



UP TO PAR

Newsletter of the New York State
PeriAnesthesia Nurses Association

Volume 37 No. 3

November 2015

Poem And ESD: New Endoscopy Procedures

Our facility has started to do two new endoscopy procedures, POEM or Per-Oral endoscopic myotomy and endoscopic submucosal dissection (ESD). The risk factors for both these procedures are bleeding and perforation. Patients undergo general anesthesia and have an arterial

line in place. Patients stay in the hospital for at least one day. POEM is used to treat esophageal achalasia. Esophageal achalasia is a dysfunction of the esophagus in which food or drink or both do not move due to lack of esophageal peristalsis. The failure of peristalsis is at the esophago-gastric junction. (Showa) The cause is a degeneration of the nerve for unknown reasons. Symptoms of the dysfunction are weight loss, chest pain and vomiting. There are gradual onsets of the symptoms and esophageal cancer is a finding. (Smith) Why POEM and not surgery? With POEM there are no external surgical incisions. The length of the myotomy incision can be individualized. With surgery the standard myotomy incision is fixed at 7 cm. (Showa)

After the patient is asleep, endoscopy is performed to determine the length of the incision of the muscle layer. The esophagus has two layers; the muscle or outer area and the mucosa or inner area. Saline is injected under the mucosa to create a tunnel. The tunnel is used to insert the endoscopy tube. The inner muscle layer is then cut (myotomy). An antibiotic solution is sprayed in the tunnel and the entry is closed by clips. The clips will be removed in one month. (Smith)

Patients who have a POEM procedure will experience chest pain for one month. There is no stressful activity, long baths or alcohol for one week post procedure. These increase the risk of bleeding. There will be throat discomfort. Complications also include gastric reflux and esophagitis. Both are treated with anti-acid therapy. (Showa)

Endoscopic Submucosal Dissection or ESD is a procedure to remove early cancer

in the stomach. Three steps characterize it: injecting fluid into the submucosa to elevate the lesion from the muscle layer,

However, to ensure the curative potential of these treatment modalities, accurate histopathologic assessment of the resected specimens is essential because the depth of invasion and lymphovascular infiltration of the tumor is associated with considerable risk for lymph node metastasis.

circumferential cutting of the surrounding mucosa of the lesion, and subsequent dissection of the connective tissue of the submucosa beneath the lesion. Major advantages of this technique in comparison with polypectomy are as follows. The resected size and shape can be controlled, en bloc resection is possible even in a large neoplasm, and neoplasms with submucosal fibrosis are also resectable. This technique can be applied to the resection of complex neoplasms such as large neoplasms, ulcerative non-lifting neoplasms, and recurrent neoplasms. The disadvantages of this technique are the requirement of two or more assistants, it is time-consuming, and there is a higher risk of bleeding and perforation than endoscopic mucosal resection (EMR). Application of endoscopic resection (ER) to gastrointestinal (GI) neoplasms is limited to lesions with no risk of nodal metastasis. Either polypectomy or EMR is beneficial for patients because of its low level of invasiveness.

However, to ensure the curative potential of these treatment modalities, accurate histopathologic assessment of the resected specimens is essential because the depth of invasion and lymphovascular infiltration of the tumor is associated with considerable risk for lymph node metastasis. For accurate assessment of the appropriateness of the therapy, en bloc resection is more desirable than piecemeal resection, cutting the surrounding mucosa of the lesion, and dissecting the submucosa beneath the lesion. Complications of ESD include pain, bleeding, perforation, and stricture. Pain after ESD is often mild and lasts one or two days after the procedure

although the frequency is low. Patients who have esophageal ESD are more likely to develop pain than gastric or colorectal ESD. After ESD, eating is usually started on the next day or in two days. If there are no complications, the patient may be discharged within a few days.

Anti-acids are usually administered to gastric and esophageal ESD patients to relieve pain, prevent postoperative bleeding and promote ulcer healing. A recent study showed that proton pump inhibitors are more effective in preventing bleeding from the gastric ulcer created after ESD than did H2-receptor antagonists. Ulcers after ESD are reported to heal within 6 to 8 weeks in the esophagus, stomach and colorectum. Delayed perforation may occur in the esophagus, stomach, duodenum and colorectum, mostly at two or more days after a successful ESD. The reason for delayed perforation is unknown, however

continued on page 2

Inside This Issue

POEM/ESD	1
President's Message/Treasurer's Report/NYSPANA Officers	2
NYSPANA Network	3
From the Editor	4
Clinical Nurse Excellence Award Winner	4
ASPAN Regional Director	5
Research Chairperson.....	6
NYSPANA State Conference	7
Vice-President's Message	7
ASPAN Conference Abstract	8
"Oh The Places You'll Go"	9
Constant Contact	9
Leadership Development Institute .	10
Community Service Project	10
ASPAN Leadership Development Committee	11
Future ASPAN Conferences	12



NYSPANA OFFICERS

PRESIDENT:

Bronwyn Ship
 H: (585) 313-4198
 W: (585) 396-6274
 E: bronwyn.ship@gmail.com

VICE PRESIDENT:

Barb Ochampaugh
 H: (518) 459-5334
 W: (518) 525-1415
 E: barbochampaugh@verizon.net

SECRETARY:

Sandra Price
 H: (585) 880-0773
 E: mprice03@rochester.rr.com

RESEARCH CHAIR:

Kathleen Pecoraro
 H: 845-223-3742
 W: 914-242-1476
 Kathe8@gmail.com

NOMINATING CHAIR:

Regina Rivers
 E: rrrg26@hotmail.com

TREASURER:

Susan Alati
 H: (585) 264-9673
 W: (585) 273-1821
 E: salati@rochester.rr.com

GOVERNMENTAL AFFAIRS:

Caitlin Brion, RN
 W: (518) 438-4625
 E: caitlin.brion@navy.mil

IM. PAST PRESIDENT:

Barb Ochampaugh
 H: (518) 459-5334
 W: (518) 525-1415
 E: barbochampaugh@verizon.net

NYSPANA ADDRESS:

Bronwyn Ship, 4620 North Road, Canandaigua, New York 14424

NYSPANA's Website: www.nyspana.net

Michele Rossignol, Web Coordinator - michele_rr2003@yahoo.com
 Daniel F. Palmieri, Website Designer - Danpal11@gmail.com

NYSPANA DISTRICT PRESIDENTS

DISTRICT 1: (Long Island)

Tina Stoebe
 C: (631) 835-8917
 W: (631) 476-2729
 E: ts77838690.lmore01@gmail.com

DISTRICT 6: (NYC)

Trina Mills, RN, BSN, MS
 C: (914) 562-9231
 E: tmillz12359@aol.com

DISTRICT 8:

(Weschester, Rockland, Putnam, Orange, Dutchess, Ulster, Suffolk)
 Pam Werner
 W: (845) 279-9365
 E: PWerner@nwhc.netor

DISTRICT 9: (Binghamton)

Susan See
 E: Susan_see@uhs.org

DISTRICT 10: (Albany)

Shari DuGuay, BS, RN, CAPA, NE-BC
 E: sduguay@setonhealth.org

DISTRICT 13 (Syracuse)

Ginger Giarrusso
 C: (518) 382-1957
 W: (518) 329-7055
 E: virginia.giarrusso@sjhsyr.org

DISTRICT 14 (Rochester / Buffalo)

Sally Sackett
 E: sally.sackett@gmail.com

Region IV Director

Amy Dooley
 E: adooly@aspan.org

ASPAN Donna Ingram

1-877-737-9696 ext. 219



COPY SUBMITTAL DEADLINE:

Deadline for submitting material for next issue of *UP TO PAR* will be **FEBRUARY 16, 2016**. Please forward all articles to NYSPANA or to: Michele Rossignol, Editor 7949 Boxford Road, Clay, NY 13041 C: (315) 264-8195 Email: michele_rr2003@yahoo.com

A publication of New York State PeriAnesthesia Nurses Association
 © 2015 NYSPANA All Rights Reserved

Mission Statement

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

From The President



I am beginning my term as your NYSPANA President this fall. As our work life and home life seem to be increasingly more demanding, I understand how overwhelming it feels to add another commitment to our schedules. However, I do urge each and every one to become involved in NYSPANA either on the local or state level. A small commitment of your time will be rewarded by networking with others in our shared profession and specialty.

I applaud you all for being members of your professional organization and give my congratulations to those who are certified. Please contact me with any questions and concerns at: bronwyn.ship@gmail.com

Bronwyn Ship, RN, BSN, CPAN

Poem And ESD: continued from page 1

patients with uncontrolled diabetes mellitus, patients on permanent hemodialysis, lesions located on surgical anastomosis, and too much coagulation are considered as possible risk factors. (Kakushima)

Barb Ochampaugh, RN, BSN, CPAN

References

Kakushima, N. & Fujishiro, M. (2008, May) World J Gastroenterol. Endoscopic submucosal dissection for gastrointestinal neoplasms. Retrieved from URL: doi:10.3748/wjg.14.2962PMCID: PMC271215

Showa University Northern Yokohama Hospital (2012) MArch). POEM procedure for esophageal achalasia. Retrieved from URL: www.achalasia-poem.net/documents/poem_panphlet.pdf.

Smith, M.J. (2013, December, General Surgery News). POEM: An epic step forward for achalasia treatment? Retrieved from URL: http://www.generalsurgerynews.com/ViewArticle.aspx?d=In%2Bthe%2BNews&d_id=69&i=December+2013&i_id=1024&a_id=24612#sthash.nQtBxpvM.dpuf

~ Treasurer's Report ~

Checking Account	\$24,608.00
Savings Account	\$22,238.00
Investment Account Value	\$15,159.00
	\$62,005.00

Sue Alati, Treasurer, NYSPANA



NYSPANA Network

District 1 News

Our Fall Conference will be held November 14th 2015 in Riverhead NY. We look forward to interacting with our members and sharing new and updated information from our speakers. During the conference we will be raffling baskets and have a 50/50 raffle. The funds will be contributed to our local food bank: Long Island Cares - Harry Chapin. Supporting local projects is one way we give back to the communities we serve.

Tina Stoebe, BSN, CPAN, President

District 6 News

District 6 is recruiting officers. We are now re-building our team. These seats are available: Vice-President, Secretary, and Treasurer. Feel free to contact me via e-mail at: trm9024@yahoo.com if you are interested in becoming a District 6 Board Member. Do not miss out on this exciting opportunity! Please be sure to leave a contact number where you can be reached.

Trina Mills, RN, BSN, MS, President

District 10 News

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

On April 15, 2015 at Glens Falls Hospital, in Glens Falls, NY, Dr. Vincent Cooper, presented a "Urology Review.", there were 21 attendees who received 1 contact hour.

On October 28, 2015 at St. Peter's Hospital, in Albany, NY, Chris Piraino, CRNA from the Anesthesia Group of Albany presented an educational program on "Pediatric Anesthesia". The 12 attendees were awarded 1 contact hour of nursing CE. Donations for the food pantry were collected from those who attended.

Our district membership is slightly up at 83 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 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.

Save the date for 2016 NYSPANA State Conference to be held October 21-22, 2016 at the Holiday Inn Express & Suites Latham Conference Center, 400 Old Loudon Rd., Latham, NY. A planning committee is meeting regularly in preparation for the conference. We are also looking for a title/theme related to the Capital District region. If you have any suggestions or are interested in helping please contact me.

The District Board has positions that we would love to have members fill. If you are willing to serve the District in any way please let us know! Elections are slated for this spring.

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

District 8 News

NYSPANA State Conference, sponsored by District 8 was held on October 24 and 25, 2015 at the Crown Plaza in White Plains. The conference had 153 attendees Saturday and 120 on Sunday. We had a well diversified program and most of our speakers were nurses. NYSPANA gave out 10 \$25 scholarships to conference attendees. We had multiple door prizes due to the efforts of our conference committee.

I wish to thank all the districts and individuals who contributed baskets and prizes for our raffle. Between the basket raffle and the 50/50 raffle we raised \$1500 for The Wounded Warrior Project.

District 8 gave out 10 scholarships to District 8 members, picked by lottery, that could be used for the NYSPANA State Conference or an ASPAN Winter/Spring Seminar. The winners are: Lurleen Alarcon, Mary Ann Catania, Mary Jean Fogarty, Teodora Joco, Jenna Elizabeth Maine, Vincent McHugh, Mary T. O'Sullivan, Erica C. Roper, Danielle Silletti and Lorraine Zittell.

I would like to thank and recognize the rest of the conference committee for all of their hard work and dedication in planning this conference over the last several months. Our team included Maryanne Carollo, outgoing President of District 8; Marty Maresco, outgoing Secretary of NYSPANA; Doreen Dozier, Vice-President of District 8; Carol Cramer, Treasurer of District 8; Mary Ann Servidio, Secretary of District 8; Kathy Pecoraro, NYPANA Research Chair and Abby Siegel.

Pam Werner, RN, President

District 14 News

District 14 has been busy organizing educational offerings and local community charities. In early September the district donated two copies of the new *ANA Code of Ethics with Interpretive Statements* to Monroe Community College Department of Nursing. Our "Fall Gathering of Knowledge" conference was held on September 26. Fifty-six people attended the half day conference. Topics included "Brain Imaging for Tumor Resection", "Anesthesia PEARLS" and "Planting the Seed to Healthy Eating". Two attendees won scholarships to our upcoming February 6, 2016 all-day conference. A 50/50 raffle generated a \$150 donation to Seedfolk which supports local community gardens and a produce store.

Thank you to all for your continued support of district activities.

Sally Sackett, BS, RN, CAPA, President

District 9 & 13 News

No News Reported

Susan See, Dist. 9 President

Ginger Giarusso, Dist. 13 President

From The Editor



Am I Ready To Retire?

This is a question I have asked myself over and over again in the past few years. Have I planned financially enough, saved enough? I have been more aggressive with my 401K plan at work. But will it be enough? Not only

do we as nurses need a financial goal, we also must consider how to remain active and connected in our lives and community. My biggest worry, of course, is my health care plan. Will I be able to afford it and live a certain lifestyle?

Social Security will only be about 40% of my total income for the year so I need to prepare myself for the need of more income. Will I have a mortgage payment, taxes, entertainment/travel costs, car payment, hobbies etc.? This may be a time to entertain a financial planner in the near future. Statistically I could live another 20 years after retirement so I need to plan accordingly. Should I fully retire or work part-time? The longer I put off retirement the more I will make per month so it may be in my best interest to wait until I am over sixty-six years old. I do plan on keeping my license current.

I became an RN as an adult at nearly forty years old. It never occurred to me I would have to worry about retirement because of the benefits I would need and may not be able to pay for. The best advice I can give to a new nurse is to plan for retirement sooner rather than later. Look for employment in state or federal areas (Veterans hospitals, state run hospitals etc.) and the county jobs also offer great benefits as well. Invest in your companies 401K and put in as much as you can as early as you can. Start now!!

Michele R. Rossignol, Editor



NYSPANA Board Meeting Attendees

Front: Barb Ochampaugh, Bronwyn Ship, Kathleen Pecoraro, Tina Stoeb
Back: Shari DuGuay, Cindy Veltri Lucieer, Regina Rivers, Trina Mills, Sandy Price, Sue Alati, Sue See, Pam Werner

2015 NYSPANA Excellence In Clinical Practice Award Winner



*Sally Sackett, District 14 President
Jo Lynn Cornish Award recipient
Bronwyn Ship, NYSPANA President*

Jo Lynn Cornish works in the Day of Surgery Admission Unit at Rochester General Hospital. She has been CAPA certified since 2010 and serves on several committees. She presented two Best Practice Posters at the ASPAN National Conference in 2015. Here are some descriptions of Jo Lynn from her nomination:

Experienced professional nurse, excellent clinical skills, utilizes a holistic approach to her nursing care, establishes a trusting rapport with the patient and family, respect and support, gentle, professional demeanor, passionate about her profession, compassionate, able to empathize with the patient and their family, team player, respected by her peers and our physicians, caring manner, life-long learner, expert, and a resource. Jo Lynn represents the "total package" as a nurse you want working on your unit. She is a clinical expert, providing kind, compassionate care, always. In addition to her high level of involvement in unit activities, she is active in the community, participating in multiple volunteer activities. Jo Lynn received complimentary NYSPANA State Conference registration with two night's hotel at the conference (double occupancy).

Sally Sackett, BS, RN, CAPA

Reflections From Our ASPAN Regional Director

“We Save Lives”

*Amy Dooley, MSN, RN, CPAN
ASPAN Regional Director, Region 4*

Every day we hoof it to work, change into scrubs, put stuff in the locker, and enter our workplace. This routine occurs 365 days/year. This is our routine every day, it never changes. We are perianesthesia nurses. What goes on behind those doors as you enter your area whether PAT, pre-op, ambulatory surgery, Phase I PACU, or Phase II is crucial to the successful healing of the patient.

I have been doing this routine for many years and often reflect on why I continue doing this job. The overriding cause is that “We Save Lives”! Who else sees the sudden recovery of a patient, after receiving D50 for blood glucose of 36 thanks to a quick thinking perianesthesia nurse, after holding a jaw until they wake up, or putting pressure on a bleeding wound? Where else can a patient feel safe, when the PAT nurse asks the right question to identify a history of MH in the family? The day surgery patient’s family is included in the discharge instructions so they are all comfortable with expectations and warning signs. The patient is included in report so they can have input and know what is going on. Yes we have the mundane of bedpans, dry mouths, and hunger but even treating pain, hanging IV’s, measuring urine which we do every day adds a little bit to the overall evaluation of the patient.

We are masters of assessment! I consider this the core of our jobs. As a perianesthesia nurse we do many tasks and have many routines that we perform to get the patient safely through their surgical experience. Yes these tasks are important, but there is an overriding safety feature which can’t be minimized. Assessment, according to the Merriam Webster dictionary is “the act of making a judgment about something”¹. As the nurse we are making a judgment, not in the derogatory sense of the word but in the holistic framework of the patients needs. As you see the patient in the pre-admission center, your antlers go up when their clothes are disheveled (do they have support at home?), they don’t make eye contact (what are they not telling?), hesitant with their answers (what don’t they want to say?), which all adds up to changing questions, rephrasing questions, discussions about the safety of knowledge, all due to your assessment skills. In the pre-op area the patient seems more anxious than normal (you question why), the patient seems inebriated (you get a BAC test), the spouse won’t leave and seems very solicitous (ask patient when alone if safe at home), all due to your assessment skills. In the ambulatory post-op setting the patient is evasive about their ride home (you demand answers for safety), the patient keeps asking the same question over and over (question retention of post-op instructions and home care), the patient looks pale and peaked but insists they are fine (hold a little longer and ask questions), all indications of concern thanks to your assessment skills. The PACU lends itself to using good assessment skills as the patient cannot speak for themselves at least initially. Using all 5 senses, data is gathered, and a judgment is made if the patient is safe or an intervention is required. Your assessment skills are constantly working even with family members as they become sweaty and pale (soon to faint), your co-workers as their face is different than usual (an upsetting event at home), even your spouses’ veins (it would be easy to insert an IV into that vein!). My point is that nurses are assessing constantly and recognizing where they need to intervene to assure patient safety.

Thanks for working in the perianesthesia arena and bringing your assessment skills to work every day. You should be proud to work where “We” really do, “Save Lives”!

1. <http://www.merriam-webster.com/dictionary/assessment>. Accessed July 20, 2015.



From The NYSPANA Research Chair



I would like to take this opportunity to introduce myself. I am the Nursing Research/Evidence Based Practice Chairperson for our New York State Peri-Anesthesia Nurses Association (NYSPANA). I am a staff nurse in the phase 1 post-anesthesia care unit (PACU) at Northern Westchester Hospital in Westchester County, New York. Evidence Based Practice (EBP) and peri-anesthesia nursing are where my interests and passion lay.

The nursing care we as nurses provide to our patients should be based on the best available evidence. What is EBP? The definition of EBP is three-fold. The best and highest level evidence available, the clinician's expertise, and patient preference constitute EBP (Feldman, & Levin, 2006). Finding evidence to inform nursing practice is thought provoking and can be time consuming. Using high-level research studies to create change in practice improves patient care and clinical outcomes for patients. This is not an easy task! I enjoy supporting my colleagues in learning about and utilizing EBP. I am fortunate that my institution supports Nursing Research/EBP work through the Shared Governance Model.

I am currently working on a project on best practice for patients diagnosed and undiagnosed with obstructive sleep apnea (OSA) undergoing anesthesia. Searching the literature for evidence has enhanced my knowledge of OSA, thus enabling me to provide better care for my patients. The 2015-2017 *Peri-anesthesia Nursing Standard, Practice Recommendations and Interpretive Statements* (2014) provides up to date practice recommendations regarding patients with OSA.

The literature states that many patients with undiagnosed OSA present for surgery (ASA, 2014; ASPAN, 2014; Kaw, et al., 2012). Given the co-morbidities and post-operative issues associated with OSA, identifying those patients at high risk for OSA is important for provision of safe peri-anesthetic care. The ASPAN and American Society of Anesthesiology (ASA) guidelines support the necessity of identifying patients at high risk for OSA before surgery (ASA, 2013; ASPAN, 2014).

How many patients arrive at our facilities with undiagnosed OSA? I do not know the answer to this question. I think this question is a great area to explore in a descriptive research project. I will be taking steps to begin collecting data within my facility. In the future, I hope to answer the question: What percentage of patients presenting for elective surgery in New York State have undiagnosed OSA? I will be enlisting, recruiting, charming, prodding, and coercing my New York State peri-anesthesia nursing colleagues to join me in this descriptive research study.

I will be speaking at the NYSPANA Fall Conference "Building Bridges: Discussions in Peri-anesthesia Care" on Sunday October 25, 2015. I hope to collaborate with my peri-anesthesia colleagues during the conference on this topic as well as other topics. I hope to see you there!

Please feel free to email me with comments, suggestions, concerns, or ideas at kathep8@gmail.com.

*Kathy Pecoraro, RN, MSN, CPAN
Research Chair*

References

- American Society of Anesthesiologists. (2014). Practice guidelines for the peri-operative management of patients with obstructive sleep apnea: An updated report by the American Society of Anesthesiologists task force on perioperative management of patients with obstructive sleep apnea. *Anesthesiology*, 120(2), 268-286.
- American Society of PeriAnesthesia Nurses. (2014). Practice recommendation 10: Obstructive sleep apnea in the adult patient.
- Feldman, H. R., & Levin, R. F. (Eds.). (2006). *Teaching Evidence-Based Practice in Nursing*. New York, NY: Springer.
- Kaw, R., Chung, F., Pasupuleti, V., Mehta, J., Gay, P. C., & Hernandez, A. V. (2012). Meta-analysis of the association between obstructive sleep apnoea and postoperative outcome. *British Journal of Anesthesia* 109(6), 897-906. doi:10.1093/bja/aes308
- Lyons, P. G., & Mokhlesi, B. (2014). Diagnosis and management of obstructive sleep apnea in the perioperative setting. *Seminars in Respiratory and Critical Care Medicine*. 35(5), 571-581. DOI <http://dx.doi.org/10.1055/s-0034-1390079>
- Mutter, T. C., Chateau, D., Moffat, M., Ramsey, C., Roos, L. L., & Kryger, M. (2014). A matched cohort study of postoperative outcomes in obstructive sleep apnea. *Anesthesiology* 121(4). 707-718.

NYSPANA Fall State Conference



*Seated: Sandy Price, Sally Sackett, Rosanne Kolb, Jo Lynn Cornish,
Standing: Cindy Veltri Lucieer, Sue Alati,*

The NYSPANA Fall State Conference was held in White Plains on October 23rd-25th. There were many wonderful speakers each day and the conference was a well attended success. The board of directors met on Friday. The Excellence in Clinical Practice was awarded to Jo Lynn Cornish from Rochester. The conference was Maryanne Carollo's last commitment for NYSPANA. She has been a long time board member and champion of NYSPANA. We wish her well in retirement and she will be missed.

NYSPANA has 908 members state wide, but still only a few have been willing to serve as board members at either the local or state level. If you are interested in becoming involved, please contact myself or your local district president whose name and e-mail is listed in this newsletter. I urge you to consider joining your colleagues in helping bring educational offerings to the membership of NYSPANA.

Mark your calendars for the following events. The 2016 ASPAN National Conference will be held in Philadelphia, PA on April 10-14th. The 2016 NYSPANA Fall Conference October will be held in Albany on October 21st and 22nd.

Bronwyn Ship, RN, BSN, CPAN

From The Vice President



Once again, I begin my term as Vice-President. I look forward to working with membership and the board of directors to bring quality programs and networking to all regions in the state. I will be working with Bronwyn Ship, NYSPANA President, to again obtain the Shining Star and Gold Leaf Award for NYSPANA. Michele Rossignol will continue to produce our award winning newsletter, *Up To Par*. If you have a desire to write an article or take pictures, send them to: Michele_rr2003@yahoo.com. If you send pictures, identify the people in the picture and send permission to publish. We put them on the web and the newsletter.

Barbara Ochampaugh, RN, BSN, CPAN

From The Past President

The 2014-2015 year has been exciting for NYSPANA. We won the Shining Star Award from ABPANC for the educational opportunities we bring to members across the state.

We are working on the Gold leaf Award from ASPAN as well as the Shining Star award for next year. We had three student nurse winners, Allie Olson, Karyn Haynes, and Amie Doring. JoLynn Cornish from Rochester was our Nurse of Excellence winner. We gave 3 educational scholarships to Sally Sackett, Marty Maresco and Barb Ochampaugh to attend conferences. Rochester's conference last October was excellent. Every district continues to host conferences and charity drives. Many of our members presented research and EVP posters at the ASPAN National Conference. I spoke with a few of you. We would like to post all of the abstracts on our web site. Sally Sackett of Rochester did an oral poster presentation at the ASPAN National Conference. We welcomed new board members, Regina Rivers, Kathy Pecoraro, Sandy Price and Pam Werner. We bid good-bye and good luck to long standing board members and past presidents, Maryanne Carollo and Marty Maresco. They will be missed. Wanda Rodriguez was the winner of the Get-A-Member Campaign.

Barbara Ochampaugh, RN, BSN, CPAN

Poster Presentation Abstract

Leading Perioperative Service Redesign: Evaluating & Enhancing Nurse Cross-Training

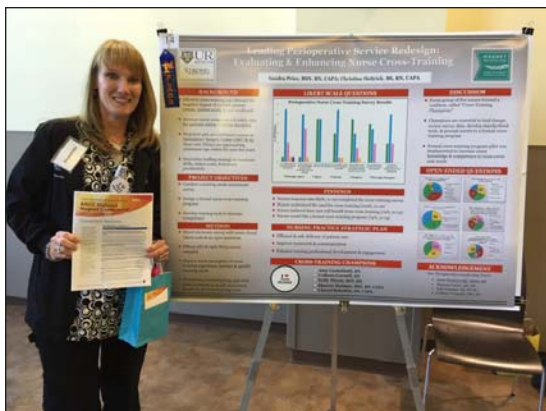
Sandra Price, MS, RN, CAPA & Christine Deitrick, BSN, RN, CAPA

Introduction: The purpose of the performance improvement project was to evaluate current cross-training efforts in the Ambulatory Surgical Center (ASC) and the 23 Hour Units (SD23). An effective cross-training program for nursing can alleviate the negative impact of variable patient census, staff shortage, and unit workload imbalances to increase nurse competence to safely care for patients within a similar discipline. Also, within these two perioperative units one-third of the experienced nurses are approaching retirement ages within the next few years. The projected nurse shortage drives the need to be creative with staffing to maximize skills, reduce costs, and increase productivity, which aligns with the nursing practice strategic plan.

Method: Over three weeks, a needs assessment survey was distributed to nurses in the ASC and SD23. Nurses voluntarily completed a survey consisting of seven Likert scale closed-questions and six open-questions to explore nurse perception of cross-training experience, barriers, and learning needs. Responses were kept anonymous and submitted in a sealed box.

Results: Among the 19 perioperative nurses surveyed (19/23, 83% response rate), (100%, n=19) understood the need for cross-training, (79%, n=15) believed their unit will benefit from cross-training, and (74%, n=14) would like a formal cross-training program.

Discussion: A focus group of six nurses formed a coalition, called “cross-training champions.” The champions are essential to lead change, review survey data, develop standardized tools, and precept nurses to a formal cross-training program. A formal cross-training program pilot was implemented to increase nursing knowledge and competence to cover based on unit needs. The cross-training pilot program tested standardized tools, utilized a competency-based training, and performed ongoing evaluation to meet the needs of the learner. A follow-up nurse survey will be performed to evaluate the effectiveness of the cross-training program.



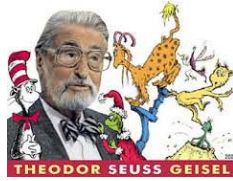
Sandra Price, MS, RN, CAPA



*Amy Centofanti, RN and
Sandra Price, MS, RN, CAPA at the
ANCC Magnet Conference in Atlanta.*

Oh the Places You'll Go

Dr. Seuss 1990
 Congratulations!
 Today is your day
 You're off to Great Places
 You're off and away!
 You have brains in your head
 You have feet in your shoes
 You can steer yourself
 Any direction you choose.



“Oh the Places You’ll Go” With NYSPANA

And the places I went! My first engagement with the recovery room came as a surprise when, while on vacation, I received a call in the summer of 1985, that there was an opening in the recovery room. Would I consider taking the job? At the time, ASPAN was only 5 years old, having been founded in 1980. New York State Recovery Room Association (NYSRRA) had just been founded a few years before. Our first New York State Conferences were organized by the founding members and we were off and running.

Jane Dillon, the first New York State President, had attended one of the first ASPAN National Conferences in St. Louis and returned to work with such excitement and renewed sense of purpose. Her contagious spirit brought me to a realization; here was the path I wanted to travel. We attended monthly educational lectures and the comradery was such a bonus. At the time, there were 7 recovery room nurses and we all prepared for the first certification exam. We had the mailbox ceremony as we all dropped our registrations into the mailbox together. On the day of the exam, we took a limousine to New York City to take the exam, of course with No. 2 pencils and paper. Results would not be sent until 6 weeks later. Passing that first exam was another high point in our careers.

My first ASPAN National Conference was in Dallas-Fort Worth in 1988. I was hooked! I was sure this was what I wanted to be a part of for a very long time. Through the years I traveled to a new city each year for the National Conference—Chicago, Orlando, Seattle, San Diego, Hawaii, Reno, just to name a few. I had the privilege of attending the first Representative Assembly in Philadelphia. I was inspired by each ASPAN president and was mentored each step of the way by the amazing nurses I met. Anne Allen stands out in my mind (ASPAN President 1988-89). She had the wisdom and knowledge that I wanted. I'll never forget the conversation we had at conference when she told me she was the chair of her hospital's pain committee. That seemed an impossible task and how I admired her knowledge and willingness to take the time to share with me. When the Joint Commission Standards came out in 2000, I remembered Anne and 10 years later, was now ready to take on the role as chair of the pain committee at our hospital. We are and still having monthly meetings as we just get better and better.

Being active on the NYSPANA board of directors has taken me all over New York State to the yearly conference. Each meeting is like a family reunion as we gather to perfect our strategic plan, administrative guidelines, prepare for the following year, and decide the policies and plans that keep us growing stronger and better each year. Well, as the saying goes, “All good things must come to an end”. I have a great sense of accomplishment and the bitter sweet feeling of finishing my time on the NYSPANA board. I want to thank everyone who made this time so memorable and fruitful for me. It is so rewarding to look back and enjoy the memories and feel great satisfaction. The board presented me with an Alex and Ani bracelet with the charm “The Path of Life”. There is not a more perfect gift to cherish as I continue on that path and see where it will lead me next. Farewell to the NYSPANA Board, but not to NYSPANA. Viva NYSPANA.

Martha Maresco, MSN, RN-BC, CAPA, CNML

Constant Contact News

Constant contact is used by NYSPANA for news flashes. If your district is planning an event, let us know. We can help you market it. Some of you have not been getting a constant contact email. I have found two things: you need to check with ASPAN to make sure they have your correct email and check your junk mail as Constant Contact has a large volume email from NYSPANA (900 members) and it often goes to junk mail especially if it's your work email. I hope to hear from you.

Cindy Veltri Lucieer, BSN, RN, CAPA



Copy Deadline for the Next Edition of UP TO PAR

February 1, 2016

*Please be punctual
 with your articles . . .*

Forward all articles to
 NYSPANA or to:

Michele Rossignol, Editor

7949 Boxford Road,
 Clay, New York 13041

Cell: (315) 264-8195

or Email Articles to:
 michele_rr2003@yahoo.com

Leadership Development Institute

On September 18th through the 20th ASPAN held the Leadership Development Institute (LDI) in Saint Louis, Missouri. ASPAN members from all over the United States were in attendance. Each attendee took away something different from the conference, but I think all who attended experienced a renewed zeal to serve and lead in areas of professional and personal interest.

Four NYSPAN members attended; Regina Rivers, Melanie Harvey, Maureen Iacono, and myself. We enjoyed collegial conversations and presentations with our perianesthesia-nursing colleagues. I had the opportunity to talk to Elizabeth Card, the ASPAN Nursing Research chairperson about nursing research. She helped me to understand nursing research does not have to be complicated. After speaking with Elizabeth, I know I have the tools to go forth and do! I am sure many other conference attendees are sharing similar stories.

Saint Louis is a great city. We visited the Gateway Arch, which is 630 feet high, and two other sections of the city: Central West End, and the Loop. The Loop is one of the 10 best city streets in the United States. It has many restaurants and neat shops. Part of the fun of going to conferences is being able to experience different areas of the country.

I would like to thank NYSPAN for the opportunity to participate in the LDI! I highly recommend the program to other perianesthesia nurses.

Kathy Pecoraro, MSN, RN, CPAN



"One of the benefits of attending nursing conferences is being able to experience other parts of the country. Pictured here is the 'Gateway Arch.' The Gateway Arch is the symbolic gateway to the west, an historic structure built in the 1960's."



"NYSPAN representation at the ASPAN Leadership Development Institute, St. Louis, Missouri. Pictured from left to right: Melanie Harvey, Kathy Pecoraro, Regina Rivers, & Maureen Iacono."



ASPAN

American Society of PeriAnesthesia Nurses

The Leadership Development Committee has updated and improved the Emerging Leaders Web site!

The purpose of the American Society of PeriAnesthesia Nurses (ASPAN)

Emerging Leaders Program is to promote opportunities for nurses interested in enhancing their leadership skills and exploring more of a role in their component (local level) or in ASPAN (national level). The Leadership Development Committee is here to ensure that your needs are matched with a mentor that can assist you in attaining your professional and personal goals.

Take a few minutes to visit our new and improved site. There is an Emerging Leaders link on ASPAN's home page under the Members tab. An updated Resource Manual as well as a Leadership Inquiry link has been added. The applications and evaluations for participants have been updated and made more user friendly.

Do not hesitate to contact us for additional information at:

The ASPAN Emerging Leaders Website:

<http://www.aspan.org/Members/Emerging-Leaders-Program>



From The Secretary



Hello,

I am excited and honored to serve as your new NYSPANA Secretary. I had the pleasure of meeting many of you at the NYSPANA State Conference in White Plains. The conference was a great opportunity to share best practices, gain knowledge, and network.

I am proud to serve on this board among so many talented nurses who share my passion for perianesthesia nursing. I have been the elected board secretary for NYSPANA's district 14 in Rochester for the past two years. I have spent the last 15 years working as a registered nurse in perioperative services. My commitment to pursue further education led to my obtaining a master's degree in healthcare management and leadership.

As I continue to learn and grow in this role, please let me know how I can better meet your needs. I am dedicated to exceed your expectations as the NYSPANA board secretary. I hope you and your families have a very happy and healthy holiday season!

Respectfully,
Sandra Price, MS, RN, CAPA
NYSPANA (State &
District 14) Secretary

A Call To Network

We welcome input from the membership:

- Have you attended an informative lecture?
- Have you had to look up information on a new drug?
- Have you taken care of an interesting patient and could share the experience and outcome?

Networking and sharing is what we are all about, please E-mail or Fax us (the numbers are in the inside cover).

It is a neat feeling to see your article and name in print.

Thanks in advance!

Michele Rossignol, RN

E-mail: michele_rr2003@yahoo.com



UP TO PAR

Newsletter of the New York State
 PeriAnesthesia Nurses Association

NYSPANA's 2015 Community Service Project



WOUNDED WARRIOR PROJECT

The Wounded Warrior Project (WWP) began when several veterans and friends, moved by stories of the first wounded service members returning home from tours of duty in Afghanistan and Iraq, took action to help others in need. Starting in 2003 as a desire to provide comfort items to those wounded service members at Walter Reed Army Medical Center the WWP has grown into a rehabilitation effort to assist our soldier warriors with visible and invisible wounds as they transition back into civilian life. NYSPANA selected the WWP as their 2015 NYSPANA State Conference community service project.

All proceeds from the NYSPANA 2015 State Conference annual basket and 50/50 raffles were pledged to the WWP. The 2015 NYSPANA Conference Committee wishes to thank all those who donated basket items to this annual basket raffle and all conference attendees who generously purchased raffle tickets. Their generosity allowed NYSPANA to contribute \$1500.00 to support the work of the WWP in their vision 'to foster the most successful, well-adjusted generation of wounded service members in our nation's history'.

Unplanned Down Time

Have you ever experienced an Electronic Medical Record (EMR) unplanned down time? Many would compare unplanned down time to the sinking of the Titanic. Multiple failures align to create the perfect storm. We pull out the life boats (also known as paper), we tighten up our life vests (also known as our support team) and we jump into the deep end to either sink or swim. There are several key points to address in order to mitigate this sinking feeling by you and your staff and help them swim to shore.

Having a Plan in Place

A disruption of clinical documentation can have serious implications and create significant patient safety risks. Make an effort in advance to prevent the devastating reaction associated with a critical down (extended down time over several hours). A solid downtime policy with clear and concise steps will help alleviate the concerns that arise with an unplanned down. Establishing a tried and tested method of communication with identification of leaders who will distribute communication is essential. Identifying and preparing a core group of per-



sonnel with boots on the ground to assist staff with questions and down time processes is essential.

Sudden Return to Paper Documentation

EMR downtime policies must speak to the use and "how to" of paper documentation processes. Having experts on hand will make the transition from the EMR to paper processes much easier. Employee orientation programs should include thorough education on the use of paper processes and down time forms. Since many clinicians have never used paper documentation this can be a particularly difficult transition for them. They have no historical point of reference from which to proceed.

The Aftermath of the Storm

As with any critical event, a post event assessment is important. A comprehensive and multidisciplinary review after any unplanned down will help identify process limitations and changes that may be needed in your downtime policies and processes.

Reprinted with permission from the Illinois Society of PeriAnesthesia Nurses (ILSPAN):
"Unplanned Downtime" by Jamie Danks, BSN, MSHI, RN, CNOR 2013. *Peri-Scope*, 39; 3:8

ASPAN's National Conference



April 10-14, 2016
Philadelphia, PA

Future Conference Dates

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 . . .