



UP TO PAR

Newsletter of the New York State
PeriAnesthesia Nurses Association

Volume 37 No. 1

March 2015

Back To Basics: Stir-Up Regimen

There are five steps to the stir-up regimen: deep breathing, coughing, positioning, mobilization and pain management.

One of the most basic and important aspects of perianesthesia nursing is the stir up regimen. It comes after the airway is out and pain is being assessed. Why is it important? The regimen is the steps taken to prevent atelectasis and venous stasis. (Stir-Up)

Oxygen saturations only tell us how much oxygen is dissolved on the patient's hemoglobin. It is not an indicator of the patient's ventilation status. What causes atelectasis? Post operative patients breathe in a shallow, monotonous pattern without sighs. This breathing pattern is from general anesthesia, pain and use of opioids. The patient needs full inhalations to eliminate anesthesia gases, inflate the lungs to open areas of atelectasis, and hasten the awakening process. Intravenous anesthesia has no gas to be expelled, the drugs must be absorbed, but these patients have the same monotonous breathing patterns. Patients must be stimulated to take three to four deep breaths every 5-10 minutes. Full lung expansion is difficult to achieve if the patient hasn't fully emerged, is in pain, or has reduced consciousness. (Drain)

There are five steps to the stir up regimen: deep breathing, coughing, positioning, mobilization and pain management. The technique for deep breathing is called the sustained maximal inspiratory maneuver (SMI). The patient takes as deep of a breath as possible, holds the breath for 3-5 seconds, and then exhales. (Stir-Up) Incentive spirometer gives the patient a visual of deep breathing, but the patient must be able to cooperate! Patients should be taught both techniques preoperatively.

Coughing is the best way to clear air passages of secretions. A cough is only effective based on the patient's tidal volume and velocity of the expelled air. Patients

should be sitting, semi-Fowler or side-lying and splinting the incision. The cascade cough is the best technique for opening airways and expelling secretions. The patient takes a rapid deep breath and coughs multiple times at low lung volumes. This series of small coughs causes airways to compress and improve the effectiveness of the cough. (Drain) Forcing patients to cough will eventually lead to spontaneous coughing. Sitting or semi-Fowler's positioning promotes maintenance of the patient's airway, prevents aspiration and allows optimal expansion of the lower lobes. (Stir-Up) Some patients should not cough, such as the patient with eye, plastic surgery or any risk of increased intracranial pressure. Patients who receive Ketamine must be awakened in a quiet environment. (Drain)

Prevention of venous stasis occurs when the patient moves their legs and arms. Flexing muscles aids in venous return. It also automatically causes deep breaths which will improve cardiac function. Ideally patients should ambulate, but this is not possible upon waking and when pain isn't fully controlled.

Patients cannot properly move, deep breath or cough if their pain is not adequately controlled. Opioids will depress the cough reflex and ciliary action as well as depress the respiratory centers. Careful titration of medication insures adequate pain control. This helps in assessing the patient's sedation level as well as their respiratory effort. Medication administration is a careful dance between pain control and respiratory effort!

A few more "pearls of wisdom in closing": a shivering patient needs supplemental oxygen as well as warming. Shivering increases oxygen consumption demands

by 100-300%! Hypoxia should be considered when the patient has hypertension from carbon dioxide build up and from the effect of hypo-ventilation. An oxygen saturation of less than 85%, indicates a PaO2 of less than 50mmHg. (Stir-Up)

Get that airway out, control the pain, cough, deep breath, and move those limbs. Hopefully all of this was explained to the patient before they became your patient!

Barbara Ochampaugh, RN, BSN, CPAN

References:

- Drain, C. (2013). Perianesthesia nursing: a critical care approach. Saunders. p.385- 386.
- Stir-up regimen. Internet. 2/11/15.

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COPY SUBMITTAL DEADLINE:

Deadline for submitting material for next issue of *UP TO PAR* will be **JUNE 1, 2015**.
Please forward all articles to NYSPANA or to:
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Mission Statement

The New York State PeriAnesthesia Nurses Association advances nursing practice through education, research and standards.

From The President



Happy Perianesthesia Nurse Awareness Week (PANAW)! My units, celebrated with a cake and a luncheon in PACU. All the nurses received pens. We had one colleague join ASPAN and is considering studying for the CAPA exam!

NYSPANA has 901 members. Forty-two percent of membership is certified perianesthesia nurses. New York State has 780 perianesthesia certified nurses, and 30 are dual, 290 CAPA and 460 CPAN. This does not include other certifications our nurses hold. These numbers reflect the dedication to education and the willingness to provide excellent nursing skills to our patient populations. The list of the newly certified nurses can be found on our website, NYSPANA.net.

The NYSPANA board and districts, work very hard to provide educational opportunities and scholarships for membership. An application for the Shining Star Award for our component from ABPANC has been submitted. This award is given to the components that provide education and recognition to its certified members. Next year, we will again be eligible for ASPAN's Gold Leaf Award.

Our board will be meeting this March to review our bylaws and consider a slate of officers for next year. So far, no one has come forward as a candidate for the Nominating Chair or Vice Presidency. If you want NYSPANA to continue to provide educational opportunities and scholarships, we need you, the members, to reach out from your area of comfort and be willing to serve this component as an officer. For information on vacancies you can contact me at: barbochampaugh@verizon.net or 518-459-5334. I or any board member would be happy to discuss our roles.

Barb Ochampaugh, RN, BSN, CPAN

2015 NYSPANA State Conference October 23-25, 2015

Crowne Plaza, White Plains, New York



Nurses
Building Bridges

*A Discussion of
PeriAnesthesia Care*



NYSPANA Network

District 1 News

Although the weather has been difficult the district is turning its attention to preparing for our Spring Conference which will be held on the beautiful ocean front in Long Beach. It will be at the Allegria Hotel on May 2, 2015. Having selected a location for the conference closer toward our colleagues in the city and surrounding area we hope to see new faces partake in the event. One of the benefits of attending these educational opportunities is the networking. It is such an important part of the educational process where fellow nurses can openly exchange information.

As Albert Einstein said, “To raise new questions, new possibilities, to regard old problems from a new angle require creative imagination.”

Tina Stoebe, BSN, CPAN, President

District 10 News

District 10 has had some outstanding programs this past fall/winter season and we have more planned for the upcoming months!

On September 16, 2014 at Samaritan Hospital, in Troy, NY, Jennifer Pritchard CRNA, presented “Perianesthesia Medications”. There were 25 attendees who received 1 contact hour.

On February 5th, 2015 Saratoga Hospital, in Saratoga Springs, NY, put on NYSPANA District 10’s PANAW celebration with a program on “An Overview of Methods of Anesthesia” presented by Allison Clark, CRNA. The 29 attendees received 1 contact hour. The night was highlighted with a raffle of PANAW gifts and cake! A special thank you to Kathy Morgans-Perri and Nancy Parvana for hosting a terrific night!

Our next district meeting/program will be held in Glens Falls, NY, in mid-April. Dr. Cooper will be discussing “Urological Surgery”.

Our district membership is steady at 77 members this year. As always we are looking to promote and grow new members through continuing education and certification. Please reach out and bring a friend to our next meeting. They are always fun and provide great opportunities for networking.

We encourage you to get involved by hosting a meeting/educational program at your facility. Our officers will assist you in planning and setting up a meeting. It is a great way to obtain new knowledge, get a free CEU and to collaborate with other perianesthesia nurses. Please contact me if you are interested in hosting a program: Shari.DuGuay@SPHP.com , 518-268-5608

Shari DuGuay, RN, BS, CAPA, BC-NE, President

District 6 News

District 6 NYC will be hosting an ASPAN Seminar in NYC this summer, date to be determined. The topic will be, “Surrounding Your Practice with Excellence; Legalities, Standards and Advocacy”, as requested. We look forward to a great turn out.

Trina Mills, RN, BSN, MS, President

District 13 News

District 13 has recently hosted two well-attended events. On December 9th, 28 people enjoyed a lovely dinner followed by a presentation by Maureen Iacono, RN, BSN and former ASPAN President on “Communication; When it’s Crucial”. After the presentation, attendees enjoyed coffee, dessert and basket raffles. January 9th and 10th, Myrna Mamaril, MS, RN, CPAN, CAPA, and FAAN was the guest speaker at our conference held at St. Joseph’s Hospital Health Center. “Pediatric Emergencies” was the topic covered Friday evening and an all-day event Saturday was focused on several topics to help prepare nurses considering certification testing. CEU credits were awarded for all three events. In an upcoming District 13 board meeting, we will draw a name from all who attended any of the above listed events to receive a \$150 scholarship to be used toward the registration for the NYSPANA Fall Conference in October 2015.

At this current time, we have 60 members and are planning an event in early summer 2015, for a meet-and-greet to encourage further involvement of current members as well as recruitment of new members. Future plans include possibly hosting an ASPAN sponsored seminar in September 2015 as well as additional dinner-seminars.

We look forward to the continued growth of our district as well as continued educational and networking opportunities.

Ginger Giarusso, President

<h3>~ Treasurer’s Report ~</h3>	
Checking Account.....	\$10,872.00
Savings Account.....	\$22,232.00
Investment Account Value.....	\$15,922.00
	\$49,026.00
<i>Sue Alati, Treasurer, NYSPANA</i>	



District 9 News

No News Reported

Susan See, District 9 President

District 8 News

ASPAN Seminar: Date change to May 30, 2015!

The ASPAN Seminar planned for May 16, 2015 at the Hilton Garden Inn in Newburgh, NY has been rescheduled to May 30, 2015 at the Hyatt House in Fishkill, NY. *PeriAnesthesia Pathophysiology and Assessment* will be presented by Denise O'Brien DNP, RN, ACNS-BC, CAPA, CPAN, and FAAN. Ms. O'Brien has served as President of ASPAN. Information will be available in *Up To PAR* and on the ASPAN.org and NYSPANA.net websites. Mary Ann Servidio, RN, CAPA, CPAN and Maria Alberts, RN, CPAN, CAPA have volunteered their time to serve as host and co-host.

Seminar hosts always needed: Seminar hosts and co-hosts are always needed. As a host or co-host you receive free registration to the seminar. Please volunteer your time to help District 8 present future seminars. Contact Pamela Werner, RN, District 8 President-Elect at 845-279-9365 or PWerner@nwhc.net leaving your name and contact information.

2015 NYSPANA State Conference

October 23-25, 2015 - Crowne Plaza, White Plains, NY

Conference Presentation Topics: The Conference Planning Committee has been working to provide conference attendees with topics from the feedback on the conference needs survey completed at the 2014 Conference in Rochester. The Planning Committee continues their work to make arrangements for speakers on requested topics. At this time the Committee has presenters earmarked to present on:

- Spine Surgery: Pre and Postoperative Care
- Ethical Issues in Organ Donation and Transplantation
- Retirement: Are You, Will You, Be Ready?
- Post-Anesthesia Care of the Cerebral Aneurysm Patient
- Pediatric Anesthesia
- Pain
- PeriOperative Medications: What's New
- EBP/Best Practice

Conference committee volunteers needed: Many volunteers are essential in coordinating the NYSPANA Conference. Join the planning committee or volunteer to help during the conference. Contact Maryanne Carollo, RN, District 8 President at 914-242-8176 or MCarollo@nwhc.net leaving your name and contact information. Maria Alberts has agreed to oversee the conference registration. Patricia Bonano, RN, CEN and Kim Fusaro, RN, CAPA from White Plains Hospital, and Kathleen Zolbe, RN from Phelps Memorial Hospital have volunteered their time to help with the conference. Thank you.

District 8 ASPAN 2014 Winter/Spring Seminar Award Winners!

CONGRATUALTIONS to the ten District 8 members listed below who won their choice of the registration fee (\$115 early bird registration by reimbursement) to the upcoming 2015 ASPAN Seminar of their choice or the registration fee by reimbursement to the 2015 NYSPANA State Conference in White Plains, NY. The names were chosen by lottery from a pool that included all current members of NYSPANA District 8.

Lurleen Alarcon	Mary Ann Catania
Mary Jean Fogarty	Teodora Joco
Jenna Elizabeth Maine	Vincent McHugh
Mary T. O'Sullivan	Erica C. Roper
Danielle Silletti	Lorraine Zittell

Maryanne Carollo, MSN, RN, CAPA, President

District 14 News

District 14 had their 18 th Annual Conference on Feb 7th. Attendees received 3.75 contact hours and topics included *Geriatric Trauma, Ebola, and Pre-admission Screening*. We had 122 attendees and 49 were ASPAN members. We gave out two scholarships in memory of two of our former members Sue Gillespie and Jung Davis. The recipients were Rosanne Kolb and Kristen Kelly. They received free attendance to the conference. We held a 50/50 raffle which raised \$205 to be donated to the American Red Cross, Rochester Chapter in honor of District 14 Past President Lucille Frisicano who now leads the local Red Cross Disaster Unit. We had door prizes and attendees had a PANAW word search puzzle to complete.

Plans for our educational offering in May at FF Thompson in Canandaigua are being finalized. Our district is reaching out and encouraging past ASPAN members who have let their membership expire and CAPA and/or CPAN certified nurses who are not members to consider membership. District 14 is also proud to say several of our members had their research published in JOPAN this month. "A Comparison of Two Differing Doses of Promethazine for the Treatment of Postoperative Nausea and Vomiting" by Christine Deitrick, BS, RN, CAPA, Vicki Lauffer and Eloise Prostka are also NYSPANA Dist 14 members.

I and my co-worker Jo Lynn Cornish (District 14 member) had our CSP abstract accepted for poster presentation and oral presentation at the ASPAN National Conference on our "Isolation Clearing Project". Jo Lynn Cornish had her "Total Joint Education" abstract selected for CPS poster presentation. More info on those after the conference

Sally Sackett, BS, RN, CAPA, President

Reflections From Our ASPAN Regional Director

The Art Of Conferencing

The beauty of nursing is that it is considered both an art and a science. The science part is the technical/medical data associated with a diagnosis and the art part, the humanistic/holistic care of the patient. The successful patient experience includes equal doses of art and science. The same can be said for conference participation. The obvious piece of conferencing involves a didactic portion of attending sessions, listening to the speakers, poster presentations, and reviewing power points. There is another more subtle component of conferencing, the “art” portion. It is the humanistic element you will not find in the conference program but may be the most satisfying part of your experience.

The humanistic piece of conferencing is the “art” involving interactions with other attendees providing the expanded view of your specialty. The arena of many participants, who are dedicated to a specialty, gathered in one venue offers the unique chance to interact. This interaction is the crux of the humanistic portion. It takes effort, trust, and self-confidence to take the plunge and begin interacting with a person you do not know. However you DO know something about this stranger. They are interested in the topic of the conference or they would not be present. When you put yourself out there you will find many surprising commonalities. The technique to enter into this relationship is easy and can be used at any time such as standing in line for a meal or visiting the vendors. Another simple idea is to sit next to a person who is sitting by themselves. Strike up a conversation by inquiring if this is the first time they have attended a conference. Introductory information about yourself can set them at ease and offer a topic of mutual interest.

The benefits of participating in the “art” of conferencing cannot be exaggerated. You will find a person with perhaps a best practice idea for your unit or a common issue that validates your struggle is not an isolated incident. Camaraderie may develop leading to a future professional relationship. Learning from one another can be just as informative as listening to content experts at the podium. The benefits are vast and the base knowledge gained from one another is the best part of conferencing. Try it!

*Amy L Dooley, MS, RN, CPAN
Regional 4 Director*

Poster Presentations Wanted

**District 8 is looking for poster presentations for the
October 24th and 25th NYSPANA Fall Conference in White Plains.**

If interested in presenting your poster at the conference please send the abstract to Kathy Pecoraro at kathep8@gmail.com by July 1, 2015. Please also send any questions to Kathy as well.

Community Service

I have met many wonderful people as a nurse. One of them is Lucille Frisicano. She is now a retired perianesthesia nurse and former NYSPANANA District 14 President. I asked her what she planned to do when she retired. She promptly said she wanted to volunteer with the American Red Cross. She has helped with many local and national disasters (Hurricane Sandy and the nursing home fire). She even left the ASPAN National Conference in Chicago to assist with a disaster in west Texas at a fertilizer plant. She recently returned from West Africa after helping patients with the Ebola virus. She tells her story below.

Cindy Veltri Lucieer, BSN, RN, CAPA

In early fall of 2014 I decided I wanted to go to West Africa to help out with the Ebola virus crisis dominating the news. I don't think I'm a super hero nor do I have a death wish. I just thought there were people there who needed nursing care without enough nurses. This is what we do all the time. Nurses step up. We do it every day for years at a time. Personally I felt I was in a good place in my life, and going would be less of a hardship than for someone younger with children at home or someone still working. I have experience with disaster deployments from being part of the American Red Cross since my retirement. Before I applied I talked with my family because this was a decision that could potentially affect their lives in a big way. After the silent stare I received from both my children and my husband, they all gave me their blessings and told me not to get Ebola. Thank you, I hadn't thought of that.



Lucille Frisicano
Former District 14 President

Heart to Heart (H2H) International is a humanitarian organization headquartered in Kansas City. After being interviewed by them and accepted I left for Liberia on November 5, 2014. Liberia was the primary focus of the response effort from the U.S. I trained along with my H2H teammates at the base set up by our Department of Defense. The young soldiers did a great job teaching us about changing medical protocols and most importantly proper donning and doffing of the personal protective equipment (PPE). A more aggressive approach to patient care was being implemented. IV hydration was going to be the standard treatment in order to give the patient's body a chance to combat this awful disease that profoundly dehydrates.

I, two doctors and two other nurses were assigned to relieve staff at an Ebola Treatment Unit (ETU) about four hours from the capital city, Monrovia, into the jungle. The ETU is very isolated and self-contained. Once there, we did what we do. We rounded giving meds, IVs, baths and changing beds. We tried our best to comfort the patients while wearing scary PPE that didn't allow facial expression or human touch.

The Liberian people are the strongest people I've ever met. I am hoping some of that strength rubbed off onto me. A whole generation has lived through a prolonged brutal civil war and now a dehumanizing disease that has wiped out families. The children have seen things best left to horror movies. Yet they always thanked me after I finished my shift in the ETU. They expect and give a "good morning" on the streets. They cared for each other within the ward. Working with Ebola patients was harder than I thought it would be. Wearing PPE in 90 degree weather is nearly unbearable. The equipment, supplies and medications available were minimal. Going to West Africa was the right decision for me.

Lucille Frisicano, Former District 14 President

Electronic Medical Record Alert Fatigue

By: *Jamie Danks, BSN, MSHI, RN, CNOR*

Reprinted with permission from the Illinois Society of PeriAnesthesia Nurses (ILSPAN):
“Electronic Medical Record Alert Fatigue” by Jamie Danks BSN MSHI RN CNOR , 2015. *Peri-Scope*, 39;1:8 and 18

For the perianesthesia nurse, the sound of monitor alarms and alerts are familiar sounds. The goal of an alarm in the clinical setting is to call attention to an event that is occurring in real time. This in turn gives the clinician the ability to treat a patient in a timely manner, allowing for quick recovery from adverse events such as a sudden drop in blood pressure or a life threatening cardiac arrhythmia. When alerts are repetitive, with little or no relevance to the care the nurse is providing, alert fatigue can occur. With the introduction of the electronic medical records (EMR), alerts have taken on a new look and feel.

Alerts as Clinical Decision Support and a Safety Net

Alerts in the EMR are designed to supply the health care provider with clinical decision support and warnings that are intended to prevent errors. EMR alerts can be in the form of pop-ups, text boxes, soft stops and hard stops. These alerts are intended to give the clinician a moment to pause and determine if the action they are performing is appropriate for this particular patient. An example might be a medication being scanned for administration that has reached its maximum dose for a given period or identification of a potential drug interaction.

Alarms were designed as a safety net for nurses, monitoring specific pieces of clinical data and alerting the clinician when a defined variation of the norm occurs such as a rise or fall of the heart rate or blood pressure. These alarms are critical in assisting staff with providing safe care. So why is it that we do not view the EMR alerts in the same context? It has been determined that between 49–96% of the time alerts are bypassed.¹ An increase in the number of alarms can desensitize clinicians and correlates directly with the timeliness of responding to the alarms. Remember, these are audible alerts. In the EMR the alerts are visual and often look the same as all other pop-up or text boxes.

The Problem

So why is it that we are still seeing instances of harm and errors that should have been avoidable? According to Embi and Leonard, it is well recognized that when clinicians are exposed

to too many clinical decision support (CDS) alerts they may eventually stop responding to them. This is often called alert fatigue.¹

EMR alerts are meant to provide the clinician with the opportunity to reassess the appropriateness of the care being provided. In the preceding example of medication administration, when scanning a medication for dispensing, alert messages may be overridden for a particular patient due to specific clinical decisions. With repeated need to override alert messages, the clinician becomes desensitized to the messaging system. When a similar alert does pop-up, it may be viewed as the same alert, not meaningful for this patient and therefore dismissed by the nurse. Improperly designed alerts may cause clinicians to overlook important alerts. The dismissal of alerts might mean the system generates too many alerts, there is too much extra information, or the alert does not apply to the patient.² Alert fatigue creates tangible risks for patients.

Keeping Alerts Relevant

How can we help ensure EMR alerts contain meaningful relevant information for nurses? Be an active participant in the EMR design and workflow. Alerts have an active role within the EMR but should not be used as a catch all for nursing behaviors. Alerts should be clear, concise and contain relevant, actionable information for the task being performed without creating an obstacle for care. As we learn how to use and display EMR alerts in meaningful ways clinicians on the front line need to be diligent and vocal when technology is not meeting the needs for which it was designed.

References

1. The Journal of American Medical Informatics. Available at: <http://jamia.bmj.com/content/early/2012/04/24/amiainl-2011-000743.full> Accessed August 12, 2014.
2. MedPage Today. Available at: <http://www.medpagetoday.com/PracticeManagement/InformationTechnology/32006> Accessed August 14, 2014.

PANAW Week Celebrations



Mary Lombardi, Lynda Neary, Marty Maresco, Aliza Kods
Phelps Memorial Hospital Center
Sleepy Hollow, New York



Melissa, Colleen, Nancy and Gigi at
Phelps Memorial Hospital Center PACU
Sleepy Hollow, New York



Board of Directors District 14 Conference Planning Committee

CPAN's - Newly Certified 2015

- | | |
|-----------------------------|-------------------|
| Marietherese Cruz Sarmiento | Laurie Smith |
| Ellen Louise Pierce | Tina Caron |
| Teresa Ann Moore | Todd Norrby |
| Keri-Ann Whidden | Giselle Gerardi |
| Wendy Knox | Alice Susan Fox |
| Theresa Ann Gilsenan | Mary Lynn Beckett |
| Maria Madeline Zouloufis | Lori Lynn Metroka |
| Joan Patricia Leonard | Mary Maloney |
| Danuta W. Bennett | |

CAPA's - Newly Certified 2015

- Vera C. Toong
- Jacqueline Darlene Garraway
- Lisa Marie Hansen
- Michelle Alvarez
- Michelle Marie Azukas
- Margaret Hickey
- Maria Rachelle Marasigan



**ABPANC Announces New
Early Bird Discount Pricing
for CPAN® and CAPA® Exams**

Register early and save money with new Early Bird Discounts. Registering early also give you more time to study and makes you better prepared to pass the exam.

The Spring Exam Registration Window is:
January 12 – March 9.

**The Early Bird Discount Registration
Deadline is February 22.**

	<u>Early Bird</u>	<u>Regular Fee</u>
<i>ASPAN Member*</i>	\$299	\$314
<i>Non-ASPAN Member</i>	\$404	\$424

Register now and take the exam any time between April 6 and May 30, 2015.

Visit www.cpancapa.org for valuable resources and study tools:

- Certification Handbook
- Study Reference List
- Webinar – Test Taking Strategies
- *NEW* Webinar – Conquering Test Anxiety and Fear of Failure
- 12-week Study Plan
- Study Tips
- Practice Exams
- Mind Mapping Study Guide
- Test Blueprints
- Certification Coach

**February 22 is the
Early Bird Registration Deadline!**



~ **SAVE THE DATE** ~
**2015 NYSPANA
State Conference**

October 23-25, 2015
Crowne Plaza, White Plains, NY



**Nurses
Building Bridges**

*A Discussion of
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- Pediatric Anesthesia
- Pain
- PeriOperative Medications: What's New
- EBP/Best Practice

Application Deadlines

Nurse of Excellence: March 1
Research: March 1
Student Nurse Scholarship: July 1
Education Funding: July 1

www.NYSPANA.net/scholarships.htm

Governmental Affairs Committee Report

I'll See The Nurse Now, Please.

As of January 1st 2015, New York State became the 19th state in the US to begin lobbying for independent practice of nurse practitioners. The hoped-for outcome would be to enable licensed NPs to open their own practices (or the equivalent) after completing 20 month tutelage under a physician's guidance. An article put out by the New York Post entertained one view of the effectiveness of this new practice. Author Betsy McCaughey draws on the views of several journals of medicine to outline a resistance to independent nurse practitioners for a number of reasons, from inexperience to competition with medical doctors for clients. This article is not very empowering in its views towards nurses, but it provides hope that NPs will be given the chance to shine in our nation's healthcare system.

<http://nypost.com/2015/01/06/when-a-nurse-is-your-health-care-provider-youre-at-risk/>

BSN in 10

The proposed bill in NY State Legislature from 2011 to mandate all licensed nurses to obtain their BSN within ten years of licensure has not seen any movement since its referral to Higher Education in 2012. Keep checking back with the GAC reports for movement.

http://assembly.state.ny.us/leg/?default_fld=&bn=S02553&term=2011&Summary=Y&Actions=Y

Lobby On New York!

APRIL 21st, 2015- There is ample opportunity to register to participate in the next lobby on NYC, addressing the staffing shortage in New York and raising the alarm locally in Albany on Tuesday, April the 21st. Another key issue will be NY Health, a law that would "guarantee healthcare for all New Yorkers". The Senate and Assembly sessions are scheduled to reconvene on February 25, 2015 to address NY Health. More information on this to come. To register for Albany's event, please visit the following website: <http://www.nysna.org/april21>

More current event info:

<https://www.health.ny.gov/>

<http://public.leginfo.state.ny.us/navigate.cgi>

Questions? Thank you!

Please contact me at: Caitlin.bickhart@navy.mil
Caitlin Bickhart, BSN, RN-BC

WANTED NYSPANA OFFICERS

Vice President - President Elect
Nominating Chair.

DISTRICT OPENINGS

Binghamton:
Vice president, Secretary,
Treasurer

IF INTERESTED
PLEASE CONTACT

Barb Ochampaugh at:
barbochampaugh@verizon.net



Copy Deadline for the Next Edition of UP TO PAR

June 1, 2015

*Please be punctual
with your articles . . .*

Forward all articles to
NYSNANA or to:
Michele Rossignol, Editor

7949 Boxford Road,
Clay, New York 13041

Cell: (315) 264-8195

or Email Articles to:
michele_rr2003@yahoo.com



~ **Daisy Award Winner** ~
*Deb Marra, RN, BSN, CPAN
St. Peter's Hospital - Albany, NY*



*The DAISY Award For Extraordinary Nurses (The DAISY Award)
Saying "Thank You" to nurses everywhere and honoring the
super-human work nurses do for patients and families every day.*

Community Service

If You've Got It... Flaunt It!!!

NAME _____

DISTRICT _____

CONTRIBUTION _____

Get the recognition you deserve. If you volunteer in any way let us know. Many perianesthesia nurses go the extra mile not only at work but also in their own communities. Let *Up To Par* lead the way for others to follow.

Michele Rossignol, RN
Email to: michele_rr2003@yahoo.com



ASPAN

American Society of PeriAnesthesia Nurses

participate in research study entitled:

“A Survey Evaluating Burnout, Depression, Alcohol and Substance Use, and Social Support among ASPAN members”

A research study funded in part by a grant from the American Society of Perianesthesia Nurses.

The survey should take **10-20 minutes** to complete. The purpose of this study is to assess the prevalence of risk factors for job burnout, depression, substance use, and health problems among ASPAN members who represent perioperative nurses across the country.

This study is being conducted by Elizabeth Card, Principal Investigator with the Vanderbilt University Medical Center and the American Society of PeriAnesthesia Nurses. During the survey, you will be asked questions about Substance Use, Health Status and Depression. An example of a question you will be asked is “Have you felt calm and peaceful?”

The following is the link for the survey:

<https://redcap.vanderbilt.edu/surveys/?s=JjpC3zcyqT>

Upon completion of this survey, you will have the option to enter into a raffle for either an IPAD Mini or a Garmin Nuvi 200. Two winners will be randomly selected. All answers are private and will not contain any information that could identify you.

Participation in this research study is voluntary, anonymous and there are no negative consequences whether or not you choose to participate in the survey. By completing this survey you imply consent to participate in the study. You will not directly benefit from your participation in this study; however your participation will help us assess the prevalence of risk factors for job burnout.

If you have questions about this survey please contact:

Elizabeth Card, MSN, APRN, FNP-BC, CPAN, CCRP
Research Nurse Practitioner

Vanderbilt University Medical Center
Perioperative Clinical Research Institute
1211 21st Avenue South, Medical Arts Building, Room 705
Nashville, TN 37212
(615) 875-4611 Phone (615) 322-3490 Fax



ASPAN

American Society of PeriAnesthesia Nurses

Join Your Colleagues for National Conference 2015!

Earn up to 43.5 contact hours, meet coworkers from across the country, and enjoy the unique sights and sounds of San Antonio, Texas!

- [Register Now](#)
- [National Conference brochure](#)

Hotel Rooms

This year's hotel is the Grand Hyatt, San Antonio. Located across the street from the historic River Walk and Alamo, the rate is \$199 per night until March 21, 2015, single/double occupancy, plus tax. ASPAN's room block is filling up quickly so register early. All rooms are subject to availability.

[To make your hotel reservations](#)
call 210.224.1234.

Education

The National Conference is a five-day event featuring national experts speaking on dozens of topics of interest. Attendees can easily earn 25-30 contact hours—and up to 43.5. For a complete listing of sessions, view the **National Conference Brochure online**.

Reduce Your Conference Costs

1. Ask your employer for financial assistance. Use our **sample request letter** and edit as you wish.
2. Share a hotel room with a colleague. See page 22 of the **National Conference Brochure** for details. Deadline to sign up is February 15.
3. **Register for the Conference by February 28.** With membership current, you'll save \$225. **Another reason to join ASPAN/renew your membership.**
4. Volunteer as a host/hostess to earn extra money. Email Linda Allyn at lallyn3@gmail.com.
5. Attend satellite symposia at conference. They provide education and meals. Registrants will receive additional information.

Register Online Today!

ASPAN National Office

90 Frontage Road - Cherry Hill, NJ 08034

Toll Free: 877.737.9696

Phone: 856.616.9600

Fax: 856.616.9601

Email: aspan@aspan.org

Web: www.aspan.org

ASPAN's National Conference



April 26-30, 2015
San Antonio, Texas

Future Conference Dates

April 10-14, 2016

Philadelphia, PA

April 30 – May 4, 2017

Indianapolis, Indiana

April 29 – May 3, 2018

Anaheim, California

May 5–9, 2019

Nashville, Tennessee

Consider Attending Our ASPAN National Conferences . . .