



Message From The President



As we begin another year in NYSPANA we welcome two new presidents to the Board. Dan Elinskas from District 10 and Christine Angiolillo from District 13. Every district needs help in leadership and planning for education programs. Without the support of our 900 members, the Board and districts cannot continue to plan programs and networking opportunities. Take a few moments and reflect where you may be able to assist the organization.

Sue Alati, our State treasurer had to resign for health reasons. The Board wishes her well on her journey to wellness. Sandy Price and Bronwyn Ship have assumed the dual role of treasurer as well as their duties as vice president and secretary. We are seeking a replacement treasurer. We will be discussing at the Fall Board meeting changes that may be occurring. Now is your opportunity to step up and become an active Board member.

In the spring, we consolidated District 9 into the Syracuse, Rochester and Albany districts. It was necessary due to lack of members willing to serve on the local district board. Discussion will take place at the fall Board meeting to consolidate New York City with Long Island. As a Board we need memberships' input as to what they see as the future for our component. We cannot function with the same handful of nurses in leadership roles. We need new members to step in and be leaders!

Respectfully Submitted,

Barbara Ochampaugh, BSN, RN, CPAN

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REMINDER



November 2017 is the date NYSPANA's president and vice president elect switch roles for the next year.

Bronwyn, past president, takes on the role and responsibilities of vice president.
Barbara, past vice president, takes on the role and responsibilities of the president.

Mission Statement

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



Board Members



PRESIDENT:

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VICE PRESIDENT/PRES ELECT:

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NOMINATING CHAIR:

OPEN

TREASURER:

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www.nyspana@gmail.com
Bronwyn Ship, BSN, RN, CPAN

<http://www.nyspana.net>



Vice President's Report

The past few months have brought much turmoil into our lives. It seems that every week brings us a new natural disaster or man-made tragedy. As nurses, we recognize the importance of our role to society in providing best quality, evidence-based care to our patients and our community.

NYSPANA is committed to giving our members the opportunity to gain the knowledge that they need to care for their patients through continuing education programs (conferences and online seminars), encouraging research projects, encouraging membership to become certified, and providing a forum for nurses to interact with others in the perianesthesia specialty.

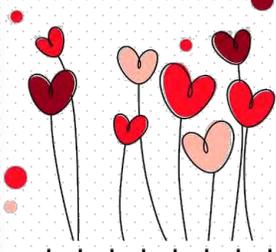
Please consider volunteering the help NYSPANA continue its goal of supporting its membership. Even as little as an hour or two of your time to help with registration at an educational offering in your district to becoming a member of your local district or state board. Your input is important to us and will help shape with future of NYSPANA.

Please contact your local district representative or anyone on the state board. Contact information can be found in this newsletter or on our website, nyspana.net.

Respectfully Submitted,

Bronwyn Ship, BSN, RN, CPAN

Susan Alati, BSN, RN, CAPA
has resigned from
NYSPANA's Board of Director
[Treasurer]



Thank You so much for
Volunteering and your
Dedication

Interim Treasurers:
Bronwyn Ship
&
Sandra Price

NYSPANA Educational Funding
Scholarships were awarded to:

District 13: Maureen Iacono, BSN, RN, CPAN

District 14:
Louise McGuire, RN, ASN
Susan Mydosh, RN, CAPA

To Attend the
NYSPANA State
Conference
2017



See Pages 12-13
for their reports

NYSPANA Contact Address

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Daily Plan Ahead as a Essential Communication Tool

Sherry Fieroh, MSN, RN, CAPA
NYSPANA Research Chair

At the National Convention, I attended the meeting of the Preoperative Assessment Specialty Practice Group. Membership in these groups is one of the benefits of ASPAN membership that can help with daily practice issues. In the forum online [ASPAN web site] group members discuss practice issues and seek input from each other about solutions to common problems. It is empowering to share with others what you have developed and implemented. As a practitioner in a small rural hospital, it allows me to see the bigger picture on common concerns we all have.

One of the solutions I shared which makes a difference in our practice is the Daily Plan Ahead Meeting at our facility. As we all know, communication is key to providing cost effective, patient centered care. To enhance our ability to deal with potential problems we conduct a daily meeting at 1030 that is attended by a representative nurse from the OR, Preadmission, and Ambulatory Surgery. Also in attendance is the OR scheduler, the materials management person for the OR and someone from Central Supply (they are responsible for OR instrument turnover). Occasionally, the Perioperative manager or Director of Patient Care Services attends. The meeting takes 10 to 20 minutes. The main purpose is to prepare for the next day's OR cases and identify problems before they cause interruptions or cancellations.

First comes a report from the OR Scheduler which includes the anticipated number of surgeries for each surgeon the following day, the number of hours of surgery planned and if she has any concerns about add-ons or equipment issue. Next, the Preadmission Nurse goes through the next days' patient list and apprises the group of significant issues for particular patients. Items reported include BMI over 35, identification of cardiac/pulmonary issues (stents, use of CPAP, etc), specific requests by patients (for certain anesthesia, mental health issues, past experience that effects them), need for day of surgery pregnancy or MRSA screening, or specific medication concerns. This all provides caregivers information that often gets lost in the shuffle but makes a big difference in the quality of care a patient receives. Originally, an anesthesiologist attended but due to their small staffing numbers

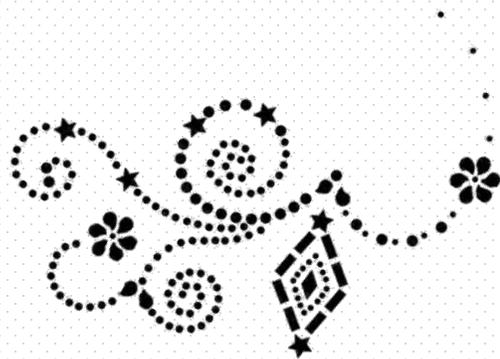
they opted out. The Preadmission nurse then takes an itemized list of concerns for the next day to anesthesia following the meeting which closes that communication loop.

The OR staff member discusses staffing and raises any anticipated issues with OR room use. This allows others to be aware if surgeons are flipping rooms or have any timing issues. If so, the Ambulatory Surgery unit staff and Central are made aware of the anticipated flow for the day. Specific instrument/equipment issues are identified and planned for. We keep limited inventory and it is important that everyone know that such items as patient-specific joint replacement parts and cataract lenses have arrived.

Occasionally, the meeting serves as an easy way to communicate with group members about larger hospital issues. As an example, the physician who serves as Medical director attended to understand the daily process in our area and sought our input into the process for obtaining a current H and P from the surgeons in a timely manner. As a group we feel this meeting has become an essential and has been well worth the effort it took to make it become a routine part of the day for all of us.

Looking forward to seeing everyone at the state

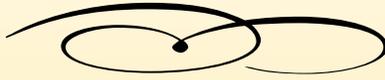
Sherry works at Adirondack Medical Center
[part of Adirondack Health in Saranac Lake]



NYSPANA Editor

Chris Deitrick • www.nyspana@gmail.com

Did You Know?



NYSPANA has multiple positions open in District 6, 13 and 14 and (2) Board positions [Nominating Chair and Treasurer].

This is a great way to network with other perianesthesia nurses from your area (district level) or across NYS (state level).

Please contact Barb @ barbochampaugh@verizon.net for any questions. Or, call 518..525.5032

ASPAN Conferences



April 29—May 02, 2018
Anaheim, California

May 05—May 09, 2019
Nashville, Tennessee

April 26—30, 2020
Denver, Colorado

April 26 — 29, 2021
Orlando, Florida

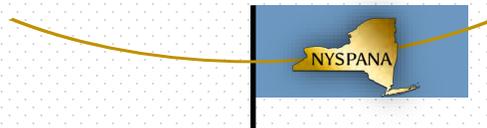


Financial Report

Money Market Savings: \$ 22,246

Checking: \$ 47,436

Investment Account: \$ 18,176



Constant Contact

NYSPANA uses constant contact (an email marketer) to send out “blasts” to all members. Please notify Barb Ochampaugh (barbochampaugh@verizon.net) or Bronwyn Ship (NYSPANA@gmail.com) for any district or state offerings.

Once I have their approval, I can send to all current NYSPANA members who have provided an email address.

Last year 13 blasts were sent announcing opportunities to serve, latest UP to Par edition, educational offerings and scholarship applications etc.

Please consider this option for your next event.

Cynthia Veltri Lucieer, BSN, RN, CAPA
CVL54@hotmail.com

NYSPANA Website

www.nyspana.net

Website Administrator: Bronwyn Ship

Website Editor: Sandra Price

Website Developer: Carrie Falzone • C: 585.329.8313 • carrie@verticalinsite.com



Be the Best You Can Be!

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

I don't know about you but frequently I feel as if I am a waitress at work. The patients ask me for water, food, or when their room will be ready. This really came to light the other evening as I was out for dinner and started thinking about the skills of the waitress that are similar to a nurses' job. Here's what I came up with.

First of all both have to be able to prioritize our work. The managing of several tables of customers and managing several patients at different levels of awareness requires decision making skills and the ability to know what is the most important activity to do **RIGHT Now!**

A waitress and a nurse have to meet the social expectations of the customers. Eating at a restaurant means tips for the wait staff and the tips generally go up if they are nice, friendly, and give fast service. Nurses are being measured these days by their HCAHPS Scores which requires a positive patient experience based on how the nurse treated them. Fair or unfair, the results means a great deal to the institution so nurses are now sensitive to how their patient perceives them.

You are the face of the institution. Your waitress must bear the brunt of the slow kitchen when your food doesn't come in a timely fashion. He/she is also held responsible when the bartender is delayed pouring your next glass of wine. They must answer for events they are not responsible for. How many times do nurses have to bear that similar mantra? The doctors are not always around to answer questions, the kitchen may be delayed delivering food, the hospital is full so getting a room assignment is not timely, and visiting hours are restricted for privacy issues. The nurse hears all those issues from the patients and needs to be mindful of their answers to be positive and supportive.

The social norms of workplace culture is similar. Both nurses and waitresses work beyond a 9-5 job and includes weekends and holidays. There is no such thing as "working from home". Your colleagues expect you to show up for work and must adjust the workload if someone cannot come to work.

Of course the major difference is that nurses are working with patients and not customers. The most important and major skill is assessment which leads to follow through. No one will die if a waitress makes a mistake but a nurse cannot say the same thing. Nurses save lives...bottom line.

So how do waitresses and nurses become the best they can be? How do waitresses get better tips and how can nurses improve HCAHPS scores? I have a few suggestions.

First of all, pay attention to details. Sure the waitress gets your drink right away and takes your food order, all expected. Then the small things begin to add up. He/she forgets to refill your water, doesn't ask if you'd like another beverage, forgets to bring the extra sauce you asked for, and doesn't ask how your food is once it gets delivered. These are not major gaffs it's just that they all add up and sends a message that you the customer are not that important to the waitress. Nurses are held to the same detail by patients. Their vital signs are taken, medications reviewed, urines measured, and assessment done. But what about those little things - asking if the patient is warm enough, if they need help to reposition, asking if they have any questions, pausing and asking family present if they need anything too. These are not the major items that every patient needs to have done these are the details that make a difference to the patient.

Meet the patient/customer where they are at. Perhaps the customer has to catch a plane in 25 minutes. They will want their food & check at a quicker pace than someone with all evening to eat. Maybe the customers are celebrating a private event and they want to be left alone. The wait staff needs to figure out what the customer wants and meet them there. Likewise, a nurse needs to meet the patient where they are at. Perhaps they are extremely nervous and want reassurance. Perhaps they have just gotten bad news and needs support. Perhaps they don't like losing control and are rude to the nurse. These are the scenarios that nurses experience and if they meet the patient where they are at, the patient will feel that commitment to them and have a better experience. True, not everyone will feel happy, but if nurses can improve 85% of patients then that is a big goal.

So my closing thoughts to be the best that you can be, is to reach your patient at his/her level, be consistent with the message you give, pay attention to details, and treat them like you'd like your family member to be treated.



Don't Forget...Certified Nurses Day, March 19

New NYSPANA Certification Spring 2017

Congratulations

7
CPAN

8
CAPA

- Deanna Belte
- Melanie Emma Brown
- Stephanie Dumorne Chan
- Marianne Jocelyn Davino
- Amanda E Gardner
- Vanessa Grant
- Laura A Gregorovic
- Claudia Liliana Hernandez
- Eve M Holderman
- Barbie Jo Morgan
- Carol A Murphy
- Mari Oshiro
- Dual Certification Michelle Perregrini *
- Jo Ann Irene Schiesser
- Dual Certification Liliya Shyyan *
- Irene Spector
- Beth Taubkin

- Karen J Abril
- Heather Deanna Bulger
- Christina M Giunta
- Maureen Theresa Landers
- Michelle Perregrini * Dual Certification
- Helen Powers
- Michelle Sama
- Liliya Shyyan * Dual Certification

WOW!

Recertified

CAPA: 39 Nurses

CPAN: 38 Nurses

2 NYSPANA Members have More Dual Certifications

PeriAnesthesia Nurse Awareness Week [PANAW] is February 5 – 11, 2018

Up to Par Editor

SUCCESSION PLANNING



Succession planning is the process for identifying and developing new leaders who can replace old leaders in case they resign, retire or die. In this situation, the Up to Par editor [myself] has picked a retirement date. It is still some months away but now is the time to update NYSPANA members that the editor's position is available. This, hopefully, will avoid gaps in our editions and keep vital information flowing for all NYSPANA members. The position entails being a member of NYSPANA and ASPAN, but not necessarily a board member. If you have the inclination to volunteer a few hours of your time three times annually and looking for a new adventure, think about being the Up to Par Editor.

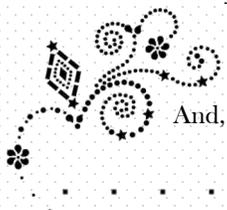
Not only will NYSPANA need an Editor for Up to Par, but the position of Secretary and Vice President will be open.

If you have the time, the interest and willingness to serve, please contact:

Barbara Ochampaugh: www.nyspana@gmail.com

CHRIS

And, remember, you will have the full backing and support of the entire Board while learning the role you choose.



Do Perianesthesia Nurses Recognize Severe Pain in Spine Patients?

Barb Ochampaugh, BSN, RN, CPAN

Advances in medicine, multi-modal pain regimes and technology have been developed to reduce postoperative pain. Yet, patients continue to report severe. Research shows that patients require individual treatment plans and should be a participant in planning their care. (Kaptain, Bregnballe, Dryer 2016)

Research has shown that 80% of all surgical patients experience acute pain while 86% have moderate, severe or extreme pain. Patients fear moving when experiencing severe pain. Other studies have shown that patients received only 50% of the available strong opioids. (Kaptain, Bregnballe, Dryer 2016)

Post-operative spinal pain causes are multiple. The pain results from many reasons: orthopedic pain from skin, muscles, vertebrae intervertebral joints, ligaments and changed muscles positions and nerve damage from compression. (Kaptain, Bregnballe, Dryer 2016)

Communication plays a key role in the perianesthesia nurses' ability to treat pain. General anesthesia impairs the patients' ability to respond to nurse questions. They may not be able to use the pain scale to describe their pain. Nurses must be active listeners to hear how the patient is describing their pain. (Kaptain, Bregnballe, Dryer 2016)

Patients commented when asked 24 hours after their surgery to describe their pain needs in the recovery room included: the inability to describe the pain because of problems speaking, "I was so drugged I couldn't say anything" and was in severe pain, "I couldn't use the number scale because when I moved the numbers changes," "I was screaming in pain", "I could not say my nerves hurt". Morphine make nerve pain worse. Improved communication between the nurse and patient would have

led to improved medication choices. (Kaptain, Bregnballe, Dryer 2016)

As nurses, we must be aware of what our patients are experiencing immediately postoperatively. Are they laying quietly with their eyes shut? Exhibiting shallow breathing and afraid to move? Are they screaming and writhing in pain or can't describe the quality of the pain? Is their report of pain on the pain scale and is their body language not in proportion to each other? Do we think to ask describe the pain, burning, tingling, or gripping? Do we tailor are pain choices based on our findings? Are patients taught preoperatively what to expect postoperatively?

Each surgery and patient experience is unique. As perianesthesia nurses, we need to listen and observe so that 80% of our patients do not experience severe pain.

References

Kaptain, K., Bregnballe, V., Dryer, P. (2016). Patient participation in postoperative pain assessment after spine surgery in a recovery unit. *Journal of Clinical Nursing*. John Wiley & Sons Ltd. 1-9.



Fall

District 14 News

The District 14 Education committee: myself, Kari Alecia, Deb Farmer, Kathi Peers, and Judy Sargalis Sears are busy planning our February 10, 2018 annual conference. Once again it will be hosted at Burgundy Basin Inn. Please save the date and we'll see you there.

We are in need of a district president. Judy and I are available as mentors. If you are interested or have questions, please contact Kari Alecia Santiago at kari_lvn23@yahoo.com.

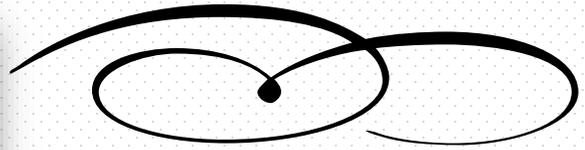
Cindy
Cindy Veltri Lucieer

District 13 News

I am Christine Angiolillo, District 13 new president. I have been a perianesthesia nurse for eighteen years at St. Joseph's Health in Syracuse, New York. In October 2018, our district is hosting the NYSPANA state conference; please let me know if you are interested in helping plan this event. Also, if you have any topics of interest for the conference, let me know. Currently, we have the Vice-President and Secretary position available for our district.

Email me at: Christine-Angiolillo@sjhsyr.org if you are interested in filling one of these vacancies.

Christine
Christine Angiolillo



District 10 News

Glens Falls Hospital (GFH) initiated a Patient Experience study on Outpatient Orthopedic Surgery which is expected to be completed in early 2018. Our goal is for the study results to be published in JOPAN.

GFH held a CAPA/CPAN review class September 9th attended by 35 RNs; one of whom sat for the exam and passed. We are hoping that the other 34 will also pass. The review speaker was Christina Bowens, MSN, RN, CAPA from Los Angeles/ Cedars Sinai Medical Center.

If there is any interest for an in-service from NYS Northern area nurses, email me with your suggestion. Then I will contact you to set things up. Additionally, an email was sent to members of District 10 for their input/suggestions for future in-services.

St Peter's Hospital in Albany presented "The Care of the Transgender Patient" on October 25th. (1) CNE was given.

Dan
Dan Eliskas

District 1 News

As the beautiful Fall leaves begin to fall from the trees we in District One are preparing for our annual Fall conference.

This year's conference will be held in Port Jefferson, Long Island at J.T. Mather Memorial Hospital on November 11th from 7:30 to 4pm. The speakers will be presenting a broad range of topics that are sure to stimulate interesting and educational conversation!

If your will be attending please bring your business cards as we will be promoting "CARD CONNECT". This will provide our attendees the opportunity to connect with others to share your work experiences and put your questions to your peers.

No business card, no problem; we will obtain your information on registration and assist you with having your information available to others in attendance.

At every conference, we host a 50/50 raffle and have baskets full of wonderful goodies. 100% of the funds raised will be donated to Long Island Care, the Harry Chapin Food Bank here on Long Island.

In addition, we will be holding a "HOLIDAY BOUTIQUE" shopping experience where you can get a jump start on your shopping. — Enjoy this beautiful time of the year.

Tina

Tina Stoebe



Inspiring a Leader Within

Sandra Price, MS, RN, CAPA

ASPAN's Leadership Development Institute, Kansas City, MO.

Left to right: Sandra Price, NYSPANAs Secretary/Interim Treasurer; Susan Russell, ASPAN President; Bronwyn Ship, NYSPANAs President/Interim Treasurer

The 2017 annual American Society Perianesthesia Nurse's (ASPAN) Leadership Development Institute (LDI) took place mid-September in Kansas City, MO. Kansas City is well-known for barbecue, jazz, fountains, and is home to the Chiefs and Royals sporting teams. Perianesthesia nurses from around the country came together in Kansas City with a common goal to learn and develop leadership skills. ASPAN'S LDI provided expert speakers on a variety of topics, such as mentorship, conference planning, component financial stability, and evidence-based clinical questions.

I had the opportunity to attend as a representative of the New York State Perianesthesia Nurses Association (NYSPANAs) component Secretary/Interim Treasurer with Bronwyn Ship, component President/Interim Treasurer. As a first-time attendee, I recognized the benefits of applying strategies learned at LDI in my professional clinical practice and as a board member. "Detecting greatness," was a theme that resonated within the ASPAN leaders, component members, and attendees. ASPAN leaders encouraged members to be an active voice in their professional organization. The networking, discussions, and presentations throughout the weekend with perianesthesia peers exceeded my expectations.

I left Kansas City feeling inspired, engaged, motivated to elevate my personal and professional leadership journey. It was reassuring to hear other colleagues have similar challenges, such as recruitment, retention, and succession planning within their components. LDI provided tools and strategies to help overcome some of these component issues.

I have a new found love for Kansas City's authentic culinary cuisine, known as barbecue! Much of my free-time was spent walking, shopping, and dining in Country Club Plaza, Kansas City. It was a perfect location to explore the wide variety of restaurants, stores, and historical museum's. The Kansas City fan's filled the city wearing red and white and all the water fountains were flowing red water in honor of the Chiefs first home game. The locals in town were very friendly and offered plenty of suggestions of things to do for a "first-timer" in Kansas City. I am grateful for the positive experience and the opportunity to have attended LDI. Thank you...ASPAN, NYSPANAs, and Kansas City for an unforgettable weekend!

Board of Directors: Fall Meeting

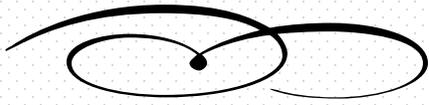
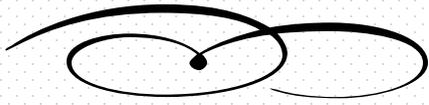


Front Row, Left to Right: Barb Ochampaugh, Tina Stoebe
Back Row, Left to Right: Tina Stoebe, Christine Angiolillo, Sandy Price, Bronwyn Ship, Dan Elinskas, Trina Mills



Left side of table: Dan Elinskas, Sandy Price, Trina Mills, Maureen Iacono [guest]
Right side of table: Barb Ochampaugh, Bronwyn Ship, Sherry Feiroh, Tina Stoebe





District 6 News

On October 21, 2017, District 6 hosted NYSPANA's Annual State Conference at NYP-Columbia Medical Center.

There were 111 RN attendees! 2 Non-ASPAN members won a 1 year membership scholarships to ASPAN/NYSPANA. 2 ASPAN members, won 2 Broadway tickets each.

NYSPANA gave away 14 scholarships for the state conference.

Donations from 50/50 raffle totaling \$569.00, went to the Hurricane relief of Puerto Rico and the Virgin Islands.

We enjoyed 6 awesome speakers, great giveaways and an overall successful conference in New York City.

Trina
Trina Mills



Barbara Ochampaugh, BSN, RN, CPAN
NYSPANA past Vice-President
Now NYSPANA President



Trina Mills, MS, RN
District 6 President

Event
Pictures



Margaret Brinley, BSN, CMSRN, [Trina Mills - center] and
Judy Sio, BS, RN were awarded (2) Broadway show tickers



Lavita Payton, [Trina Mills—center]
and Robin Taegder were each awarded a
(1) year APAN membership



CERTIFICATION

Not Yet Certified? Now is Your Time!

Currently Certified? Encourage
a Colleague!

Up to Par Submissions

Please send all of your articles of interest, district news, events and photos to NYSPANA newsletter Editor for the March newsletter edition of **Up To Par** by February 01, 2018.

www.nyspana@gmail.com



**ABPANC Announces
Krista Paternostro Bower, MPS, CAE
as its new CEO**



October 16, 2017 - The American Board of Perianesthesia Nursing Certification, Inc. (ABPANC) has announced that its Board of Directors has selected Krista Paternostro Bower, MPA, CAE as its new CEO, beginning November 1, 2017. Bower brings

more than 24 years of association leadership experience and most recently held the position of Executive Director of the Pennsylvania Psychological Association. Bower was selected from a rigorous recruiting and interviewing process to replace current ABPANC CEO, Bonnie Niebuhr, MS, RN, CAE who will be retiring effective December 31, 2017.

Krista Bower has extensive experience leading healthcare and 501(c) organizations, holding Executive Director, CEO and COO positions with responsibilities for administration, management, member recruiting, member services, strategic business planning, and financial operations. Bower holds a Master's degree in Public Administration and a Bachelor's degree in International Politics from Pennsylvania State University. She is a Certified Association Executive (CAE) and member of the American Society of Association Executives (ASAE), and the Pennsylvania Society for Association Excellence (PASAE).

"I am honored to continue the organization's long-term strategic plan for providing perianesthesia nurses with an opportunity to obtain CPAN® and CAPA® certification credentials, which reflect the knowledge and experience required to achieve the highest quality patient care," says Bower.

"The ABPANC Board of Directors is excited about the visionary leadership and passion that Krista brings to our organization," says Vicki Yfantis, MSN, RN, CRNP, CPAN, ABPANC President. "We expect a smooth transition as we continue to grow the number of CPAN® and CAPA® certified nurses improving patient care," she adds.

Public Health Bill A4738

NYSPANA Government Affairs Chair Report

Richard N. Gottfried representing the 75th District in the New York State Assembly has sponsored the Public Health Bill A4738 known as the New York Health Act. This bill defines the need to provide all New Yorkers with access to health care. A4738 looks to supplement inadequacies in the Affordable Care Act related to cost in the form of rising premiums, co-pays, deductibles and provider restrictions as well as out of network costs related to specific health care plans.

As noted in the language of the bill, businesses and employers have had to shift a large portion of health care costs to employees while health care providers, health centers and hospitals have been burdened with uncompensated care. In addition, individuals found that they have little choices as health care plans are guided by cost not health needs.

The New York States constitution Article XVII, S3, requires that legislation be enacted to provide for the health of New Yorkers and in such this piece of legislation is looking to establish a comprehensive single payer health care program for New York residents.

Provisions for funding for A4738 will be based primarily on ability to pay. In addition, the state will participate in obtaining waivers that are provided for Medicaid, Child Health Plus, Medicare and by the Affordable Care Act, additional funding will be sought from federal funds and subsidies that will be deposited and administered by the New York Health Trust. The Health Trust will look to move away from fee for services programs and concentrate on those services that are of quality not quantity in nature and depend less on excessive administration fees and focus more on care provision.

By relying on capitated payments to providers, the bill hopes to improve quality and efficiency while supporting innovation and health promotion. A4738 does not look to establish or prohibit any employment benefit. The goal of this bill is to improve quality, access and clinical outcomes through collaboration and integrative care under the active supervision of the commissioner of health.

This bill has passed Assembly and has moved on to the State Senate. For more information or to have your voices heard, please follow the link below.

Reference

The New York Senate, (2017). Assembly Bill A4738. Retrieved from: <https://www.nysenate.gov/legislation/bills/2017/a4738/amendment/original>

Pamela Germinaro, BSN, RN
NYSPANA's Governmental Affairs

Educational Scholarship Winners

The annual NYSPANNA Conference: **21st Century Nursing: Endless Possibilities**, was held on October 21st, 2017 in New York City at the New York Presbyterian Hospital in Manhattan. Over 100 perianesthesia nurses attended to enhance professional knowledge and to grow in the practice of our nursing specialty. Current clinical information and issues were presented and discussed to contribute to optimal quality patient care in Perianesthesia nursing. Trina Mills, District 6 President, provided astute leadership and vision to provide an outstanding venue for learning and networking. I was privileged to have earned a conference scholarship, and to both reconnect with great colleagues and meet additional, newer colleagues.

Conference evaluations give great detail to the success of the conference for the nurses in attendance. Nurses felt that the topics were important, well covered, informative and educational. The information can readily be applied in practice, with emphasis on evidence based practice. Several speakers set aside considerable time for interactive discussions, which generated sharing and exploring different solutions to common problems and concerns in practice.

Continental breakfast and hot lunch were provided, with breaks to provide time for networking and visiting vendors. The raffles included some educational scholarships and support for ASPAN membership. Most attendees indicated that this was a “great overall conference”, and that “information will be brought back to the workplace to enhance knowledge, professionalism, and patient care”.

One lecture placed focus and emphasis on personal conduct in the workplace. Although civil behaviors were presented and discussed, there was a comprehensive list of strategies to employ when bullying or uncivil behaviors are evident at work, whether the unprofessional behavior is practiced by co-workers or supervisory personnel. Documentation of behaviors, with dates of occurrence, may be important with repeated negative behaviors. Difficult conversations that must take place ought to be conducted with at least three persons present; the nurse who displays the unfortunate behaviors, a second nurse who may or may not be a manager, and some representation from Human Resources or nursing Administration. This becomes more necessary if there are repeated occurrences of incivility, and is particularly important if the incivility, or lateral violence, is displayed by a person who is self absorbed and narcissistic.

Another lecturer presented case studies to identify emergency scenarios that can, and have occurred in Perianesthesia nursing units. Postoperative complications and swift identification of potential and real problems were discussed with the nurses in attendance. It was a great opportunity for nurses to validate their knowledge, utilize critical thinking, and become engaged in the conversation. Whether the nurse practices in acute postanesthesia care units or Phase II units, emergencies that require expert assessment and management can occur with the patient vulnerabilities that are present for surgical patients.

A legal nurse consultant discussed the requirements for nurses to become more knowledgeable about the details of chart review and giving informed opinions on the perspective of a Perianesthesia nurse. She highlighted the need for experts in practice to explain the norms of nursing in specialty areas to lawyers, who do not understand the nuances of practice as nurses do. She had many questions from the attendees about specific concerns they experience, such as informed consent, do not resuscitate conflicts, and documentation. She reinforced the absolute importance of accurate, timely documentation that reflects individualized care for the patient.

A nurse who is an expert bedside nurse spoke about an evidence based project she has dedicated time and expertise to improve the patient experience and minimize pain during intravenous infusions of potassium. She presented the problem: PAIN upon infusion, and elicited personal stories from the attendees of their recollections of painful infusions. She described the task of literature review, the search for best practices, and the paucity of information available. She pursued all avenues within her hospital to seek answers and obtain support for an initiative to improve the patient experience. She worked with other experts and disciplines within the hospital, and utilized resources on her Magnet team, to make sure that she obtained results for this problem. She was able to share her teams’ success with improved outcomes for patients in her hospital. In the process, she learned a great deal about literature review and the important work of research.

A surgical nurse presented information on the importance of appropriate surgical attire and described process change that was implemented after his team changed practice in his hospital. The team used data and reports of non-compliance from nurses and medical providers, with consistent support from hospital administration to enforce strict policies on surgical attire. Prevention of infection is important for all patients, and in all health care facilities. But it is of utmost importance in the surgical arena, and a model for sustained change in practice was presented well.

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Educational Scholarship Winners (Continued)

Peripheral nerve blocks were discussed in a comprehensive, informative lecture. Anatomy was reviewed, and the medications and techniques of initiating a peripheral nerve block were presented. The benefits and follow-up care of patients after regional anesthesia were covered. Complications of blocks, and their management were reviewed as well.

The conference experience is so helpful to review clinical information that is essential to practice. But so much more is gained. Nursing relationships and the networking that takes place is a secondary, but important aspect of attending a state conference. Please join NYSPANA in 2018 for the next conference in the Fall. District 13 will host the conference in Syracuse, New York in October. Plans are in motion for another outstanding educational opportunity for Perianesthesia nurses.

\$115

MAUREEN IACONO, BSN, RN, CPAN — Newly Retired

First, GREAT conference. The topics were both informative and interesting. I really appreciate the fact that it was presented by nurses. Nurses talking to nurses doesn't get any better than that.

The opening speaker really hit home with me both on a personal and professional level. Bullying, narcissism and disruptive behavior is a real problem in our society and the speaker addressed it point blank. I will try to put into practice the problem-solving techniques that she listed.

Peripheral nerve blocks, potassium infusions; I always pick up something new or something that I have forgotten.

LOUISE MCGUIRE, RN, ASN

\$125

On October 21st I attended the NYSPANA state conference in New York City. I found the speakers to be very knowledgeable of their subjects and excellent presenters.

This conference was unique in that all the speakers were Nurses. The topics presented, I thought, were very informative and pertinent to my profession as a perianesthesia nurse. I especially was interested in the topic of "shadow behaviors".

This really gave me good insight into dealing with people with difficult behaviors in the workplace.

SUSAN MYDOSH, RN, ASN

\$125



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