Waking Crew News

KSPAN NEWSLETTER VOL 40 #3 WINTER 2023

KSPAN MISSION

The Kentucky Society of Perianesthesia Nurses (KSPAN) 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.

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HELLEN KELLER

"*I am only one but still I am one. I cannot do everything, but still I can do something, and because I cannot do everything, I will not refuse to do something that I can do."*

A MESSAGE FROM OUR CURRENT PRESIDENT, ELIZABETH STEFFEN

Happy Holidays. As I take on the role of your President for KSPAN, I am truly humbled. The faith and trust you have placed in me will be my motivation as well as hold me accountable to provide the best leadership. I look forward to working with everyone within KSPAN as well as our governing body ASPAN to continue to make perioperative nursing in the state of Kentucky an example to be followed.

Allow me a moment to introduce myself. I'm Elizabeth Anne Steffen though I go by Annie. I have been in nursing for 42 years. Beginning my career at Cincinnati's Children's Hospital in Hematology/Oncology, I have also worked in home health before making perioperative nursing my specialty. I was part of a team which brought pediatric outpatient services to the suburban areas of Cincinnati. In my present role at St. Elizabeth Healthcare, I am a mentor, preceptor, skills instructor, and Chair of Perioperative Services PI Council. I have presented at the KSPAN and ICPAN conferences as well as poster presentations at the ASPAN National conference. I had two oral presentations accepted for the 2024 ASPAN National Conference. My research study was on the use of essential oils to help PONV. I came to KSPAN on the invitation of my mentor at St. Elizabeth, Elizabeth Schoulties. Our past president of KSPAN asked me to do a presentation back before Covid when we could meet in person. At that time, I did not know what KSPAN was. Sitting in on the conference, I was drawn into the passion, the knowledge, and the commitment KSPAN has for our specialty. I was hooked. I became a member and then was asked if I would sit on the Board of Directors.

As perioperative nurses, we see patients and their loved ones in their most vulnerable state. We are on the front lines. We see what happens every day, what works, what doesn't, what the patient's real needs are. They depend on our knowledge and our expertise to ensure they have a positive outcome. Their desire, is care that makes them feel valued, heard, cared for and treated as individuals. With our knowledge base and passion, we can make changes that make a difference for our patients.

As I start my tenure, I want to thank Elizabeth for seeing in me what I never dreamed of being capable of doing. To our Immediate Past President Teresa, thank you for your love, faith, support, and passion to our profession. Donna and Pam, you are always there with words of wisdom and support just when I need them the most. LaVetta, I couldn't ask for a better wingman as Vice-President/President-Elect. Your passion for our profession is infectious.

I had the wonderful opportunity this past fall to present at the ICPAN conference in Amsterdam. The theme was & quote, "The World Starts Outside Your Comfort Zone". This was way outside of my comfort zone but I took a chance because with KSPAN I have learned that each of us are capable of things we never dreamed of. When faced with any new challenge, my grandson reminds me to "Stay Creative". As we start a new year, I would like to challenge all of us to be creative. Let's look for ways to discover how we can improve our practice, develop an Evidence Based Practice change, learn a new skill, develop a research project. The possibilities are endless. By working together, supporting each other, believing in each other, we can make Kentucky perioperative care a service to be proud of.

So 2024 KSPAN members - LETS GET STARTED!

A NOTE FROM REGION 3 DIRECTOR

My Name is Marlene Nahavandi and I am honored to serve as your ASPAN Regional 3 Director.

I have been an active member of ASPAN and Wisconsin Society of Perianesthesia Nurses (WISPAN) for 20 plus years, either as committee member or board member. Also, I am a member of ASPAN Clinic Practice and Membership and Marketing Committees.

On a personal note, I am married with two adult children, one living in Denver and another in Madison. One of my goals this year is to climb a fourteener in the Rockies or in Kings Canyon/Sequoia national park after months of recovering from knee replacement surgery. Setting goals is important in our personal life as well as for each Regional 3 component. I was excited to meet so many members from region 3 (over 170 members from region 3) that attended the fun filled, educational national conference in Denver. Members had opportunities to network with so many colleagues from around the country. National conferences are a wonderful place to meet up with old friends and make new ones. Collaboration and teamwork are fundamental to our success. I encourage open communication and a supportive environment where each member feel valued, heard, and respected.

A few bits of information that I would like to share with you all:

- Submit a willingness to serve form for 2023-2024 Willingness-to-Serve (aspan.org) many fun committees or work teams to get involved with
- Are your component websites and social media sites updated throughout the year?
- Many resources are available in the component toolbox on the ASPAN website (you need to be logged into the APSAN website to access):
https://www.aspan.org/About/Organization/Willingness-toServeents/Component-Leadership-Tool-Box

I want to thank each of you for your continued dedication and commitment to Perianesthesia nursing. Your hard work and compassion are the heart of ASPAN's success! I am confident that together, we will achieve great things in Region 3.

Marlene Nahavandi BSN, RN, CAPA
ASPAN Regional 3 Director
Clinical Practice Committee and Membership and Marketing Committee Member

ICPAN EXPERIENCE BY ELIZABETH STEFFEN

PHOTOS

This September, I had the privilege to represent ASPAN and our KSPAN component at the 6th ICPAN Conference in Amsterdam. They accepted three of the abstracts we had submitted. For oral presentation, they accepted our presentation from the KSPAN Spring Conference on Communication. For poster presentation, they accepted our work with ERAS and our poster presentation on the Snapshot hand-off tool from the 2022 ASPAN National Conference.

ICPAN is the International Collaboration of Peri-Anesthesia Nurses. The theme of the conference this year was “The World Starts Outside Your Comfort Zone”. There were four main pillars of the conference: The Sustainable Green Recovery, Innovation in Perioperative Nursing, Managing Workplace Stress, and Perioperative Nursing Education. Eleven countries were represented at the conference: the United States, England, Canada, Ireland, Australia, Denmark, Sweden, New Zealand, Greece, Italy and Finland. ASPAN is one of the founding members of ICPAN. It started as brainstorming and networking session after the 2008 BARNA (British Anesthetic and Recovery Nurses Association) Conference. In 2009, ICPAN was born. The first conference was held in Toronto in 2011. The vision of ICPAN is to promote global excellence in Peri-anesthesia nursing through networking, sharing of practice standards and encouraging and promoting collaboration on research and evidence-based practices.

Over two and a half days, participants attended presentations by keynote speakers as well as breakout sessions. A field trip took participants to different medical centers in Amsterdam. The participants had the opportunity to see firsthand the different types of healthcare in the Netherlands. On the last day, participants were divided into networking groups. Each group, working with the pillars of the conference, developed initiatives they felt they could take back to their countries as well as their respective healthcare systems. The initiatives were then shared with the conference at large.

There were a few things that took me by surprise at the conference concerning the conference's four pillars. There were some definitive differences between European Peri-anesthesia care and United States Peri-anesthesia care. The Europeans are far more advanced with initiatives in caring for the environment and supporting the health and well-being of their nursing staff. The United States excels in nursing care innovations and new initiatives on nursing education. Our poster discussing a uniformed hand-off tool for bedside reporting had many in attendance asking questions. The most asked question was, "how did you get the surgeons to agree to a bedside report" and "allow nurses the time to use it". My answer was simple, patience and patient outcomes. Surgeons cannot argue if you have data to support your initiative.

I had four major takeaways from the conference. The first, that being able to communicate with others is not a given. Our opening keynote speaker spoke of the different ways we communicate. Her objectives were: to learn the different styles of communicating, learn how to appreciate the difference, and to learn from each other. Secondly, we are more connected than we are divided. We need to stop listening to those who want to divide and cause conflict and instead work on supporting each other. A third takeaway is nurses are held in high regard by the public. We should be humbled by the confidence and trust the public places on us. We should use this platform to make a difference. The fourth was that we must take care of ourselves, or we are no good to anyone.

We now live in a world that has forgotten how to communicate and care for one another. If we, as nurses, can step out of our own comfort zones, the world we would like to see can start with us. We can hold ourselves accountable and set the example we would like to see in the world. I had the privilege of visiting Anne Frank's house while in Amsterdam. She is quoted as saying, "How wonderful it is that nobody need wait a single moment before starting to improve the world." I believe as nurses, if we could practice this, what a wonderful world this will be.

Poster Presentation at 2023 RESEARCH LOUISVILLE

Nursing & Allied Health Symposium

Improving the Patient Discharge Experience Post-Surgical Procedure

Chelsea Shireman MSN RN CAPA & Stephanie Frields BSN RN-BC

Abstract:

This article outlines the outcomes of a quality improvement project at Mary and Elizabeth hospital in Louisville, KY, focusing on enhancing the post-surgical patient discharge experience. The initiative, led by nursing staff and leadership, aimed to improve communication, discharge planning, and overall patient satisfaction through Press Ganey scores. Through targeted staff education and the creation of patient-centric discharge folders, Press Ganey scores increased to the ninety-seventh and ninety-ninth percentiles in March and April 2023. This article underscores the influential role of nursing interventions in shaping positive experiences and satisfaction.

Introduction:

Press Ganey is a widely used patient experience tool, tracked by healthcare organizations to gather feedback from patients concerning their care experiences. The survey is divided into several aspects of patient care. Our project focused on the discharge domain of the survey for ambulatory surgery patients. The discharge domain evaluates the patients' experience during the discharge process and information related to discharge education. This domain is crucial as it reflects the effectiveness of communication and patient education between the bedside nurse and the patient. The percentages reported from patient surveys represent the number of positive responses benchmarked in a percentile against other organizations and healthcare systems across the nation. Our patient experience scores for the Press Ganey Discharge Domain in September 2022 measured in the thirty-fourth percentile and in October 2022, the fifth percentile. As the educator and the manager, we decided to implement changes aimed at improving outcomes and increasing scores in this domain. Literature reviews stress the importance of effective communication in discharge education, highlighting the need for ongoing discharge planning processes. The purpose of this quality improvement project was to improve the discharge experience by education and additional resources to nursing staff.

Methods:

The project included collaborative planning and education, engaging nursing staff in the creation of the discharge folder. The folders were designed around key topics found in the Press Ganey discharge domain. These included written discharge instructions, instructions regarding recovery, post-operative pain, nausea, bleeding, and infection. Following implementation, monthly Press Ganey scores were monitored for effectiveness of intervention.

Results and Outcomes:

Press Ganey scores, focusing on the discharge domain, increased to the ninety-seventh and ninety-ninth percentiles in March and April 2023, following implementation of discharge folders. This was successful for patients as well as staff who reported the folders as valuable tools in patient discharge education. Nursing-led changes empowered staff and significantly improved patient understanding, resulting in increased patient satisfaction.

Implications for Nursing Practice:

This successful initiative underscores the influential role of nurses in shaping positive patient

July 20, 2023

KSPAN Annual Membership Meeting Minutes

KSPAN Board of Directors Meeting Zoom

Members present: Donna Hagan, Teresa Dudley, Debbie Payne, Pam Malast, Raymond Young, Lavetta Carney, Annie Steffen, Lisa Casnellie, Janice Newton.

Absent: Patti Cooper.

Guest Region 3 Director: Marlene Nahavandi.

Call to Order by Teresa Dudley President at 1902.

Quorum was established with 9 members present.

Minutes from March 17, 2023 meeting were approved with no corrections. Motion was made by Pam to approve Lavetta seconded.

Treasurer report: We currently have $34,770.43 in checking with no liabilities as of June. Net income from Spring Seminar was $1421.06.

Committee Reports:

Education: Lavetta- Certification- Study group interest on Saturdays through ASPAN not ABPANC to help others study. Two-hour meeting once a week by Zoom. An informative session for Region 3 only will be this Saturday from 9-1030 for the Spring test.

Policy and Procedure/Bylaws: Donna- No report.

Membership: Teresa- Current membership is at 127. Difficult to determine who is new, looking at automatic renewals for expiring members. Annie will contact ASPAN for membership information to display at Fall Conference. Retired members can help but need to find out from ASPAN extent of involvement. Discussion on returning to pre-COVID level on committees. Recruiting is an ongoing task “Lunch and Learn” need to see the benefits of membership. We can look at community events especially hospital sponsored for KSPAN advertisement.

Publication: Lavetta- Always need articles; New member spotlight, research, QI. Writing an article can go toward your clinical ladder or professional development. Deadline August 31.

Nominating: Janice- No report.

Finance: Pam- Federal tax report was filed.

Gold Leaf: Teresa- Lots of work to fill out application. Will download 2023 guidelines.

Ways and Means: Donna- Raffle tree in progress Board members asked to sell at least 100 tickets. Drawing will be held at Fall Conference.

District Reports:

District I: Lavetta- Planning an August meeting.

District II: Pam- Dissolved.

District III: Dissolved approval to send letter.

District IV: Annie and Deb will meet to jump start district. Lisa (past President) has moved to Louisville.

New Business: Annie- Fall Conference will be in Northern KY October 7 at CTEC. The Venue and CEU's are no charge through Elizabeth at St. Elizabeth Healthcare. AV is available, food will be provided by the Board for breakfast and snacks and a boxed lunch from a local restaurant. Conference fees were set: Member $65, Student $20, ZOOM $55, Door $75. Speakers are Dr. Hunter, "Serving the Underserved", Tina Turner," Pt. Experience, why it Matters", Lavetta "Care for the Substance Abuse Pt.", Teresa," ASPAN Highlights", Risk Management, "E Charting".

Other Components in our Region 3 Conference Dates:

ILSPAN Oct 21 WISPAN Oct 14

INSPAN Sept 30 WVSPAN Oct 14

MAPAN Oct 14

September 7-9 Perianesthesia Academy, Albuquerque, NM

Annie made a motion for KSPAN to cover the cost of registration ($500) for Teresa to go to Perianesthesia Academy. Janice seconded with all in favor.

November 3-4 Perianesthesia Development Institute St. Louis, MO.

Motion made to adjourn meeting by Raymond seconded by Pam at 2036.

Respectfully Submitted by,

Donna Hagan BSN, RN, CPAN

KSPAN Secretary

INTERESTED IN BECOMING CERTIFIED?

Coming Soon!

Region 3 CPAN/CAPA CERTIFICATION

VIRTUAL 12-WEEK STUDY GROUP

CPAN
Certified Post Anesthesia Nurse
EXCELLENCE. KNOWLEDGE. PATIENT ADVOCACY.

CAPA
Certified Ambulatory Perianesthesia Nurse
EXCELLENCE. KNOWLEDGE. PATIENT ADVOCACY.

STUDY GROUP DATES:
Wednesdays 630PM-830 PM CST
January 24 to May 1 2024

If you would like to learn more, please sign up to attend our **informational session on January 10th, 2024 at 6:30 pm CST** by scanning the QR code. You will receive an email containing the link to the informational meeting.

REGION 3
Components

ILSPAN
INSPAN
KSPAN
MAPAN
MNDAKSPAN
OPANA
WISPAN
WVSPAN

Questions? Email Region3studygroup@gmail.com

Certification Corner

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CAPA

Erin McCarthy	CAPA
Theresa Rosum	CAPA
Vanessa Mounce	CAPA

CPAN

Mary Davis	CPAN
Annette Wiley	CPAN
LACEY BAKER	CPAN
Claire Dials	CPAN
Chelsea Nusbaum	CPAN

Steal Syndrome by Annie Steffen BSN-RN, CAPA

According to the National Institute of Health (NIH), steal syndrome is ischemia to the hand and tissue distal to the site of an AV fistula/graft. This is due to a marked decrease or a reversal of blood flow through the arterial segment that is distal to the fistula/graft. Patients who have AV access surgery have a 6% chance of developing steal syndrome following surgery. There are risk factors to be aware of when caring for a patient undergoing AV fistula/graft surgery. A patient with diabetes, heart disease, peripheral vascular disease, if they are female, have a previous diagnosis of steal syndrome with AV access or the AV fistula/graft access created by using the brachial artery can increase their risk of developing steal syndrome.

The incidence of steal syndrome is found more with AV graft creation versus an AV fistula creation. The symptoms can range from acute to chronic onset. Symptoms to assess for are: hand pain, numbness, discoloration of hand/arm, hand/arm feels cool or is swollen, decreased or absent pulses, poor capillary refill, weakness in extremity, loss of function of extremity. Frequent assessments by the post-surgical nurse can help to detect early signs of steal syndrome. A thorough assessment include: Patency (auscultate for bruit/palpate for thrill), Pain (severe or unrelieved with medication), Swelling (distal to AV access site), Circulation (decreased/absent pulses and capillary refill in limb, discoloration, cool).
If symptoms and clinical assessment suggest the possibility of steal syndrome, testing and diagnosis should be done as quickly as possible. Assessing AV access using Doppler ultrasonography both with and without compression of the AV access site can help diagnosis steal syndrome. If there is a relief in the symptoms with compression, it suggests occlusion as the cause. An angiography of the extremity both proximal and distal to the AV access site can determine if arterial stenosis is the cause of the steal syndrome.

Depending on the cause of the steal syndrome, there are multiple surgical options to increase circulation to the affected limb. DRIL (Distal Revascularization Interval Ligation), PAI (Proximalization of Arterial Inflow), RUDI (Revision using Distal Inflow), Ligation of the AV access, and Banding of the inflow. The best procedure is based on the cause of the steal syndrome and the patient's history and risk factors.

Although it is rare, steal syndrome if not recognized as soon as symptoms present, can result in devastating consequences: loss of motor function in affected limb, gangrene, loss of digits/limb. Prevention and education are the key. For physicians, vessel mapping prior to the creation of AV access can lower the risk of complications. For nurses: thorough and frequent neuro assessments, no B/P or IV access on affected limb, patient education of signs and symptoms. Prevention and education are key to limb survival.

STEAL SYNDROME

Definition:

According to the National Institute of Health (NIH) steal syndrome is ischemia to the hand and tissue distal to the site of an
AV fistula/graft due to a marked decrease or a reversal of blood flow. Incidence is approximately 6% of patients who have AV access surgery.

Risk Factors:

Access created using the brachial artery, diabetes, heart disease, peripheral vascular disease, female, previous diagnosis of steal syndrome with AV access.

Causes:

Decreased inflow of blood: stenosis in the artery used for AV access
High arterial resistance distal to AV site: peripheral vascular disease, Raynaud's, diabetes
Low venous outflow resistance: artery to vein or artery to graft anastomosis is too large, diabetes

Signs and Symptoms:

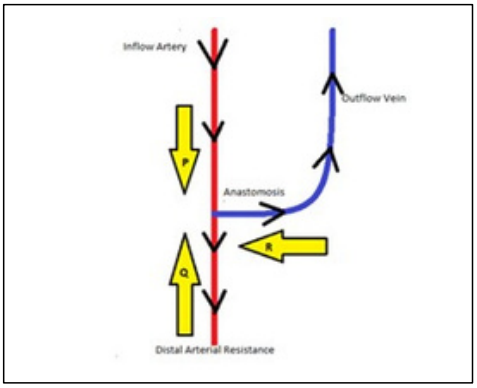
Hand pain, numbness, discoloration of hand/arm, hand/arm feel cool or are swollen, decreased or absent pulses, poor capillary refill, weakness in extremity, loss of function of extremity.

Nursing Assessments/Interventions:

Frequent vascular assessment following AV access surgery that includes: Patency (auscultate for bruit/palpate for thrill), Pain (severe or unrelieved with medication), Swelling (distal to AV access site), Circulation (decreased/absent pulses and capillary refill in limb, discoloration, cool).

Surgical Treatment Options:

1. DRIL (Distal Revascularization – Interval Ligation)
2. PAI (Proximalization of Arterial Inflow)
3. RUDI (Revision using Distal Inflow)
4. Ligation of the AV access
5. Banding of the inflow



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Minimally Invasive Mitral Valve Surgery by Annie Steffen, BSN-RN, CAPA

Minimally Invasive Mitral Valve Surgery is an option in the treatment of mitral valve stenosis and mitral valve regurgitation. Symptoms patients may be experiencing may be shortness of breath, fatigue, edema in legs and feet, heart palpitations and dizziness. Some patients may be asymptomatic. The majority of patients in need of mitral valve surgery are candidates for the minimally invasive approach. Patients with cardiac myxomas (benign tumors), atrial septal defects needing closure and those in need of atrial fibrillation ablation are also candidates for a minimally invasive approach. Research has found performing surgery in patients who are asymptomatic, especially those with mitral valve regurgitation versus monitoring symptoms have better long-term outcomes.

Success with this procedure includes preparing the patient for the procedure. During the preadmission phase of care the following are obtained:

1) Dental clearance within 3 months of surgery.
2) A negative urinalysis – if positive was treated successfully with a course of oral antibiotics.
3) Current type and screen.
4) Discontinuation of ARB (losartan) and ACE (lisinopril) medications at least 24 hours prior to surgery.
5) A CT angiography of the chest, abdomen and pelvis is done so information concerning the patient's anatomy is available.
6) For patient's over 40, an LHC is performed to assess risk of coronary artery disease.
7) Carotid duplex studies are done are patients who have experienced a stroke or TIA
8) Pulmonary function tests are done are patients with COPD or other restrictive airway disease.

On the day of surgery, the following are performed:

1) Make sure patient has had a Hibiclens shower at home prior to arrival.
2) Make sure patient has stopped losartan and lisinopril for at least 24 hours
3) Make sure recent urinalysis is negative
4) Make sure if patient is on any anticoagulants they were stopped according to the following guidelines:
    a) Plavix, Brillinta, Eliquis, Xarelto and other anti-platelets/newer anticoagulants: 5 days
    b) Coumadin: 7 days
    c) ASA: do not take day of surgery
    d) Patients with atrial fibrillation with a high CHADS-Vasc score and are bridged with lovenox – last injection must be a full 24 hours from time of procedure
    e) Fish Oil: 7 days

5) Patients are clipped under the axillary and any excess body hair

6) Patients with anemia, a Hgb of 8 or less will have a unit of PRBC started in holding.

The procedure is performed via a mini-thoracotomy. It is always performed on the right side. A one to one-and-a-half-inch incision is made lateral to the pectoralis muscle. An additional one to one-and-a-half incision is made in the groin for a femoral to femoral bypass. Marking is not required because the procedure is always done from the right side. The groin incision site is not marked. Circumstances may arise during the procedure in which access to the other side is necessary: artery is to small or hematoma post catheterization.

The valve may be repaired or replaced. If replaced, it may be done with biological tissue (cow, pig or human) or a mechanical valve. Both have their pros and cons. With biological tissue there is the risk of the tissue breaking down over time and needing to be replaced. With the mechanical valve the patient will need to remain on blood-thinners for the rest of their life. Repairing the valve could include the following: patching holes in the valve, reconnecting the valve leaflets, removing tissue that has built up so the leaflets can close tightly, replacing the cords that support the valve to improve the structural support of the valve or separating valves that have fused together. To help support the valve, the surgeon may reinforce the ring around the valve (annulus) with a procedure known as an annuloplasty.

Recovery involves medication, a healthy lifestyle (exercise, proper diet, managing stress, quit smoking), possibly cardiac rehabilitation and regular doctor visits.

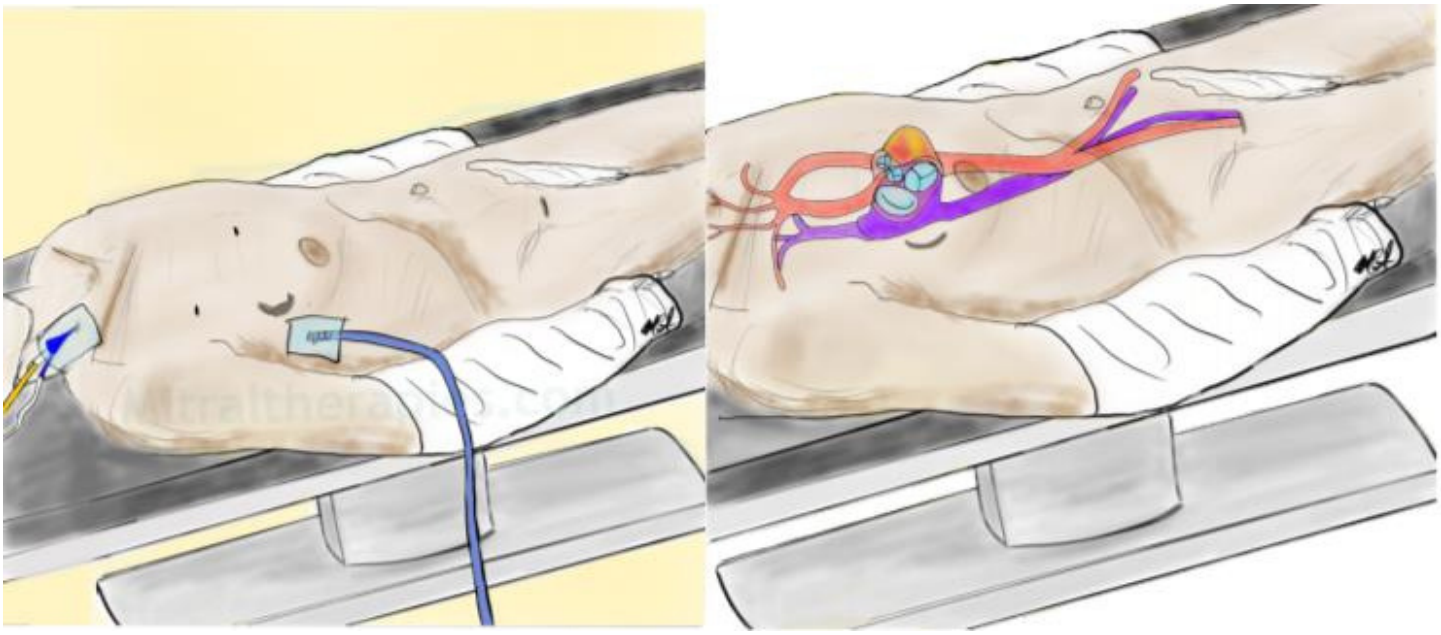
Bibliography:

Positioning for the minimally invasive mitral valve procedure (Castillo-Sang MD, 2020)

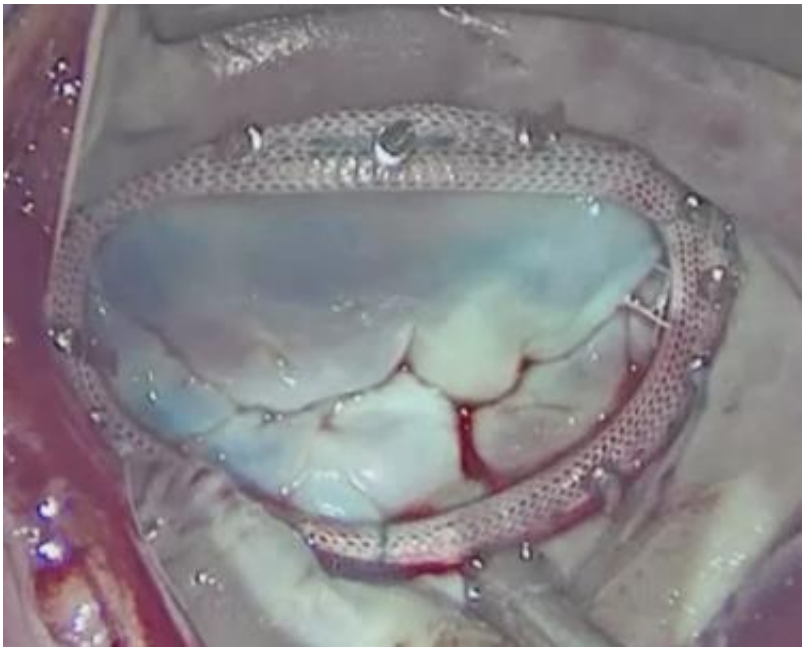
Mitral Valve Repair

Biological Valve Replacement Mechanical Valve Replacement (Castillo-Sang MD, 2020)

PHOTOS

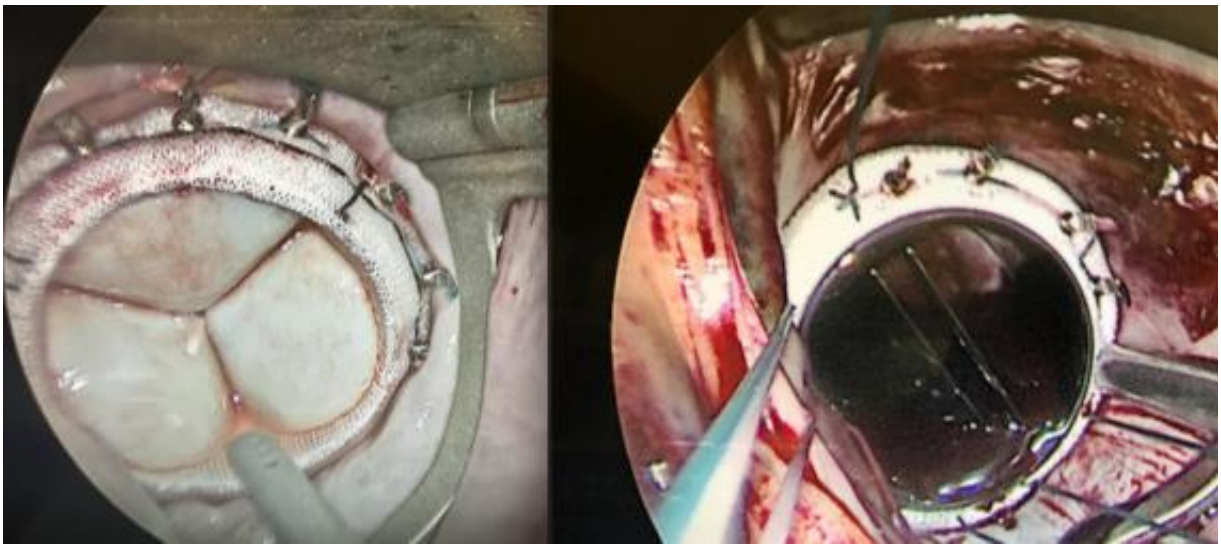


Positioning for the minimally invasive mitral valve procedure (Castillo-Sang MD, 2020)



Mitral Valve Repair

PHOTOS



Biological Valve Replacement Mechanical Valve Replacement (Castillo-Sang MD, 2020)

Video of a minimally invasive mitral valve repair operation can be seen below:

https://youtu.be/OHjnBO7F6F8

References:

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Poster Presentation at 2023 RESEARCH LOUISVILLE

Nursing & Allied Health Symposium

Enhancing ERAS Outcomes: The Role of Regional Anesthesia in Facilitating

Same-Day Discharge

Chelsea Shireman MSN RN CAPA & Stephanie Frields BSN RN-BC

Abstract:

This evidenced based practice project explores the impact of regional anesthesia with ambIT© pump catheters within Enhanced Recovery After Surgery (ERAS) program for orthopedic patients. Faced with a surge in orthopedic surgeries and subsequent admissions due to inadequate postoperative pain control, our intervention aimed to enhance pain management and facilitate an increase in outpatient procedures. Despite a comprehensive approach that involved collaboration, education, and a trial period, the outcomes did not show a reduction in same day admissions. This indicated a need for alternative assessment methods.

Background Information:

Enhanced Recovery After Surgery (ERAS) represents better outcomes in postoperative care, emphasizing a multidisciplinary approach to accelerate recovery. This evidence-based program starts from the patient's preoperative preparation to the post-surgical phase. ERAS has multiple aspects to its program, but our evidence-based project focused on pain management and same-day discharges at Mary and Elizabeth Hospital. Our study sought to address the clinical question: Does implementing ERAS with a focus on continuous regional anesthesia reduce inpatient admissions and increase same day surgeries? The project's focus on the ambIT© pain pump trial within ERAS aimed to enhance the postoperative care pathway.

Methods:

The study spanned from November 2021 to October 2022, involving 110 patients, pre-implementation and 137 during the trial phase. Collaborative planning and education efforts engaged nursing staff and providers in ERAS principles and the implementation of regional anesthesia. An ERAS champion hosted an educational dinner, emphasizing the significance of regional anesthesia in pain management. Collaboration with surgeons and informatics led to the creation of ERAS order sets, specifically integrating the ambIT© pain pumps.

Results and Outcomes:

Despite these efforts, the outcomes did not align with the initial goal of decreasing same-day admission post-surgery. Before implementing ambIT© pain pumps, 51% of orthopedic surgical patients were discharged on the same day, compared to 49% during the trial period. The findings indicate that utilizing continuous pain catheters did not significantly impact same day discharges. To comprehensively assess the interventions' effectiveness, additional measures such as patient satisfaction scores, postoperative phone call surveys, and organizational Leapfrog scores could be considered.

Implications for Nursing Practice:

The results suggest that while the ambIT© pain pump trial did not yield the anticipated outcomes in reducing same-day admissions, it is crucial to explore alternative measures and assess a broader range of indicators for intervention effectiveness. Future initiatives may consider refining ERAS protocols, exploring patient reported outcomes, and engaging in ongoing collaboration between surgical teams, nursing staff, and informatics to optimize pain management strategies in the ERAS pathway.

KSPAN Strategic Plan

2015-2016 KSPAN Strategic Plan (Updated February 1, 2019)

Goal A: Provide Educational Opportunities for Peri-Anesthesia Nurses

A1 Present Spring Seminar and State Fall Conference educational programs

A2 Promote KSPAN Districts and ASPAN educational offerings in newsletter and website:

- Announce newsletter deadlines at board meetings and within each newsletter
- Promote other ASPAN state components in newsletter

A3 Explore feasibility of sponsoring ASPAN seminar/workshop

A4 Collaborate on educational activities with other professional organizations (AORN)

A5 Promote KSPAN Scholarship Points System to increase financial support to members and board members for educational programs via:

- The Waking Crew Newsletter
- E-mail reminder for month prior to deadline
- Board of Director Meetings
- Website

A6 Implement aggressive marketing strategies for all educational offerings by:

- Developing contact list for facilities in all districts

Goal B: Increase Membership and Membership Retention

B1 Promote benefits of ASPAN/KSPAN membership in newsletter, at Spring Seminar and State Conference by:

- Including information on the benefits of membership in each newsletter
- Contacting regional director for article
- Obtaining membership information from the National Office

B2 Promote and present Recruiter of the Year Award at Fall conference

B3 Recognize membership efforts via the Point System Award at Fall Conference

B4 Recognize members who bring non-members to educational programs

B5 Contact non-renewing members to:

- Determine reasons for non-renewal
- Provide information about educational offerings

B6 Contact non-member Kentucky CPAN/CAPA nurses about member benefits and educational programs

B7 Offer member rates to non-members who join ASPAN/KSPAN at Spring Seminar and State Conference

B8 Send retention letter to members who are soon to renew

B9 Send email to each member who renews membership B10 Assign a board member to each new member to:

- Promote a positive KSPAN Experience
- Promote member retention

B11 Send congratulation letter to newly certified Kentucky nurses

B12 Support district growth and development by:

- Assigning a board member liaison to each district
- Feature district information in newsletter article
- District contact information provided in newsletter/website
- Promote district formation

Goal C: Provide Financial Growth and Stability of Component

C1 Provide Spring Seminar and State conference in a cost-effective manner by:

- Finding alternative locations for educational programs
- Co-hosting educational programs
- "Green" advertising (Delta base is maintained for sending via e-mail)
- Post speaker hand-outs on the website
- Soliciting donations from medical vendors, lifestyle vendors and other sources

C2 Develop fund raising projects at State and District levels

- Raffles/Silent Auction
- Investigate other money-making projects (additional vendors, ie Pampered Chef, Pottery, Mary Kay)

C3 Complete financial review prior to Treasure's transition before State conference

Goal D: KSPAN is the Professional Organization Representing Peri-Anesthesia in the state of Kentucky

D1 Promote CPAN/CAPA certification by:

- Providing information on certification of KSPAN education programs
- Providing discounts for certified nurses to attend KSPAN educational program
- Sending congratulatory letters to newly certified members with discount ticket for next educational presentation
- Recognize newly certified member at meeting and present CPAN/CAPA pin if he/she attends next KSPAN educational program
- Publish names in the Waking News, on the website and other organization communication
- Placing link on KSPAN website to ABPANC website
- Sponsoring CPAN/CAPA review course in state at five-year intervals

D2 Promote ASPAN's Perianesthesia Nursing Standards and Practice Recommendations 2021-2022 by:

- Displaying a copy at Spring Seminar and State Conference
- Note Changes to Standards in communication
- Promoting poster presentations for display at educational programs

D3 Promote Perianesthesia Nurse Awareness week by:

- Obtaining proclamation from Governor's office and/or local government

D4 Seek opportunities to increase visibility of KSPAN and promote awareness of the Perianesthesia nursing specialty by:

- Donating half of 50/50raffle proceeds to a local charity
- Collecting and donating non-perishable or personal need items to local charitable organizations
- Offering a Medical Mission Scholarship to members
- Donating a Perianesthesia textbook to a school of nursing
- Offering student discount to educational programs
- Sending educational program information to schools of nursing

D5 Promote Perianesthesia nursing to the school of nursing during the book presentation

Goal E Provide Computer Services and Support for KSPAN Activities

E1 Maintain and update KSPAN website with:

- List of current officers and BOD members with e-mail addresses for contact. Consider adding photos and brief bio information
- KSPAN Bylaws
- Point System Award form
- Willingness to Serve form
- Brochures for Spring Seminar and State Conference
- Current Newsletter
- District Information

Goal F: Promote Community Service Projects

F1 Select a project to promote at the State Level

F2 Encourage Districts to sponsor community service projects

F3 Select project for BOD

Goal G: Promote Research and Evidenced Based Practice

G1 Promote component participation in ASPAN research projects

G2 Promote research projects at the component level by:

- Offering monetary incentives for posters at State Conference
- Encourage members to bring research surveys to educational programs

G3 Encourage submission of evidence-based practice articles to newsletter

G4 Encourage poster presentations of research projects at State Conference

G5 Investigate funding for member research

Goal H: Promote Involvement in Political Activism

H1 Provide information to the membership from the Governmental Affairs Committee

Goals I: Promote Personal Growth of KSPAN Board of Directors and Members

I1 Encouraging and mentoring for leadership roles

I2 Encouraging and mentoring Board of Directors to assume officer positions

I3 Inviting members to attend Board of Director meetings

Save the date! ASPAN's National Conference

ASPAN's 43rd National Conference

April 14-18, 2024

Orlando, Florida

Letter from the Editor LaVetta Carney

Greetings KSPAN family. I am looking forward to seeing you at the conference. It is always a great opportunity to network and learn new innovative ideas. The conference will be in Orlando, Florida this year. The week of April 14-18. There is lots of opportunities to volunteer to help with the conference. Please let us know if you are interested.

As we continue to grow in our career, please remember to take time for yourself. Life is ever changing! We are constantly seeking new ways to gain strength and peace. Some of our nurses are beginning to transition into retirement. Some of our nurses are beginning to change jobs. Continue to seek out those positions that provide you an ease of mind and help you to grow in spirit as well.

When I first became a nurse, I remember being the newbie and how I felt walking down the hallways of the hospital. It felt so foreign. Now over 20 years later no hallway feels fearful to me. I have overcome, so many obstacles in my nursing career. I have learned to think through obstacles preferably before they arise. Being proactive and not reactive is a better state of mind. Reactions tend to have uncontrolled outcomes. Being proactive allows us to think through situations and determine how we want the outcome to be.

Over the next few weeks, I challenge you to set a goal for your nursing career. The goal can be for school, work, maybe a certification you wish to obtain, or anything related to your nursing career. When you right the goal down, be sure to map out an outline of how you wish to reach the goal. Place it in an envelope and then work towards the goal. Open it next year and see how you have progressed towards your goal.

Nursing organizations are ways that you can get involved in your career path. Being a part of the organization helps nurses to stay current with the latest knowledge and current healthcare trends. I hope everyone had a great holiday season. Let us continue to send encouraging words to each other throughout each and every day.