

October 2024

Iowa Society of Perianesthesia Nurses



Awakening News

Volume 35- issue 2

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ASPAN board members

Upcoming events:

Nov. 8-10, 2024

CDI ASPAN leadership

Nov. 16, 2024

Fall Conference zoom

Nov. 18, 2024 SurveyJanuary 14, 2025

ISPAN board meeting

March 1, 2025

Spring Conference

April 27-May 1, 2025

ASPAN national Conference. Dallas, TX

ISPAN President's Message

Call to Action

Happy Autumn ISPAN members!

When asked to write a little something for the newsletter, I struggled. I considered topics about voting, education, succession planning, and social media. To prepare, I did simple google searches starting with voting. Maybe it was due to recent exposure to candidate advertisements or solicitation calls. I quickly decided to ask this important question **"How can WE make OUR voice heard?"** I concluded 1) be informed, 2) get out and talk to people, 3) volunteer.

Let's start with getting informed. At the National conference, I attended a session on Governmental Affairs. During that session I was introduced to the American Nurses Association (ANA) and the Iowa component, INA. I found myself on their website and came across an article in the most recent *Iowa Nurse Reporter*, a publication from the Iowa Nurse Association (INA). The article titled "Empowering Health Equality: The Critical Role of Nurses on Boards and in Nonprofit Leadership in Iowa" was a great reminder why I serve on the ISPAN board.

Continued next page



Kris Franken RN, CAPA

ISPAN president

Follow ISPAN:

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

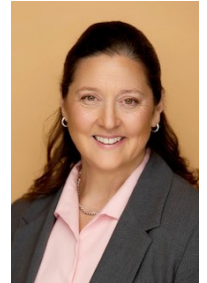
Facebook: Iowa Society of Perianesthesia Nurses-ISPAN

ISPAN president's message continued

I identify with the importance of being a patient advocate and ensuring the nursing perspective is part of high-level decision making. Our unique bedside experiences contribute to more effective policies and procedures.

Get out and talk to people. The Professional Development Institute Conference is just weeks away and it is a great way to talk to people. This is an opportunity for ASPAN leaders from all over the country to meet. It gives ISPAN a chance to network with other components and exchange ideas. Topics for the 2-day meeting include innovative ways to provide Perianesthesia education, impact of standards on clinical practice, strategic planning, and tech savvy communications. This conference is to help leaders better understand how to have a successful component. What are your concerns, what do you want ISPAN to bring to the conference? Help me make your voice heard!

Volunteer. I am volunteering to lead ISPAN for another year. As president, I have received such great support from current board members and past presidents. It takes a village and cannot thank our board members enough for the support I have received. I look forward to helping our component thrive and grow in a way that members see fit. Again, that means I need to hear your voice! What direction do you see ISPAN going in the future? Is it your time to volunteer? I have learned you are never alone when serving in a leadership role with ISPAN. Consider bringing your voice to a leadership role near you



Kris Franken RN, CAPA

ISPAN president



Survey

Monkey Survey Coming Your Way!

Starting the week of November 18th, ISPAN members will receive a short monkey survey asking for your input regarding our 2025 Education Conference. This survey will be sent from Linda Wilson at the ASPAN National office via email. Please take the time to make your voice heard.



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Region 2 update

Dear ISPAN Members:

I would like to give you a little update about what is happening in ASPAN:

ASPAN is still working with Dunlevy to help reevaluate the needs of ASPAN's members. This is still a work in progress and will take approximately a year to complete.

ASPAN Early Bird rates are still available for the final webcasts of the season, you can go to the ASPAN website and check out what topics are being offered

ASPAN Poster Presentations-Call for Abstracts. There is now a new online submission process. The submission deadline is October 15, 2024

ASPAN PeriAnesthesia Development Institute "Tips for Growing, Learning, and Leading Your Component to Success" is November 8-9, 2024 in Oklahoma City. Hotel discount ends October 17. ISPAN can help funding members to attend and learn more about your component and responsibilities of the different board and committee positions. Your component functions to its maximum by all members' involvement instead of a few people doing all the work.

ASPAN members are invited to serve on an ASPAN committee or Strategic Work Team for the year 2025-2026. The Willingness to Serve (WTS) form needs to be complete each year. The deadline to turn in the form is November 20, 2024.

Thanks for considering becoming involved in your component as well as ASPAN. Ask me or any of your present officers if you have questions.

Sincerely,

Linda Allyn, BSN, RN, CPAN, CAPA

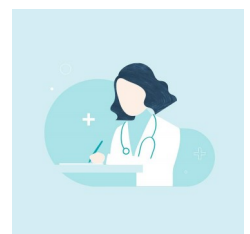
ASPAN REGION 2 DIRECTOR

lallyn@aspan.org

512-217-9918



Regional Director
Region Two
Linda Allyn, BSN,
RN, CPAN, CAPA



Sharing Evidence-based practices

Ever had a clinical practice pet peeve, frustration or thought– there has got to be a better way to do this?

Below are abstracts of 3 projects our team has been working on. They began as questions and wanting to make something better.

We reviewed the literature for each project to guide our plans for change. Each had trial periods to test the change, evaluate and make adjustments– some over several years. It is vital to share the outcomes–both successes and failures, so others can benefit. Poster presentations at national conferences or writing journal articles are great way to do this. Hopefully these will be posters presented at the ASPAN national conference in Dallas.

Difficult IV Access Solution in an Ambulatory Surgery Center– DIVA

Benjamin Mirr, BSN RN; Aimee Cusic, BSN, RN; Sheri Parman, RN; Lauri Riss, BSN, RN; Jess Berding-Wheat, MSN, RN– Donna Dolezal MSN, RN

Ambulatory Surgery Center (ASC) reviewed Press Ganey scores to identify ways to improve patient satisfaction in Perianesthesia setting. The Press Ganey patient question, “skill of the nurse inserting IV” highlighted an area for improvement. This empowered perianesthesia nurses to enhance their IV insertion skills. The purpose of this project was to use evidence-based recommendations to improve patient satisfaction in IV placement in ambulatory surgical patients.

Van Loon et al. (2022) found that practitioners including nurse anesthetists, PACU nurses, and general nurses attained a 98% first attempt success rate after forty ultrasound guided (USG) PIV placements. The amount of training required to achieve competency with USG PIV insertion varies based upon the practitioner’s prior experience with placing PIV cannulas (Van Loon et al., 2022; Bhargava et al., 2021). Patients at high risk for difficult PIV access should have early use of USG for PIV insertion (Sweeny et al., 2022). An opportunity existed to optimize the PIV insertion processes using ultrasound, enhance efficiency, and reduce patient discomfort, while empowering nursing staff to practice at their full their scope.

Continued

Donna Dolezal
MSN, RN, CPAN,
CAPA
University of Iowa

ISPAN Newsletter
Editor

Evidenced-based practice abstracts

Continued

Five UIHC ASC nurses were initially educated until they demonstrated competence in USG PIV insertion. Nursing use of ultrasound guidance for PIV placement was monitored, as well as reviewing skill of nurse inserting IV Press Ganey satisfaction scores. Mini-Lab time available several times a month for trained nurses can hone their USG-PIV skills on phantom arm. The number of IV attempts greater than 3 decreased from 5% to 2.5%. The number of times an anesthesia provider was needed to start an IV decreased from 6% to 0.8%. Patient satisfaction scores improved for “the skill of the nurse starting IV’s” from 82% to 85% in the first month.

ASC nurses are now able to quickly identify patients who would benefit from USG-PIV insertion. The use of Secure Chat group messages to Difficult IV Access (DIVA) nurses ensures that trained nurses are promptly informed and can assist in starting IVs. The ASC has successfully trained an additional nine nurses, with plans for another cohort, indicating a commitment to ongoing education and skill development. With more nurses trained in USG-PIV insertions, patients may experience fewer complications and improved overall outcomes. Continuous training and the addition of new cohorts ensures that the practice remains sustainable and scalable.

Enhancing Perioperative Care for Special Needs Dental Patients in Ambulatory Surgery Setting

Aimee Cusic RN, BSN, CAPA, Donna Dolezal RN, MSN, CPAN, CAPA; Molly Kucera MSN, RN CNOR; Jess Berding-Wheat RN, MSN, CNOR, CAPA; Sheri Parman RN, CAPA; Abby Holtkamp RN, MSN; Emily Rod MSN, RN, CMSRN; Michael -Tongi RN, BSN, CCRN.

Identifying the needs of special needs patients prior to their scheduled procedure to address safety concerns for both patients and staff. Delay in OR start time and dissatisfaction was identified amongst the staff concerning the ability to provide safe care for the special needs dental population. This issue stemmed from a lack of knowledge and preparedness in addressing the individualized needs necessary to provide safe patient care.

To identify needs and considerations necessary to provide safer and more individualized care in the perioperative setting for special needs dental patients.

Continued

Evidenced-based practice abstracts

Continued

A literature review on specialized care for dentistry patients with autism in procedural settings was conducted. Blakas et al. (2015) found that completing an adaptive care screening tool before patient arrival helped in creating a more individualized care plan. It is recommended that patients with special needs have an alert in the EMR to facilitate early identification by the multidisciplinary team (King et al., 2022). A flag was assigned in the EMR to alert the care team of patient-specific information collected from caregivers on the day of the procedure.

A pre-survey of the multidisciplinary team revealed 80% of staff faced challenges in providing safe care to the special needs patient population. Additionally, only 58% of the scheduled procedures entered the OR with on-time starts. Changes in workflow and the implementation of new strategies increased on-time starts to 71% over a one-month period, bringing them closer to the overall goal of 80%. A follow up strategy will be conducted in November 2024 to evaluate ongoing challenges in patient care.

The use of the EMR for early identification of patients with special needs has resulted in a decrease in delayed OR start times, improved communication, and higher satisfaction among the multidisciplinary team. Early identification has enabled the care team to develop a customized care plan, enhancing safety and satisfaction for patients and staff. Future research will involve ongoing evaluation and adjustments as necessary to achieve the 80% on-time start goal and further enhance the quality and safety of patient care.

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

Your question: Looking for information on alternative transportation methods for pts post-anesthesia. We are having issues with more & more pts needing Uber/ Lyft for their ride home.

Holly Meis RN, BSN

Nurse at Surgical
Dunes Center, Dakota
Dunes, SD

Answer: *The 2023-2024 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements - Practice Recommendation, "Components of Assessments and Management for the Perianesthesia Patient" p.56*, states many facilities require that all patients have a responsible individual to accompany them home after discharge. The responsible individual should be able to report any post-procedure complications. The ASA (American Society of Anesthesiologists) 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 the patients. The **Standards** also recommends "a plan exists for those patients who do not have an accompanying responsible individual or reliable transportation", and "plans for patients who lack appropriate transportation may include support from care management/discharge planning services and communication with patient provider" (p 81).

I work at an Outpatient Surgery Center; we call our patients two days before their scheduled surgeries. One of the questions we ask during the calls is if the patient has identified a responsible adult to drive the patient home after the surgery. If any issues are reported during the phone calls, we will notify our manager and communicate with the patient's surgeon. In the event when there is absolutely no one could be identified by the patient and patient's surgery can't be postponed, we will arrange contracted non-emergency ambulance to take the patient home with surgeon and anesthesiologist's approval. If the patient decides to take Uber/Lyft home after the surgery, we will always make sure the patient understands that they need to be in a Uber/Lyft with a responsible adult. During discharge, one of the PACU staff will wheel the patient out of the department and watch the patient get in the Uber/Lyft with the responsible adult.



Continued next page

Clinical Practice questions— continued

Your question: Can you prep and recover pain block pts, some who receive moderate sedation for their procedure, next to each other with a divider/screen between the pt in the same room. Is that up to standards ?

Holly Meis RN, BSN

Answer: In the 2023, 2024 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements Under Standard III /Environment of Care p. 37*, it states “Perianesthesia patients may be in the same physical space as patients recovering from anesthesia or sedation as staffing and room design permits; however, they should be cohorted and separated as far away as physically possible from Phase 1 patients. Efforts should be made to provide privacy for the patient and family so that patients waiting for their procedures do not hear activity related to patients emerging from anesthesia or sedation. It is also desirable to have a separate healthcare team; that is, a pre-operative nurse is not also caring for a post anesthesia patient.

Under *Practice Recommendation, The Role of the Registered Nurse in the Management of Patients Undergoing Procedure Sedation, Management and Monitoring*:

8. The registered nurse managing the care of the patient receiving sedation shall have no other responsibilities that would leave the patient unintended or compromise continuous monitoring.

11. The registered nurse managing the care of patients receiving and recovering from sedation is able to:

- a. Demonstrate knowledge of pharmacology of sedative and analgesic medications used to establish a level of moderate and/or deep sedation as well as reversal agents for opioids and/or benzodiazepines.
- b. Demonstrate knowledge of the monitoring of patient’s physiologic parameters during sedation including recognition of apnea and airway obstruction and should be authorized to seek additional help.
- c. Demonstrate knowledge of the recognition of abnormalities in monitored physiologic variables that require intervention by the non-anesthesiologist sedation practitioner or anesthesiologist.
- d. Demonstrate knowledge of the principles of oxygen delivery, respiratory physiology, transport, and uptake, and demonstrate the ability to use oxygen delivery devices.

Continued next page



Clinical Practice questions— continued

Continued

Holly Meis RN, BSN

anticipate and recognize potential complications of sedation in relation to the type of medication being administered.

f. Demonstrate skill in airway management, resuscitation, and use of bag-valve mask device for positive pressure ventilation.

g. Possess the requisite knowledge and skills to assess, diagnose, and intervene in the event of complications or undesired outcomes, and to institute nursing interventions in compliance with orders (including standing orders) or facility protocols or guidelines.

h. Monitor and advocate for the patient during sedation and recovery.

i. Demonstrate knowledge of the legal ramifications of administering sedation and/or monitoring patients receiving sedation, including the registered nurse's responsibility and liability in the event of an untoward reaction or life-threatening complication.

j. 12. ACLS training is required.

Make sure the divider/screen you are using is providing privacy for your patients and that the pain/block patients who receive moderate sedation for their procedure remains a one nurse to one patient ratio and are observed until they return to baseline LOC, are no longer a risk for cardiopulmonary depression and meet your facilities discharge criteria.



Minutes from Fall ISPAN board meeting

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 Mettz

Smetz120@comcast.net

Publications:

Donna Dolezal

Donna-dolezal@uiowa.edu

ISPAN Fall Minutes October 5, 2024 0900-1000 Zoom

Called to order at 9:05 AM meeting; adjourned at 10:15 AM

ATTENDANCE: Linda Armstrong, Sheri Parman, Holly Meis, Linda Allyn, Susan Metz, and Kris Franken

Topics: PDI representatives, Combining with other component due to our low membership and difficulties with succession, t-shirts

Committee reports

Approve of June minutes: motion Linda A, 2nd Susan M

ISPAN presidents Report: Kris Franken

Next Zoom meeting: January 14, 2026, at 7:00pm, will have full meeting **February 28th, TBA in Iowa City night before spring perianesthesia conference**

i. Board Positions

President-Kris Franken

Vice President-Open

Treasurer-Diane Lange

Secretary- Sheri Parman

Newsletter- Donna Dolezal

Governmental Affairs- Pam Uhrich

Membership Officer- Susan Metz

Education Chair- Open

Merchandise Ad Hoc- Wendy Rindels, Holly Meis

ii. Kris has agreed to stay president for one more year, but we need to focus on succession planning & recruitment- great opportunity to learn and grow at PDI

iii. Job descriptions have been posted on our webpage. Orientation checklists continue to revise as necessary.

iiii. ISPAN is increasing postings on Facebook to draw more members and interest in the organization

Treasurer Report:

i. Financial Report (see attached PDF)

ii. Questions were asked about sustaining a negative income. Expenses are greater than income. Great question. Kris reported the CD's (investments have been doing well) She did not have much more to contribute to the conversation. Linda Armstrong, past treasurer, reported historically the Fall Conference has provided income.

iii. PDI scholarship. We received \$1500 to send members to PDI in Oklahoma City. If we don't use it, we have returned the unused funds. Reminder for all that are going, please sue the Smart App to submit your expenses.

Membership Report:

Susan has had her first month of sending Renewal letters and Welcome letters via email to our members. Way to get that process started up again!

Current Membership: 86

Renewals: 10

New Members: 3



Minutes from Fall ISPAN board meeting

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kfran86@gmail.com

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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

Continued
Education & Governmental Affairs Report:

Pam is not in attendance

Reminder to check your email and website for upcoming Virtual Fall Conference on November 16th

Newsletter

Donna not in attendance

Always looking for new articles

2. General Discussions- The topic of merging with other components was brought up. Linda Allyn, Regional 2 Director, suggested this could be a topic for discussion at PDI in November. Discussion regarding future conference planning included the possibility of sending a monkey survey out to members to see what they are interests are.

3. Professional Development Institute: (PDI)

November 8-9 in Oklahoma City. Anyone interested? Kris going. We need one more person to attend. ISPAN doesn't want to miss out on the scholarship we received. You can attend virtually as well.

4.Spring Perinanesthesia conference is March 1, 2026, in Iowa City. Discussion about meeting in person on February 28th in Iowa City. Kris will research location and time for the meeting. Kris will investigate lodging options

5. Peri anesthesia week February 3-9, 2025-How do we want to celebrate

6. Region 2 News with Linda Allyn- TAPAN State Conference had a great turnout in September. MOKANPANA was having their Fall Conference on 10/5/24 LAPAN offers certification classes. There is a decrease interested in getting certified for CAPA & CPAN. Reminders regarding upcoming deadlines for Gold Leaf, Excellence in Clinical Practice nominations



CDI– ASPAN/ISPAN leadership training

Nov. 8-9 Oklahoma City

if it is too short of notice to travel you can register and join virtually. Visit ASPAN Learn Page for details and link to register.

Fall Conference

November 16, 2024 8-11:30 Zoom

Survey Monkey

November 18

regarding 2025 Fall Education Conference



ISPAN Winter board meeting

January 14 7pm

Spring Conference

March 1, 2024

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.