



ASPAN

American Society of PeriAnesthesia Nurses

Collaborative Advocacy & Innovation Strategic Work Teams present:

ASPAN Primer

**Conflict of Interest for Innovation
and Advocacy Activities**



Created 2023

Elizabeth Card DNP APRN FNP-BC CPAN CCRP FAAN FASPAN
Collaborative Advocacy and Innovation Strategic Work Teams (SWT) Coordinator 2022-2023

LeighAnn Chadwell MSN RN NE-BC
Collaborative Advocacy SWT Vice-Coordinator 2022-2023

Gifty Boateng MSN RN CPAN
Innovation SWT Vice-Coordinator 2022-2023

Alphonzo Baker, Sr. DNP RN CAPA
Vice President/President-Elect 2022-2023

Peggy McNeill PhD RN APRN-CNS CCRN-K CCNS TCRN
EBP-C CPAN NE-BC NHDP-BC FCNS FAAN FASPAN
Director for Clinical Inquiry 2019-2023

Felicia Selman MSN RN CAPA
Director for Education 2022-2023

Ronda Dyer MSN BSPA RN CPAN CAPA CNE
Regional Director, Region 1 2022-2023

Keisha Franks MSN RN CPAN
Regional Director, Region 5 2019-2023

Juli Reynolds BSN RN NC-BC CCA
Well-being SWT Coordinator 2020-2023

Susan Russell BSN RN JD CPAN CAPA FASPAN
ASPAN Past President 2017-2018

Linda Wilson PhD RN CPAN CAPA NPD-BC CNE
CNEcl CHSE-A ANEF FAAN FSSH FASPAN
ASPAN Past President 2002-2003

Connie Hardy Tabet MSN RN CPAN CAPA FASPAN
ASPAN President 2022-2023

Thanks to the following for their assistance in reviewing this publication:
Susan Norris BScN RN CAPA, Publications SWT Coordinator
Jane Certo BA, ASPAN National Office

© Copyright ASPAN 2023. All rights reserved.

Reproduction by any means without the expressed consent of ASPAN is prohibited.

American Society of PeriAnesthesia Nurses • 90 Frontage Road • Cherry Hill, New Jersey 08034-1424
877-737-9696 toll free • 856-616-9601 fax • aspan@aspan.org • www.aspan.org

Introduction

The American Society of PeriAnesthesia Nurses (ASPAN) is a leading voice in advocacy and innovation in perianesthesia nursing as well as promoting an understanding of what potential conflict of interests may be and more importantly how to correct for them once discovered. Additionally, the Collaborative Advocacy Strategic Work Team (CASWT) seeks to increase nursing's impact through deliverable actions focused on improving frontline care and healthy workplace environments. By means of collaborating with internal and external entities, promoting nursing advocacy education, clinical inquiry initiatives, and improving community outcomes the CASWT will empower perianesthesia nurses to advocate for the nursing profession and safe patient care. Nurses can address practice problems through completion of quality improvement (QI) evidence-based practice (EBP) projects, conducting research studies or through innovation.

Advocacy is defined as the act or process of supporting a cause or proposal.¹ As nurses, we have the opportunity to positively impact the profession and our patients through advocacy. Nurses already possess the skills needed to be successful advocates – problem solving, communication, collaboration, and influence – we just need to find our voice and become involved! The American Nurses Association (ANA) calls for every nurse to take an active role in becoming more knowledgeable about advocacy for our patients, ourselves, our communities and our profession!¹ Nurses must provide their input and voices in the legislative process to ensure appropriate funding for development of the nursing workforce, affordable access to high quality healthcare, to eliminating barriers for advanced practice nurses to practice at their full degree of training, promoting evidenced based care and, when gaps in evidence are identified, complete research. This primer provides some basic guidance on how you can effectively be an advocate.

Detecting and Managing Conflicts of Interest

Conflict of Interest

A conflict of interest may arise when an ASPAN leader, volunteer, member, or a member of their immediate family (i.e., spouse/partner, daughter/son, brother/sister, father/mother) has an actual or potential financial or other material interest that impairs or might appear to impair their independence and objectivity in the discharge of responsibilities and duties to ASPAN. An example of impairing one's independence would be self-promoting or self-promotion, rather than promoting or advocating for ASPAN's best interest as an organizational member or leader.

Management of an Actual or Potential Conflict of Interest

Disclosure

ASPAN understands that its leaders and members have significant professional, business, and personal interests and relationships. Therefore, ASPAN has determined that the most appropriate manner in which to address actual or potential conflicts of interest is initially through liberal disclosure of any relationship or interest which might be construed as resulting in such a conflict.

Disclosure via the ASPAN COI Acknowledgment Statement and according to the ASPAN Conflict of Interest Policies (03-035 Authority/Conflict of Interest for ASPAN Volunteers and Appointees and 03-036 Authority/Conflict of Interest for ASPAN Board of Directors and Board Candidates) does not presume impropriety, or automatically preclude someone from participating in an ASPAN activity or decision-making process. Rather, it reflects ASPAN's recognition of the many factors that can influence judgment.

Transparency of the information regarding an actual or potential conflict of interest facilitates proper evaluation regarding the interests of others and, as necessary, to implement a plan to properly manage conflicts.

All members of the Board of Directors, volunteers, and other individuals involved in a decision-making process on behalf of ASPAN are to act at all times in the best interest of ASPAN and to fully disclose any personal, professional or business interests that conflict or potentially conflict, directly or indirectly, with the affected activity or decision.

Conflicting interests may relate to ASPAN's programs and services (e.g., educational courses) or its operations (e.g., contracts with third parties). In addition, members of the Board of Directors, volunteers and other individuals involved in a decision-making process on behalf of ASPAN may not use their position for individual advantage or for the advantage of a relative or business associate.

Through the disclosure of personal, professional or business interests, other participants will have the opportunity to take potential biases into consideration. In addition, the Board of Directors and others will be in a better position to determine whether the participant may have an interest in conflict with the interests of ASPAN that requires further management, beyond mere disclosure.

These examples are fictitious; all identified potential conflicts of interest would require an evaluation and determination:

- A representative of a drug company for a postanesthesia medication gives a sales pitch during an educational presentation.
- An ASPAN member is the owner of a company that provides perianesthesia nursing education, and they talk about the company during a presentation at the National Conference or on other committees, SWTs, or taskforces as self-promotion.
- The ASPAN conference planner hires a company to provide audio/visual support, and their brother is a salesperson employed by the company.
- A board member recommends a conference site and does not disclose that their spouse is employed by the hotel.
- A candidate for ASPAN office does not disclose that they have thousands of dollars in a publishing house, and then advocates a switch to that company for ASPAN publications.

- A member on a committee, SWT, or taskforce, does not disclose that they are also a candidate for an educational offering that is being evaluated or reviewed for a potential educational presentation or being evaluated blinded rubric.

Evaluation

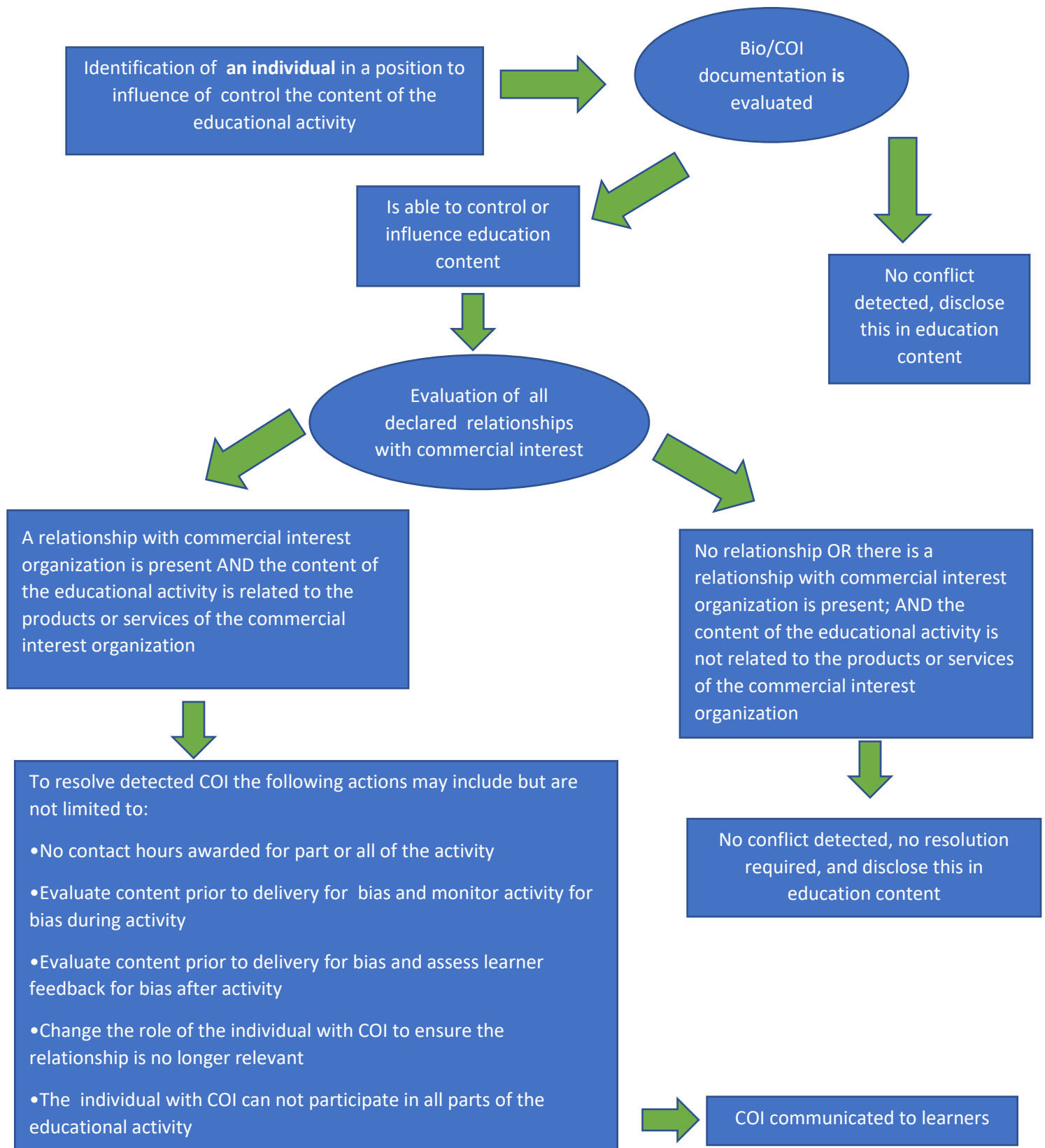
The Board will review submitted disclosures, determine whether a conflict of interest exists, and, if so, will determine whether such conflict materially and adversely affects ASPAN's interests. If it is determined that an actual or potential material conflict of interest exists that adversely affects ASPAN's interests, the Board will also determine an appropriate action.

Mitigation or Elimination

The actions may include:

- A waiver of the conflict of interest as unlikely to affect the individual's ability to act in the best interests of ASPAN and they are authorized to participate in the activity
- Recusal of the conflicted ASPAN member from participating in certain matters pending before ASPAN, the Board, or other ASPAN body
- Resignation or separation of the conflicted ASPAN member from his or her position with ASPAN
- Advising the ASPAN member to divest themselves of the conflicting relationship

An ASPAN member whose potential conflict is under review is expected to disclose material facts and to respond to questions and cannot discuss the issue further with the reviewers. In addition, they shall refrain from participating in any ASPAN matter affecting the interest under review, pending a determination from the Board. They will recuse themselves from the deliberations. A potential conflict of interest involving educational activities can be evaluated and addressed by applying this decision tree/algorithm:



(Adapted from the Northeast Multistate Division (NEMSD) Evaluating Conflict of Interest Flow Chart)

Advocacy and Lobbying

Lobbyists are advocates for special interest groups. Like attorneys, they are generally advocates for hire. Advocacy and lobbying have common characteristics. Both seek to influence others. Both seek to bring attention to a specific issue, situation, individual or group. Both seek to bring about change by raising public awareness, increasing support or opinion, and influencing policy or decision making. The most commonly recognized professional advocate may be an attorney or a lobbyist, but there are many other individuals whose duties include advocacy. A primary difference between advocates and lobbyists is that an advocate does not have to be expressing a political opinion. Anyone can be an advocate. Examples of roles for advocates include:

- Child welfare
- Persons with disabilities
- Environmental issues
- Family services
- Mental health services
- Victim services
- Veterans' services
- Community outreach

Advocacy encompasses a broader range of activities than lobbying. Both include communication and promotion of a cause or issue. Advocacy can include such things as contacting lawmakers, educating the public, organizing events, and serving as a subject matter expert. Advocates can write editorials, journal or newsletter articles, and circulate petitions to bring attention to an issue or condition. Advocacy in healthcare can include activities which draw attention to a company's practices, a hospital's expansion plans or admission practices, eldercare, affordable healthcare, affordable housing, emergency preparedness/disaster response, etc. It may include participation in the hospital's shared governance council, department safety committee, ethics committee or a community outreach program. Advocacy may also include participating in meetings with hospital leaders to bring attention to staffing issues, such as nursing shortages, meal breaks and overtime. It may encompass petitioning for new equipment, educational opportunities, nurse onboarding, nursing research opportunities, and clinical ladders.

Some organizations have political action committees, or PACs. At the federal level, PACs raise money to influence legislation. They may employ lobbyists.² Examples of healthcare organizations with established PACs include:

- American Healthcare Association
- American Hospital Association
- American Medical Association
- American Society of Anesthesiologists
- Certified Registered Nurse Associates
- American Nurses Association
- Abbott Laboratories Employees
- Eli Lilly and Company
- Johnson & Johnson
- Pfizer Inc.

PACs are subject to federal income tax under IRC section 527 and may be required to file income tax returns.³ They are known as 527 organizations. The money raised by the PAC must be segregated from the general organizational funds. This is known as a separate segregated fund, or SSF. These organizations should state what portion of a member's dues are allocated to the PAC. A 501(c)(3) organization such as ASPAN cannot contribute to a political organization or a PAC. The IRS regards lobbying as "any attempt by an organization to influence legislation" by contacting members of a legislative body or their employees for the purpose of proposing, supporting, or opposing legislation, urging the public to contact legislators or their employees, or advocating the adoption or rejection of legislation.⁴ Many organizations hire lobbyists to represent their interests and promote their legislative agendas.

Does this mean that a 501(c)(3) cannot lobby in support of specific issues or against specific legislation? Emphatically, no. As an organization, ASPAN could engage in limited lobbying, but there are very strict rules and financial limitations that must be followed. ASPAN does not engage in activities which might compromise its 501(c)(3) status. For example, the ASPAN President may sign letters which address specific legislation or appropriations important to the

nursing community. Often, these letters are in collaboration with other nursing organizations. Individual ASPAN members can contact their elected officials to comment about any issue that individual deems important. However, ASPAN members should not state that they represent ASPAN, unless specifically authorized to do so, or attribute their individual opinions to ASPAN. ASPAN is represented on several important national healthcare organizations which advocate for patients and healthcare workers. Among these are the Anesthesia Patient Safety Foundation and the Council on Surgical and Perioperative Safety. ASPAN has liaisons to many other organizations such as the National Nursing Task Force, the American Organization for Nursing Leadership and the Nursing Community Coalition.

A 501(c)(3) can educate the public about specific public health issues or legislation related to healthcare. Some examples include vaccinations, the fentanyl crisis, sex trafficking, and conditions in shelters for immigrants and the homeless. Members can contact legislators about specific projects and research, or to educate the lawmaker about a particular concern. Exposure to waste anesthetic gases (WAG) in the PACU is an example of an ongoing research project which received government funding and a topic that legislators need to be educated on and given information.

Who Are You Representing in Innovation or Advocacy Activities?

Nurses advocate for their patients, promoting their patients' rights, wishes, and best interests. They serve as liaisons between patients, their physicians, and healthcare facilities. Nurses also advocate for their profession, ensuring that they have the resources and support needed to provide the best possible care.

The Nurses Bill of Rights was constructed by the ANA to support nurses in an array of workplace situations, allowing for "full authority for nurses to practice at the top of their license, credentials, and professional standards without barriers, and in a manner that fulfills their obligations to society, patients, and communities."⁵

According to the ANA Code of Ethics for Nurses (2001), nurses do have the right to advocate for the nursing profession, themselves and their patients, and to do so without fear of retribution. Legislative and political advocacy is taken on apart from association with any employer or professional organization, unless designated by that organization.⁵ The nurse must be familiar with their state's nurse practice act as they engage in advocacy.

It is paramount to be clear on whose behalf you are advocating as this activity is not without risk. Nurses can successfully advocate as an individual citizen, as a constituent, as a professional nurse or as a member of a professional organization. You cannot, however, advocate for your employer; you cannot speak on their behalf and cannot represent your employers' views. When engaging in advocacy activities, do not mention your employer. Instead, you can indicate you are a professional nurse who is employed in the hospital setting or the ambulatory perianesthesia setting.

Innovation may be the solution that can improve the delivery of nursing care, the quality of patient care or improved outcomes in a practical, cost-efficient, and efficient way.

Examples of innovation in professional nursing:

- New Health Technologies
- Innovative Medical Devices
- Disease Preventative Approaches
- Screening Tools

Innovation and Advocacy

Nurses often find themselves desiring change or the opportunity to innovate to improve nursing care, patient outcomes or refine a workflow. This may be the need to change the plan for an individual patient or collective practices affecting all patients. The unmet need may be to improve work conditions, schedules or safety for staff. The innovation may be a change in policy or practice, or may focus on new equipment, supplies or medications. The scope or purpose of the innovation may vary, but the advocate's approach is the same.

First, identify the key stakeholders and decision-makers, second, determine what will motivate or influence them, and third, select the appropriate resources to achieve the goal. Ideally, the advocate can present a proposal that results in outcomes benefiting key stakeholders.

While nurses advocate for the patients directly in their care, nurses also may advocate for the collective patients served by the department. They must clearly and concisely state the concerns along with the innovation or idea they think will result in improved conditions or outcomes.

Implementing innovation at the bedside may require the approval of leadership and/or the medical staff as well as buy-in from the unit staff. The nurse will gather supporting material from ASPAN, the ANA, the Association of periOperative Registered Nurses (AORN), the American Society of Anesthesiologists (ASA), the American College of Surgeons (ACS) or others' standards of practice, from relevant peer-reviewed literature authored by experts (journals such as the *Journal of PeriAnesthesia Nursing* or texts such as *the Core Curriculum for Perianesthesia Nursing*), or published evidence-based practice guidelines or standards. For this audience, improved patient outcomes, safety, reduced risk and cost are important. The innovation may be presented directly to leadership or may be channeled through the unit-based council.

An example of this type of advocacy might be the implementation of pre-op screening for obstructive sleep apnea or post-op nausea and vomiting. This is done by nursing staff to affect patient safety, satisfaction and outcomes. Nursing can use the information gleaned from the screening to impact the nursing care plan across the perianesthesia continuum. Data can be shared with anesthesia providers to influence their plans. The costs and risks of this innovation are minimal.

Advocating for changes requiring approval outside the direct line of authority will require more resources. When additional departments become involved, the nurse needs to know what factors will affect these additional decision-makers. The nurse may need to produce evidence of improved costs along with reduced risks and improved patient outcomes. In some instances, input from the risk management or infection control departments may prove valuable in determining success. Still, other situations may require the nurse to research state labor laws,

state practice acts, or even the Centers for Disease Prevention and Control or The Joint Commission standards for additional supporting documentation.

Some examples of this type of advocacy might be the use of new products such as pharmaceuticals or alternatives to pharmaceuticals. While such proposals may include an initial cost, the nurse should complete a thorough cost analysis that includes evidence for improved outcomes and decreased risk (unplanned admissions, respiratory depression, nausea and vomiting, etc.). Improved patient satisfaction, and /or throughput ultimately saves money. The nurse should be prepared to demonstrate cost effectiveness through risk and benefit comparison as well as comparison of current practice.

It is important to be able to show the consistency of expert opinion when available. For instance, if the AORN, ASPAN, ASA, and the ACS all agree on a practice or guideline, this will carry added weight when attempting to influence decision-makers. Gathering evidence from as many sources as possible can improve the likelihood of successful advocacy.

The nurse may find that the concern is affecting patients or nurses throughout the state or nation. In this case, resources will extend to meeting with appropriate governing bodies such as representatives at the State Board of Nursing, the Department of Health, or even legislators to enact change. Regardless of the scope of change, the advocate must know their audience, be prepared, and present evidence that supports the change while helping to meet the goals of the decision maker. An example of a statewide advocacy effort would be a coalition of nursing organizations promoting the coverage of continuous glucose monitors for patients receiving government-funded healthcare.

Providing evidence of the cost savings realized in patients with well-controlled diabetes, the legislators making decisions are faced with a win-win solution.

What is Intellectual Property?

Intellectual property matters when considering any innovation project being developed or prior to any publication. It ensures that the innovative product or service is appropriately protected. Intellectual property means the person(s) who created the innovation owns this idea and this should be protected. Examples of products resulting from innovation include: works of art, publications, or inventions. To read more, go to the World Intellectual Property Organization under *What is Intellectual Property?* found here: <https://www.wipo.int/about-ip/en/>.

It is very important when working on an innovation inside of or in partnership with an organization that the nurse should research regarding the presence of an innovation and proprietary agreement. As an employee, or within an organization, the nurse must understand “work made for hire” agreements that designate the organization or employer as the author of the content or concepts, not the employee. It is crucial for an organization and/or individuals to seek legal protections to protect their ideas from unauthorized use.

Who are Potential Champions You can Engage in Innovation or Advocacy Activities and Resources?

Potential champions you can engage in innovation or advocacy activities and resources.

- Department level
 - Policy or Standards
 - EBP
 - Leadership
 - Unit Board or Unit Committee
 - Physicians/Providers
- Facility level
 - Financial impact
 - Risk or Quality Control office
 - Infection Control office
 - Nursing education

- Local community
 - Chamber of Commerce
 - Health department
 - Parent/teacher organizations
 - Local media networks
- State level
 - Nursing specialty organization state or component board
 - Board of nursing
 - State practice acts
 - Labor laws
 - Department of Health
 - State legislators
- National level
 - National specialty organization
 - Other specialty organizations
 - Alliance of Nurses for a Healthy Environment
 - American Nurses Association
 - American Industrial Hygiene Association
 - Nurses on Boards Coalition
 - Society of Nurse Scientists Innovators Entrepreneurs and Leaders
 - Center for Disease Control and Prevention (CDC)
 - Occupational Safety Health Administration (OSHA)
 - The Joint Commission
 - Legislators

Innovation:

ANA Innovation Lounge

<https://www.nursingworld.org/practice-policy/innovation/events/innovation-lounges/>

Sonsiel

<https://www.sonsiel.org/>

What is intellectual property?

<https://www.wipo.int/about-ip/en/>

Advocacy:

ANA Advocacy Toolbox

AONL Advocacy Toolbox

ANCC Content Integrity Standards

<http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>

(Copy and paste above link in browser if it does not connect.)

Individual Activity Applications or Approved Providers

#

References

1. Selanders LC, Crane P. The voice of Florence Nightingale on advocacy. *Online J Issues Nurs.* 2012;17(1):1.
2. www.fec.gov > press > pac. Accessed 3/5/23.
3. www.irs.gov. Accessed 3/5/23.
4. www.irs.gov > lobbying. Accessed 3/5/23.
5. Wiseman R The ANA develops bill of rights for registered nurses: know your rights in the workplace. *Am J Nurs.* 2001;101(11):55-57.