



# The Snooze News

The Official Newsletter of The Ohio Perianesthesia Nurses Association

## Inside this Issue

Presidents' Message	1
Board Members	2
Fall Conference	3
Obstructive Sleep Apnea	4
CDI Freedom	6
National Conference	8
Editors Page	8



**Jeanne Guess**  
**MSEd, RN,**  
**CAPA**  
**OPANA**  
 President 2011-2012

## Sharing and Giving

Dear OPANA members,

The fall OPANA conference “Continued Growth through Sharing” will be October 15th, 2011 at the Siegel Center in Columbus. The flyer for the conference was emailed and is posted on the web site [Ohiopana.org](http://Ohiopana.org).

Topics to be presented at the conference include: robotic ENT procedures, pediatric near death experiences, pain assessment tools for children, vascular access for dialysis and reconstructive surgery in today’s Vietnam.

The sharing will continue as I encourage you to volunteer and offer a service project in your hospital. There are local, national and international opportunities to use our knowledge and skill. The organization that we have chosen for this fall will be the Lion’s club. We will be collecting eye glasses that you are no

longer using to contribute to the Lion’s Club. The glasses will be given a new life! The Lion’s club recognizes the urgent need for corrective lenses as millions lack access to basic eye care services. I will be emailing a flyer to provide more details. Start collecting glasses....Prizes will be awarded!!! I am looking forward to this fall and of course the conference....See you there.

Jeanne Guess MSEd, RN, CAPA  
 OPANA President

**ASPAN Component  
 Development Workshop  
 September 9-11, 2011**

This fall, I had the pleasure of attending the CDI workshop in Philadelphia with Rose Durning (vice president). The workshop was titled “Beacons to Our Future: Providing Safe Harbor.” The presentations provided by the ASPAN leadership were dynamic in that we were given a vision of the perianesthesia nursing future. The ASPAN leadership group was also interactive as we had small group discussions to focus on our success and also problems that the components face. We had the opportunity to hear about the importance of research, being responsive to

Continued on Page 5

# OPANA Board Members 2011

**Jeanne Guess**  
( President )

**E-mail:** Jeanne.Guess@sbcglobal.net

**Deb Niehaus**  
(Web Master)

**E-mail:** Debbynichaus@zoomtown.com

**Rose Durning**  
(President Elect)

**E-mail:** rjdsuzie@aol.com

**Sally Morgan**  
(Government Affairs/)

**E-mail:** Sally.Morgan@osumc.edu

**Nancy McGushin**  
(Immediate Past President)  
**E-mail:** gushin@sbcglobal.net

**Gayle Jordan**  
Assembly Rep/ASPAN  
**E-mail:** GEJ@ME.com

**Debbie Wolff**  
(Historical)  
**E-mail:** debmwolff@sbcglobal.net



**Nancy Post**  
(Fund Raising)  
**E-mail:** npost@forumhealth.org

**Teri Shine**  
(Gold Leaf)  
**E-mail:** TShine2141@aol.com

**Jane Booth**  
(Scholarship/CAPANA)  
**E-mail:** janebooth@fuse.net

**Iris Marcentile**  
(Secretary)

**E-mail:** imarcentile@sbcglobal.net

**Sue Straits**  
(Convention chair)  
**E-mail:** sestraits@yahoo.com

**Sharon Gallagher**  
(Treasurer)  
**E-mail:**  
sgalgher49@zoomtown.com

**Alabelle Zghoul**  
(Awards/COPANA)  
**E-mail:** alabelle.zghoul@osumc.edu

**Pat Dempsey**  
(Standard Operations)  
**E-mail:** pld5412@sbcglobal.net

**Renee Garbark**  
(Snooze News Editor)  
**E-mail:** garbarks@sbcglobal.net

## Deadlines for Publication-Snooze News

<u>Deadline</u>	<u>Publication Date</u>
November 1st	January 2nd *Next Deadline
March 1st	April 1st
June 1st	July 1st
September 1st	October 1st

# OPANA Fall Seminar

The Ohio PeriAnesthesia Nurses Association Proudly Presents:

## 2011 OPANA Fall Seminar Continued Growth through Sharing



Saturday, October 15, 2011 8 to 4:15pm  
Siegel Center, Mt. Carmel East Hospital, Columbus. Ohio

### Program agenda

7:15-7:50 am	Registration
7:50-8:00 am	Welcome OPANA President: Jeanne Guess
8:00-9:00 am	Otolaryngologic Robotic Applications Enver Ozer, MD
9:00-10:00 am	Near Death Experiences in Pediatrics Linda Manley, MSN, RN, FNP
10:00-10:30 am	Break
10:30-11:30 am	Using Pictures to Assess Pain Location in Children Phyllis Mesko, RN
11:30-12:15 pm	Lunch
12:15-12:45 pm	OPANA Membership meeting
12:45-1:45 pm	Reconstructive Surgery in Today's Vietnam Martha Clark, MSN, RN, CPAN
1:45 to 2:00 pm	Break
2:00-3:00 pm	Regional Anesthesia: What Nurses need to know Laurah Carlson, BSN, RN
3:00 to 4:00 pm	Introduction to Hemodialysis Access Sheri Van Cleef, MSN, RN
3:45- 4:15 pm	Evaluation completed

Accommodations available at:  
Country Inn suites, 6305 East Broad St.  
Columbus, OH 43213

Call (614) 322-8000 or (800) 456-4000 to make reservations.

A block of rooms will be held until October 9th, 2011 for OPANA Rate \$89.00 plus tax. Continental Breakfast available.

**Please see complete Flyer at [Ohiopana.org](http://Ohiopana.org)**

## New CRNA Contributor Timothy “Rick” Hoffman



We at the Snooze News are honored to welcome Timothy “Rick” Hoffman CRNA, BA, BSN as a regular contributor to our newsletter. He currently is working with Mont-Green Anesthesia Inc. Rick was educated at Earlham College in Richmond Indiana majoring in biology with a minor in French and Chemistry. He received his BSN from Wright State

University in Dayton Ohio and graduated from The Ohio State University Nurse Anesthesia Certificate Program. He participates in professional memberships including AANA, OSANA, IFNA and the Wright State University Medical

School Clinical Faculty/School of nursing External Advisory board. He is also a member of the Buckeye Anesthesia Society. Rick has served in numerous committees and appointments for the American Association of Nurse Anesthetists.

Rick is also a fan of the arts and is an Active Docent at the Dayton Art institute, an associate member of the Chicago Art institute, Associate member American Institute of Wine and Food and the Dorothy Lane Market Consumer Advisory Board to name a few. In his spare time he enjoys fishing, gardening, photography, antiques and nautilus workouts.

### The Patient with Obstructive Sleep Apnea A Perioperative Challenge

Timothy Rick Hoffman CRNA, BA, BSN

Clinically we are now seeing more and more patients who present for surgery that have been diagnosed with obstructive sleep apnea (OSA). What is this diagnosis and what challenges does it present to us in the operating room and the recovery room?

Obstructive sleep apnea is a condition when a patient falls asleep, their airway collapses due to partial or complete relaxation of the pharyngeal tissue, causing either periods of apnea or shallow breathing. These patients have repeated episodes of arousal to re-establish their airway during their sleep. This pattern of interrupted sleep in turn causes many negative long-term consequences such as hypertension, stroke, and atrial fibrillation along with a decreased response to elevated carbon dioxide levels.

In 2008 Dr. Chung developed an easy test to help anesthesia personnel identify pre-operatively when patients had sleep apnea even if they hadn't had the gold standard test of polysomnography, or sleep study. It's known as the **STOP-BANG** Test and it's very easy to ask the patient preoperatively the necessary eight questions. Here are the eight questions:

#### STOP-BANG

- 1) Do you snore loudly? **(S)**
- 2) Are you always tired /fatigued during the day? **(T)**
- 3) Have you been observed to stop breathing? **(O)**
- 4) Do you have high blood pressure? **(P)**
- 5) Is your BMI greater than 35 kg/m<sup>2</sup>? **(B)**
- 6) Are you over 50 years of old? **(A)**
- 7) Is your neck greater than 40 CM.? **(N)**
- 8) Is your gender male? **(G)**

If your patient answers yes to three of these, chances are they have obstructive sleep apnea. If they have more than three positive answers they are at a very high risk of having OSA. Currently more than 18 million Americans have been diagnosed with this condition.

What does this all translate for the nurses and doctors providing care to these patients with respect to surgery and recovery room? From the anesthetic with standpoint any procedure that can be done with a

Continued on Page 4

## Obstructive Sleep apnea

...Continued from page 4

regional block or a general inhalation anesthetic supplemented with a field block// is the safest way to proceed. Obviously upper abdominal, cardiothoracic and major orthopedic procedures present the greatest challenges in providing adequate pain relief without depressing our patient's respiratory efforts.

The cautious use of narcotics and other sedatives is warranted since they depress the respiratory response to elevated carbon dioxide levels and OSA patients do not respond as our other patients do, when they are heavily sedated. Close attention to airway management is necessary and these patients should only be extubated when they are fully awake and able to follow commands.

In recovery room, postoperative pain management should minimize the use of opioids since these patients

usually exhibit the need for very close pulse oximetry monitoring. A multimodal approach to pain control is the best. Combining clonidine, the IV form of acetaminophen pre-op, dexmedetomidine intraoperatively and using NSAIDS post op will help decrease the need for high doses of narcotics. A recent article from the Cleveland Clinic Journal of Medicine stresses that CPAP therapy should be started as soon as possible postoperatively. Prior to discharge, their family members should be educated as to the need for vigilance once the patient starts taking pain medicines at home. The obstructive sleep apnea patients will continue to challenge our skill and expertise, for each one responds differently to our care plan depending on the severity of their diagnosis.

---

## ASPAN Component Development Workshop

Continued from Page 1

change, nursing standards, strategic work teams, budgets, applying for contact hours, newsletters, the ability to do e-meetings using "Go To Meeting", the role of the RA, how you could plan for the National Conference... WOW. In addition to all this information I was able to meet component leaders from all across the United States. These nurses were all in various stages of leadership roles.

The city of Philadelphia provided an inspirational setting as it is known as the "City of Brotherly Love." Rose and I first felt the love as we careened down narrow cobbled streets riding with George our van driver from the airport. George was in his 70's and was bored with retirement. He shouted out various points of interest as he dropped other passengers off at their destinations. He spoke as fast as he drove so that when he shouted "There is Betsy Ross' house"...we were blocks away. We did arrive safely with no time to spare and I did check that the side view mirrors were still intact.

We attended dynamic session and met with a variety of people who traveled a much greater distance than I did. I was really impressed. We had the opportunity to then explore the city in the evening and walked the narrow streets through various parts of the city. We saw the Liberty Bell, the Delaware River, statues of Ben Franklin, city parks and many spots that I envisioned historic adventure. I thought what if our founding fathers (and their wives) said "I'm too busy." The writers of the Declaration of Independence were away from their homes, farms and family for months at a time as they forged an idea of a new nation. They fought wars without Skype or e-mail to contact their family. The setting was very inspirational. I hope that I can effectively share what I have learned at the conference throughout the next year. I am looking forward to the challenge.

Thank you for the opportunity to attend this year's CDI.

Jeanne Guess MSED, RN, CAPA

# Freedom Rings in Philadelphia, PA September 9-11, 2011

Rose Durning, MS, BSN, CAPA

President Jeanne Guess and I attended the fabulous, energizing ASPAN Component Development Institute (CDI); *Beacons to Our Future: Providing Safe Harbor*” in downtown Philadelphia. The dynamic presentations along with interactive small group sessions were the focus for the weekend. These were provided by ASPAN leadership for components to focus on the future of perianesthesia specialty practice. CDI’s focus during this seminar provided emerging leaders to develop and enhance communication skills along with reviewing basic elements of managing a component. Attendees included seasoned component leaders, new members of a state board, and any professional nurse curious about taking the next step from either their region/state to the national level .

The kind people I met at the conference along with the Philadelphians brought the real meaning of the “**City of Brotherly Love**” to life. It started with our crazy van ride by “George” our driver from Phila airport to the downtown Crown Plaza Hotel. Jeanne and I survived the near misses of pedestrians and car collision along the narrow streets of Philadelphia by George who had to be in his 80’s, retired and “doing this job just for fun.” Ha, fun for him but terrorizing for us, a real roller coaster ride. One of the passengers along for the ride described it nicely; “George, I am praying in-between your quick turns and realize I am still alive!” We wondered if he learned to drive in New York City (Yes he once lived

in Brooklyn, NY.) We arrived in the nick of time for Chris Price, our President of ASPAN welcome to the group, WHEW!

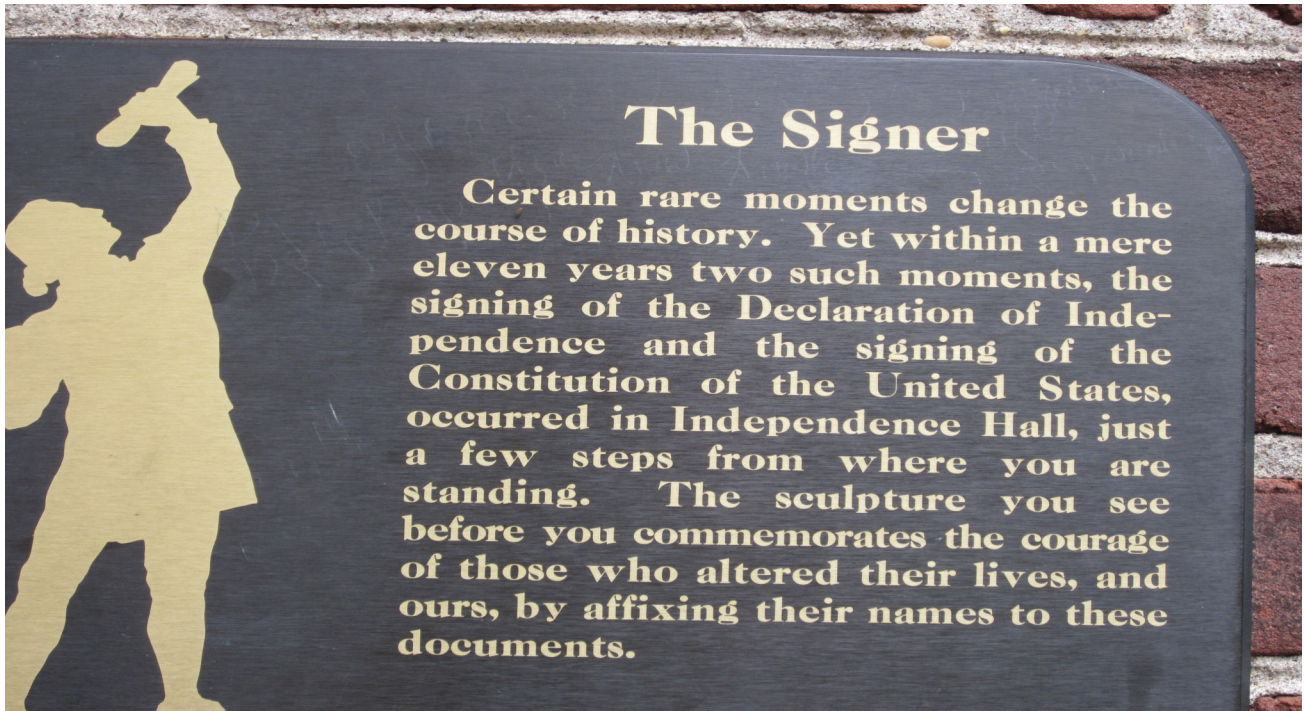


Then the fun began! The energy and ideas exploding from the room the first evening was awesome. We were divided into component regions so Ohio joined neighbors West Virginia, Indiana, Michigan, North & South Dakota, Illinois, Kentucky, Minnesota and Wisconsin to work in groups. We participated in brainstorming sessions on Membership building, Strategies used by components for Communicating to members (Skype, “Go to Meeting”), Succession Planning, and Navigating ASPAN’s website. This information was obtained from each of the 5 Regions to be compiled and passed on to all of us in the next few weeks. Receiving

ideas from other states on making the components a success was quite helpful. Jeanne and I are taking these ideas to the fall board meeting and our members of OPANA.

The next two days were packed full of useful information to be used personally, professionally and at the state level. Some of the topics were; managing vs. leadership, having the Representative Assembly personnel work for you and your members, applying for contact hours with ASPAN with ease, the importance of research and evidence based practice,

Continued on Page 7



**The Signer of the Declaration of Independence**

applying for the Gold Leaf Award (yes ours was one of the top examples, Go Teri and TEAM) and leadership development for the future. We even had a mock Representative Assembly & Town Hall Meeting, which helped many, understand what actually goes on prior to the beginning of the National ASPAN meeting each year. It was suggested this be added as one of the educational offerings for Orlando conference. Our meeting time flew by but it was all so much fun.

The evenings were ours to explore Philadelphia, a walk able city with great wall murals (the most in the nation), food-Phili Steak Sandwich and seafood, and sites concerning our American Constitution. Jeanne and I met wonderful people from all regions and hope to connect again at the national conference. This was my first time being able to attend CDI but boy did I learn a lot. If any of you ever have a chance to attend in the future, please do.

In conclusion, I hope we can share our learning's from the CDI to you all in the next year to make OPANA a larger and stronger component. Thank you all for allowing me to attend.



## National Conference 2012



Don't Forget the National Conference  
Coming to  
Orlando in 2012  
April 15-19th  
**“Beacons of Change...  
Focusing on the Future”**

Make your reservations  
Now  
At  
Hilton Orlando  
[www.thehiltonorlando.com](http://www.thehiltonorlando.com)

See ASPAN web site for further details: [aspan.org](http://aspan.org)

See ASPAN's Web site for Specials on Disney Theme Parks

### **Certification Deadlines from abpanc American Board of Perianesthesia Nursing Certification**

#### **Spring 2012**

Registration Window-Online  
Registration Deadline-Online  
Examination Administration Window

January 9-March 5  
March 5 by 11:59pm ET  
April 2-May 12

#### **Fall 2012**

Registration Window-Online  
Registration Window-Online  
Examination Window

July 9-September 10  
September 10 by 11:59pm  
October 1-November 10

**Make 2012 the year that you become certified  
Start Planning now!**



**Letter From the Editor**  
**Renee Garbark BSN, RN CAPA**

**Lateral/Horizontal Violence In The Workplace**

Is it just me or does nursing seem to be a violent place to work? Maybe it's just the stress of the health care environment. Since the Ohio State Govt. may be passing a bill regarding violence in the work place I thought this might be a good time to share with you some things I've found out about lateral violence in the workplace.

I've actually been doing some initial research into this topic for a class I'd like to present. I was amazed by the definition of violence in the workplace. It encompasses more than I thought and confirmed why so many times I've questioned the mental health of the work environment in which nurses find themselves. Supposedly, we are a caring profession yet we are bombarded by violence in the workplace everyday. Not only are we receiving it, but we are dishing it out as well. That's right, I said we're dishing it out ourselves. Please read on to see how we are doing this and what we can do about it.

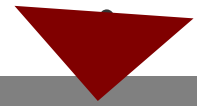
Intimidating and disruptive behaviors which include verbal outbursts, physical threats and passive violence are just some of the behaviors noted in workplace violence. These can be manifested through many channels: Doctor to Nurse, Doctor to Doctor, Nurse to Nurse, patient to nurse, nurse to patient and Employer/Manager to staff member. These avenues of violence are sometimes referred to as horizontal violence.

This horizontal violence can be overt or covert. Check out some of these more subtle behaviors: raising the eyebrows, rolling the eyes, making faces, backstabbing, rudeness, refusing to return calls or pages, condescending language or voice intonation,

impatience with questions, gossiping, relentless criticism, withholding of information, blaming and complaining to others without speaking directly to the person, and sexual harassment. This is not a complete list, but it's an eye opener regarding violence in the workplace. (McNamara, 2010)

Some of the items we expect to be there, but others are things we've participated in ourselves without realizing what an effect it can have on our workplace environment.

According to the Joint Commission and an article by Sharon McNamara, Workplace Violence and its effects on Patient Safety, published in AORN, there are serious consequences resulting from this behavior. (The Joint Commission, 2008)



Wanted:  
Articles for the Snooze News  
Research  
Process Improvement  
Humor  
Patient/Nurse Stories  
If you have a knack for  
Writing  
**WE NEED YOU!**  
Send to: [garbarks@sbcglobal.net](mailto:garbarks@sbcglobal.net)

**Copyright© 2011 Snooze News-All rights reserved**

**Reproduction by any means without expressed permission from OPANA is prohibited**

## Lateral/Horizontal Violence in the Workplace

Continued from page 9

Some of the consequences of lateral/horizontal violence include those for the individual and those for the Organization. Per Sharon McNamara's article in the AORN journal December 2010, the following are some of the consequences of horizontal violence:

### The Individual:

- 1.) Weight gain or loss
- 2.) Depression
- 3.) Anxiety
- 4.) PTSD
- 5.) Increased use of substance abuse
- 6.) Isolation
- 7.) Physical symptoms such as cardiac irregularities and hypertension.

### The Organization:

- 1.) Erodes professional behavior
- 2.) Creates an unhealthy or even hostile work environment
- 3.) Studies link patient complaints about unprofessional, disruptive behaviors and malpractice risk.

I'd like to share with you some interesting statistics from the American College of Physicians Executive Survey July 9, 2008 to August 10, 2009.

- 97% of 1428 nurses and 696 physicians stated that verbal violence as common.
- 2.8 % reported actual physical abuse
- 85.5% degrading comments and yelling
- 45.4% physicians were the most common verbal abuse offenders
- 6.8% with nurses offending
- 61.2% reported that nurses had been terminated for their behavior but only 22.2% reported that physicians had been terminated for their behavior.

The Joint Commission (Sentinel Event #40) encourages organizations to define acceptable and disruptive behaviors and for leaders to create a process for managing these behaviors. So what can

organizations do to improve their environment? Sharon McNamara shares 3 real solutions in her article, Workplace and its effects on Patient Safety.

One of these options is to call a code pink. During a **code pink** everyone in earshot of the disorderly behavior comes together and surrounds both parties. They stand silently with arms crossed to provide support for the victim. At this point the executor of the behavior usually realizes their mistake and stops.

If pink isn't your color maybe you could try **code purple**. This stands for **Please use Respectful Professional Language Every Time**. The staff can be educated about this concept through posters throughout the unit and verbally calling out a **code purple** when someone is acting out.

Maybe colors aren't your thing. If that's the case try using **CUSS** words instead. This stands for concerned, uncomfortable, scared or stop proceeded by "I am" or "I want" statements. For example: "I'm uncomfortable with your behavior", I want you to stop yelling at me." When one of the CUSS words is used it would be a signal to other staff members the their behavior is not acceptable. This method can empower every staff member to highlight an atmosphere that could cause a serious patient error.

I'd like to invite all of you to share the method your hospital uses and it's effectiveness. I'd like to feature some of the solutions and ideas in the next Snooze News. I'll omit the names of individuals and organizations and just print the ideas or methods and how they work or don't work.

McNamara, S. (2010). Workplace violence and its effects on patient safety. *AORN Journal*, 93(6) 677-682.

The Joint Commission. Behaviors that undermined a culture of safety. *Sentinel Event Alert*. Issue 40, July 9, 2008