



UP TO PAR

Newsletter of the New York State PeriAnesthesia Nurses Association

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Waste Anesthesia Gas—What's the Risk?

Most of you have heard of Waste Anesthesia Gas (WAG), but who is at risk, what is the risk, and how is the risk reduced?

Who is at risk?

When the subject of risk from anesthesia gases is brought up, personnel working in the OR are thought about first. However, the risk also extends to PACU nurses, dentists, dental assistants, dental hygienists, veterinarians and their assistants, emergency room staff, and radiology department staff¹. Anyone who works in an environment where anesthesia gases are used can be exposed to the dangers of WAG. This risk is not limited to anesthesia gases in the OR, but also to gases exhaled by patients in the PACU. It has been shown that patients continue to exhale anesthesia gas 30-45 minutes after arriving in the PACU. Studies have also shown that PACU nurses who worked a full shift in the PACU on Friday were still exhaling anesthesia gases on pre-shift testing on Monday².

Why is there risk of exposure?

The risk of exposure is due to the inability to vent the gases away from personnel. This can happen in a number of ways: operating rooms with no automatic ventilation or scavenging systems, operating rooms with systems in poor condition, and PACUs where gases exhaled by patients are not vented away or scavenged³. In operating rooms with working systems, leaks in the anesthesia equipment may still expose staff to gases.

There is a debate as to how much exposure is too much. The National Institute of Occupational Safety and Health (NIOSH) has set Recommended Exposure Limits (REL) for workers. As an example, the

REL for nitrous oxide is 25 parts per million (ppm). This is a time weighted average over the time of exposure. For volatile



anesthetics used without the addition of nitrous oxide, the REL is 2 ppm. This compares to the time weighted average of 22. When volatile anesthetics are used with nitrous oxide, the REL is reduced from 2 ppm to 500 parts per billion². The Occupational Safety and Health Administration (OSHA) has not adopted these recommendations so the NIOSH numbers should be treated as suggestions instead of law.

What are the symptoms of WAG exposure?

The effects of high exposure to waste anesthesia gas include headache, irritability, fatigue, nausea, drowsiness, difficulties with judgment and coordination, and liver and kidney disease³. WAG exposure has been associated with miscarriages, genetic damage, and cancer³. There have also been reports of miscarriages in spouses of exposed workers and birth defects in their children³. Since other studies have shown no health effects from exposure to waste anesthesia gases³, it is apparent that more research needs to be done.

How to reduce the risk of exposure to WAG

NIOSH recommends several ways to reduce exposure³:

- employ a scavenging system that transports the waste gas to the outside
- use a mask system that will remove the waste gas through a suction system in the OR and PACU
- have OR ventilation systems that will circulate and replenish air at a rate of 15 air exchanges per hour with a minimum of three exchanges of fresh air per hour
- maintain anesthesia equipment in the OR to prevent leaks into the unit
- utilize PACU ventilation systems that will circulate and replenish air at a rate of 15 air exchanges per hour with a minimum of three exchanges of fresh air per hour.

For additional recommendations access the NIOSH publication noted below.

Stay informed and remember that waste anesthesia gas should be of concern to you, your co-workers, and your facility.

Keith Schumacher,
BSN, RN, CPAN

References:

1. Occupational Safety and Health Administration. An-esthesia Gases: Guidelines for workplace exposures. Available at <https://www.osha.gov/dts/osta/anestheticgases/index.html> Accessed May 1, 2013
2. Cope, K, & Merritt W, & Krenzischek D, et al: Phase II collaborative pilot study: Preliminary analysis of central neural effects from exposure to volatile anesthetics in the PACU. *J PeriAnesth Nurs*. 2002;4:240-250.
3. National Institute for Occupational Safety and Health (NIOSH). Waste anesthesia gases: occupational hazards in hospitals. NIOSH Pub. No. 2007-151 Available at <https://www.theinvisiblelisk.org/pdf/Occupational-Hazards-in-Hospitals.pdf>. Accessed May 1, 2013

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COPY SUBMITTAL DEADLINE:

Deadline for submitting material for next issue of
UP TO PAR will be **FEBRUARY 1, 2014**.
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



Greetings to all the amazing nurses who are at work in the perianesthesia specialty! In the past I have often considered this specialty one of the best kept secrets in nursing. There were many reasons for my thoughts on this. Since my history in ASPAN began in the recovery room back in 1985, I believe the secret has been revealed. How we have we grown, and how far we have come in NYSPANA!

We were still referred to as the recovery room then, and many unknowing staff from other areas believed that all we did was take blood pressures all day long. There was no awareness of state components and local districts being developed. ASPAN standards were written to guide the practice, and the recovery room became known as the Post-Anesthesia Care Unit. Support and professional camaraderie came from the American Society of Anesthesiology as we grew and developed into our present status.

Certification brought the education of the nursing staff to a whole new level. I recall the day when all of the staff in our PACU had a ceremonious mailing of our applications to take the first CPAN certification exam. On exam day, all seven of us took a limousine to the testing site in New York City. How proud we were of all the information and learning we gathered as we prepared for this day!

The first president of NYSPANA, Jane Dillon was at the helm in our recovery room at Phelps Memorial Hospital, and I had the good fortune to be mentored by Jane. She was attending national meetings, the (ASPAN) national conferences and bringing back to the staff all the valuable information and education we needed to grow and develop into a standards driven PACU. Thank you, Jane. The first editions of *Up To PAR* came out of our local District 8, with the editor, Wanda Cope also a member of the Phelps team. These early editions of the newsletter were on display at the NYSPANA State Conference in Long Island this fall.

We soon were ready for the Certified Ambulatory PeriAnesthesia (CAPA) certification for ambulatory surgery and pre-surgical nurses. Our patients now had some of the best prepared nurses to provide a safe perianesthesia experience.

So where are we now on this journey to excellence? The ASPAN National Conference in Chicago was one of the proudest moments for NYSPANA as the winner of the prestigious "Gold Leaf Award" component of the year which was announced at the opening ceremony. What a hard working and amazing team all around New York State to accomplish our goal under the direction of President Diane Lysarz. The "Gold Leaf Award" was also won by NYSPANA in 2003 under the direction of President Mary Ann Carollo. NYSPANA is also a Shining Star Component with 284 CAPAs, 440 CPANs and 31 dually certified nurses.

My career path in ASPAN, NYSPANA and District 8, has been so rewarding and memorable. As we gather for each conference in different cities, I feel as if I am going to a family reunion as some of the best friendships have been created along the way. I am looking forward to a great year as we go forward. Sometimes, I think being a member of the board of NYSPANA is also a best kept secret. I am letting it out of the bag that this is an amazing way to develop personally, professionally and socially. Come on and find out for yourself. The NYSPANA board would like to give all of you the same opportunity I have been privileged to have all these years. Come on board to the NYSPANA family reunion.

Marty Maresco, MS, RN-BC, CAPA



NYSPANA Network

District 1 News

2013 Conference Hosts

Elizabeth A. White, BSN, RN, CAPA, President

District 6 News

District 6 responded to the call of New York City members, by hosting our second ASPAN Certification Review, within a year. Our September 7th Seminar was held in downtown Brooklyn. Speaker, Wanda Rodriguez wowed the attendees once again. Our next seminar is in the planning phase. Look out for scholarship offers to attend.

*Trina Mills, RN, BSN, MS,
President*

District 10 News

Hope everyone had a wonderful summer and is taking time out for themselves. As perianesthesia nurses we sometimes get so busy we forget to take care of ourselves. Participating in your professional organization, networking with friends, and attending the district 10 educational programs are great ways to relax and regenerate yourself. Here is what we have planned for the upcoming months!

District 10 co-hosted a program with our sister organization, the AORN, on "Wound Care, Debridement and Plastic Surgery" presented by Rebecca Harrica, RPA, on Monday October 14, at St. Peter's Hospital. The program was free for NYSPANA members.

On November 23, 2013, District 10 is planning a half day breakfast program on "Bariatric Surgery" at the Century House in Latham, NY. Dr. Terence Clark, Bariatric Surgeon, will present "Complications of Surgery" along with "New Advances in Technology"; Anne Jones, RN, Bariatric Clinical Coordinator at Ellis Medicine will speak on "Preparing Patients for Surgery"; Mike Callahan, CRNA, Albany Anesthesia Group, will present "Anesthesia Concerns Related to Bariatric Surgery"; and Christine Phillips will discuss "Bariatric Surgery From a Patient's Perspective". It should be a great program, please save the date, more information regarding registration will be sent out to members.

Our district membership is steady at 73 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 or 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 at: Shari.DuGuay@SPHP.com

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

District 8 News

District 8 ASPAN 2013 Summer/Fall Seminar Award Winners!

CONGRATUALTIONS to the ten District 8 members listed below who won the registration fee (\$115 early bird registration by reimbursement) to the upcoming ASPAN 2013 Summer/Fall Seminar of their choice. The names were chosen by lottery from a pool that included all current members of NYSPANA District 8.

Diane Alexander	Mary Lynn Beckett
Aimee Dannaoui	Christine Crimmins
Carolyn Hair	Kristina Hogan
Margaret Lennon	Eugenia Minton
Barbie-Jo Morgan	Jacqueline Serrano

Upcoming ASPAN Seminar: November 2, 2013

On Saturday November 2, 2013 District 8 will be presenting the new ASPAN Seminar: *Refreshing Your PeriAnesthesia Practice* at the Crowne Plaza in White Plains, NY. Topics will include: *Exploring Orthopedic Surgery, Neurological Issues, Challenge of Chronic Pain, ASPAN Standards and PeriAnesthesia Best Practices*. Linda Ziolkowski, MSN, RN, CPAN past president of the American Board of PeriAnesthesia Nursing Certification (ABPANC) and former Director of Education for ASPAN will present this program. Thank you to District 8 members Pam Werner, RNC, CAPA and Doreen Dozier, RN, MHA, CAPA who volunteered to serve as host and co-host for this seminar.

Upcoming ASPAN Seminar: March 1, 2014

On Saturday March 1, 2014 District 8 will be presenting the ASPAN Seminar: *PeriAnesthesia Certification Review* at the Hyatt House in Fishkill/Poughkeepsie, NY. Topics will include: *Mechanics of the Exam, Review of Anesthesia, Special Populations (Pediatric, Geriatric and Pregnant Patients), ASPAN Standards, Critical Thinking in Clinical Practice and Certification Testing and Test Taking Preparation for Success*. Myrna Mamaril, MS, RN, CPAN, CAPA, FAAN and past-president of the American Board of PeriAnesthesia Nursing will present this program. Thank you to District 8 members MaryAnn Servidio, BSN, RNC, CPAN, CAPA and Carol Cramer BSN, CPAN, CAPA who volunteered to serve as host and co-host for this seminar.

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 Maryanne Carollo, RN, District 8 President at 914-242-8176 or MCarollo@nwhc.net leaving your name and contact information.

*Maryanne Carollo, BS, RN, CAPA
President*

~ Treasurer's Report ~

Savings and Checking	\$28,776.35
Investment Account Value	\$14,715.97

Sue Alati, Treasurer, NYSPANA

District 9 News

No News Reported

Susan See, President

District 15 News

District 15 continues to recruit officers for the Board of Directors, to include: President, Vice-President, Treasurer, and Secretary. Dianne Lysarz is willing to mentor interested volunteers and is willing to continue the role of Education Coordinator for the District 15 membership. District 15 is also recruiting an Education Committee for our rotational experience as host for NYSPANA's Annual Fall Conference. The annual conference will be tentatively held in District 15 in 2016. Please contact Dianne at 716-698-9000 or dlysarz@roadrunner.com.

The ASPAN Seminar held on September 28, 2013 "Refreshing Your Perianesthesia Practice" with Nancy Strzyzewski at the Holiday Inn Buffalo Airport, 4600 Genesee Street, Cheektowaga, NY 14225 was a huge success. 19 attendees were awarded 7.25 Contact hours. Lunch was sponsored by District 15.

District leadership is essential to provide our local members with educational opportunities. As we continue without leadership, please access the nyspana.net website for Rochester's District 14 educational opportunities.

Dianne M. Lysarz, President

District 13 News

Chapter 13 hosted an ASPAN Seminar, *Refreshing your PeriAnesthesia Practice* at the Ramada in Liverpool on September 27th. The speaker was Meg Beturne. We had 41 nurses attend.

Ginger Giarrusso, President

District 14 News

Our 2nd Annual Fall Conference was well attended by 64 people. Elections were held in May and new officers are as follows: Bronwyn Ship as President, Sally Sackett as President-Elect, Sandy Price as Secretary, and Kathleen Walther as Treasurer. We are planning our Annual Winter Conference to be held on February 9, 2014. This is a full day conference. Our Past-President Lucille Frisicano has been volunteering with the Red Cross for the past year and is currently working in Colorado.

Bronwyn Ship, President

Nominating Committee News



NYSPANA would like to congratulate and welcome back Barbara U. Ochampaugh, BSN, RN, CPAN as Vice President/President Elect and Sue Alati as the 2013/2014 Treasurer. Thank you to all the members who voted.

*Ken Nesbitt, BSN, RN, CPAN
NYSPANA Nominating Chair*

NEW!!!

CONSTANT CONTACT IS HERE

Constant Contact is an email marketer we have purchased to keep NYSPANA members informed of events in a timely manner. My responsibility will be to manage the email contacts. You may have received an electronic notice to verify your email address in September from President-Elect Barb Ochampaugh who set this up for NYSPANA.

Please be mindful of Constant Contact when you open up your email. Please let me know if you have a perianesthesia conference so I can share it with the component. My email is CVL54@hotmail.com. I am available if you have any questions.

Cindy Veltri Lucieer

Asthma Patients And Surgery

Barb Ochampaugh, RN, BSN, CPAN

Your patient is an asthmatic and undergoing surgery. What considerations do you need to know? Asthma is estimated to affect 300 million persons worldwide as of 2009 reports. In the United States, it is estimated that 6.7% of the population has the disease. Asthma affects both adults and children. Woods' article states that only 1.7% of asthmatic surgical patients will encounter bronchospasm and laryngospasm.

The patient most at risk is the poorly optimized patient, for example the patient who is under treated, non-compliant or having emergency surgery. The airway of the asthmatic patient is hyperactive, so the introduction of the laryngoscope and drugs can cause perioperative complications such as aspiration, infection, or trauma. Upon emergence from anesthesia the patient will be at risk for laryngospasm and bronchospasm. Pain, fluid shifts, and delayed mobilization could lead to pulmonary complications.

The patho-physiology of asthma is difficult to define as the fundamental factors of developing the disease remain unknown. There is also a wide variety of severity that governs reactivity, from those classified as mild asthmatics to severe. Genetic predisposition, environment, chronic airway inflammation, reflux, and airway remodeling are considered factors for the development of asthma. Broncho-constriction results from contraction of bronchial smooth muscle by intrinsic factors such as cold air, allergens, exercise and stress. These factors may be present when a patient presents for surgery.

How do you determine if an asthmatic patient is ready for surgery? Ideally the patient should be seen at least a week before surgery to ensure they are well optimized for the procedure. Medications may be added to ensure the patient will be less of a risk for bronchospasm which can lead to aspiration, mucus plugs or wheezing. Post-operatively, patients may not be able to verbalize a change in their breathing due to sedation.

Patients need to be questioned on their use of medication, how often they use rescue inhalers, steroid use or past hospitalizations for their asthma. Have they had a recent respiratory or sinus infection? Do they measure peak flows and what are their numbers? If they smoke, they

should be advised to quit before the scheduled surgery (ideally for 2 months as this allows the endo-bronchial cilia to heal). Once the patient is evaluated pre-operatively, optimal pre-medications are needed to allay anxiety and improve the work of breathing. There is no ideal mix of medications. dexmedetomidine, atropine, glycopyrrolate or the patients' own inhalers should be considered, as well as midazolam. Corticosteroids may be needed, for those patients currently using steroids.

Both gaseous and intravenous inductions are common and the choice is based on patient history. Ketamine is one choice for severe asthmatics. It has a broncho-dilator effect possibly mediated by direct relaxation of smooth muscle. Propofol is also less broncho-constrictive. Drugs that cause a histamine release such as morphine may contribute to the bronchospasm. Fentanyl and atrocurium have less histamine release. Volatile anesthetic gases cause broncho-dilation. These drugs appear to increase airway resistance in the response to intubation. Neuro muscular blocking medications may cause allergic reactions. Lidocaine can prevent bronchospasm by decreasing sensory responses to instrumentation.

Airway obstruction, laryngospasm, bronchospasm, poor ventilation, aspiration, and hypoxia are the hazards post-operatively. Suctioning should be done with caution. The use of anti-emetic agents, gastric motility agents, antacids, and gastric suctioning prior to emergence should be considered. The key to decreased pulmonary complications is vigilance and recognition of the signs and symptoms of distress. Modern treatment and compliance has reduced the incidents of asthma deaths. Vigilance during the entire perioperative period will bring about good patient outcomes.

References

- Doherty, G. et.al. (2005). Anesthesia and the child with asthma. *Pediatric Anesthesia*. 15: 446-454.
- Tirumalasetty, J. & Grammer, L.C. (2006). Asthma, surgery, and general anesthesia: A review. *Journal of Asthma*. 43: 251-254.
- Woods, B.D. & Sladen, R.N. (2009). Perioperative considerations for the patient with asthma and bronchospasm. *British Journal of Anesthesia*. 103: i57-i65.

Reflections From Our ASPAN Regional Director

On the “Four” Front of Perianesthesia Nursing

Throughout my career in nursing, there has always been a discussion about management versus leadership. In searching Brainy Quotes¹ (online) I found 2 applicable quotes:

Management is doing things right. Leadership is doing the right things – Peter Drucker.

Effective leadership is putting things first. Effective management is discipline, carrying it out. – Steven Covey

In thinking about these two concepts, I had this thought: leadership is not necessarily an innate quality. Leadership skills can be learned and integrated into our professional roles. We can manage how we become leaders.

ASPAN President Twilla Shrout has chosen “*Leadership: Winning with Power, Practice and Purpose*” as the theme for the ASPAN Leadership Development Institute (LDI) 2013. The name reflects a change in focus as ASPAN formerly called the program the Component Development Institute. However, the intent of the weekend program, is to provide resources and information that will enable participants to implement effective leadership strategies in their professional practice. That means leadership strategies influence other areas of our professional live, not just in our ASPAN roles.

Knowledge is power. ASPAN and components’ partner for educational programming that strengthens our practice across the patient and family spectrum. This knowledge is now more available than ever with our educational modules and seminar schedules. Check out nearby component websites at the ASPAN Regional Portals, to see what else may be happening close to you.

Practice is validated with certification. As the Institute of Medicine Report: The Future of Nursing, Leading Change Advancing Health (October 5, 2010) recommendations promote baccalaureate degrees by 80% of entry-level nurses by 2020², we are accountable to demonstrate to the public our practice expertise. Certification is a national recognition of proficiency in perianesthesia. Practice is also validated with evidence and research. Joanna Briggs Institute (JBI) is a free member benefit, in which all members may seek and support practice from the internationally acclaimed database.

Purpose and drive can be the methods to acquire the skills and proficiencies we desire. Leadership can be exercised at many positions and levels. One does not always need to be a formal leader to influence others and choose to do the “right thing”. Various educational forums, such as LDI, can provide some of these tools. Consider integrating leadership topics into your local, component and regional meetings. Often, professionals are promoted into leadership roles, without having the skills to effectively prioritize and accomplish an agenda, develop a strategic plan, manage a budget, or build a team. Imperative to successful outcomes is building a network of professional resources; “experts” in areas where your own knowledge may not be as strong. In Region IV, we have nearly 4000 members; in ASPAN, over 16,000!

We hope through ASPAN educational opportunities, those who have the willingness to participate, on any level within the organization or your professional setting, may learn some new strategies, that will allow you to “win” and accomplish your personal and professional goals.

*Laura Kling, MSN, RN, CNS, CPAN, CAPA
 ASPAN Region IV Director 2012-2014
 contact information: lkling@aspan.org*

¹http://www.brainyquote.com/quotes/topics/topic_leadership.html. Accessed August 22, 2013

²<http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx>. Accessed August 22, 2013.

Leadership Development Institute (LDI) 2013

ASPAN presents an annual Leadership Development Institute (LDI) the second weekend in September sponsoring two Component Leaders for an enrichment weekend. ASPAN sponsorship is to promote ASPAN Leadership training to new and potential leaders. New York State Peri-Anesthesia Nurses Association (NYSPANA) reimburses for travel and hotel.

I am grateful I was able to attend the LDI in Kansas City, Missouri this past September. To experience ASPAN leadership is invaluable. I arrived at 3pm on Friday for the introductory session. The evening allows individual time to interact with other ASPAN leadership attendees. After breakfast on Saturday, the day is filled with informational sessions that direct leadership. The Sunday morning sessions are jammed with information bringing the whole weekend together. The information selected for presentation is usable in all walks of your professional and personal life.

This experience is a privilege offered to those interested in our specialty organization's leadership. This is not necessarily the President of ASPAN's training session but an opportunity for any member to learn more about the national organization's transparent leadership.

There is always something new to be learned at the LDI. This is my third experience and I can honestly report that each year's ASPAN President has new and exciting views on how the organization is run. The take home message this year was the importance of succession planning. Our perianesthesia nursing specialty will grow successfully and with well planned succession. We need the next generation of perianesthesia nurses to not only become members, but become engaged, feel the passion, understand evidence-based practice is ours to own, and lead us all into the future.

Dianne Lysarz, President

NYSPANA 2013 Excellence In Clinical Practice

Sue Garuffi RN, BSN, CPAN, of St. Peter's Hospital, Albany, NY Phase I PACU is the NYSPANA 2013 Excellence in Clinical Practice Award Winner. Sue was nominated for her commitment to excellence, dedication to education, flexibility, her assets to the unit and her caring attitude. Sue mentors new staff. She can be counted on in any emergency by the staff to trouble shoot the problem patient. Sue willingly changes her assignment to meet the needs of the unit. She is caring and unassuming. Sue has a commitment to education and safety. She assists in keeping our standards updated and participates in research projects. We at St. Peter's are very fortunate to have Sue as a member of our staff. We congratulate her on this honor, it is well deserved!

Barb Ochampaugh RN, BSN, CPAN

New CPANs

Michele Sena
Denise Wilson
Kristina Hogan
Jeannene Weichbrodt
Adrienne Kinch
Nancy L. Demers
Maribeth Almeda Cervantes
Cathy Liu
Nicole Maire Hair
Elena Zimmermann
Maricel Alabastro
Lynn Egan
Rina Elias
Katherine Neubauer Rivieccio
Kelly A. Roush
Hafeeza Anchrum
Christine Fleming Crimmins
Bronwyn Ship
Rebecca Imbornoni
Christine Silvera-finney
Nicole Diane Buscarino
Laidy Acosta
Stephanie Montaldo
Monica Herber
Desiree Robinson
Lynette Kimberly Phillips
Joann Hodges
Jenna Elizabeth Maine
Lurleen Alarcon
Christine Lyn Angiolillo

New CAPAs

Diane Barbara Brady
Theresa Buongiovanni
Crystal Lyn Coleman
Debra D'annunzio
Deborah Davis
Maureen Diver
Margaret M. Egan
Michael Dennis Foley
Janet Frost
Eileen Maura Giangrasso
Rebecca Ann Gilkey
Monica Herber
Mary Irwin
Betty Lou Kane
Kristen Anne Kelly
Colleen Frances Maziejka
Catherine Mary Mchugh
Eugenia Helen Minton
Noreen Herigthy Nee
Cathy O'regan
Tracey Ostrander
Rebecca Jean Rayburn
Lisa Russell
Karen C. Seaford
Mary Gerardine Smith
Nicole Starzec
Cynthia Marie Tisinger
Maureen Theresa Verwoert
Donna M. White



Copy Deadline for the Next Edition of UP TO PAR

February 1, 2014

*Please be punctual
with your articles . . .*

Forward all articles to
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or Email Articles to:
michele_rr2003@yahoo.com

Governmental Affairs Committee Report

The government has shut down because once again compromise cannot be achieved. Hopefully you have contacted your congressional representative and expressed your views. Nurses' opinions count and congress listens to them. We didn't bomb Syria, but we can't take care of our own people who will go without paychecks. It will remain to be seen how long and what the long term affects are. The Senate is continuing resolution on the Medical Device Tax Repeal Amendment and defunding the Affordable Care Act Amendment.

ANA-New York, which has replaced the NYS Nurses Association as our nursing advocate, supports the following bills. NYSNA is now just a union for nurses. Jerome Mayer from ANA sent the following report:

The first bill is the "RN Safe Staffing Act" (H.R. 1821) introduced by Congressional Nursing Caucus co-chairs Reps. Lois Capps (D-CA) and David Joyce (R-OH). This legislation aims to address the problem of unsafe staffing levels by requiring Medicare-participating hospitals to establish unit specific staffing plans utilizing a committee comprised of at least 55 percent direct care nurses and publically report the staffing plan. These committees would also establish upwardly adjustable minimum ratios of direct care RNs-to-patients for each unit and shift taking into account input from direct care RNs, the level of education, training and experience and intensity of care needs. In order to ensure compliance, the legislation provides strong whistleblower protection as well as allowing

the Secretary of Health and Human Services to impose monetary penalties for each violation.

The second bill is "The Nurse and Healthcare Worker Protection Act" (H.R. 2480) introduced by Rep. John Conyers (D-MI). This is the first safe patient handling and mobility bill in Congress since 2009 which was also introduced by Rep. Conyers. Using ANA's recently released National Safe Patient Handling and Mobility Standards as a guide post, and working closely with House Education and Workforce Committee Ranking Member Rep. George Miller (D-CA), Rep. Conyers updated his 2009 legislation for re-introduction in the 113th Congress. This bill would require OSHA to develop and implement a safe patient handling and mobility standard eliminating manual lifting of patients by direct-care RNs and health care workers. It would also require healthcare employers to develop a safe patient handling and mobility program based on input from direct-care nurses and health care workers. The health care employer must also purchase, use and maintain technology no later than two years after the establishment of the final standard. Like the "RN Safe Staffing Act" this legislation also provides continued whistleblower protections as well as allowing the Secretary of Labor to perform unscheduled audits to ensure compliance.

As Congress returns from its August recess, ANA will continue to advocate on these and other key issues facing the profession to ensure that during the budget battles and political posturing, the voice of nursing is heard loud and clear.

Barb Ochampaugh, RN, BSN, CPAN

Community Service Honor Flight

Giving Back And Saying Thank You For Your Sacrifice... Volunteering With Honor Flight

I volunteer with the Honor Flight Rochester (HFR) as one of their safety leaders. Nurses triage veteran applications, determine any special needs they may require, and escort veterans during the trip. HFR is one of 100 established hubs in the National Honor Flight Network. The Honor Flight Network is a non-profit, fully volunteer organization with a goal of taking every World War II, Korean War or Vietnam Veteran who wants to fly, to Washington, DC to visit Memorials built in their honor. The National Honor Flight organization was formed in 2004. Since then more than 100,000 Veterans have experienced "the gift of an Honor Flight."

Enriching your life with volunteer activities that utilize your nursing skills creates satisfaction in your professional career. My experience with HFR spread to include over 20 nurses from my hospital participating. Our DOSA Unit collected over \$1,200 in donations for Honor Flight. Search the internet. Is there an Honor Flight Hub in your area? www.honorflight.org



*Sally Sackett with
Morry Shapiro, WWII veteran*

*Sally Sackett RN, BSN, CAPA, CPAN
Rochester General Hospital, Rochester NY
Day of Surgery Admission Unit
NYSPANANA District 14, President Elect*

From The Past President



As the New York State PeriAnesthesia Nurses Association begins the 2013-14 fiscal and leadership year, I look back to one year ago and how the 2012-13 leadership year began. I am amazed at how quickly time has passed, how much I have experienced and how much the New York State Membership has accomplished. I wonder how it was possible. Having won ASPAN'S 2012 Gold Leaf Award, The Newsletter Award, and the ABPANC Shining Star, I continue to be proud of our specialty memberships' dedication to our profession. The awards simply provide the evidence our perianesthesia nurses are dedicated, driven with evidence-based practices, and patient advocacy. The 900 plus members work every day to secure their patient population with the best possible outcomes. One year ago, as I began the NYSPANANA presidential journey, I had so much to learn and experience in the role. The presidential experience was tremendously valuable to my professional outlook. I have grown in my own perianesthesia bedside practice, advanced information for my practice, and created many new and lasting professional relationships. I can only express my gratitude and thanks to the NYSPANANA Board of Directors and the membership for this life changing experience.

ASPAN'S mission and goals are mimicked in NYSPANANA's mission and goals. The NYSPANANA Board of Directors (BOD) dedicates their time and efforts on benefits for the membership. The BOD meets bi-annually to revise the Strategic Plan and Goals in accordance with the needs of our membership. With the continuous communication among all District Leaders, the BOD has the ability to create a cohesive environment for our members. We coordinate seminars, topics, and requests to assist and best plan to avoid conflict for our members. Our research committee and scholarships are available to assist members with their projects. We also offer educational scholarships for the student nurse, the nurse returning for an advanced degree, certification and conferences. Please access the nyspana.net website for all scholarship opportunities/applications and the submission dates for these membership opportunities. Also, please access the by-laws for information on how to earn points for educational and leadership scholarships. Thank you for this amazing experience and opportunity.

*Dianne M. Lysarz RN, BSN, CPAN, CAPA
Past President 2012-2013*

Student Nurse Scholarship 2013

Jaime Whitney is the winner of NYSPANANA's Student Nurse Scholarship for 2013.

She has been sent a brochure to the Long Island NYSPANANA State Fall Conference noting the student rate. Jaime is considering attendance at the conference with a classmate.

Here's our big chance for future board members in the making!!

From The Editor



The Other Side

Recently, my 83 year old father was told he had an atrial valve that was no longer working (there was about a pinhole sized opening for blood flow). He had no interest in having surgery and wanted to let nature take its course. After a talk with his cardiologist he realized nature might not be the best route. My dad had lung cancer and a left lower lobectomy several years ago and an MI a few years later. He has moderate to severe COPD and was not a candidate for open heart surgery to repair the valve. There is a fairly new procedure being done here in Syracuse called a TAVR (trans-aortic valve replacement). He had all the prerequisite testing done: cardiac catheterization, carotid doppler, echocardiogram, blood work etc. It was found he wouldn't be a candidate for the TAVR performed in the conventional way, through the groin, due to calcifications in his arteries. Low and behold there happened to be an alternative approach. They would go through his ribs in front of his chest and into the tip of the heart. Having the procedure done in this way was so risky and we were told it was only performed when there was no other alternative for very sick patients.

There were so many questions running through my mind as a nurse. Dad had been on aspirin and Plavix for years. If fact when my father went off his aspirin 7 years ago in anticipation for a hernia repair he had a heart attack and ended up with a stent and a cancelled surgery. Would this happen again? He had a few exacerbations of his COPD, was on metered dose inhalers and nebulizer treatments. Would he be able to get off the ventilator after surgery? I recently read an article (my bad) about dementia after general anesthesia in the elderly (oh please no). Would he be the same person he was before surgery? I was so afraid of what might happen to him and yes I realize he is 83. He is a great 83 and a poster child for cardiac rehab. He was walking 2 miles a day, eats no fat, and does everything right. He did all the driving, shopping, and maintenance of his home/yard until he noticed he was getting more and more short of breath not related to his COPD. My mother depended on him so much. I was concerned their lives might never be the same, no matter what the choice.

Well, yes, he had the TAVR. He came off the ventilator by 10:00 p.m. the day of surgery. I couldn't believe it. He went to the step down unit in a couple of days and went home in less than a week. Two days later he ran a temperature and ended up back in the hospital with pneumonia and A-fib. In less than 20 hours he didn't remember being in the emergency room the day before or why he was even in the hospital. He didn't know if it was "pickles or Tuesday". Each time I walked into his room it was like "50 First Dates" I had to re-orient him over and over again. I had a lovely physicians' assistant tell me this was his "baseline" according to his cardiologist. She said "Well he (the cardiologist) knows him." I told her, "I have known my father for 60 years and this is NOT his baseline." I had to fight to get a neurologist in to see him. I thought he had a stroke. I had to put his health care proxy into effect because my father could not make decisions for himself. My brother and I took turns staying at the hospital during the day. We

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From The Editor

Continued from page 9

were told over and over he had a "BIG" surgery. Yeah...we know. He was given IV amiodarone that first 20 hours so they took him off it because it "could" cause memory loss said one cardiologist. His memory was so poor and he looked so sweetly confused. I cried inside when I was there and cried all the way home each day. I felt as though he would never be my dad again. I began to see my life and that of my mother change. I worried for the two of them. Here he made a choice to fix his heart but did he break his mind? I failed to mention, also, when he put his lower dental partial back in the day after surgery, we notice one of his permanent teeth was broken off to the gum-line. The hospital gave my parents a hard time as to who was responsible and how it would get repaired. It was constant worry...worry over his memory loss, a blood clot past or present from the surgery, infection, and now this tooth. Both my brother and I were working full time jobs taking turns going back and forth and another brother who was here for the first 10 days, from Florida, had to return home.

My father was seen by a neurologist, finally. The doctor felt it was not a stroke but stress of being in the hospital. My dad never had any weakness on either side of his body. He was actually strong in body. It was just the short term memory loss. He went home the day after his visit with the neurologist. His short term memory began to slowly return. At first he couldn't remember from the bedroom to the kitchen (about 20 feet) when we asked him to take his nebulizer treatment. But each day he is getting better and better. His life right now is filled with follow-up appointments and blood draws (Coumadin). Each day is better than the next. He is taking walks again and pattering around the house. He is no longer short of breath.

I know I won't have my parents forever and I know they are getting on in years. I only hope I can be there for them and guide them in the best way to a quality of life they so deserve. They are wonderful parents and I am lucky to have them in my life. It wasn't easy being on the other side in the hospital. I felt like no one was listening. It gave me a new perspective as an advocate for patients. I hope to listen more acutely and act accordingly. Good luck to all of you in the "sandwich generation".

Michele R. Rossignol, RN
"Up To Par" Editor

From The Vice President Elect



As I begin my new term of office, I look back at my years of service for NYSPANA. The Board of Directors is very successful in bringing both local and national programs to our districts. Our newsletter (*Up To Par*) has won several awards and we obtained the Gold Leaf Award this year. Where we continue to need to work is getting membership to become leaders on both the local and state level. My goal will be to work with Marty Maresco, our new president, reach out to anyone who is interested in a leadership role, give away the scholarship money and seek the history of NYSPANA.

NYSPANA has been a perianesthesia organization for over 30 years. As a result of changing leadership and distances, much of our history has been lost. If you have a box of past NYSPANA information, give it to your District President for sorting. If you are not sure who your District President is, check the officers tab on NYSPANA.net. Maybe you don't have a box of past information, but you may have a story to share on our early formative years. Share your story with us. We are always looking for articles for the newsletter.

We are looking for someone to replace me as the Government Affairs Chair. This job entails reviewing both state and national laws affecting nurses and patients. You must write three articles for *Up to Par* (in one year), attend two board meetings and are a voting member of the Board of Directors.

We have set up a Constant Contact account, so that we may more quickly communicate with members. I know that 300 of you have opened our emails, but the other 500 of you have not. Please look at our communication tool and let Cindy Lucieer have your comments. We are trying to be cost effective. If you have not received an email from us, please provide your email address to Cindy. We will be sending notices on when the new issue of *Up to Par* is available on our website, NYSPANA.net, scholarship deadlines and reminders for conferences. Cindy can be contacted at CVL54@hotmail.com.

Have a great fall and winter. Hope to meet many of you at the NYSPANA State Conference in Long Island.

Barb Ochampaugh, RN, BSN, CPAN
Vice President Elect

Research Fatigue

The great thing about research is that the concept is now becoming a part of our nursing culture. Nurses across the globe know the importance of research. Research elicits a wide variety of responses from “Oh no, not that again.” to “Yeah, here we go again.” For many, the term research should be a four-letter word struck from our vocabulary. I think one of my co-workers summed this particular perception quite nicely.

“I don’t have time to answer another bunch of questions. It takes up too much time from caring for my patients. No one ever tells you the answers and nothing ever changes. I don’t even get a thank you”.

Does this sound familiar? If so, you are not alone. Surveys can be found everywhere from your local businesses where you shop, the drive through, in the mall, and at work. The term research saturation can become a reality for many nurses and create research fatigue. Research fatigue can be the culprit of poor response rates and can skew your results.

To avoid research fatigue, mix up the type of research. Using concurrent/retrospective chart audits or qualitative research methods may give other viable solutions to your research while your staff is recuperating from the last completed survey. When the method of choice for data collection is a survey, here are some pointers others have found helpful to ensure the greatest response:

1. **Collect useful data** – Collect only data meaningful to your study. Keeping your questionnaire as short as possible will ensure the greatest completion rate.
2. **One survey at a time** - Be sure your survey is staggered with other research studies. Set up a schedule so two or more surveys are not being done at the same time. There is a strong possibility your survey will get lost in the shuffle.
3. **Communicate everything** – Long gone are the days someone does something simply because they are told to. Let them know up front why they are taking the survey, how long it will take to complete and what the results will be used for.
4. **Follow through** – Many researchers get their survey results but never close the loop with the participants. As nurses we want to know the results. When a survey contains knowledge questions, be sure the correct answers are posted. Everyone wants to know his or her “score”. If a change in policy or practice has occurred as a result of the survey, be sure to acknowledge the recipients of the survey when educating the new change.

The above steps are all familiar to us because they are a mirror image of the nursing process. These steps haven’t failed us while providing patient care and I can assure you, they won’t fail us during nursing research.

NYSPANA has created a research grant for those strong, courageous individuals who have the passion for research in the area of perianesthesia nurses. Applications are currently being accepted. The application can be found at: <http://nyspana.net/forms.htm>. Send the completed application to the Research chair with all appropriate documentation.

The Research Committee continues to do the needs survey to all of our NYSPANA members. It is a quick 15-minute survey. The committee will share the results with the board members in the spring to determine our next steps in making our organization the best it can be in serving you.

*Nancy Salerno, RN, MS, NE-BC
Research Chair*



**ASPAN's 33rd
National Conference**

**April 27-May 1, 2014
Las Vegas, Nevada**

***Dealing with Challenges:
Winning with Power,
Practice & Purpose***

**Las Vegas Hotel & Casino
April 27 - May 1, 2014 Las Vegas, Nevada**

An attendee could earn 25-30 Contact Hours at a
VERY, VERY low cost per Contact Hour!

**Registration brochures will be available from
the National Office in December 2013.**

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Note: Pre and post conference offerings are additional costs.

Prices below are for the **full registration** for
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If you register before 3/1/14:

\$395.00 Member - \$580.00 Non-Member

Postmarked after 3/1/14:

\$445.00 Member - \$620.00 Non-Member

Hotel Information:

Las Vegas Hotel & Casino
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Hotel Room Rate:

**Early Bird Room Rate — must book by January 17, 2014:
\$85.00 per night plus tax Single/Double**

All Reservations booked **after** January 17, 2014:
\$119.00 per night plus tax Single/Double

Call 800-635-7711. All rooms subject to availability.

Community Service

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

NAME _____

DISTRICT _____

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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's National Conferences

Future Conference Dates

Consider attending our
ASPAN National Conference . . .

**April 26-30, 2015
San Antonio, Texas**

**April 10-14, 2016
Philadelphia, PA**