It is hard to believe spring is right around the corner and with the recent temperatures we have been having I DEFINITELY have Spring Fever! I hope everyone enjoyed PANAW week and took an opportunity to celebrate yourselves and all the wonderful work you do for Perianesthesia patients and practice! As I was thinking of what I wanted to say in my message and our PANAW theme this year, “Perianesthesia Nurses, A Vital Role in Patient Care” brought some thoughts.

I know at UVA and most other hospitals, Patient Satisfaction is a high priority. Medicare is linking Patient Satisfaction Scores with reimbursement. Hospitals are using these scores as a powerful marketing tool and employee management performance evaluations are also being tied with patient satisfaction. High Patient Satisfaction scores are viewed as critical indicators of overall quality of care. Patients associate their hospital stay satisfaction with the respect nurses and physicians demonstrate for their needs. As Perianesthesia nurses we play a VITAL role in our patients care AND satisfaction. We strive to be efficient YET safe and maintain a positive and caring bedside manner. Perianesthesia nurses can start things off right with positive interaction and relieving patient/family anxiety by just getting back to the basics. PETC and Preop nurses can keep a welcoming approach, a smiling face, informing patient/families of expectations for the day, relaying delays and wait times, EVEN just giving a warm blanket or a touch of your hand can be all that that patient or family needs to start things off right. PACU nurses can also continue the same “basics” by keeping families informed or reassuring patients by being a strong advocate for their pain medications or anti-emetics. Sometimes it maybe as simple as helping a patient get positioned more comfortably or allowing a family member to be at the bedside, even when it may not be the MOST convenient time for you. We also need to be remembering our anesthetized patients can hear our conversations, and don’t want to hear “Suzie has called in sick again” or “We are always understaffed”.

Our interventions, be it great or small, as Perianesthesia nurses to involve patients and families can help to reduce stress and dissatisfaction that can occur. We set the stage and close it in the Perianesthesia environment. Make a great first impression that will carry on to be the last! Perianesthesia nurses do play a VITAL role in patient care. Please remember “basic” patient care as we are dealing with productivity, patient satisfaction, staffing, computerized charting, and the list goes on and on. It’s difficult sometimes to stop and think why we chose nursing as our career. For most of us, I’m sure it wasn’t for the computerized charting, the Press Ganey scores, or any of that. We chose to be Nurses for the genuine love and compassion we have for our patients and families.

Back to speaking of spring, April brings ASPAN and our National Conference in Orlando! I hope to see some of you there and please be sure to stop by the VSPAN table on component night and say hello to some of the board members. I still encourage all of you to take part in our board meetings or serve in some way for our chapter. We have a variety of ways and maybe one will suit you! Thanks for all the wonderful work each of you do to make our practice what it is!

Lisa Stickley, RN, MSEd, CAPA
"Many Practices - Just One World"
It all began in 2008 when the Past President of the American Society of PeriAnesthesia Nurses (ASPAN) was in a pub, in London, England with the Chairperson of the British Anaesthetic and Recovery Association (BARNA). The first seeds of an idea to host a collaborative international conference were sown. At the 2009 ASPAN National Conference in Washington, DC a meeting took place and the exploratory planning began. A consensus was reached for Toronto, Canada to be the inaugural host city. Toronto has a population of 8 million people. It is the largest city in the country, with an International airport, luxury hotels and fabulous architecture, sites, and entertainment.

On Sunday, October 2, 2011 we arrived at the Sheraton Centre Hotel, which was to be our home and site of the Conference for the next three days. That evening we registered and were entertained with hors d’oeuvres. We met several delegates and were happy to meet a group from Maryland who were members of CBSPAN.

Monday morning meant a bright and early start with a Welcome to the Conference in Ontario, Canada from Sue Fossum (USA) and Canada’s Paula Ferguson and a representative of the Royal Canadian Mounties, who assured us of our safety while guests in Ontario. They do, after all always get their man. There were also several familiar figures from the ICPAN board including our current ASPAN President, Chris Price.

479 delegates from Australia, Canada, Denmark, Greece, Ireland, New Zealand, Pakistan, United States and United Kingdom took part in the three day conference. We all had small flags from our countries to place in a glass on our tables to show the mosaic of nations represented at each session. The speakers over the course of those three days were as diverse as they were interesting. The only down side was that there were two tracks to accommodate speakers and numbers of delegates, so we couldn’t attend every talk. The one thing that became evident throughout the conference was that no matter where we are in the world, we appear to have very similar challenges and concerns. We are all moving towards electronic charting and all working to improve our patient care through research and evidence based practice. * There is currently a link on the ICPAN website for power points of the presenters.

I was particularly proud of my colleagues from Georgetown University Hospital (GTUH),
PANAW Week

PeriAnesthesia Nurse awareness Week (PANAW), February 6-12, marks a milestone celebration of 25 years recognizing and celebrating our specialty nurses! The theme, “PeriAnesthesia Nurses: A Vital Role in Patient Care” demonstrates the importance of perianesthesia nursing and our practice. Nationally, you collectively care for millions of patients, spanning all ages and populations, from the critically ill geriatric inpatient, to the pediatric outpatient. You are committed to comprehensive knowledge and competencies, grounded in perianesthesia-specific scientific theory. You have a profound impact on pre- and post-surgical and procedural experiences, for our patients, their families, our peers, colleagues, students, and each other. You advocate for quality, patient safety and outcomes. Your assessments and interventions assure patients’ best possible future. You are a vital lifeline in compassionate caring and clinical competence.

On behalf of the ASPAN Board of Directors and the ASPAN National Office staff, I applaud your dedication and commitment. Thank you for being BEACONS OF CHANGE and for FOCUSING ON THE FUTURE of our patients and your practice. I know I speak for us all in celebrating YOU and your VITAL ROLE IN PATIENT CARE! Happy PeriAnesthesia Nurse Awareness Week!

Warm Regards,
Chris Price, MSN, RN, CPAN, CAPA, ASPAN President

Membership Report

We have a current total number of 413 members as of December 31, 2011. As of December 31, 2010 we had a total membership of 370. We have increased our membership by 11%.

In December and January we had 25 members re-new their membership with no new members joining in those months.

Certifications:
As of December 31, 2011.
- 169 certified CPAN members
- 123 certified CAPA members
- 6 members are dual certified which is 1.5% of our membership

A total of 292 of our 413 members are certified which is 72% of our total membership. Congratulations to the members of VSPAN for taking your professionalism so seriously.

Karen Schaeffer RN BSN CAPA
Membership Chair

2011—2012 VSPAN Executive Committee

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Newsletter Articles Due by June 15, 2012

Please e-mail all articles to VirginiaSPAN@aol.com.
Guidelines: (1) Articles must be typed; (2) The author’s name, title, institution, and work phone or e-mail address must be included for verification. (3) References should be listed in the order they appear. (4) Topics can range from patient assessment, nursing care, pharmacology reviews, case studies, research, management topics or a review of an educational offering.
Laurie Cushman, RN, BSN, CPAN, of VSPAN, and Charlotte Kreger, RN, BSN, of CBSPAN for their groundbreaking presentation of a tool they had developed with their colleague Linda Bowles, RN, CPAN (who was not at the conference). The title was “Development of a Perioperative Pain Risk Assessment Tool.” This wonderful talk described the development and implementation of the tool into everyday practice in the Perioperative area at GTUH.

ASPAN has recently published an attractive new promotional brochure, which includes an overview of the many benefits that are available to members. We trust the publication will be an effective marketing and recruitment tool for the Society and all of its components!

If you wish to view this brochure, it is available on the home page of our website at www.vspan.org.

The closing keynote presentation on Wednesday was an historical look at practices of Perioperative Nursing in the time of Florence Nightingale. Pat Smedley (UK), dressed in the garb of a nursing probationer of the time, gave a wonderful talk and it was a great way to bring to a close an informative and very special conference. The next conference? Maybe in 2 to 3 years. www.icpan.info/

Jacqueline Tibbetts, RNMH, RGN, RM.U.K., RN CPAN. U.S.

STATE CONFERENCE IN ROANOKE, VIRGINIA

The Annual State Conference will be held at the Hotel Roanoke on September 29, 2012

Please be sure to check the VSPAN website for further updates.

Roses are Red
Violets are Blue
It’s incredibly hip
to comply with SCIP

Strive for perfection
with your antibiotic selection

I’m a stalker
for your documentation of the beta blocker

Posting your anesthesia end time
will make me feel just fine
Let’s not whine,
just please take your temp on time

Our patient doesn’t want a clot
so please put your surgeon on the spot!

Mechanical and or pharmacological VTE prophylaxis is for me!

Discontinue your antibiotic by post-op day 2,
assuming you know what is good for you.

Also, be sure the foley comes out
by post op day 2
so no one comes after you!

When all else fails, please fill out the exception form,
it will prevent a major storm!

Catherine Yohe, RN, BSN

VSPAN IS ON FACEBOOK

Friend us on Facebook to receive the latest updates at:
http://facebook.com/VirginiaSPAN
SPRING GOVERNMENT AFFAIRS UPDATE:

As I am writing this, Virginia’s General Assembly has just finished the first half of this year’s session. Virginia nurses have been very active in supporting the goals of enhancing access to high quality, cost effective care that is delivered through inter-professional partnerships. Additional areas of focus include advancing public health and safety & encouraging lifelong learning to assure a competent nursing workforce. I am including the Legislative Coalition of Virginia Nurses Policy Agenda for 2011-2012 highlighting these goals for your review.

At this point, we are seeing success with H.B. 346- Nurse practitioners; practice as part of patient care teams. This bill has been voted out of the House of Delegates and is headed to the Senate Education and Health Committee. This is a huge advancement for nursing, particularly APRN's. This bill represents collaboration between the Medical Society of Virginia and the Virginia Council of Nurse Practitioners and emphasizes a team model for delivery of care. The language of this bill stresses consultation and collaboration with physicians rather than supervision by physicians.

Other bills being monitored by LCVN & others can be found at the LCVN website (nurseslegislativecoalition@gmail.com).

At the federal level, the goals are essentially the same with focus on advancing the practice of nursing, achieving higher levels of education and being collaborative partners with other healthcare professionals and in our communities.

A couple of the bills being monitored include H.R. 2134 Medicaid Advanced Practice Nurses and Physician Assistant Access Act of 2011. This bill would recognize APRNs as providers under Medicaid in organizations providing services and would be eligible for reimbursements. The Home Health Care Planning Improvement Act of 2011 (S.B. 227) would allow APRNs to certify patients for Medicare services, improving efficiency in access to needed care. You can learn more about the status of these bills as well as others at www.thomas.gov.

The other hot topic at the federal level is for funding of Title VIII of the Public Health Services Act- Workforce Development Programs. The President has recently released his 2013 budget with a proposed $20 million increase for advance practice nursing education/programs. Other levels of funding for nursing research, nurse faculty loan program, nursing workforce diversity and nurse managed health clinics remained level or decreased. We recognize the constraints of federal funding yet need to assure funding is available to educate, recruit and retain our nursing workforce for the health of our nation and our economy. You may learn more about this through the Nursing Community (www.thenursingcommunity.org).

I would love to add more individuals to my GA email list, so if you interested in receiving regular updates and calls to action, please let me know. You can contact me via email at dmgoyer@carilionclinic.org or phone at 540-853-0332. Thank you for educating yourselves and advocating for your patients, your communities and your profession.

Donna Goyer RN, BS, CPAN, CAPA

The Society exists to promote quality care for patients and their families, by encouraging professional education, development of standards, research, certification, and specialization in all phases of perianesthesia nursing, and by providing a forum for exchange of ideas between health care providers involved in perianesthesia care.
Priority Goals, 2011-2012

Strengthen patient-centered, high quality, cost-effective healthcare delivery through inter-professional collaboration

- Support policies that enable nurses to be full partners with physicians and other health professionals in redesigning health care.
- Promote the inclusion of nurses on policymaking boards, executive management teams, and other key leadership positions.
- Advocate for reimbursement policies focused on services rather than on the provider of services.
- Support legislation and policies that facilitate the implementation of best practices and/or evidence-based practice.
- Support the Healthcare Workforce Data Center.

Enhance access to health care

- Advocate for health care that is timely, effective, safe, patient-centered, efficient, and equitable.
- Support legislation to enable all nurses to practice in accordance with their education, training, and board certification.
- Support initiatives designed to assure an adequate supply of nurses.
- Support initiatives that would increase K-12 students’ access to Registered Nurses.
- Support access to and reimbursement parity for behavioral health and addiction recovery services.
- Advocate for adequate Medicaid reimbursement for practitioners, community-based programs, medical facilities, and long-term care services.
- Support legislative initiatives that will increase access to affordable, comprehensive health insurance consistent with the Patient Protection and Affordable Care Act requirements for health insurance exchanges.

Advance public health and safety

- Advocate for safe and healthy work environments for healthcare providers.
- Monitor legislation and regulations that promote public safety in the licensure and regulatory processes for all health professions.
- Monitor legislation regarding the utilization of unlicensed personnel.
- Advocate for safe and healthy communities.
- Support disaster preparation and mitigation programs and activities.
- Support funding for wellness promotion and disease prevention programs and immunizations.
- Support child safety issues, including those related to consumer products, vehicle safety, and firearms.
- Support highway safety including opposition of the repeal of motorcycle helmet laws and support for primary seat belt and open-container legislation.

Encourage lifelong learning to assure a competent nursing workforce

- Support policies that promote seamless educational progression.
- Support policies that embrace lifelong learning.

Leading change to advance health and broaden nurses’ influence as healthcare leaders