

July 2024

Iowa Society of Perianesthesia Nurses



Awakening News

Volume 35- issue 1

In this issue:

ISPAN President's message

Acuity based staffing—
ASPAN position statement

PANAW Week 2024

Certification changes

Clinical practice questions

Newborn monitoring

Caregiver requirement
after anesthesia/
sedationISPAN board meeting:
minutes:

ASPAN board members

Upcoming events:

October 5, 2024
ISPAN board meetingNov. 8-10, 2024
CDI ASPAN leadershipApril 27-May 1, 2025
ASPAN national Conference. Dallas, TX

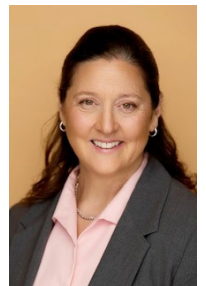
ISPAN President's Message

"What's In It For Me?"

In January of 2023, I accepted an invitation to serve as the vice president of Iowa Society of PeriAnesthesia Nurses (ISPAN). Starting in March of 2024, I assume the role of president with all the support and help from those who have served before me and the many who continue to stand by me. For this, I am forever grateful and humbled.

As I contemplated the offer to serve as vice president, president-elect, I asked many questions. Questions like **Why** serve? That was an easy one. I want to give back to an organization that has been instrumental in advancing my career as a peri-anesthesia nurse. The education and networking I have gained through National Conferences and other educational offerings have been invaluable. My first National Conference was in 2006 and I can still remember the excitement I felt after my first day of classes. I also remember meeting other peri-anesthesia nurses from Iowa at the Component Night social gathering. Many of those nurses are still active in ISPAN and continue to serve our professional organization. When I decided to take on a role that was far greater than anything I have done before, I started thinking **What** do I want to do as president. What are the goals I want to work on for my term as ISPAN president, and **How** am I going to do these things.

Continued next page



Kris Franken RN, CAPA

ISPAN president

Follow ISPAN:

Website: <https://ispan.nursingnetwork.com>

Facebook: Iowa Society of Perianesthesia Nurses-ISPAN

ISPAN president's message continued

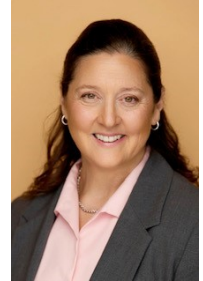
I had the **why**, next came the **what**. It is no secret that our membership numbers have declined over the past few years, and I thought this would be one thing I could focus on. I asked some of my coworkers why don't you consider joining a professional organization, their response **"What's in it for me?"**

Initially hearing that response gave me pause, but after hearing it over and over, I realized that it is an important question, **"What's in it for anyone who joins ASPAN, American Society of PeriAnesthesia Nurses, and our component ISPAN?"**. Like with any decision we make, we do need to ask ourselves what is in it for us. We should consider questions like is it to help others, is it to help me grow, does it bring me joy, what are the benefits. The answers to those questions are as different as the people asking them.

ASPAN membership means different things to different people. For some, ASPAN represents an educator, a protector, a leader, or a social director. As I stated, I came to ASPAN by way of the National Conferences and education, but I quickly learned about ASPAN's role as a protector. ASPAN standards are evidence-based guidelines designed to keep us and our patients safe. Because I said yes to serving as vice president, ASPAN is giving me the opportunity to grow in a new leadership role. ASPAN offers seminars and classes on leadership. After my first professional development conference (PDI), I realized I didn't know what I didn't know. The tools shared with me at PDI will help me ask better questions to find better solutions. After taking advantage of leadership seminars offered through ASPAN, I have gained a network of resources to help guide our component to where we want it to go.

How we get there is up to us. I don't have the answers right now, but with the right questions the possibilities are endless. As your new ISPAN president, I want to be available to you and your practice. I would love to come and visit with you, see your facilities, and hear about your vision for ISPAN. I have discussed just a few things about what ISPAN has to offer me.

What I want to know is your ISPAN story and **"What's in it for Me"** means to you.



Kris Franken RN, CAPA

ISPAN president



Position Statement *American Society of PeriAnesthesia Nurses*

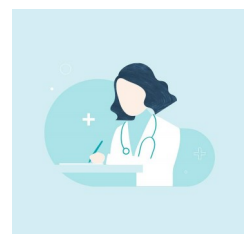
A Position Statement on Acuity-Based Staffing for Phase I

It is ASPAN's position that an appropriate number of perianesthesia registered nurses with demonstrated competence is available to meet the individual needs of patients and families in each phase of perianesthesia care based on patient acuity, census, patient throughput, and physical facility.^{1,3} According to practice experts from ASPAN's Safety and Staffing Focus Group and the Standards and Guidelines Strategic Work Team, the factors which must be considered when calculating staffing in Phase I include, but are not limited to:

- Comorbidities and ASA classification determined by preanesthesia assessment
- Complexity of care (e.g., frequency of hemodynamic, neurovascular, or neurological assessments, point of care testing, assistance with elimination needs, patient requiring ICU care, educational needs of patient and family, age, and emotional status of patient)
- Case mix and necessary resources to provide appropriate care (e.g., regional anesthesia, invasive monitoring, assistance with bedside procedures, patient on precautions, rapid PACU progression and turnover)
- Potential for untoward events (e.g., unwanted sedation, incomplete reversal neuromuscular blockade, malignant hyperthermia, hemorrhage)
- Compliance with medical optimization plans for disease processes and medication regimen
- Variability of scheduled and unscheduled cases
- Capacity of technology to support workflow processes (e.g., tracking systems, delays in system responsiveness)
- Workflow challenges and distractions
- Administration of multiple medications (e.g., analgesics, vasoactive agents, antiemetics, anxiolytics)
- Consideration for the complexity of safe patient handoff and transfer of care processes
- Physical capacity of the unit to meet 1:1 admission criteria, prevent operating room (OR) delays, and allow for additional resources to assist with adverse events (e.g., delirium, agitation, respiratory events, cardiac events, hemodynamic instability, excessive pain, desaturation, hypoxia, hyperthermia)
- Number of OR/procedure rooms
- Physical design and layout of the unit.

Expected Outcomes

Continued next page



A Position Statement on Acuity-Based Staffing for Phase I Continued

Expected Outcomes Perianesthesia registered nurses will share the data utilized to support unit staffing for Phase I units with leadership. It is the responsibility of all perianesthesia registered nurses to ensure that leadership and administration are aware of ASPAN's Patient Classification/Staffing Recommendations 1 and this position statement. ASPAN, as the voice of perianesthesia nursing, must externalize this information by sharing this position statement with regulatory agencies and professional organizations that interface with the perianesthesia nursing specialty. In addition, perianesthesia nursing research for patient safety must include the investigation of staffing ratios that incorporate variables of acuity, unit census, patient care complexity, case mix, skill mix, and nursing competencies.

REFERENCES

1. American Society of PeriAnesthesia Nurses. 2021-2022 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements. ASPAN; 2020.
2. Laidlaw v Lions Gate Hospital, 1969 CanLII 704 BC SC. Accessed July 14, 2022. <http://canlii.ca/t/gc72p>
3. Mamaril ME, Sullivan E, Clifford TL, Newhouse R, Windle PE. Safe staffing for the post anesthesia care unit: weighing the evidence and identifying the gaps. *J Perianesth Nurs*. 2007;22(6):393-399. <https://doi.org/10.1016/j.jopan.2007.08.007>
4. American Nurses Association. Principles for Nurse Staffing. 3rd ed. ANA; 2020.
5. Weissman C, Freeman J. Operational realities in the postanesthesia care unit: staffing and monitoring for safe postoperative care. *Anesth Analg*. 2014;119(6):1249-1250. <https://doi.org/10.1213/ANE.0000000000000485>
6. Dexter F, Wachtel RE, Epstein RH. Impact of average patient acuity on staffing of the Phase I PACU. *J Perianesth Nurs*. 2006;21(5):303-310. <https://doi.org/10.1016/j.jopan.2006.07.007>
7. Klumpner T, Massarweh N, Kheterpal S. Opportunities to improve the capacity to rescue intraoperative and perioperative tools. *Anesthesiology Clin*. 2020;38(2020):775-787. <https://doi.org/10.1016/j.anclin.2020.08.007>
8. Kiekkas P, Tsekoura V, Aretha D, et al. Nurse understaffing is associated with adverse events in postanesthesia care unit patients. *J Clin Nurs*. 2019;28(11-12):2245-2252. <https://doi.org/10.1111/jocn.14819>
9. Iacono MV. Perianesthesia staffing . . . thinking beyond numbers. *J Perianesth Nurs*. 2006;21(5):346-352. <https://doi.org/10.1016/j.jopan.2006.07.009>
10. The Joint Commission. Health care at the crossroads: strategies for addressing the evolving nurse crisis. 2003. Accessed July 10, 2020. www.jointcommission.org/assets/1/18/health_care_at_the_crossroads.pdf
11. Tierney SJ. Nursing unit staffing: an innovative model incorporating patient acuity and patient turnover: a dissertation. [PhD dissertation]. Worcester, MA: University of Massachusetts Chan Medical School, Tan Chingfen Graduate School of Nursing; 2010. Accessed July 10, 2020. <https://doi.org/10.13028/3753-et98>
12. Salyer J. Environmental turbulence: impact on nurse performance. *J Nurs Adm*. 1995;25(4):12-20.

2024 PANAW Week



ASPAN

American Society of PeriAnesthesia Nurses



Congratulations Summer,
the winner of the last month's PANAW Giveaway held in MGMC's ACS unit.

Her prize is a year's membership to the professional organization ASPAN, American Society of PeriAnesthesia Nurses. Professional organizations provide networking opportunities, continuing education, access to knowledge and research, and provide advocacy and representation. Thanks

Summer for your continued support of ASPAN!



Changes to CPAN/CAPA CERTIFICATION

To read more about these changes and how they may affect your 2024 recertification, please visit the ABPANC website [here](#).

Highlights of the changes include:

- All contact hours must be perianesthesia related
- The number of required contact hours will be reduced from 90 hours to 70 hours
- The direct versus indirect care categories for contact hours will be eliminated
- The recertification reinstatement period will be extended from 15 days to 90 days
- Recertification by exam option will be discontinued by 2027

Please note the new Recertification Handbook reflecting these changes will not be available until after the close of the fall 2023 recertification window.

Reminders

- CPAN/CAPA Certification fall registration window: July 1 – October 31
- Fall testing window: September 15 – November 15
- Fall Recertification window: July 1–October 31

Learn more at <https://www.cpancapa.org/>

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

Clinical Practice questions

Holly Meis RN, BSN

Nurse at Surgical
Dunes Center, Dako-
ta Dunes, SD

Your question: We have a main hospital campus & OR and another separate building with an OR for OB-related surgeries, c-sections, etc. Who is responsible for the fetal monitoring of the baby, assessment of the baby, and recovery of the mother? Is it the OR circulator? Recovery nurses? What is ASPAN's standard on who is ultimately responsible?

Answer: Your scenario is quite unique and encompasses standards from multiple organizations including ASPAN, AORN, and AWHONN. The nurse circulator is the supervisor and coordinates the activities of the other team members. Their primary focus would be on the mother during the procedure until the baby is delivered.

The fetal monitoring and immediate care of the neonate should be the responsibility of a trained registered nurse or health care professional who are skilled in fetal heart monitoring techniques. (AWHONN 2021) This responsibility may not be delegated to personnel without requisite assessment skills and scope of practice. It is recommended a 1:1 nurse to patient ratio for auscultation protocols in both low and high-risk populations.

AORN states that a perioperative advanced practice registered nurse that can practice in the preoperative and postoperative areas and this will allow for them to care for the mother if they have the appropriate training. When caring for the mother and neonate it is recommended that the staff is certified in ACLS and PALS in case of obstetrical and/or neonatal emergency in the OR.

Some facilities do have a Recovery/PACU nurse care for the mother following delivery. ASPAN standards do state that Phase I patients are considered 1:1 from the time of admission until the critical elements are met. These elements include accepting report from anesthesia care provider, questions are answered, and transfer of care has taken place. The patient has a stable airway, is hemodynamically stable, and initial assessment is complete.

I have provided some resources from both AORN and AWHONN that may be helpful. I would recommend that the staff coordinate with the OB team to familiarize themselves with the appropriate standards that dictate the care of the obstetric patient and neonate. This will ensure that all parties are working within their scope of practice and maintain patient safety above all.

Your question: Regarding a person being required to stay with you the night after general anesthesia: my recovery area uses conscious sedation, MAC & GA. They treat all of the previous the same in going home, where pt has to have a driver home, although it is not mandated that a pt who received GA has someone stay with them the night of surgery.

Continued next page



Clinical Practice questions— continued

Answer: ASPAN Perianesthesia Nursing Practice Recommendations A:

Holly Meis RN, BSN

Preadmission states "Many facilities require that all patients have a responsible individual to accompany them home after discharge, although the American Society of Anesthesiologists (ASA) reports that there is insufficient literature supporting decreased complications and/or adverse events. The responsible individual should be able to report any post procedure complications. The ASA reports that requiring a responsible individual to accompany the patient **should be mandatory** considering that it can limit adverse outcomes, enhance the comfort, safety, and satisfaction of patients.

Availability of safe transport home and responsible individual to assist with home care is listed under discharge planning under this Practice Recommendation as well, but ASPAN does not state someone is **required** to stay with a patient the night of surgery. This would be specific to each hospital institution and their individual policies guided by the patient population they serve.

Here are two research articles that discuss this safety issue. Try reaching out to other perianesthesia settings in your area and inquire whether they require patients to have a responsible individual accompany them home after discharge. This is an opportunity for us as nurses to discuss the best options with patients in an attempt to avoid any negative outcomes once the patient returns home.

1. American Association of Nurse Anesthetists. Postanesthesia care: practice considerations. 2019. Accessed June 20, 2020. [https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/postanesthesia-care-practice-considerations.pdf?sfvrsn=677a6ac5_8](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/postanesthesia-care-practice-considerations.pdf?sfvrsn=677a6ac5_8)

2. American Association of Nurse Anesthetists. Discharge after sedation or anesthesia on the day of the procedure: patient transportation with or without a responsible adult. 2018. Accessed June 20, 2020. [https://cms.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/discharge-after-sedation-or-anesthesia-on-the-day-of-the-procedure.pdf?sfvrsn=ed4a5bbl_2](https://cms.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/discharge-after-sedation-or-anesthesia-on-the-day-of-the-procedure.pdf?sfvrsn=ed4a5bbl_2)



2024-2025 ISPAN BOARD

President:

Kris Franken

kfran86@gmail.com

VP/President Elect:

Secretary:

Sheri Parman

Sheri-parman@uiowa.edu

Treasurer:

Diane Lange

djlange60@gmail.com

Immediate Past President:

Pam Uhrich

Pam-uhrich@uiowa.edu

Governmental Affairs Rep:

Pam Uhrich

Pamela-uhrich@uiowa.edu

Membership:

Susan Metz

Smetz120@comcast.net

Publications:

Donna Dolezal

Donna-dolezal@uiowa.edu

Minutes from Summer ISPAN board

ISPAN Summer Minutes June 18th 2024 1930-2030 Zoom

Attendance: Kris Franken, Holly Meis, Pamela Uhrich, Wendy Rindels, Diane Lange, Linda Armstrong, Susan Metz, Sheri Parman, Donna Dolezal, and Linda Allyn

1. Committee Reports

A. Secretary Report: Approve March Minutes

B. ISPAN President's Report: Kris Franken

Next meeting: October 5th. Face to Face Meeting at 0900. Will maintain Zoom for those that can't travel.

Other components conferences communication

ISPAN Board Position for March 2024

President: Kris Franken

Vice President: **OPEN**

Treasurer: Diane Lange

Secretary: Sheri Parman

Membership: Susan Metz

Newsletter: Donna Dolezal

Governmental Affairs: Pam Uhrich

Apparel Interest? Do we want to form a committee to design shirts/other items

Please contact Kris Franken to discuss willingness to serve.

Job Description Review (required q 3 years) & Consider position orientation check-list project. **Sending out by email to do an electronic vote.**

Kris wants to visit other hospitals (coordinating with Susan Knowles re: benefits of professional organization presentation)

ASPAN Report Access (Kris Franken & Pam Uhrich). Need to get access for Susan Metz.

Webpage and Facebook Access (Pam Uhrich, Donna Dolezal) last month.

Treasurer Report: Diane Lange

Financial report discussion

Membership fees are current.

ASPAN Conference Funds

May 2023-May 2024 -79 component dues/2-11 per month average

Discussion of not expecting funds from ASPAN for the next couple of years

No liquidation of bonds necessary.



Minutes from Winter ISPAN board

2024-2025 ISPAN BOARD

President:

Kris Franken

kfran86@gmail.com

VP/President Elect:
Secretary:

Sheri Parman

Sheri-parman@uiowa.edu

Treasurer:

Diane Lange

djlange60@gmail.com

Immediate Past President:

Pam Uhrich

Pam-uhrich@uiowa.edu

Governmental Affairs Rep:

Pam Uhrich

Pamela-uhrich@uiowa.edu

Membership:

Susan Metz

Smetz120@comcast.net

Publications:

Donna Dolezal

Donna-dolezal@uiowa.edu

Government Affairs: Pam Uhrich

Fall Conference: Zoom format, Date TBD

Membership report: Susan Metz

Susan has agreed to take on the position. She will be getting together with Kris to discuss to role. Kris will be getting hold of Molly Schrader to see what the previous process.

Current membership: Around 79

Renewals:

New Members:

Newsletter/Website Report: Donna Dolezal

Request for articles.

Ideas-discussions, questions, projects?

Certification: testing for next CAPA, CPAN Sept. 15-November 15

ASPAN education event/seminar for Winter/spring 2025 deadline is 7/15/2024

ISPAN Tee Shirts-more to come. Positive interest. Kris researching

New Regional II Director: Tracy Galyon has stepped down and the new Region II Director is Linda Allen.

Professional Development Institute PDI November 8-10th 2024 Oklahoma City.

ASPAN National Conference April Dallas Texas April 27-May 1st 2025. Sheraton in Dallas

Florida National Conference: access to 2024 national conference CEU's available 6/24/24-10/29/2024

Director Region 2 attended ISPAN meeting

ASPAN hiring consult to deep dive membership with interviews with new members and old members. ASPAM membership 11,000

LDI November 8-10 in Oklahoma City

Region II CPAN/CAPA Review

Upcoming conference published on ASPAN website

What is going on in your areas?



ASPAN online conference open
June 24-Oct. 29



Fall Iowa perianesthesia conference

ISPAN Fall Board meeting
October 5 in person and zoom TBD

CDI– ASPAN/ISPAN leadership training
Nov. 8-10 Oklahoma City

ASPAN National Conference
April 27– May 1, 2025 Dallas, TX



ASPAN NEWS:

Check out the Web site at: www.ASPAN.org

Connect with ASPAN for information and education:

ASPAN.Org and Facebook American Society of Peri-Anesthesia Nurses.



ASPAN President-

Lori Silva

MSN RN CCRN CPAN

lsilva@aspan.org



Vice President/President-Elect

Ursula Mellinger, BSN, RN, CPAN,

CAPA



Regional Director Region Two

Linda Allyn, BSN, RN,

CPAN, CAPA

ISPAN MISSION STATEMENT

As a component of ASPAN, ISPAN formally recognizes the purpose and mission of ASPAN. The society is committed to maintaining and upgrading the standard of the specialty, and to the promotion of professional growth of its members.