

The Awakening

Our Mission

The Society is committed to the promotion of perianesthesia nursing as a specialty and enhancing the professional growth of its members.

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Nominate an Exceptional Colleague!

Excellence in Clinical Practice

Do you know a colleague who?

- * Is recognized as an expert in perianesthesia clinical practice
- * Participates actively in committees or projects resulting in contributions to perianesthesia nursing
- * Exemplifies a high-level of compassion

Please nominate them for the **Excellence in Clinical Practice Award**

Applications for both awards are due by November 30, 2019

<https://wispan.nursingnetwork.com/page/31611-forms-scholarship>



Outstanding Achievement

Do you know a colleague who?

- * Demonstrates outstanding knowledge & expertise in the practice, education, research or management in the area of perianesthesia nursing
- * Is recognized by peers as an expert in the area of perianesthesia nursing

Please nominate them for the **Outstanding Achievement Award**

WISPAN President Address Brenda Gillingham RN, BSN, CPAN

I am honored to address you as WISPAN President. The first thing that came to mind when I began to write, was my sincere appreciation for all that you do.

Mother Teresa once said, "Every time you smile at someone, it is an action of love, a gift to that person, a beautiful thing." Think about how many times you give this gift every day.

In the Preoperative setting, and even before then, patients and parents are often frightened and unsure. Through teaching, a kind touch, a gentle manner and smile, your presence reassures them.

In the Operative area, a foreign and frightening setting to anyone who has not experienced it, you make

sure their privacy is respected, they are warm, positioned comfortably, and safe due to your diligent practice of strict standards.

In Phase I, you calm them as they wake, explaining the beeps and monitors and what they are feeling in relation to their anesthetic. You keep them comfortable both psychologically and physically.

In Phase II, you continue these cares while making sure the knowledge you leave them with will keep them safe once they leave your setting.

Through each of these phases, who is there? You are. It does not surprise me that for the last 17 years the Gallup Poll has ranked nurses first for honesty and ethics.

Thank you for your commitment to perianesthesia nursing.



Dear Colleagues,

PeriAnesthesia Nurse Awareness Week (PANAW) provides an ideal opportunity to celebrate and promote our practice throughout the state! The 2020 celebration will be held from February 3-9, 2020, and the theme is, PeriAnesthesia Nurses Strength Knowledge. PANAW is an opportunity to educate nursing colleagues and the community about the professionalism and passionate care that is delivered by perianesthesia nurses every day. Plan to celebrate our practice and recognize your colleagues during PANAW 2020!

There are several things you and your component can do now to begin promoting PANAW and make the week as successful as possible:

- Plan to celebrate—and call attention to—PANAW at your hospital or place of work.
- Plan to order PANAW items from <https://www.aspan.org/Events/PANAW>
- Place an announcement in employee publications/emails, displays of clothing and posters, and even offering coffee and cake within your unit.
- Share pictures of your celebration on social media.
- Plan to attend the WISPAN winter conference February 1, 2020 to have the chance to win the free ASPAN/WISPAN membership

Thank you for your help gearing up for PANAW 2020



Membership

- Current WISPAN members: **285**
- Current WISPAN members that are CAPA certified: **45**
- Current WISPAN members that are CPAN certified: **74**
- Current WISPAN members that are CAPA and CPAN certified: **7**
- WI Nurses with CAPA certification: **97**
- WI Nurses with CPAN certification: **120**
- WI Nurses with CAPA and CPAN certification: **9**



Pattie Miller BSN, RN, CAPA with Susan Martin BSN, RN, CAPA at the membership table.

We would like to recognize you! If you have an achievement or accomplishment, we would love to hear about it. Email mayermiller@yahoo.com to be recognized in our next Awakening.

Membership & Marketing Promotion

Pattie Miller RN, BSN, CAPA

Joining WISPAN and ASPAN has many benefits including:

- * Education-National Conferences, online education, ASPAN seminars, Scholarships, Research Grants, CE Articles in JoPAN and online. You will enjoy many discounts to educational opportunities.
- * Publications-Journal of Peri-Anesthesia Nursing, Breathline Newsletter, Awakening Newsletter, Peri-anesthesia Nursing Standards, Competency Based Orientation and Credentialing Program for the registered perianesthesia nurse.
- * Collaboration-State Components/organizations, Network with colleagues, Specialty Practice Groups, Clinical Practice Network
- * Advocacy-Government Affairs, Committees and Strategic Work Teams, Peri-anesthesia Nurse Awareness Week
- * Other Benefits-Discounts on educational publications And National Conference, \$100 off CAPA and CPAN Certification exam fees, Free online access to Joanna Briggs Institutes medical database, Career Center, Free CEU's from Journal of Peri-Anesthesia Nursing



CONGRATULATIONS to the Fall 2019 Newly Certified Nurses and New Members!

Joining WISPAN and ASPAN has many benefits

Bravo! Congratulations to the following WISPAN members that have individual achievements, accomplishments or activities within the Peri-Anesthesia specialty!

- * Debra Dosemagen MSN, RN, CAPA, CPAN-Accepted a job as Nursing Instructor at Gateway Technical College
- * Jessica Herr MSN, RN, CAPA, CPAN was promoted to manager of Same Day Surgery, Surgery, Pre-Admission Testing, Peri-Anesthesia Care Unit, Infusion Center at Aurora Medical Center, Kenosha
- * Susan McLeish, RN, BSN, CPAN promoted to Assistant Nurse Manager of AM Admit/Surgery Short Stay at Unity Point Health-Merriter
- * Jill Hoffman RN, BSN, CAPA Daisy Award nominee at Ascension Columbia St. Mary's Ozaukee for providing excellent patient care
- * Pattie Miller, RN, BSN, CAPA promoted to Supervisor of Outpatient Services, Ascension Columbia St. Mary's Ozaukee
- * Jessica Weishaar promoted to Lead RN of Same Day Surgery/ PACU
- * Becky Meyer promoted to Lead RN of Same Day Surgery/ PACU

Message from WISPAN Scholarship Coordinator Cyndi Siebel Mohler RN, BSN, CPAN



Happy Fall WISPAN Members,
My name is Cyndi. I began my new role as WISPAN Scholarship Coordinator on July 1, 2019. I have served on the WISPAN Board in the past from 2004 to 2012 in various roles. I live in Wind Lake and work for Children's Hospital of Wisconsin Surgery cen-

ter as a Preop / PACU / Phase II RN. I also maintain a position at Ascension Health as a Program Educator (PALS and PEARS instructor).

The best way to contact me for WISPAN Scholarship related information is through my home email, address, and phone number listed below and on the WISPAN website.

Let's talk money!

Did you know WISPAN offers (6) different types of scholarships and (1) research grant? WISPAN has scholarships for ASPAN National Conference (including a First Time Attendee), Seminar Registra-

tion Fee scholarships for WISPAN and ASPAN/ WISPAN sponsored seminars, Scholarships for Certification and Recertification Fee, Mission Nursing scholarship, International Conference scholarship, and Continuing Education for furthering a Nursing degree.

For information on completing an online application or submitting an application by mail review the Forms/Scholarship tab of the WISPAN website.

I hope to hear from you!

RnCsm@tds.net

Here are some upcoming application deadlines:

January 4, 2020 - Scholarship for Registration Fee for the WISPAN Winter (Seminar will be held in Madison area on February 1, 2020). We offer (4)

January 15, 2020 - \$1000 ASPAN National Conference (in Denver CO on April 26-30, 2020). We offer (4) and (1) First Time Attendee.

February 15, 2020 - Current Fee for Spring Certification and Recertification. We offer (4) in each category.

***You could earn
\$1000 toward
National Conference
(in Denver CO on
April 26th-30th, 2020.
Apply by January
15th, 2020.***

Treasurer Report Sandy Shotliff RN, CPAN

Account balances as of September 30th, 2019.

Checking= \$ 6320.01
Savings=\$ 6018.72
CD= \$ 21,655.31
Calvert Mutual Fund=\$ 9062.36

Clinical Practice Question



Question: Please send me new/current information on postop nausea and vomiting. Are scopolamine patches used to treat only patient with postop N& V risk factors or all surgical patients?

Answer: ASPAN standards recommend a thorough preoperative assessment that includes screening for postoperative nausea and vomiting (PONV). ASPAN also references SAMBA guidelines at <http://aspan.org/>. Log into your ASPAN account, click on Clinical Practice Tab then Practice Resources. Society for Ambulatory Anesthesia

[Consensus Guidelines for the Management of Postoperative Nausea and Vomiting](#)

[Consensus Guidelines for the Management of Postoperative Nausea and Vomiting: An Executive Summary for Perianesthesia Nurses](#)

These guidelines provide a comprehensive, evidence-based reference tool for the management of patients undergoing surgical procedures who may be at risk for PONV. Not all surgical patients will benefit from antiemetic prophylaxis, thus identification of patients who are at increased risk using available risk scores leads to the most effective use of therapy and the greatest cost-efficacy. Although antiemetic prophylaxis cannot eliminate the risk for PONV, it can significantly reduce the incidence. When developing a management strategy for each individual patient, the choice should be based on patient preference and level of PONV risk. (Anesthesia Analgesia 2014;118:85-113)

ICPAN Reflection November 2019

Tracy Franchuk RN, BSN, BSHCA

As I sit here waiting for the conference to begin, I find myself reflecting. I arrived early to the conference, carefully planning my walk, making sure I had enough time to register, find a good seat etc.; discovering I was well prepared and maybe too early. However, I had extra time to do a few other things, take in my environment and meet a few of the speakers and guests. What an opportunity!

As the days progressed it is refreshing to learn that our PeriAnesthesia Nursing colleagues all over the world share some of the same concerns as we do in the USA. They also complete research for advancements in our abil-

ity to care for patients; which progresses our education and incorporates evidenced based research into daily nursing practice. As always, I share with my colleagues, new RNs, students and patients, "The little things make or break situations": Who would have thought; Oxygen and Thirst!! Never assume anything, always assess and make a difference with the little things that are BIG!

Throughout the conference I was able to connect with Regina Hall one of our ASPAN Leaders and several of the presenters. These gracious, extremely compassionate Perianesthesia colleagues of ours are delighted to share information. If

your department or organization is looking for information on how to improve a patient / staffing situation, get involved in a research project or just plain curious what is out there, I highly encourage you to check out the professional resources that are available and reach out to these worldly Peri Anesthesia nursing colleagues.

A big thank you to WISPAN for having such a scholarship available and allowing me the opportunity to attend and represent Wisconsin and USA Perianesthesia RNs.



CELEBRATING
110 YEARS
1909-2019

- Current Priorities
- Nurse Faculty Shortage
- Workplace Violence
- Preserving the Nursing Workforce Survey
- APRN Modernization Act

Government Affairs Message

Tracy Franchuk RN, BSN, BSHCA

As I age, through growth, experience and continued developmental awareness, I have come to realize, it is a small world and that we as individuals can make a difference collectively. Our Nursing careers bring a diverse group of individuals, with a common compassionate career, together. The public's daily lives affect our daily lives as nurses as well. What happens to people directly impacts what types of surgical patients and their families we care for as Perioperative Nurses. On August 7th, 2019, our American Nurses Association (ANA) President Ernest J. Grant released a statement regarding several recent mass shootings and asked us, "Please join me in urging your senators to support bipartisan common sense gun violence prevention legislation." LINK:

http://www.mmsend48.com/link.cfm?r=B2pN_RjNBUsGUFt6yl-EkQ~~&pe=g6tvH54bb8pf3DtIW3Y4zpY8d0Ovf-OmLodREdGoRkSucPaL-n94ulXuLOMTsSYFIN9Oli-zzmbBAHUpGJXVMg~~&t=kwzq7udwQfW5ZEQV8p-CRQ~~



There are many topics on the website that you can choose your passion to get involved with such as: Stop Jeopardizing Nursing Licenses, Stop Nurse Abuse- Take the Pledge, Safe Staffing Saves Lives, Support Nursing Education, Honor Nurses Who Serve, and Fix Home Health Care Policies.

There are many ways to stay tuned into news and even small activities, such as this one, that can make a positive difference. It is amazing what individuals can do together; especially NURSES!!



Certified members being given Starbucks gift cards at the Fall Conference 2019.

Sarah Beth Lemmer BSN, RN, CAPA, CPAN (awarded WISPAN National Conference First-time Attendee Scholarship)

I would like to take this opportunity to introduce myself. My name is Sarah Beth Lemmer and I have been an ASPAN/WISPAN member since 2016. I am fortunate to have met many of you at past WISPAN conferences. I am grateful to the WISPAN scholarship committee for selecting me as the recipient of the First-time Attendee Scholarship, which helped offset costs and afforded me the invaluable experience of attending the ASPAN National Conference in Nashville, TN in May. Attendance and participation at this conference provided me an opportunity to increase my knowledge in clinical practices and standards and research imperative in providing safe, quality patient care to the veterans I serve. The experience was both professionally and personally rewarding as I had the opportunity to network with peers that share my passion for perianesthesia nursing. I encourage anyone who has never attended a national conference to add this to their professional "bucket list".

I had the privilege of hearing Terry Clifford, Maureen Iacono and Myrna Mamaril speak on transforming perianesthesia management. The trio discussed elements of successful leadership, common leadership challenges and solutions and tools for addressing staff recognition. I attended this session in the capacity of a staff nurse and as chair of our division-wide shared governance council with the hope of gaining insight on how to better motivate others. As I learned during this session, leadership is the art of guiding, directing toward common goal and leaders inspire and motivate others. I believe the heart of a leader lies in all of us.... professional title not needed.

How do I, the consummate cheerleader, continue to motivate and rally in an environment plagued by organizational change in earning potential and compassion fatigue? Terry, Maureen and Myrna spoke of the importance of knowing your staff, what motivates them, what matters most and the importance of helping them achieve it. They gave examples of flexible scheduling, financial incentives, recognition and advancement opportunities to demonstrate this.

So, I took a moment of self-reflection. What is it that motivates me and those I work with? As a staff nurse, I am not able to offer flexible scheduling, however, I am able to be flexible with my schedule to accommodate the needs of co-worker who would like to attend a child's sporting event. I can encourage and support my co-workers by offering to cover patient care so they are able to participate in councils or committees outside of the department that will foster professional growth and place them in a position for possible advancement. Furthermore, I can nominate my co-workers for an award, such as the DAISY award and recognize their contributions by giving a "shout out" in morning huddle followed by a formal email or written praise sent to their manager to be placed in their professional portfolio. The trio spoke of the importance of celebrating staff successes and suggested organizing potluck luncheons, posting certificates of achievements, brag boards or wall of fame.

Lastly, Terry, Maureen and Myrna spoke of the importance of being willing to motivate while staying motivated and becoming the sponge for attributes you see, admire and want to adopt. I was inspired and motivated by those I witnessed "leading with knowledge and serving with heart" at the conference, from those that presented to those that attended.

I hope to see you all in the future.... Rocky Mountain bound!

2019 Evidenced Based Practice Wisconsin Participates

One of the exciting benefits of attending the ASPAN national conference is studying the large display of Posters/Abstracts submitted by perianesthesia nurses from across the country. Posters/abstracts are featured in two categories: Research/Evidenced Based Practice (EBP)/QI and Celebrate Successful Practices (CSP). ASPAN members who wish to present must comply with application requirements in advance to qualify for display at the conference. In addition, presenters may also choose to present their findings with oral presentations. The presented material is varied but all pertinent to perianesthesia nursing.

At the 38th annual ASPAN Conference in Nashville, Tennessee this May, 48 Research/EBP/QI posters/abstracts and 75 Celebrate Successful Practices (CSP) posters/abstracts were displayed. It's inspiring to see all of the ideas and outcomes presented. Evidenced-based practice is the aspect of research that every nurse can participate in and where research informs clinical practice. One can't help but be impressed and interested seeing the volume of work displayed. I've always felt that nurses who take an active interest in research must have special attributes that compel them to participate. Imagining that type of commitment conjures up all types of questions for participants. How was a topic chosen? Who participated? What unexpected barriers were discovered? What was the time commitment for participants? Who supported the project?

During my tour of posters/abstracts I was delighted to see nurses from Wisconsin UWHealth in Madison present a quality improvement project. This team looked at EBP to create new guidelines and tracked the results at their hospital which ultimately changed their practice. Their team looked at "Risk Based Peri Operative Bladder Management Guideline-Based on Post Operative Urinary Retention Risk Factors". This is a relevant topic for nurses caring for patients in phase I, II recovery and one that I could not find duplicated at the exhibit. The poster outlined all the pertinent data utilizing a format that was easy to follow and avoided unnecessary information and clutter. Objectives included:

- ⇒ understanding the current evidenced based risk factors for post-operative urinary retention (POUR)
- ⇒ Introducing a process for implementing a new perioperative bladder

management guideline

- ⇒ Learn how to sustain and monitor results.

I reached out to their team leader Karen Conklin RN MSN CAPA to ask some specific questions about their project. Karin Conklin CNI team lead shared her answers with me.

Q: What inspired your group to pursue this project?

A: "We were utilizing a bladder scan guideline that was created a few years back and after reading recent articles relating to post-operative urinary retention, we wanted to update the guideline to ensure our perianesthesia nursing practice was reflecting current EBP."

Q: Who were the participants in the project and what were their roles?

A: "Participants included nurses in Phase I, II recovery, CRNA, In patient and the OR. Anesthesiologist and Surgeon Champions."

Q: How did you determine what you would research and what format to follow to present results at Nationals?

A: "We knew we wanted to focus on bladder scanning and we used the improvement model (FOCUS-PCDA) to determine our current state with bladder scanning surgical patients and looked to EBP to update our practices. We wanted to get key players from every department involved to ensure all areas were represented and contributed to the new guideline. We aimed to create a guideline that not only reflected current EBP but also was patient centered and individualized for each patient. After the team met several times we came up with our new guideline and implemented it through small tests of change. This was key so we could tweak the guideline if needed after feedback from physicians, nurses and patients. Then after small tests we kept expanding the roll out and building momentum until everyone was trained and using it."

Q: Did any of the participants have former experience in data collection or participation in a similar project?

A: "Our physician champions had been involved but none of the front line nursing staff. It was a rewarding experience for us all."

Q: Are any of the nursing participants members of ASPAN/WISPAN?

A: "Yes, Kevin Colwin RN and I are members."

Q: What were some of the challenges you encountered during the process?

A: "The main challenge was getting everyone's schedules to line up and find a meeting time each week to discuss action items to make decisions."

Q: What were some of the rewards of participating in this project for you and your team?

A: "We had success early on and sustained effort. After 6 months of auditing, guideline compliance is fantastic at 90% or above. Another amazing reward was presenting at the ASPAN national conference and having a poster there."

I've attached Karin's power point presentation for readers to view and included the ASPAN links for interested readers to view this year's poster/abstract displays at the 2019 National Conference. To support Wisconsin perianesthesia nurses who participate in research, WISPAN offers applications for scholarships to attend seminars and conferences. In addition, ASPAN provides an EPB online journal club, where nurses interested in participating in research have a format to discuss research and EBP. Visit the website for details on joining and complete a willingness to serve application.

As the WISPAN board of directors Research Coordinator I am interested in sharing research in all areas of perianesthesia in which Wisconsin nurses are involved. If you, your co-workers, or your facility are involved in research projects that involve perianesthesia nursing, I encourage you to contact me at WISPAN. It's a great advantage to have our professional organization highlight all that we do in our specialty and this may encourage others to take the leap and participate as well. Congratulations to all of the nurses who presented their findings at the poster/abstract exhibit at the 2019 ASPAN National Conference including Karin Conklin and her team at UWHealth Madison. A sincere thank you to her for sharing her accomplishment and answering my questions about her team's experience.

Research/EBP/QI: <https://www.aspan.org/Research/Research-Abstracts-Archives/2019-Research-EBP-QI-Abstracts>

CSP: <https://www.aspan.org/Clinical-Practice/CSP-Abstracts-Archives/2019-CSP-Abstracts>

**WISPAN Research
Coordinator**

Jill Hoffman BSN, RN, CAPA

jilbers2013@gmail.com

2019 Evidenced Based Practice Wisconsin Participates

<p>Visit unhealth.org/magnet to view a complete list of UW Health Magnet™ designated facilities.</p> <p>Risk Based Perioperative Bladder Management Guideline Based on Post-Operative Urinary Retention (POUR) Risk Factors</p> <p>UW Health</p>			<p>P – LAN the Improvement (Future State Process Map) D – O the Improvement (Improvement Action Items Plan, Data Collection Plan, Forms)</p>		<p>MEASURE(S)/OUTCOME(S)</p>	
<p>F – IND a Process to Improve (Background Information, Data, Value Stream Map)</p> <p>A chart audit revealed Surgical Services nursing staff are utilizing the Adult Surgical Services Bladder Scan Guideline on 27% of patients meeting criteria. Surgical patients are presenting to PACU with distended bladders and are unable to void requiring straight catheterization. Recent literature suggests our guideline does not represent current evidenced based practice. A group was formed to review the current guideline and provide recommendations and improvement efforts to standardize the process to meet our unique surgical patient population needs.</p>			<p>CHANGE IDEA(S)</p>		<p>1</p> <p>PreOp education for patients</p> <ul style="list-style-type: none"> Will educate all patients about catheters that may be used during their surgery Will educate joint patients in pre-op class regarding importance to void prior to surgery to prevent catheter use. Provide scripts to pre-operative nurses about encouraging patients to use the bathroom right before surgery 	
<p>O – ORGANIZE a Team (List of Team & Ad-hoc Members and Roles)</p> <p>Karin Conklin (CNS-Team Lead), Kevin Colwin (RN-Pre/Post/PACU), Kira DeBels (RN-PACU), Karen Bauer (RN-OR), Penny Marsch (RN-OR), Tricia Epak (Nurse Educator-OR), Gabby Hatas (CT-Pre/Post Calls), Hiram Moretta (CNSA), Kelly Quade (RN-NP), Dr. M. Garren (Surgery Champion), Dr. M. Ford (Anesthesia Champion)</p>			<p>2</p> <p>Adopt POUR risk based guideline</p> <ul style="list-style-type: none"> Clearly outlined Post-Operative Urinary Retention (POUR) risk factors to be assessed with patient during pre-op phone call and shared with OR RN during handoff. Include risk stratification in guideline process. 		<p>3</p> <p>Define where scanning and cathing occurs</p> <ul style="list-style-type: none"> If patient has 5+ POUR risk factors and/or surgery is scheduled for ≥ 3 hours, the OR RN will consult the surgeon to place Foley catheter in OR and pull at end of case. Bladder scanning and/or straight cathing occurs outside of the OR (in PACU or Phase 2) only if patient meets criteria. 	
<p>U – UNDERSTAND Root Causes (Fishbone Diagram, 5 Whys, Affinity Diagram)</p> <p>Bladder management is very complex, with each patient's care involving up to seven departments:</p> <ol style="list-style-type: none"> 1. Preop Call 2. Pre/Post 3. Operating Room 4. Anesthesia 5. Surgery 6. PACU 7. Inpatient <p>AIM STATEMENT: The Bladder Scan Guideline is currently being utilized on 27% of patients meeting criteria in the TAC OR. The aim of this team is to increase compliance to achieve 40% by August 1, 2018.</p>			<p>C – CHECK the Results (Run Chart, Team's End Results)</p> <p>During the initial small tests, majority of patients had 0-2 Pour Risk Factors (73%).</p> <p>Surveillance data indicated the new guideline compliance was 94% in August 2018 vs. 27% in April 2018.</p> <p>Compliance remained at or above 90% in Oct., Nov., Dec. 2018 and at 6 month mark in March 2019.</p>		<p>A – CT and Determine Next Steps (Action Items, Lessons Learned, Sustainability Plan)</p> <p>Next Steps:</p> <ul style="list-style-type: none"> Create POUR risk score documentation in electronic medical record Reinforce with OR Nurses importance of Foley Insertion for patients with 5+ risk factors or ≥ 3 hours by coaching them on how to have conversations with surgeons Share guideline and results with Surgical Services leadership teams at the system level Small tests of change and implementation at other surgery departments within the system 	
<p>S – ELECT the Improvement (Benchmarking/Best Practices – External and/or Internal)</p>			<p>ROOT CAUSE(S)</p> <p>Patient fear/resistance</p> <p>Sensitivity to O.R. time</p> <p>Clear clinical rationale</p>		<p>BEST PRACTICE(S)</p> <p>Early patient involvement</p> <p>Optimize use of PeriOp resources</p> <p>Account for pts. individual risks</p>	
<p>CHANGE IDEA(S)</p> <p>PreOp education for patients (pts.)</p> <p>Define where scanning/cathing occurs</p> <p>Adopt POUR risk based guideline</p>						

2019 Evidenced Based Practice Wisconsin Participates

Risk Based Perioperative Bladder Management Guideline

Based on Post-Operative Urinary Retention (POUR) Risk Factors

Karin Conklin RN, MSN, CAPA
Kevin Colwin RN, BSN
ASPAN National Conference
May 8, 2019



1

Disclosures

- No disclosures
- We work for UW Health in Madison, WI
- Our contact information:
Karin Conklin: kconklin@uwhealth.org
Kevin Colwin: kcolwin@uwhealth.org



2

Objectives

- Understand the current evidenced based risk factors for post-operative urinary retention (POUR)
- Introduce a process for implementing a new perioperative bladder management guideline
- Learn how we sustain and monitor the results



3

Risk Factors for POUR

- Age ≥ 50 years
- Diabetes
- Previous major pelvic/abdominal surgery
- History of POUR after previous surgery
- History of urological/prostate conditions
- Spinal/Epidural anesthesia
- Total surgery length ≥ 3 hours



4

Why the Need to Change?

- Old guideline: Bladder scan at end of OR case if IV fluid amount in OR ≥ 750 ml or surgery ≥ 90 minutes
- Recent Articles suggest IV fluids not a strong risk factor for urinary retention
- Lack of individual risk & patient focus
- Guideline utilized only 27% of time



5

Improvement Model



A3 Format →



6

Improvement Team

Bladder Scan Guideline Improvement Team	
Karin Conklin	Pre/Post/PACU/OR – CNS
Karen Bauer	OR – RN
Kevin Colwin	Pre/Post/PACU – RN
Kira DeBels	PACU – RN
Tricia Ejzak	OR – NES
Penny Marsch	OR – RN
Hiram Moretta	Anesthesia – CRNA
Kelly Quade	INPT – RN, CAUTI Champ
Dr. Garren	Surgeon Champion
Dr. Ford	Anesthesiologist Champion



7

Improvements

#	CHANGE (IDEAS)	MEASURES/OUTCOMES
1	PreOp education for patients	<ul style="list-style-type: none"> Will educate all patients about catheters that may be used during their surgery Will educate joint patients in pre-op class regarding importance to void prior to surgery to prevent catheter use Provide scripts to pre-operative nurses about encouraging patients to use the bathroom right before surgery
2	Adopt POUR risk based guideline	<ul style="list-style-type: none"> Clearly outlined Post-Operative Urinary Retention (POUR) risk factors to be assessed with patient during pre-op phone call and shared with OR RN during handoff Include risk stratification in guideline process
3	Define where scanning and calling occurs	<ul style="list-style-type: none"> If patient has 5x POUR risk factors and/or surgery is scheduled for ≥ 3 hours, the OR RN will consult the surgeon to place Foley catheter in OR and pull at end of case Bladder scanning and/or straight cathing occur outside of the OR (in PACU or Phase 2) only if patient meets criteria.



8

Creating a Screening Tool

Buckingham Badger 8-14-18

NAME: _____ DOB: _____

PRE-OP CALL POUR SCREENING	PACU POUR SCREENING
Age ≥ 50 Y <input checked="" type="checkbox"/>	Age ≥ 50 Y <input checked="" type="checkbox"/>
Diabetes Y <input checked="" type="checkbox"/>	Diabetes Y <input checked="" type="checkbox"/>
Spinal/Epidural Y <input checked="" type="checkbox"/>	*Spinal/Epidural Y <input checked="" type="checkbox"/>
Total OR Time ≥ 3 hrs Y <input checked="" type="checkbox"/>	*Total OR Time ≥ 3 hrs Y <input checked="" type="checkbox"/>
Urological Disease Y <input checked="" type="checkbox"/>	Urological Disease Y <input checked="" type="checkbox"/>
History of POUR Y <input checked="" type="checkbox"/>	History of POUR Y <input checked="" type="checkbox"/>
History of major Abdo/Gen/Vis Surgery Y <input checked="" type="checkbox"/>	History of major Abdo/Gen/Vis Surgery Y <input checked="" type="checkbox"/>
TOTAL SCORE (Max 7 correct) 2	TOTAL SCORE (Max 7 correct) 2

Yellow Sheet Follows Surgical Patient



9

New Risk Based Guideline




10

How? Small Tests of Change

DAY 1 Start trying new things in a very small way

DAY 2

DAY 4

DAY 6

DAY 8

We used a viral spread method of involvement to trial with 13 surgeons and 34 patients within 3 weeks.



11

Initial Results Positive

Small tests of Change July 19 - Aug 7, 2018:

The results of the initial testing were:

Original Bladder Scan Guideline Compliance (N=40): 27%

New Risk-Based Testing Group Compliance (N=34): 94%

Screening Score Breakdown (N=34)		
0 – 2 Risk Factors	3-4 Risk Factors	5+ Risk Factors
26	7	0



12

Sustaining the Results

- Endorsement from Urologists & Operating Room Leadership Council
- Speak at huddles, staff meetings, follow up individually with non-compliant RNs
- Email and speak directly with surgeons and anesthesiologists; share MD involvement
- Regular updates at O.R. Governance
- Future: Incorporate in EMR



13

Monitoring Compliance

- August 15th - Sept 15th Compliance: 92%
- October: 90%
- November: 90%
- December: 90%
- 6 Month mark – March 2019: 95%
- 12 Month mark – planned audit



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References

- Bladder Management Delegation Protocol – Adult Inpatient (UW Health)

Key Literature:

- Cooperheaver, H. & Fowler, J. (2016). Working as one for optimal perioperative urinary retention management for orthopedic patients. *National Association of Orthopedic Nurses Webinar* on March 28, 2016.
- Kort, N.P., Belmans, Y., Vos, M. & Schotanus, M.G.M (2018). Low incidence of postoperative urinary retention with the use of nurse-led bladder scan protocol after hip and knee arthroplasty: A retrospective cohort study. *European Journal of Orthopaedic Surgery & Traumatology*. 28(2). DOI: 10.1017/S00090-017-20425-5.
- Zelmanovich, A. & Former, D. (2018). Urinary Retention After Orthopedic Surgery: Identification of Risk Factors and Management. *Journal of Clinical & Experimental Orthopaedics* 4(1). DOI: 10.4172/2471-9415.100054



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WISPAN Seminar "Fall in Knowledge" 2019 WISPAN



Tracy Franchuk, BSN, RN, BSHCA
Conference Host



Dr. Teresa Gonzaga
Plastic Surgery



Amy Segerstrom MS LPC

Mindful Nursing; Caring for your heart
while caring for others



WISPAN Seminar "Fall in Knowledge" 2019 WISPAN Awards



Speakers John K Kruse MA and Cindy Swig
MBA, Dealing with Change in Healthcare

General Attendees:

- * Free Membership awarded to Pattie Miller
- * Free WISPAN seminar certificate awarded to : Tracy Franchuk and Adam Huth

CAPA/CPAN attendees:

- * Free Membership awarded to Sandy Shotliff
- * Free WISPAN seminar certificate awarded to Laurie Delaney, Tami Joles & Janet Beck

Nursing Student: no student attendees



APSAN Regional Representative and
Speaker Falling Hemoglobin: Hemorrhage in
the PACU by Deborah Moengen BSN, RN,
CPAN



Speaker Tami L. Joles, BSN, RN, CPAN

Music Therapy in the PACU- Process
Implementation



Brenda Gillingham , BSN, RN,
CPAN with Cynthia Seibler-
Mohler, BSN, RN, CPAN

WISPAN Editor Updates

Debra Dosemagen RN, MSN, CPAN, CAPA

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You could earn money by submitting education or clinical articles for the Awakening Newsletter!

Authors will be reimbursed:

- ☐ \$100 for articles containing 250 words or more
- ☐ \$50 for articles containing less than 250 words
- ☐ \$25 for Clinical practice questions that demonstrate evidenced based research
- ☐ \$15 for a crossword puzzle
- ☐ \$10 for a joke or anecdote

Please submit your articles to Deb Dosemagen, The Awakening editor at ddosemagen89@gmail.com.

I am happy to help please reach out if you need assistance.

Please submit photos or articles that you would like included in The Awakening to Deb Dosemagen.

ddosemagen89@gmail.com

Awakening Contest

Submit a article to the Awakening for a chance to win a free ASPAN/ WISPAN membership, which will be awarded at the Winter Conference in February. Please contact the Awakening Editor at ddosemagen89@gmail.com if you need assistance.

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Saturday, February 1st, 2020

Registration begins: 0645

Enjoy breakfast and time with vendors

First speaker: 0800

TOPICS

- ♦ Gyn Oncology and SSI Prevention
- ♦ Male Urology Issues and Current Treatments
- ♦ Communication with LGBTQ Patients & Family
- ♦ LGBTQ Panel Discussion
- ♦ Transcatheter Aortic Valve Replacement (TAVR) and Anticoagulant Update

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