It’s almost time to celebrate as we travel to ASPAN’s 31st National Conference at the Hilton Orlando! Do you have your bags packed? Are you ready? The Resource Development team wants to take this opportunity to let everyone know about Development activities at National Conference. These activities help support educational scholarships, research projects, and many other ASPAN programs throughout the year.

Please join us on Sunday, April 15th at 6:30 am for the 16th ANNUAL DREAM WALK. Take in the early morning sunshine and raise money for ASPAN projects. I challenge each of you to take the Dream Walk sponsorship form (in the registration brochure) and start searching for sponsors! Let’s be the Beacons of Change... and raise money, Focusing on the Future projects of ASPAN.

EXHIBIT GRAND OPENING and SILENT AUCTION Monday at 5 pm! Be sure to visit our exhibitors as well as the Silent Auction table, where you can find the treasures that you simply MUST take home. Bids are taken up until the close of exhibits on Wednesday at 9am. Everyone is invited to donate items for the Silent Auction.

In the Exhibit Hall, don’t forget to test your knowledge at the Wheel of Standards. Spin the Wheel and correctly answer a question from the ASPAN Standards to win a prize. The component with the most winners will be recognized at the Development luncheon!

Attend the DEVELOPMENT LUNCHEON and this year’s Hail, Honor, Salute program. Enjoy great food, great friends, and find out "What Character Are You?" as past ASPAN President and RMPANA's own Lois Schick, talks about leadership behavior. Proceeds help provide scholarships and services to ASPAN members.

Attend Component Night on Sunday night. The theme is Alice in Wonderland and the RMPANA group has decided to have an “Unbirthday party”, so come in your best party dress with hat and gloves!! Our president, Olyn Carlson, will be the Mad Hatter!! Our table will be set for a tea, and we will be giving away a tea set and all the trimmings. We will also have cards for you to hand out to invite others to our table.

Watch for the many speakers and presenters from RMPANA. We are so proud of our talented RMPANA members! Also please go to vote for the best component newsletter. RMPANA's Air Exchange will be entered!

Please watch for news of a RMPANA gathering, not sure if it will be a breakfast or late afternoon/evening function. Signs will be posted on the communication board near the registration tables. Please contact Valerie Watkins with any questions. Valerie@rrwatkins.com
The RMPANA Board at our last meeting approved the new Mission Statement for RMPANA that is part of our Strategic Plan. It reads:

The mission of Rocky Mountain PeriAnesthesia Nurses Association is to unite registered nurses in all phases of perianesthesia/peri-procedural care through education, research, and standards of practice in order to promote quality care for patients, families, and the community.
I am so proud to be a part of RMPANA. At the March 3rd RMPANA Board of Directors meeting I was, again, impressed with the quality of our leadership. The talent and dedication of these nurses is humbling to me. All one has to do is look at the RMPANA website or read the fall “Air Exchange” newsletter to see how much they contribute to our success. Attend one of the educational seminars put on by the districts or attend the annual “Retreat in the Rockies” and you will see what I am writing about. RMPANA has a rich history of quality in its leadership.

Perianesthesia nurses can take a great deal of pride in what we do. The critical thinking, the innovation, the quality care provided by perianesthesia nurses never fails to impress me. I feel fortunate to be considered among this cohort. RMPANA has 400 plus nurses who are dues paying members. This is an impressive number given the distance by which our facilities are separated. The even more impressive number to me is the 55,000 members there are in ASPAN, and the dedicated leadership of ASPAN. Just spend a few minutes on the ASPAN website and you see the tremendous resource it is for your practice. With the APSAN National Conference looming in April, I get so excited, because I learn so much at the conferences. There are so many opportunities to understand the uniqueness of our nursing specialty. Every member has the opportunity to receive the benefits of the labors of our leadership and organization. Every one of us should take full advantage of what is offered by ASPAN, RMPANA, and our districts.

Taking full advantage is to be involved in your profession of choice. The District I and IV seminars I attended in Denver on January 28th and Loveland on February 4th were well run and provided lots of learning opportunities. Every perianesthesia nurse can benefit from attending these educational offerings that reinforce what you already know, as well as present new and different ways of approaching issues, techniques and practice. There are more educational opportunities coming up this year in the districts. Keep checking the website and watch for news articles and brochures from districts and RMPANA. Attend your district meetings; you can learn a lot.

The contributions of perianesthesia leadership are numerous, but it’s the support of all the members that allows the leadership to carry out their duties. There is a wealth of opportunities for a member that contributes to supporting our leaders. The most obvious, and one of the best ways, is to serve on the RMPANA and District boards. Talk about educational opportunity! I’ve learned a great deal about how to improve my practice by being on the board. If you have even the slightest urge to improve your practice, support your professional organization, work with great individuals and have a little fun along the way, consider pursuing a position on the RMPANA or district boards. The board members are always looking at succession planning and would love to have individuals interested in education, governmental affairs, research, newsletter production, website creating and maintenance, bylaws/policies and procedures, communications among our membership or contributing to the functioning of the RMPANA component and districts. Step up and take a role in keeping us an influential organization amongst all nursing organizations and to the greater community beyond. You can go to the RMPANA website, rmpana.org, clicking on ACTION then FORMS and find a “Willingness to Participate” form which you can fill out and send to me at:

Olyn Carlson
3059 Noble Court
Grand Junction, CO 81504

Or contact any board member and let them know of your interest to learn more about the organization that represents your practice.
Children’s Hospital Colorado Goes Global!

Regina Hoefner-Notz  
BSN, RN, CPAN, CPN

In January of 2012 Children’s Colorado sent their first surgical team to Guatemala City for our first of many Global Health Initiatives. I was fortunate enough to be one of a fifteen person team comprised of three ENT surgeons, three anesthesiologists, three OR nurses and OR technician, three PACU nurses and our coordinator, Sandra Diaz-Castillo.

Our journey began way before stepping onto a plane. The preparations for the trip were key to our success. The team’s kickoff event allowed us to get to know each other and begin to understand the culture we would become part of, even if for just a short period of time. Afterwards, we met several times to coordinate and collect the various pieces of equipment we felt we would need to support 40 ENT surgeries. Part of the process involved defining the surgical procedures we could offer considering the post-operative care that could be supported by the local medical providers. Our team partnered with the Moore Surgical Center, an international surgical post that depends on the generosity of other institutions to come and provide surgical care to underserved children. Not knowing what equipment and supplies were available to us led to some challenges. However, during our packing session we were able to video conference with the staff from Guatemala and the US Guatemalan Team and the Shalom Team to try and begin our orientation and familiarization with the surgical center, including patient selection and needs.

We flew to Guatemala on January 21, 2012 and stepped into a world so different than the one we had left. The Guatemalan staff welcomed us warmly and although many of us did not speak Spanish, we knew we were among colleagues and friends. After a tour of the clinic and another training session we immediately set to work setting up our ORs and PACU. There were supplies to stock, surgical instruments to pack and autoclave, a surgical microscope to assemble and anesthesia machines to become familiar with.

On Sunday we needed to evaluate 80 children to determine who would be an appropriate candidate for surgery. Families had traveled for hours to see if they would be lucky enough to be chosen for surgery. Our pain was not being able to provide for 39 of these children and families. The families that were not selected still graciously thanked us, and blessed us for coming to their country to care for these other children.

The people of Guatemala that we served have little to nothing in material items. Their wealth comes in the form of grace and faith. Each family welcomed us into their lives with open arms, tears, and hugs in ways that no language barrier could ever prevent. We spoke with mothers that were so thankful that their child would possibly hear better, or not endure illness because of their tonsils. We heard about so many struggles with poverty and the lack of basic
Valerie Watkins BSN, RN, CAPA

Literacy skills are the strongest predictor of the individuals’ health status. What is Health Literacy?

“The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (Ratzan and Parker, 2000).

“The ability to read and comprehend prescription bottles, appointment slips, and the other essential health-related materials required to successfully function as a patient.” (AMA Council of Scientific Affairs, 2000).

The Literacy Levels are defined as:

- Below Basic—no more than the most simple & concrete literacy skills
- Basic—skills needed to perform simple, everyday literacy activities
- Intermediate—skills needed to perform moderately challenging activities
- Proficient—skills needed for more complex & challenging literacy activities

There are myths related to providing basic health information. Myth #1: writing at a low grade reading level or using plain language is “dumbing down”. Myth #2: using plain language that is easy to read is unprofessional and insulting. Myth #3: writing at a lower grade level is easy to do. Myth #4: people understand written material we send to them. Over half of the population of the United States has limited health literacy. One out of five is functionally illiterate, and is more likely to be hospitalized; 26 % do not understand when their next appointment is scheduled; 48 % cannot fill out their Medicare forms.

Why does Health Literacy Matter? It is the cost of poor health literacy that affects our entire health care system. Two reports indicate $73-$238 billion in unnecessary costs annually (Friedland, Georgetown University, 2003 and Vernon, University of Connecticut, 2007). The combination of chronic disease and low literacy accounts for $1.7 trillion (75% of health care expenditures). Nearly 1:2 Americans live with a chronic disease, 90% of which are over age 65. Seventy percent have 2 or more chronic diseases and account for over 70% of US deaths annually (CDC 2008).

Improving Practice

What Is Health Literacy?

Valerie Watkins BSN, RN, CAPA

Dr. Greg Allen led our medical team and set the tone for our visit. He reminded us we were visitors in this country and all our work needed to be grounded in respect for what was believed to be best practice in this culture. These directions served us well as we were truly able to become one in service with the Guatemalan families, staff and volunteers. We created bonds not only with all the Guatemalans we met, but this trip enabled us to see each member of our Children’s team in a different light. By working side by side fluidly between ORs and PACU, assisting each other and stepping out of our conventional roles to support the mission we became closer and gained new insight into how important each member is to the team. In many ways, this was one of the most important parts of the trip as we each gained a new respect for the talents each member brought to the table. There are stories after story of compelling children that have had their life changed by our caring. But what this team received in return could not begin to equal that emotion. To describe this incredible experience is almost impossible; however, to live it is life changing.

International Nursing, continued
What Is Health Literacy?

The Joint Commission requirements concerning teaching and education include: maintaining and communicating accurate patient medication information; providing patient education and training based on each patients’ needs and abilities; informing and educating the patient about his or her follow-up care, treatment and services prior to discharge or transfer of a patient. The hospital also respects the patients’ right to receive information in a manner he or she understands.

“Low health literacy affects our everyday teaching. Patients have the right to understand healthcare information that is necessary for them to safely care for themselves and to choose among available alternatives. Healthcare providers have a duty to provide information in simple, clear, and plain language and to check that patients have understood the information before ending the conversation” (The 2005 White House Conference on Aging; Mini-Conference on Health Literacy and Health Disparities).

How do we know if a patient may have low literacy skills? Here are some red flags: frequently missed appointments; incomplete registration forms; non-compliance with medication; inability to name medications or explain purpose and dosing; patients identify pills by looking at them rather than reading the label. Patients are unable to give coherent sequential history, ask fewer questions, and lack follow through on tests or referrals.

The first thing we ask a patient to do when they come to a clinic is to fill out a form. They will look for ways to hide their low literacy, such as leaving, saying they forgot their glasses, or some other excuse. Be alert to clues such as the patient sitting with the paperwork in front of them. Be sensitive that they may be ashamed of their limited literacy. Offer help in privacy by taking them into an exam room and assisting them with their forms. Be sure your providers are aware of this so they can be sensitive to the patients’ literacy.

Strategies to Improve Patient Understanding:
Focus on ‘need-to-know’ & ‘need-to-do’. What do patients need to know/do?
Focus on taking medicines, self-care, referrals and follow-ups. Patients with low literacy tend to ask fewer questions.

Use “Teach Back”. Teach Back is asking the patient to repeat in their own words what they need to know or do in a non-shaming way. It is not a test for the patient but of how well you explained a concept. This is an opportunity to evaluate understanding and if necessary, re-teach the information. Confirm patient understanding by asking “Tell me what you’ve understood” or “I want to make sure I explained your medicine clearly. Can you tell me how you will take your medicine?”

Visuals improve understanding and recall. Pictures/demonstrations are most helpful to patients with low literacy and those who are visual learners. Most health drawings are too complicated but physician drawings are often very good and not too complex. Allow patients to say “show me” or “can I do it?”

Use clearly written education materials. Written materials, when used alone, will not adequately inform. They need to be written at less than 8th grade level but best if 5th or 6th grade level. Use a large font of at least 12-14 point and simple serif or sans serif fonts (Times Roman and Ariel). Do not use more than 2 or 3 different fonts, avoid ALL CAPS, italics or fancy lettering and leave plenty of white space. Use a highlighter to emphasize key points in accompanying materials.

Remember: what’s clear to you is clear to you!

8 Tips for Clinicians
• Use plain language
• Slow down
• Limit information (3-5 key points)
• Be specific and concrete, not general
• Demonstrate, draw pictures, use models
• Repeat/Summarize
• Teach-Back (Confirm Understanding)
• Be positive, hopeful, empowering

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What Is Health Literacy?
Time For Your Spring Game Plan

Deborah Bickford  BSN, RN, CPAN
ASPN Region I Director

Now that the days are getting longer and the weather is getting warmer, it is a good time to think of spring and plan what we’ll do when the weather improves.

Our plan may not be just about physical activities and short term goals, but what our professional plans for the future might be. Start thinking of those elusive goals you would like to pursue; what part of you needs to be developed? Let’s strip down all those “I should(s)” and “if only(s),” and think about those dreams. Take this time to plan for your new professional goals and the time frames needed to accomplish them. It could be anything—from education, certification, developing professional friends/relationships or to new leadership roles! Whatever you choose, this is the time to develop your spring game plan.

From ASPAN to State Components, everyone is getting ready for spring—providing programs and resources to assist you in achieving your professional goals.

Higher Education
Look to ASPAN or your state component for scholarships to assist in pursuing higher degrees. For those who need financial assistance for tuition, scholarships are available. Life is short, if you keep thinking life would be more complete if...then look at programs, complete the application, and send it in.

Certification
Is this the year? Will it be the spring or fall? Go to the ABPANC website, www.cpancapa.org and look at the testing periods. The commitment to sit and succeed with this exam takes planning. Incorporate into your life enough time to adequately prepare for the exam and pass it. You need to plan how and when to study, what classes to attend and when to take the test. The ABPANC website suggests resources, ASPAN offers Certification Review seminars, and Certification Coaches are available for additional support. All it takes is you.

State Components
How many times can you attend state or local meetings, see the same leadership, and then go home. Isn’t it time to step up and say I want to help? Go beyond your comfort zone and volunteer. Start small, any help is greatly appreciated and you will gain inner satisfaction. Decide what you can offer. All the component and ASPAN leaders started this way. Now, with computers and conference calling, most of the work done late at night, in our PJs, sipping something warm!

National Conference
There is nothing like it and something for everyone. If you’ve attended a National Conference before, you know what a great experience it is and how much fun it is make new friends and see those you met at past conferences. If you’ve never attended—this is your time to go! Plan on attending the First Timer’s Meeting (ASPN plans to post the meeting power point presentation on-line) to show how to get the most out of the conference. The first night, go to Component Night. Eat, buy raffle tickets, sing, dance and become acquainted with your state colleagues. During the week, there is so much to do with sessions, viewing best practice posters, attending the Certification and the Development Luncheons and dancing the night away at the President’s reception.

I invite you to attend the ASPAN Board Meeting on Saturday, April 14. The all-day meeting is open to ASPAN members and it is interesting because it is basically all green. On Sunday morning, plan on attending the Representative Assembly to hear the candidates speeches before the Representatives vote for the ASPAN officers. (Reminder: go to www.aspan.org to vote for your candidate). At the RA, you will witness the debates and voting on proposed ASPAN policy and standards changes, membership fee increases, and as well be able to make comments from the gallery!

So what are your personal/professional game plans for spring?
District Reports

District I

Dianne Leeth BSN, RN, CAPA District I Vice President/President Elect

District I kicked off PANAW a bit early with a half-day workshop at the beautiful new St. Anthony’s Hospital on January 28, 2012. Our theme was “Survivor: Perianesthesia Stressors.” Our speakers were informative and entertaining with subjects on identifying and managing stress before, during and after surgery; taking the stress out of reading EKGs; getting and keeping out of legal jams; and figuring out HCAPS related to pain management. We had vendors, a silent auction (proceeds going towards our scholarship fund) and celebrated PANAW with a beautiful big cake! Attendees received 6.6 continuing education credits. Four RediRef Bookies were given away as well as one membership to ASPAN/RMPANA. There were 61 members and 8 non-members attending the workshop.

We continue to collect toiletry items and gift cards for House of Hope women’s shelters and donated an additional $300 for Christmas.

In January, we collected 2 boxes of personal items and snacks, and about 10 beautiful quilts and sent them to Myrna Mamaril and the PACU nurses and soldiers stationed in the NATO medical center in Kandahar, Afghanistan. Myrna said they used 3 of the quilts immediately on wounded soldiers headed back to Germany. The items were all greatly appreciated. Myrna should be back in the United States in March.

CONGRATULATIONS to Courtney McClellan, Kim Bacon, Cheryl Watts, Terry Jones, and Abby Brewster for receiving their CPAN certifications and Sandy Nichols, Janelle Bertsch and Beverly James for receiving their CAPA certifications. GREAT JOB!!! Will you be next??

Our program to solicit donations from anesthesiology groups and anesthesiologists has been outstanding! We have received a total of $2,375 which will be used for scholarships to ASPAN national conferences and the Retreat in the Rockies. Thank you to all those who contributed! We greatly appreciate their support of perianesthesia nursing.

We continue to have monthly meetings which include an educational offering. We meet at various hospitals throughout the metro area and are well attended. We would like to encourage all members to come join us for networking, education, laughter and, of course, FOOD! We meet the first Thursday of every month except during the summer and December. We are planning a “meet and greet” outing during the summer so keep an eye on your e-mails and the RMPANA website for details to come.

COME SUPPORT YOUR PROFESSIONAL ORGANIZATION

District III

Wake Up- It’s Spring!

Deana Yeomans RN, District III Membership Chair

We have been a busy District this winter with the help of a teleconference. Many of our members live far away from each other. Our President Sheri Wilburn has been working very hard to keep everyone informed about what is happening in District III. Due to her dedication, and with all of us working together with the help of the teleconference, we have been able to have 3 meetings this year, and to plan an educational conference for this spring. Distance can be a problem, but technology can be a great help in keeping everyone involved and the district running smoothly. We are hoping to Skype in the near future so that it will feel even more real that we are all together.

St. Mary’s in Grand Junction District III members celebrated PANAW with a large poster signed by the perianesthesia nurses. Cortez District III members had the proclamation article in their local newspaper and held a luncheon for their members.

We will be having our first educational workshop, “Wake up! It’s Spring”, in Grand Junction on April 28, 2012. 4 contact hours will be offered. See the flyer on page 14, or for more info at www.rmpana.org. We welcome everyone to attend. Please sign up and come!!!

We will be offering a second workshop in Cortez July 12th. More information to follow in the near future. Spring will be here soon with many great things to enjoy!

Wishing good health to all Districts from District III

District IV

Barbara Watts RN, CPAN, District IV President

A fundraiser for our scholarship fund was held at Fine and Funky. Many unique gifts were purchased. The drawing for the quilt was held and won by Barbara Comstock’s son. Thanks to all of you who purchased tickets. A Christmas note was sent to our district from this year’s receipt Rebecca Anderson. She expressed her thanks for the scholarship and included her grades, which I might add were all ‘A’s.

Saturday February 4th at the Embassy Suites in Loveland ASPAN Conference was held. Surrounding Your Practice with Excellence: Legalities, Standards & Advocacy. Meg Beturne

PANAW celebration at the Medical Center of the Rockies

Air Exchange

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PANAW celebration at the Medical Center of the Rockies

Air Exchange
Marcia Keiser RN, CPAN  
RMPANA District VI president

With Spring in the air and National Conference just around the corner it is time to renew and rethink our commitment to providing safe and competent care. All too often we get into a routine and forget why we are really here…to serve the patient. We need to go back to our roots and re-establish those safety precautions we were taught in nursing school. The five rights of the patient when administering medications, making sure the correct surgical site is marked, the right for the patient to make an informed decision and the right the patient has to refuse treatment.

Committee Corner

What You Must Know about Health Care Reform
Mary Rachel Romero  
BSN, RN, CPAN  
Governmental Affairs Chair

The Health Care Reform Bill was signed into law last March 2010. Now that the election season is coming in full force, it is time to review some of the provisions of the bill. Here are some facts that you must know:

1. 32 Million: The estimated number of currently uninsured Americans who will receive coverage under the bill.
2. $940 billion: The estimated cost of health care reform over the next 10 years.
3. $143 billion: The estimated reduction in the deficit from the bill over the next 10 years.
4. $53 billion: The portion of the $143 billion in deficit reduction that comes from social security payroll taxes that eventually will be paid out in the form of retirement benefits.
5. $70 billion: The portion of the $143 billion in deficit reduction that comes from premiums to be collected as part of a new government-run, long-term care program for the elderly. These premiums eventually will be paid out in the form of benefits.
6. $88,000: New health insurance subsidies would be provided to families of four making up to $88,000 annually, or 400 percent of the federal poverty level.
7. Pre-existing conditions: Insurance companies will be prohibited from denying coverage based on pre-existing conditions.
8. Age 26: Insurers would be required to provide coverage for non-dependent children up to age 26.
9. Doughnut Hole: Under current law, Medicare stops covering drug costs after a plan and beneficiary have spent more than $2,830 on prescription drugs. It starts paying again after an individual's out-of-pocket expenses exceed $4,550. Called the doughnut hole, it will be closed by 2020.
10. 40% Tax: A 40 percent tax would be imposed on insurance companies providing “Cadillac” health plans valued a more than $10,200 for individuals and $27,500 for families. The tax would kick in starting in 2018.
11. 3.8% Medicare Tax: A 3.8% surcharge would be imposed on investment income for individuals making over $200,000 and couples making over $250,000. This tax increase is estimated to bring in $210 billion between 2013 and 2019.
12. $695 or 2.5%: The potential amount of a fine if you fail to purchase health care insurance. Starting in 2016, Individuals will be required to purchase coverage or face a fine of up to $695 or 2.5 percent of income, whichever is greater. The plan includes a hardship exemption for poorer Americans.
13. 50 employees: Companies with more than 50 employees would be required to pay a fee of $2,000 per worker if the company does not provide coverage and any of that company’s workers receives federal health care subsidies. The first 30 workers would be subtracted from the payment calculation.
14. Abortion: In a deal with conservative Democrats, President Obama will sign an Executive Order “that will reaffirm its consistency with longstanding restrictions on the use of federal funds for abortion.” The order can be rescinded by President Obama or any future president at any time, for any reason.
15. 0.9%: Medicare Part A (hospital insurance) tax rate would be increased by 0.9 percent, to 2.35 percent.
16. 2.9% excise tax: Medical device manufacturers would pay a 2.9 percent excise tax on the sale of any of their products beginning January 1, 2013.
17. $132 billion: Government payments to Medicare Advantage would be reduced by $132 billion over 10 years.
18. Flexible Spending Accounts: The maximum amount you can set aside pre-tax for health care costs in a flexible spending account will be reduced from $5,000 to $2,500.

Healthcare in the US is an economic crisis. Healthcare expenditure accounts for 17% of our GDP and is expected to reach 19.3% by 2019. While the government is considering different methods on how to fund this area, consumers are wary about how the laws are going to affect their lives. We all know that whatever taxes manufacturers accrue will be passed on to consumers. What about small businesses? How are they going to make enough profit to expand and hire more people? What about our elderly, how are they going to afford long term care? We really need to know all the facts and tell our congress what we want for our future and for our children’s future.
What is the RMPANA Road Show?

Mary Seitenbach BSN, RN, CPAN
Education Committee Chair

Have you ever had the situation where you’re talking to a plumber, electrician, computer geek (or any other profession) and they are explaining something to you in a way they think makes total sense (and anyone should be able to understand), and you haven’t the first clue as to what they’re saying? As peri-anesthesia nurses we work very hard to make sure that we are giving information and educating our patients in the most easily understandable way.

Unfortunately, we are not always as aware of this when talking to other departments or even to each other. The RMPANA Education committee is also guilty of this. While we work very hard to keep you informed of what’s going on within our component, we sometimes lose sight of the lingo that we use among ourselves that not everyone may understand. Such is the case of the term “Road Show”.

The term Road Show was termed when the component started taking educational seminars to Districts (taking the show on the road) as a way to give those districts another means to offer education to their members without the need of traveling hundreds of miles. We as a component would provide the speakers, the district would provide the location and food, and we would divide the profits, as this was a joint venture between the district and the component. This was also a way to show what ASPAN and RMPANA can do for their members.

We currently are planning two road shows for this summer, one in Pueblo on June 16th, and hopefully one up in the Vail/Edwards area the following weekend on June 23rd. Once the details are confirmed, we will have both of these offerings posted on the website, so please stay tuned!!

The 2012 Retreat in the Rockies is scheduled for Sept 21-23 at Snow Mountain Ranch in Estes Park, Co. We have heard (and listened) to your requests over the past years. To try and meet everyone’s needs we plan on having the retreat held in Estes Park every 3rd year. We would love to be able to do this every other year, but because October in Estes Park is still considered high season, costs don’t go down until sometime in November. We are only able to keep the cost of retreat affordable for you by taking this, as well as other factors into consideration.

We are looking forward to a great Retreat in Estes this upcoming September. The colors should be at their prime, and hopefully the weather will cooperate as well. Estes Park has made many improvements to their site since we last visited, as well as improving/changing the roads. There are many things to do on site including miniature golf, swimming, and hiking. I know we pack in a lot of education in the course of the weekend, which has also been a request in the past. Hopefully you can work some free time in there as well!!

I know most of us like to take this opportunity to catch up with friends, relax, and enjoy one another’s company. Just as an FYI, the accommodations at Estes do not have refrigerators, so if bringing food that needs refrigerated, plan on bringing a cooler along. Also, don’t forget to bring socks, mittens, gloves, and/or scarves to donate to the needy. Hope to see you all soon.

The Money Report

JoEtte Krissel BSN, RN, CAPA
RMPANA Treasurer and Fundraising Chair

Fundraising Report:
I am very excited this year to announce there will be a new fleece full zip jacket at the retreat. I also will have a new brand of candles. I will be checking out Estes Park this early summer for the dream hike as well. Can’t wait to see you all.

Treasurer’s Report:
The RMPANA budget last year was around $50,000 for income and expenses. Ten thousand of that income is from ASPAN for each member. The retreat weekend income is about $40,000. The candles, vests, pens and dream hike bring in about $2,000. Then on the flip side; we paid the districts $4,000 total for each member. We estimate expenses of about $37,000 to go to the YMCA for rooms, food and audio visual equipment for the Retreat in the Rockies. Also in that amount is what we pay the massage therapists for the free chair massages and for the printing of the education packets. We also gave a $1,000 scholarship to a new nursing student and $1,000 to a nurse getting an advance degree. Members received $2325.00 in scholarships as well. The candles, the pens and the retreat dream hike shirts cost $1,000. Your RMPANA board works very hard for you and is very conscientious with your money. We would love to encourage members to sit in on a board meeting and understand even more of what we do. Thank you.
Committee Corner, cont.

Importance of Policies and Procedures

Sharon Sample, RN, CPAN, CAPA
Bylaws, Policies, and Procedures Chair

Significance of policies/procedures: Policies provide the rules as to how an organization and its representatives should handle specific scenarios and procedures, meaning instructions as to how to accomplish certain tasks. These are crucial to every organization, regardless of size.

Benefits of policies and procedures: The organization is able to operate with greater consistency. Members’ morale generally increases because guidelines are available on how to accomplish a task. Set policies can also circumvent certain legal issues.

Format: A standard format includes a title, purpose, persons affected, scope, sometimes a background section, policy section, definitions, responsibilities, a procedure section, effective date, revision date and approval section.

RMPANA has policies and procedures available on the web site, rmpana.org. If any member recognizes a policy or procedure that needs updating/revised or an omission of one, contact myself or RMPANA’s President and it will be brought to the attention of our Board.

Myrna Mamaril is Back in the USA

I wanted to mail you to let you know I am finally out of Afghanistan and just embarked on US soil! The last several weeks proved to be harrowing and in limbo – not knowing when our replacements would be here and then the retaliatory actions of the insurgents after burning the Quran. Since we were delayed due to the late arrival of our replacements and “lock-down,” because of the rioting. Our scheduled military departure to Kuwait was secretive due to security threats. Then, one evening we were notified to be ready and to have our gear (seabags) ready at 2200 and then informed our flight would leave at 0300. We were in Kuwait for about a week in a Warrior Transition Program (WTP) to help us re-integrate into our families, prepare to rejoin our civilian workplace, and adapt to the American Society. The WTP is a program designed for not only returning weapons, Army issued gear, but also a type of group therapy for self-reflection, communication interaction, identifying potential post traumatic stress disorder (PTSD), and one-on-one time with counselors and chaplains. One could say it was a place to also rest, recuperate, and then prepare for the long flight back to California where we will go through the Navy intense medical and psychological testing before being discharged from active duty.

We arrived at LAX shortly after midnight after traveling for over 37 hours and welcomed back to the USA with USO volunteers and staff waving American flags and cheering… Somehow the fatigue disappeared as tears swelled up in my eyes to finally realize that I was back on US soil. I cannot even tell you how it felt to see strangers reaching out to shake our hands and thank us for our service. I will never ever forget that moment… as it will be forever imprinted in my soul.

I would also like to thank you all for their prayers, letters, packages, emails, and support not only during my deployment, but especially during the last few weeks. I look forward to seeing you!

God Bless, Myrna

Calling All Bloggers

Donna Gaul Bobo RN, CPAN, CAPA - Website Chairperson

Are you a blogger? Would you like to be? The RMPANA website is really a blog and is a committee of one. This committee is looking for a representative from EACH district to help the website be an up to date, interactive site that our nurses can visit to find out what’s happening.

Please contact Donna Gaul Bobo at dnr97@comcast.net if you would like to join this committee and keep your district in the news.
Can’t relax? Don’t worry- Just sleep on it

Claudia L. Scroggs BSN, RN, CAPA, CPAN Research Chair

If anyone reading this has never been kept awake or been awakened by worry or stress would you please share that portion of your genome with the rest of us? Sleep can elude the rest of us.

Insomnia is at epidemic levels in the developed world. Fifty to 75 million Americans, roughly a fifth of the population, complain about problems sleeping. Fifty six million prescriptions for sleeping pills were written in 2008, up 54% over the previous four years. Patients with Fatal Familial Insomnia (FFI) have demonstrated just how vital sleep is. Wikipedia states “The average survival span for patients diagnosed with FFI after the onset of symptoms is 18 months”. We know that if you don’t sleep you die and for those that have worked nights, we know that if we don’t sleep we feel like the walking dead and our brain is at ‘zombie stage’ in the quiet of the night. So how important is sleep deprivation to those of us that get ‘some’ sleep but not ‘enough’ sleep.

Your brain is busiest during sleep so not to get enough sleep is to challenge all the functions that normally take place during that time. Studies demonstrate that the more intense or complicated your job is, the more you must prepare for, preserve, and protect REM sleep so you’ll be the most alert while on-duty, you’ll have the ability to learn, and your memory can work. Nurses, and all other humans, need large amounts of sleep stages IV and V sleep (REM sleep) for these functions to thrive and yet sleep stages IV and V are the stages most commonly lost or lessenened if you don’t get a full night’s sleep or don’t sleep well. So how much sleep do we need?

The overall recommendation for adults from the National Sleep Foundation is 7-9 hours of sleep per night. Unfortunately between 1960 and 2010, the average night’s sleep for adults in the United States dropped to six and a half hours from more than eight. So what can we do about it?

If you like extremes you can pretend you are royalty and sleep in a room by yourself, put on frilly eyeeshades, have your servant take the dog to its kennel at bedtime, request a warm carbohydrate drink be brought, have a hot bath drawn for you, and only use candlelight while playing soothing music in your room for the last hour you are awake. Be sure to have a servant guard the door to keep the rest of the world away and take phone calls. But for the rest of us we at least know from the L’Oreal Company that ‘we are worth it’, so do whatever you can to improve your sleep. Here’s a list of ‘possibilities’:

• Review your medications with your PCP to see which may prevent or potentiate a good night’s sleep
• Try an herbal remedy if you doctor says its ok: Melatonin, Valerian, Chamomile Tea, Passion Flower, Calcium-Magnesium, or Kava-kava (some are questionable so read up before taking)
• Try Aroma therapy: Lavender, Lemon balm Chamomile, ylang
• Tell your friends and family that you don’t take phone calls after 8 or 9pm and, if possible, turn the ringer off
• Buy a new mattress
• Buy curtains, blinds or eye shades.
• Quiet your environment, put on white noise, or get ear plugs
• Avoid Overextension by learning to say ‘No’
• Avoid Erratic Schedules
• Decrease Excessive Worry, pray, or talk it out.
• De-clutter your bedroom
• Plan for the next night’s sleep as you wake up in the morning
• Get out in the sunshine as soon as you wake up
• Plan for a nap midday
• When you get home go back outdoors
• Do something physical
• Avoid overstimulation
• Plan your meals and eat at home
• Check you calendar for the next day before bedtime so you don’t get a quick stressor looking at what need’s to be done the following morning.
• Avoid excessive Caffeine, Nicotine, and Alcohol in the evening
• Start lowering the light level as the evening progresses
• Develop a calming routine for going to bed.
• Cool your bedroom to 65-57 degrees and have socks on
• Don’t go to bed unless you are truly sleepy
• Take a hot bath right before bed.
• Put the pup in the next room.
• Sleep in a separate bed
• Don’t try to sleep
• Don’t “chug-a-lug” right before bed
• Don’t work within 2 hours of sleeping.

Bibliography


W. E. Foundation Healthy Sleep: Why Do We Sleep Anyway? Division of Sleep Medicine at Harvard Medical School produced in partnership with WGBH Educational Foundation.


University Celebrates PANAW

Mary Rachel Romero BSN, RN, PANAW Chair

Perianesthesia nurses at the University of Colorado Hospital in Denver celebrated PeriAnesthesia Nurse Awareness Week (PANAW) Feb. 6th to 12th. The theme this year was, “Peri-anesthesia Nurses, A Vital Role in Patient Care”. The week started with motivating inservices given by expert speakers. Lois Schick, past ASPAN president and author of the Perianesthesia Core Curriculum gave a lecture on Perianesthesia Care while Dr. Brian Davidson presented on Quality and Safety in Healthcare. For extra learning, continuing education articles were offered for free on the ASPAN website. A trivia challenge was also available for nurses to reflect on. In addition, a food drive was held benefiting a church food bank.

Lunches and treats were provided by special donors who made staff feel truly appreciated. One of the week’s highlights was the Patient/Family Education Event. “This is the third time we have held this activity and it gets better and better every year. Working in the perianesthesia setting does not mean we are limited in our abilities to promote preventative healthcare. Our knowledge of what goes on when patients undergo surgery and anesthesia should encourage us to reach out to all consumers,

reminding them that why it is important to maintain healthy habits. It takes less than 2 minutes to have your blood pressure taken. That 2 minutes can save your life if you know what your values are.

ASPAN News

Barbara Godden MHS, RN, CPAN, CAPA has been selected as the incoming Breathline Editor

Barb will be transitioning into this position with the guidance of Joni Brady over the next few months, and will most likely take over the position effective with the May/ June issue of Breathline. Well done Barb!

Hail, Honor, Salute!

How many times have you thought about doing something special for a colleague or friend who always does more than her/his share and does it with a smile? Hail, Honor, Salute! is a unique way to honor that special person and, at the same time, make a charitable gift to the American Society of PeriAnesthesia Nurses. You can also acknowledge a special occasion, birthday, anniversary, or your appreciation for a special favor. The honoree will receive a beautiful certificate that is perfect for framing and acknowledges your appreciation and good wishes.

ASPAN has a new logo!

The new logo began appearing on communications and the website in January. The current logo will not disappear, but will instead become ASPAN’s official seal and Legacy Logo. It will be reserved for critical and historic documents to indicate their significance and authenticity.

ASPAN Development

ASPAN Development supports perianesthesia scholarships and awards, professional education, national advocacy, and evidence based research.

Letter From the Editor

Catherine Dunne BSN, RN, CAPA
RMPANA Newsletter Editor

Are you an aspiring writer looking to be published? Would you like to write a journal review, a drug review, or an article about an inservice you have attended? Would you like to share information on a new or cutting edge procedure? Have you been on a medical mission? Has your unit developed a successful practice that might be useful in other units? Would you like to report on conferences and seminars you have attended? Do you like to edit? Any other things you would like to include in this newsletter? Any and all contributions are welcome!

Please write- to the editor of Air Exchange catedunne@gmail.com. So many talented and inspiring perianesthesia nurses belong to RMPANA. Don’t be shy, tell us what you and your colleagues are doing. Share your accomplishments. Successful communication and sharing of information depends on you!
Treat Yourself!!

Sharon Sample, RN, CPAN, CAPA

RMPANA Component scholarships are available to members, up to $250 each year. Their purpose is to provide financial assistance to attend educational offerings by ASPAN, RMPANA Districts, or our annual “Retreat in the Rockies”. Scholarship monies may also be applied to CPAN/CAPA Certification or Recertification. An applicant must be a RMPANA/ASPAN member for the entire year for which the application is being made. The amount awarded will not exceed the cost of the educational offering or duplicate financial aid from another source. The amount of money awarded is based on points accrued, with 10 points being the minimum. All points must be accrued in one year and points not used that year will expire. Points are accrued for the following:

- Attendance at District and/or RMPANA meetings and seminars
- ASPAN, RMPANA and/or District officer, Committee Chair or member
- CPAN and/or CAPA
- Speaker at ASPAN, RMPANA, or District programs
- Publishing articles pertaining to Perianesthesia
- Recruiting new members

RMPANA Scholarship forms can be obtained on the Website and submitted to the Treasurer along with documentation of attendance/certification and fees paid.

Apply now for the 2012 Student Nurse Scholarship! Encourage those you know pursuing a career in nursing to apply, as well as any RMPANA member pursuing an advanced degree in nursing. Each year RMPANA offers two $500 scholarships to entry level students and one $1000 scholarship to a RMPANA member in an advanced degree program. The application deadline is June 30th. Applications are accessible on the rmpana.org web site. For questions, contact any RMPANA officer or committee chairperson as listed on the web site.

The difference between what we are doing and what we are capable of doing would solve most of the world’s problems.

-Mahatma Gandhi
**Strawberry Lemonade Bars**

**Crust**

- ¼ cup sugar
- ½ cup butter
- 1 ½ cups all-purpose flour
- ¼ tsp. salt

**Filling**

- 1 cup fresh lemon juice
- 2-3 tsp. lemon zest
- ½ cup pureed strawberries (about ¾ cup berries)
- 1 ¼ cups sugar
- 4 large eggs
- ¼ cup all purpose flour
- ¼ tsp. baking powder
- ¼ tsp. salt

Preheat oven to 350F.

Lightly grease a 9x13-inch baking pan.

Begin by making the crust. In a large bowl, cream together sugar and butter until smooth and fluffy. Working at low speed, gradually beat in flour and salt until mixture is crumbly.

Pour into prepared pan and press into an even layer. Bake for about 17 minutes until set at the edges.

While the crust bakes, prepare the filling. In the bowl of a food processor, combine lemon juice, lemon zest, strawberry puree, sugar and eggs. Process until smooth. Add in flour, baking powder and salt, then pulse until smooth.

Sprinkle the bars with powdered sugar. Cool completely before slicing. Use a damp knife to ensure clean slices. Store bars in the refrigerator, especially on a hot day. Makes 24 bars. Recipe from Baking Bites via Pinterest.
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**ABPANC’s Vision**

Recognizing and respecting the unequaled excellence in the mark of the CPAN® and CAPA® credential, perianesthesia nurses will seek it, managers will require it, employers will support it and the public will demand it.

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**Dates and Deadlines for the Fall 2012 examination period are:**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration Window – Online</td>
<td>July 9 – September 10</td>
</tr>
<tr>
<td>Registration Deadline – Online</td>
<td>September 10 by 11:59 p.m. ET</td>
</tr>
<tr>
<td>Time Period for Scheduling</td>
<td>Upon receipt of your ATT letter through Nov. 8th</td>
</tr>
<tr>
<td>Examination Appointment with Prometric</td>
<td>October 1 – November 10</td>
</tr>
</tbody>
</table>

*Deadline for cancelling appointment is 3 business days before scheduled test date. Postmark deadline for requesting withdrawal, refund or rollover from PES must be on or before last day of examination administration window.*

For more information please go to: www.cpancapa.org

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**American Board of Perianesthesia Nursing Certification, Inc.**

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**CALENDAR OF EVENTS**

**April 5, 2012 - 6:30 p.m.**

District I Meeting
Porter Adventist Hospital, Denver

**April 15-19, 2012**

**ASPAN’s 31st National Conference**
“Beacons of Change- Focusing on the Future”
The Hilton Orlando, Orlando, FL
www.aspan.org

**April 28, 2012**

District 3 Educational Offering
“What’s Up! It’s Spring!”
Grand Junction, CO
See flyer on Pg. 14 for details

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**June 16, 2012**

District V Educational Offering
RMPANA Roadshow- details TBA
Pueblo, CO
www.rmpana.org

**June 23, 2012**

District VI Educational Offering
RMPANA Roadshow- details TBA
Edwards/ Vail, CO
www.rmpana.org

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**July 12, 2012**

District III Educational Offering
Details TBA
Cortez, CO
www.rmpana.org

**September 21-23, 2012**

RMPANA Retreat in the Rockies
Snow Mountain Ranch
Estes Park, CO
www.rmpana.org

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**Welcome Spring!**

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**SAVE THE DATE • SAVE THE DATE • SAVE THE DATE • SAVE THE DATE • SAVE THE DATE**

Future ASPAN National Conferences- Chicago 2013 Las Vegas 2014 San Antonio 2015