS

FOR PRACTICE

October 24, 2020

REFRESHING YOUR PERIANESTHESIA PRACTICE

October 17, 2020

SAFETY BEGINS WITH US

October 3, 2020

SURROUNDING YOUR PRACTICE WITH EXCELLENCE:

LEGAL ISSUES, STANDARDS AND ADVOCACY

November 14, 2020

**LIVE WEBCASTS
HALF-DAY PROGRAMS**

**ADVANCED CARDIOVASCULAR AND PULMONARY
PATHOPHYSIOLOGY**

August 16, 2020 SUNDAY

**FOUNDATIONS OF PEDIATRIC
PERIANESTHESIA CARE**

October 4, 2020 SUNDAY

PERIANESTHESIA ESSENTIALS I

September 13, 2020 SUNDAY

PERIANESTHESIA ESSENTIALS II

September 13, 2020 SUNDAY

PERIANESTHESIA ESSENTIALS III

October 18, 2020 SUNDAY

PERIANESTHESIA ESSENTIALS IV

October 25, 2020 SUNDAY

PERIANESTHESIA ESSENTIALS V

November 22, 2020 SUNDAY

PERIANESTHESIA FOUNDATION

November 15, 2020 SUNDAY

**LIVE WEBCASTS
TWO-HOUR PROGRAMS**

ACUTE AND CHRONIC PAIN MANAGEMENT

August 19, 2020 WEDNESDAY

ANESTHESIA AGENTS AND TECHNIQUES

November 4, 2020 WEDNESDAY

**TWO-HOUR PROGRAMS
CONTINUED**

ASPAN PRACTICE RECOMMENDATIONS

September 9, 2020 WEDNESDAY

**COMPLICATIONS AND EMERGENCIES
AFTER ANESTHESIA**

November 11, 2020 WEDNESDAY

EMERGENCY PREPAREDNESS

July 15, 2020 WEDNESDAY

October 28, 2020 WEDNESDAY

**ERAS: WHAT YOU NEED TO KNOW FOR ENHANCED
RECOVERY AFTER SURGERY**

September 30, 2020 WEDNESDAY

**GASTROINTESTINAL AND ENDOCRINE
PATHOPHYSIOLOGY AND ASSESSMENT**

September 16, 2020 WEDNESDAY

**INFECTION CONTROL CHALLENGES: IMPLICATIONS
FOR THE PERIANESTHESIA NURSE**

August 2, 2020 SUNDAY

**LEGAL AND ETHICAL ISSUES IN PERIANESTHESIA
NURSING**

September 2, 2020 WEDNESDAY

**MALIGNANT HYPERTERMIA AND POSTOPERATIVE
NAUSEA AND VOMITING**

August 5, 2020 WEDNESDAY

NEUROLOGIC PATHOPHYSIOLOGY AND ASSESSMENT

August 26, 2020 WEDNESDAY

OBSTRUCTIVE SLEEP APNEA AND CAPNOGRAPHY

August 29, 2020 WEDNESDAY

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

November 21, 2020

PATIENT SAFETY GOALS AND ASPAN STANDARDS

July 22, 2020 WEDNESDAY

**PEDIATRIC ANESTHESIA AND POSTANESTHESIA
COMPLICATIONS**

August 12, 2020 WEDNESDAY

**PREANESTHESIA ASSESSMENT AND PACU ASSESSMENT
AND DISCHARGE CRITERIA**

September 23, 2020 WEDNESDAY

**PREVENTION OF UNWANTED SEDATION: PUTTING
THE PRACTICE RECOMMENDATION INTO PRACTICE**

August 9, 2020 SUNDAY