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The Snooze News

The Official Newsletter of The Ohio Perianesthesia Nurses Association

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Leadership Transitions

By: Nancy McGushin
President-OPANA

It is with equal parts of relief and regret that I write this, my final OPANA President's message; relief that this responsibility will soon be transferred to other, more capable hands, and regret that these two years have passed so quickly. I have been honored to serve this organization and you, its members and supporters.

During my tenure as your president, OPANA has realized the fruits of several years' labor by other dedicated leaders. Our Board of Directors has become a stronger, more involved entity, involvement at the District level has increased, and we were honored last year as a leader in perianesthesia certification with the "Shining Star Award" and as the "Gold Leaf Component of the Year" for ASPAN. Our outreach has expanded, with more giving of time, money, and resources to both community and national charitable organizations and individuals. Participation of OPANA members in ASPAN activities, committees, and programs has increased, and our educational programs have increased in frequency and attendance, with exceptional presentations by leaders in the healthcare field. My sincere thanks go to all those who set the stage for the realization of these achievements.

Leadership on all levels has been essential to the growth and progress we have experienced, and effective leadership will be needed to continue that momentum. Fortunately, our President-Elect, Jeanne Guess, has exceptional leader
ship qualities. Jeanne will take office on May 7, 2011, at the OPANA Spring Seminar in Cincinnati.

Having worked with Jeanne as our Vice President/President Elect, I have discovered that she is an organized, motivational person who is not afraid of a challenge, but never forgets that an organization is composed of human beings. She fits the definition of the "quantum" leader.

"Quantum" leaders lead from the heart, the place where we experience caring, empathy, and compassion. "Leading from the heart" means relating, connecting, and caring while performing the rational and intellectual processes required of leaders. When leaders "lead from the heart," members of the organization are treated like human beings, freeing up their energy and eliciting their full engagement in the organization. By leading from the heart, quantum leaders create environments that propel their organizations to new levels of success (Wolfe, 2011).

Porter-O'Grady and Malloch (2007) state that, to lead from the heart, the "quantum" leader must possess emotional intelligence, a strong character, a high level of integrity and moral conscience, and an optimistic outlook. Emotional intelligence, or emotional competence, is defined as the ability to effectively regulate one's own emotions and to understand and respond appropriately to the emotions of others (Kosslyn & Rosenberg, 2001). In other words, the quantum leader possesses the ability to manage interpersonal relationships. Although they do not necessarily call it emotional intelligence, Harris &

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Deadlines for Publication-Snooze News

Deadline	Publication Date
November 1st	January 2nd
March 1st	April 1st
June 1st	July 1st
September 1st	October 1st

Continuing Education Opportunities-Conferences

Cleveland Clinic
Spring conference
May 21, 2011

8:00-8:15	Registration/Breakfast
8:15-8:30	Welcome
8:30-9:30	Trauma: Mechanism of Injury
9:30-10:30	Respiratory Emergencies
10:30-11:30	Legal updates
11:30-12:30	Lunch
12:30- 1:30	Acute vs. Chronic Pain
1:30-2:30	Pre/Post operative Management of diabetes
2:30-2:45	Break/Vendor Exhibits
2:45-3:45	Horizontal Violence
3:45-4:00	Evaluation/Certificates

Contact Sandy Hossman RN, CPAN (216-444-3678) or Carol Pehotsky (216-444-8284) for registration information.

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ASPAN's National Conference

April 3-7, 2011
Sheraton Seattle Hotel
Seattle Washiington

See

The Ohio PeriAnesthesia Nurses Association
OPANA Spring State Meeting-Workshop
"The ABCs of Perianesthesia Care"

Saturday May 7, 2011, 7:30am – 4:00pm in the 2nd Floor Golder Room
Bethesda North Hospital, 10500 Montgomery Rd
Cincinnati, Ohio

07:00-07:30	Registration and Continental Breakfast (Provided)
07:30-07:35	Welcome Shirley, CAPANA Pres. Debby/ Terri (Chairs)
07:35-09:05	Diabetes "How Sweet It Is" Cheryl Angel, RN, MS, CDE
09:05-10:05	Communication "Can You Interpret This?" Ana Alza Rodriguez, BS, BA Interpretive Health Specialist
10:05-10:35	Break with Exhibitor/Vendors
10:35-11:50	Epidurals and Regionals "Blocking the Pain" Dr. Gururau Sudarshan Anesthesiologist/Pain Specialist
11:50-12:20	Lunch (provided)
12:20-12:50	OPANA State Meeting
12:50-13:00	Break
13:00-14:15	Asthma/Pulmonary "Can you Take a Deep Breathe" Sharon Balkenhol, RN, MS, CNS
14:15-15:45	Breast Health "What's New in Breast Care"

For More information contact Debby Niehaus
513-641-6849/513-747-0906

ASPAN Member $65
Non-Member $75.00
Undergrad Nursing Student $25.00

Leadership Transitions
President's Message Continued...from page 1

Roussel (2010) describe the essential qualities of a leader in much the same way, stressing the leader's ability to quickly establish meaningful relationships and function as a team leader, member, and coach.

The effective leader must also become comfortable with self-evaluation and reflective thinking, examining individual emotions and beliefs with an open mind (Harris & Roussel, 2010). This demonstrates the seemingly incongruent combination of personal humility and self-confidence. While these concepts seem to conflict, they actually build on each other, because it is only by recognizing our own strengths and weaknesses that we are empowered to become our best selves (Watkins & Mohr, 2001). The leader must learn to look at each situation for the learning opportunities it presents and to relate past ex periences to those of others going through similar circumstances.

The primary role of the leader of an organization such as OPANA is to empower the membership to ask questions and seek the best possible solutions to challenges and opportunities (Rosseter, 2009). Porter-O'Grady and Malloch (2007) describe this as the coaching process, where the leader and the members learn together, developing mutual trust in the process. I am confident that, under Jeanne's leadership and the involvement of you the members, OPANA will continue to learn, grow, and achieve ever greater successes.

References

Harris, J. & Roussel, L. (2010). *Initiating and sustaining the clinical nurse leader role: A practical guide.* Sudbury, MA: Jones and Bartlett Publishers.

Kosslyn, S. & Rossenberg, R. (2001). *Psychology: The brain, the person, the world.* Needham Heights, MA: Allyn & Bacon.

Porter-O'Grady, T. & Malloch, K. (2007). *Quantum leadership: A resource for health care innovation* (2nd ed.). Sudbury, MA: Jones and Bartlett Publishers.

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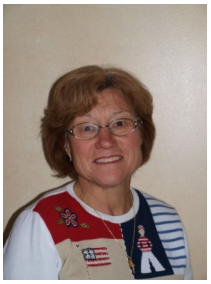
President Elect May 2011-Nomination
Rose Durning MSH, BSN, CAPA RN

I have worked in the Perianesthesia Nursing setting for over 26 years; Pre-op, PACU, Special Procedures, Ambulatory Surgery both in the inpatient and outpatient setting. At the present time, I am working for the Kettering Health Network, Greene Memorial Hospital and their Ambulatory Surgery Center as Resource nurse floating between SDS and PACU for about 24-32 hrs/week with voluntary call for the PACU on evenings and weekends. I have worked for the Greene Memorial since 1995.



January 2009-June 2010 I was the Simulation Coordinator for the 88th Medical Group, WPAFB; developed simulation training needs of health care personnel of physicians, nurses, medical technicians. Also established unique remote Robotic training program in burn management with collaboration with Brooke Army Burn Center, San Antonio, Texas.

I have also participated as an Adjunct Instructor, Project Director for the first Human Patient Simulator User Group for 22 counties in West Central Ohio. I was the Research Assistant for Tri Service Nursing Research Program utilizing computer based simulation mannequins to train critical nursing skills to Air Force Clinical nurses for deployment 2006-2009.

Prior to working in Ohio, I was a clinical nurse in the outpatient department in Cheyenne, WY for a 24 bed unit with 30-40 operations daily and coordinator for unit QI program. Also organized and established new Preoperative Clinic; protocols established with coordination with physician staff and private offices, first of its kind at Penrose Hospital, Colorado Springs, CO, from 1985-1991.

I have held numerous leadership positions in DAPANA and with the US Air Force, now being a retired Colonel nurse after 30 years service.

Education

-Bachelor's of Science in Nursing

-Master of Science in Health Sciences/Emergency and Disaster Management; Suma Cum Laude

Ohio Legislative Update

Sally Morgan, RN, APNP-BC

Now, more than ever before, nurses need to be aware of governmental affairs as healthcare continues to be a hot topic at the national, state, and local levels. Several bills impacting Ohio healthcare are being introduced at this time.

The most controversial bill is Senate Bill 5 – Collective Bargaining Law. This bill would prohibit state employees from collective bargaining and make changes to the collective bargaining process for public employees at the county and municipal level. SB5 has passed in the Senate and has moved to the House where hearings should begin soon. Approximately 7000 nurses in Ohio would be impacted by this bill. SB5 was sponsored by Senator Shannon Jones.

Senate Bill 83 –Modify the Authority of Certain Advanced Practice Nurses to Prescribe is a redrafted bill from last year's legislation granting APNs the authority to prescribe Schedule II medications. This bill is sponsored by Senator Oelslager.

House Bill 62 – Workplace Violence was previously introduced with similar language as HB450 in the last General Assembly. The bill would increase the penalty for assaulting a nurse from a first degree misdemeanor to a fourth degree felony. It is sponsored by Representative Anne Gonzales.

House Bill 11 – Patient Protection and Affordable Care Act – Limit State Implementation prohibits state departments and agencies from implementing or enforcing a provision of the federal Patient Protection and Affordable Care Act without meeting certain conditions. It is sponsored by Representative Barb Sears. She has also introduced HB 12 Medicaid Revise Requirements and HB13 Medicaid Premium Assistance.

Ohio has a high rate of prescription drug abuse and Representative David Burke has introduced HB 93 Prescription Drugs-Abuse of/Medicaid Coverage of/ Information Programs. This legislation aims to reduce prescription drug abuse particularly that of pain medications by putting licensure restrictions in place regarding pain clinics, requires rules regarding physician operation of such clinics, establishes a fine structure for violations, creates a drug-take back program for leftover medications, and modifies Ohio's Automated RX Reporting System.

I am new to the legislative process and would like to share my experiences with you. I would like you all to check out the ASPAN website: http://www.aspan.org/Portals/6/docs/Resources/Advocacy/GA_Primer_Feb-2011_FINAL.pdf
In the next newsletter, we can begin looking at the legislative process in Ohio.

Preventing Chronic Intractable Pain

Cathy Trame MS, CNS, BC, Coordinator/CNS Perioperative Pain Services, Miami Valley Hospital
Dayton, Ohio
(Excerpts from original article)

The first disease specific certification in the United States for the prevention of chronic intractable pain was awarded to Miami Valley Hospital by the Joint Commission February 11, 2011. Years of interdisciplinary planning, implementation and evaluation led by advanced practice nurses and nurtured in a Magnet environment were the keys in obtaining this first ever certification.

The JCAHO disease specific certification model (DSCM) is an interdisciplinary, continuum-based health care delivery model designed to prevent, minimize or delay exacerbations or complications of illness or conditions. Care is provided in relationships, based on evidence, using tailored treatments continuously monitored and evaluated in open communicating systems. (DSC Refreshed Core, January 2010).

The DSCM provided an additional framework to the Magnet Model for New Knowledge and Innovations (NK). The merger of these two powerful frameworks as well as years of experience in pain management provided a wide and deep foundation for the MVH Pain Team to develop this nationally recognized chronic pain prevention program. The results include improved patient perceptions of care, decreased pain scores and complication rates as well as reduced length of stay.

The pain program's goal to **prevent chronic pain** is based on comprehensive reviews of the literature which include pain pathophysiology, assessment, and treatment. Chronic pain has an acute source and hospital pain management practices do not account for future pain. Pre-emptive, intraoperative, and post operative treatment regimes, outcomes (*pain measures, complications, length of stay*) were also reviewed and evaluated in relationship to existing evidence, current practices and national standards. Months of literature review were summed up in one statement: **early** and **aggressive** pain management significantly reduces the incidence of chronic pain.

The first groups targeted for prevention of chronic pain were hip and pelvic fractures. Orthopedic, emergency room, geriatric and trauma nurses joined the interdisciplinary team with the goal to prevent chronic pain.

Early and
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Chronic Pain.

The chronic pain prevention program, using an algorithmic approach, begins in the Emergency Trauma Center and extends throughout the inpatient continuum in an 800+ bed Level 1 Trauma Center. Physicians and Advanced Practice Nurses in geriatrics, trauma and orthopedics, Anesthesiologists, Physical Therapists and Registered Nurses provide evidence based care throughout the continuum. Cathy Trame, RN, MS, CNS, BC, Leader of the Perioperative Pain Program served as the visionary project leader utilizing evidence based practice knowledge, navigation and consensus building skills with all disciplines.

Baseline data for the project included mean pain scores, complications and length of stay. Preemptive trials were conducted to fine tune treatment algorithms. Program elements developed included staff education, policy and procedure changes, a pain scale designed specifically for geriatric populations, modification of the electronic health record, and evidence based order sets. Clinical nurses participated in advocacy, data collection, evaluation, and incorporation of pain tools into daily practice.

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Chronic Pain

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A Perioperative Pain Surveillance Team (PPST) was formed with nurses from all perioperative areas including PAT, Pre-op, Admit/Discharge Areas, OR, and PACU. Nurses were encouraged to complete audits whenever a specific pain issue occurred, and to keep the nurses in their areas up to date on pain projects and changes. A Regional Block program was developed with appointment of a "block nurse" and medical director from anesthesia, and nurses were educated on the care of patients receiving regional and infusion block therapy. A Peripheral Nerve Block Order Set was developed in collaboration with Anesthesia to delineate safe practice for care of the nerve block patients . Clinical nurses also received education in non-pharmacological interventions including therapeutic presence and ice therapies. The Perioperative Pain CNS was notified by nursing or medical staff for ANY irresolvable pain issues. Anesthesia approved that nurses in Pre-admission Testing could coach the patients to take their regular pain medicines the am of surgery with a sip of water, just like their heart medication. Nurses on the inpatient units were also educated to continue oral pain medication up to one hour prior to surgery.

The application for the JC Disease Certification for the "Prevention of Chronic Intractable Pain" included specific performance measures. Target populations were specifically selected because of complication rates, specifically related to delirium due to age and narcotic administration, and high risk of chronic pain development as reported in the literature. These populations were hip fractures and pelvic fractures. Performance measure targets for the JC disease certification process included:

1. Mean pain score of 4 or less on all hip fractures the day after surgery.
2. Mean pain score of less than 5 on all pelvic fractures the day after admission.
3. Mean pain score of less than 5 on all pelvic fractures the day of discharge.
4. 80% of pelvic fracture and hip fracture patients will state that they received enough information about medications at discharge (measured with follow-up phone call).

In 2009, hip fracture mean pain scores remained >4 throughout the year, while pelvic fracture mean pain scores remained >5. Algorithms targeting pain management in both populations reaped positive results. Mean target pain scores were met and sustained throughout the year for hip and pelvic fractures. The integral involvement of the nursing staff elevated patient satisfaction levels in all areas touched by the program. On the units served by the algorithms, HCAPS scores in the Pain Domain, including "How Well Pain was Controlled" and "Staff Did Everything to Help with Pain" revealed significant increases. The Trauma Unit and Trauma Providers boasted 100th percentile in "Staff Did Everything to Help with Pain" in September 2010.

Despite the vast literature available on the pathophysiology of pain, and how chronic pain develops, there is virtually no comprehensive approach documented to address chronic pain prevention. Through this comprehensive, multidisciplinary "Prevention of Chronic Intractable Pain Program", evidence-based information can be shared for the improvement of patient outcomes.

Abpanc –Practice Exams

According to abpanc's web, site it's now possible to purchase practice exams for $35.00 and get a second practice exam for free. These practice exams contain 50 questions that have been randomly selected from a practice exam bank. What a great opportunity to decrease anxiety and prepare for the certification exam. For more information go to abpanc's website at: www.cpancapa.org

Proposed Bylaws Change-Reflects changes in the ASPAN Bylaws:

Article II- Change "Mission Statement to "Core Purpose"

ARTICLE II
MISSION STATEMENT CHANGED TO:
CORE PURPOSE

The purpose for which the association is formed is exclusively educational, scientific, and charitable; and includes the following…

Section 2.1
To unite licensed PeriAnesthesia Nurses for the purpose of maintaining an association dedicated to the constant endeavor of promoting the highest professional standards of perianesthesia nursing for the best and safest care of the patient.

Section 2.2
To raise the standards of perianesthesia nursing by encouraging research, publication, continuing education, specialization and certification.

Section 2.3
To maintain good rapport with anesthesiologists, Certified Registered Nurse Anesthetists, Anesthesiologist Assistants, and physicians for the continuation of optimum care of the patient during the perianesthesia period.

Section 2.4
To cooperate with other professional associations, hospitals, universities, industries, technical societies, research organizations, and governmental agencies in matters affecting the foregoing purpose of the association.

Section 2.5
To receive dues and maintain a funds to further the purposes of OPANA.

Section 2.6
To promote public awareness and understanding of the care of the perianesthesia patient through community involvement.

Section 2.7
To study, discuss and exchange professional knowledge, expertise and ideas on perianesthesia care, and to facilitate cooperation between PeriAnesthesia Nurses, physicians, and other interested medical personnel.

Section 2.8
The association shall have perpetual existence.

Article III, Section 3.2- Add "E. Student Member" with description. Section 3.3- Combine B and C, then re-letter remaining items. Section 3.3- Amend new letter D to reflect electronic format of newsletter and notices.

ARTICLE III
MEMBERSHIP

Section 3.1 Qualifications of Membership

A. Membership in OPANA shall be available to all licensed nurses who are presently employed, or in the past were employed, in perianesthesia nursing, or anyone interested in perianesthesia care. Perianesthesia nursing includes all areas of ambulatory, pre and postanesthesia care.

B. Membership in the American Society of PeriAnesthesia Nurses (ASPAN) and one of the local district associations of OPANA are required.

C. Application for membership in OPANA shall be made on a written or electronic application form prescribed by ASPAN.

Proposed Bylaws Change

Continued from page 8

Section 3.2 – Classifications of Membership

Membership of OPANA shall be classified as (A) Active, (B) Affiliate, (C) Retired, and (D) Honorary, and (E) Student.

A. Active Member
Active members are licensed nurses and are presently employed in perianesthesia nursing, management, teaching, or research of perianesthesia nursing. Involuntary interruption of an active member's practice as a perianesthesia nurse shall not affect such member's status as an active member of the society unless and until such interruption has continued for a period of three consecutive years beginning in the month of the member's anniversary date.

B. Affiliate Member
Affiliate members may be physicians, other nurses or healthcare practitioners who are especially interested in the care of patients in the perianesthesia period.

C. Retired Member
Retired members are active members in good standing who have ceased the active practice of perianesthesia nursing, management, teaching or research of perianesthesia nursing by reason of retirement or permanent disability.

D. Honorary Member
Honorary members shall be those persons who have rendered distinguished or valuable service to perianesthesia nursing and who are elected as honorary members by the Board of Directors. Honorary members may concurrently hold membership in another class of membership of the association.

E. Student Member
Student members are persons who are pursuing a degree which will lead to licensure as a registered nurse.

Section 3.3 - Privileges of Members

A. Active members in good standing shall have the right to hold office.

B. Active and retired members in good standing shall have the right to vote and

C. Active and retired members in good standing (this section removed) may serve as committee chairpersons or members.

D becomes C Affiliate members in good standing may serve as committee members.

E. becomes D. All members in good standing will can receive the Snooze News newsletter and notices from OPANA online at www.Ohiopana.org.

District News

NOPANA
Carol Zacharias District Rep

NOPANA had the first meeting of the year on February 5. This was the Saturday before PeriAnesthesia Nurses Awareness Week (PANAW). A breakfast was provided for the attendees. Barb Tassell, RN, MSN spoke on "Ohio Nursing Law 2011: Practice Issues" and one contact hour was provided. The meeting was attended by 29 people some were members, others friends and one nursing student. The meeting was enjoyed by all attendees and very informative. A service project consisting of collecting winter items for Salem Community of North Toledo was conducted.

DAPANA
Gayle Jordon District Rep

DAPANA had a 1/2 day seminar on February 5th. Four speakers presented talks on various topics including Cathy Trame, who has an article in this issue of the Snooze news. Cindy Schoonover MS, RN CCRN talked about her experience in Guatemala and Dr. Steven Burdette discussed antibiotics for 2011. Dr. Dale Drollinger finished the seminar by discussing post operative care and concerns of the patient having a DaVinci hysterectomy. Continental breakfast was served. Participants received 4CE for this event which took place at Miami Valley Hospital in Dayton. The next meeting will be April 16th. Dr. Velasco, vascular surgeon will be talking on endovascular repair of AAA. There will be more information posted on our web site. Also, we will be holding elections the month of April for the offices of secretary and Vice President.

Scholarships

Scholarships are available for use at the spring and fall seminar up to $75.00. The forms to apply are on the Opana web site (www.Ohiopana.org). The scholarships are based on your involvement in the organization. So get involved today to enhance your profession and earn credit toward a scholarship. Forms are to be given to your district scholarship chairperson. See web site or contact your district as needed.

Letter From the Editor
Renee Garbark BSN, RN CAPA

Disaster Relief

I know that many of you were moved as I was watching the devastation that hit Japan recently. As I watched all that destruction, I thought, as I often do during such times, here I am a nurse, who would love to be there helping the people in any way I can with the talents I've been given. But it's a world away and we have so many responsibilities with our own families. How would I get there to help and how would I pay for that? I'm sure many of you have had these same thoughts and wondered how you could get involved.

It is possible for nurses around the world to receive training and become a part of a registry of nurses who are willing to help out when disaster strikes anywhere in the world. This type of nursing requires skills that are unique to disaster situations. According to Nursing Link it requires knowledge in the following areas: large group dynamics, managing shock and panic, and shelter mobilization. For more information visit their web site at: http://nursinglink.monster.com/education/articles/4302-go-above-and-beyond-as-a-disaster-relief-nurse.

Through Mosby's Nursing Consult I was able to read an article about what the Japanese Nurses Association (JNA) is doing to help mobilize their own nurses to the destructed areas. The JNA has set up a tack force to respond to this disaster. Starting on March 22nd the JNA started to dispatch volunteer nurses and supplies to the affected areas of the Tsunami. The 1st group consisted of 20 nurses. A second round of volunteers were sent on March 24th and JNA has committed to send 40 nurses a day to the Tsunami torn area, resulting in 1000 nurses deployed in 1 month's time. There is more information regarding this effort on the JNA's web site at: http://www.nurse.or.jp/jna/english/index.html.

We can also help by giving to the American Nurses Foundation at the following web site: http://www.anfonline.org/HomeCategory/DonorCenter/OnlineDonation.aspx. Please write in "Japan" in the comment section to assure that your donation will be going for Tsunami nursing relief.

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