Volume 36, Issue 2

The Official Newsletter of The Ohio PeriAnesthesia Nurses Association

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OPANA President
Teri Siroki, BSN, RN

President’s Message

Dear OPANA Members,

Thank you for electing me to serve as OPANA President for the 2015-2017 term. I look forward to meeting many of you over the next two years. As for myself, I earned a BSN from the University of Akron in 1984. I started working at Akron General Medical Center in 1985. In 1989, I transferred into PACU and I have stayed there ever since. Joyce Dufford, one of OPANA’s founding members, was my head nurse (Yes, we used that term!). Joyce was a strong advocate for recognizing perianesthesia nursing as a specialty and did a great deal to advance this idea among the local nursing community. Not only did she bring the ASPAN Standards into our work environment but she strongly encouraged her staff to become ASPAN members. Now, 25 years later, I am serving as state president.

The 2015 year is off to a busy start. In September, I attended the Leadership Development Institute in St. Louis along with 3 other board members. We had opportunities to network with PACU nurses from across the country and learn new ideas from them. We discussed issues of budget planning, applying for contact hours, Gold Leaf, and Strategic Planning. We listened to presentations on Inspiring Professionalism in the New Generation and becoming Passionate ASPAN Members. From this we brought home many new ideas to explore and make part of our program.

Our Fall Seminar was held on October 24th in Columbus. We had more than 50 people in attendance. We were joined by Sylvia Baker, our Region 3 Director. Topics included Disaster Planning, Autism in the PACU, Understanding Third World Medical Missions, Legal issues in Nursing, and Nursing Leadership and the Power of Professional Advocacy. Thank you to all who assisted in putting this day together, as well as all who attended.

As our service project, we collected over $1,000 for our speaker, Eric Kramer, who serves as a medical missionary in Mexico. Your generosity is amazing! Thank you.

This year PANAW will be February 1-7. Please let us know how you celebrate by sending stories and pictures to the website or to our Snooze News editor. I would like to encourage all of you to attend the National Convention in Philadelphia April 10 – 14. OPANA's Spring Seminar will be May 21 in Dayton. I hope you will join us.

Sincerely,
Teri Siroki

Downtown St. Louis
As of the publication of this newsletter, LDI is all wrapped up and great learning and networking has been completed and extended. All of the Regional Directors worked hard this summer stimulating our creative juices to make a fun learning experience for all attendees. I’d like to recommend that all those who attended continue to nurture those seeds that were planted so that your component will continue to grow and prosper.

ICPAN was also a success with many Perianesthesia Nurses meeting to network about patient care during the Perianesthesia timeframe around the world. While this is a very young organization, we all want to support and encourage its growth! Keep tuned to see how what you do in your local world is like (or different) from Perianesthesia care in other parts of the world.

I will be attending a couple of Component Conferences as I continue to learn my role in support of you, the grassroots member of this Region. Please let me know how I can assist you: whether you are a member of your Component Board or a member providing that stellar care to the patients that need that loving touch as they emerge from their state of anesthesia.

In October, I will be (or have) attending the Standards & Guidelines meeting. This four day meeting is one where a great deal of hard work, updating and discussion of our Standards and Practice takes place. Each time, we (as an organization) update our Standards, I gain a deep sense of appreciation and pride of the work that we do with our patients (at the bedside) as well as the work we do as an influential organization.

Please enjoy the upcoming changes of the seasons while continuing to provide the constant vigilance of care and knowledge to those placed in your care!

Respectfully,

Sylvia Baker, MSN, RN, CPAN
Regional Director: Region 3

OPANAs Mission and Vision
Our core purpose is to advance the unique specialty of PeriAnesthesia Nursing.

Our vision is to be Ohio’s recognized nursing association for providing and promoting PeriAnesthesia education, nursing practice, ASPAN standards and research.
## OPANA Board Members 2015-2016

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<tr>
<th>Name</th>
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GCPANA’s general meeting was held on Saturday, October 10th, 2015 at Pine Ridge Country Club. Thirty-five nurses were in attendance and one student. The meeting included two speakers and attendees received two contact hours. Our first speaker was Denise Click MN, BSN, RN whose topic was, “Silence is Lethal: It’s Time to Speak Up”. Our second speakers were Deforia Lane PhD, MT-BC and Diane Mayo MSN, CRNA. Their topic was, “Music Therapy in the Surgical Arena: A Randomized Clinical Trial”. Both presentations were well received by all in attendance. The overall program objective was to discuss current clinical topics for the perianesthesia nurse. Deforia and Diane’s presentation was information from a clinical trial conducted at University Case Medical Center and University Richmond Medical Center. The outcome of these presentations was to enable the perianesthesia nurse to implement standards in order to improve the quality of patient care.

Five Successful Practice Posters from the Cleveland Clinic were on display. Attendees reviewed the posters and were awarded 0.50 contact hour from the Cleveland Clinic. The topics of these posters were: What’s at Your Bedside? Less is More, What To Know Before You Go: A Pediatric Surgical Guide, The Innovation of G31, Do You Know The Flow? Developing An Algorithm for Post Operative Urinary Retention, A Quiet Environment is a Healing Environment, and Close the Loop.

Every year GCPANA awards one membership to ASPAN. Every meeting attended gives a person one chance to win. Valerie Mauer RN is this year’s recipient of the award. Toothbrushes and toothpaste were collected and donated to the Cleveland Food Bank. GCPANA has nominated Theresa Shine BA, RN, CAPA for the OPANA Outstanding Achievement Award.

NEOPANA 2015-2016 Meeting Schedule

<table>
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<tr>
<th>DATE</th>
<th>LOCATION</th>
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<tr>
<td>11/10/15 7:30 PM</td>
<td>Mercy Medical Center (Canton, OH Dr. Jeff Blasick will be speaking on “Understanding Anterior Supine Hip Replacements”</td>
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<tr>
<td>January 2016 2/09/16 7:30 PM</td>
<td>Akron General Medical Center PANAW celebration and Dr. Mendiola will be speaking about breast surgery.</td>
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<tr>
<td>3/16/16 5-7 pm</td>
<td>Akron/Canton Food bank Service Project</td>
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<tr>
<td>4/19/16 7:30 PM</td>
<td>Akron General Medical Center</td>
</tr>
<tr>
<td>5/10/16 7:00 PM</td>
<td>Dinner Meeting (Location TBA)</td>
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Annual Reverse Raffle - Monday October 26, 2015 at Guy’s Party Center in Akron. Cocktails at 6:30 PM and Dinner at 7:30 PM. Choice of Steak, Chicken, Fish, and Vegetarian. Tickets are $125. They include 2 dinners and 1 ticket in the main drawing. There are only 100 tickets sold. We also sell side board tickets that evening. This is our main fundraiser for the year.

We have been working on collecting orders for the OPANA Rada Knife fundraiser.

We had wonderful speakers for our September and October meetings. In September at Mercy Medical Center, Dr. Stern did a great review of the types of anesthesia and the drugs used by anesthesia providers. In October at Summa Akron City Hospital, Pamela Moore, PharmD, BCPS, CPE spoke about pain satisfaction challenges.

This year, at our October meeting, we collected packages of women’s underwear to donate to S.A.N.E. for rape victims as a community project.

We voted that NEOPANA would buy logo tee-shirts for us to wear to our March Service Project.

We donated $150 to the OPANA Fall Seminar Service Project for Eric Kramer. NEOPANA also donated $50 of local Ohio items for the Chinese Auction and made our yearly $250 woman’s shelter donation to Every Woman’s House in Wayne County.

During PANAW week, we will be giving away $50 PANAW bucks x 8.

We had three NEOPANA members attend LDI: Beth Cooper, Sally Swartzlander, & Teri Siroki.
NOPANA met May 9th at ProMedica Flower Hospital. The speaker was Carol Zacharias, MSN, RN, CPAN. Title of the presentation was “Scope of Practice and Delegations for Ohio RN’s”. Contact hours were awarded for the presentation. The program met the Ohio RN licensure requirement for one contact hour of Ohio Nursing law. A continental breakfast was served. Overview of National Conference was provided and OPANA awards. Reviewed how to apply for available OPANA and NOPANA scholarships.

September 7 meeting: The speaker was Stacy Adams, BSN, a current student in the CRNA program at Lourdes University. Title of the presentation was “The Role of the Anesthetist in the Enhanced Recover after Surgery (ERAS) setting”. Contact hours were awarded. Speaker suggestions for the November meeting were discussed.

Congratulations to Carol Zacharias as the new OPANA Treasurer. An open invitation was issued for members to attend any board meeting. NOPANA awarded 2 scholarships this year to members. Rada knife books for OPANA fund raiser were available for area hospital representatives to take. Community service project - Holiday gift was discussed, voted and approved to join OPANA and donate to the medical mission speaker at the OPANA fall conference.

DAPANA has been actively working on the sales of Rada knives to support nursing scholarships. Planning will continue for the OPANA 2016 spring conference on May 21, 2016, and board meeting hosted by DAPANA.

The first meeting for 2016 is scheduled for February 9, 2016 at Miami Valley Hospital Maxon Parlor from 0800-1200. Speakers to be announced.

Any questions, please contact Bonita Wooding, DAPANA President at bonita.woodin@khnetwork.org.

CAPANA had our 1st meeting September 16th with a great turn out! Topic was “Mindfulness”.

Our next meeting is October 21st with topic “Update on Breast Surgery”. This is our combined meeting with AORN.

We are planning our spring workshop with a tentative date of March 12, 2016. We had positive feedback regarding our earlier start time for the meeting. Also hoping to get more interest by having hospital representatives to post information about meetings, etc.

FYI: Debby Niehaus retired September 30th. Good for her; we wish her well.
My name is Iris Marcentile and as your district rep I’d like to introduce myself. I have been a nurse for 43 and a certified post anesthesia nurse (CPAN) since 2002. My nursing career began when I received my Licensed Practical Nurse from Tri-County School of Practical Nursing in 1972 then on to my Associate's Degree in Nursing from Central Ohio Technical College and my BSN from University of Phoenix. I started my career as a LPN on the medical floor at Good Samaritan Hospital in Zanesville, Ohio. In 1978, I went to Coshocton County Memorial Hospital where I worked on the surgical floor until 1989. From there, I went to work for an Internist who came to Coshocton from Boston. In 1991, I returned to Coshocton County Memorial Hospital as a part-time charge/ head nurse on the surgical unit. At that time, I started picking up fill in call for the PACU. I loved working and taking call in the PACU. So in 2000 , I took a full-time PACU position . In 2008, I transferred to our Outpatient Surgery Department as head nurse, but continued taking call for PACU. In 2013, I returned to the PACU where I now plan to finish my nursing career!

In addition to working in the PACU, I have certifications in ACLS and PALS along with an instructors certification to teach BLS. My professional memberships include ASPAN, ANA, ONA, and RNA. I serve on OPANA’s Board as Secretary, COPANA’s Board as Vice-President/President Elect-District Representative and have served as Past Secretary of Local RNA unit. I am now currently Vice-President of Local RNA unit and sit on the Nursing Advisory committee and Nurse Practice Committee.

I have been married to my husband Jim for 30 years, raised 6 children, have 6 grandchildren, 2 cats, 2 dogs and 3 grand dogs. We live on 20 acres and have a 250 acre farm that we use for hunting and fishing!
OPANA NURSE ATTENDS ONA CONVENTION

Submitted by
Iris Marcentile BSN, RN, CPAN

On October 8-9, 2015, I had the privilege of attending the ONA Convention held at Polaris Hilton in Columbus, Ohio. I was elected by my local RNA unit to be one of two delegates to attend. In addition to this, I also was nominated to run for the E&GW Commission by an nurse who had been previously on the commission for several years and by ONA President Sally Morgan. With their encouragement, I decided it was time to advance my horizons. As I agreed to be nominated for this position, I also learned I was nominated to run for the Board Structure seat. Both of these positions are 4 year terms.

After the nomination, I was sent a form of with four questions asking my opinion on topics such as mandatory overtime and how I would help stop it. Once I returned my answers back to the ONA Representative, I also needed to submit my biography, qualifications, education, current board seats and any involvement in committees.

At the beginning of the convention on Friday, a room for candidates to campaign was available. Here in we were given the opportunity to explain our positions and make ourselves known. I presented a poster board with my qualifications, personnel history and education. While in this room selling myself, my husband was out in the hall being my campaign manager. He approached groups of people introducing himself and promoting me. Telling nurses that they needed to go meet me. His motto for the campaign was "Vote for Iris. You can't go wrong, I should know I'm her husband". The meet and greet of the candidates lasted 2 hours.

We then attend the House of Delegates for an additional two hours. At the end of the House of Delegates each candidate had 2 minutes to sell themselves, share their goals and discuss what they would bring to the position elected for. I have to admit, this was very stressful since I don’t do well standing up in front of people. With my husband and co-worker’s sitting in the back, I got through the knees shaking and that feeling like I was either going to hyperventilating or pass out. On Saturday morning, we started voting and I thought, "Oh well, somebody may just write in a candidate who will get it over me since I’m not that well known". Well that didn’t happen. On Sunday morning, we found out who won the elections.

To shed some light on all this, the ONA Board of Directors consist of 15 members, the Officers of the Association and 10 Directors (ONA members). Of these, at least 5 of meet the criteria for appointment to the Economic and General Welfare Commission. The Board also consists of an Executive Board which includes the President, 1st Vice President, 2nd Vice President, Secretary, and Treasurer. The Structured Board has 5 members and Unstructured Board has 4 members which there is a new nurse and the Primary Staff.

The role of the Economic and General Welfare Commission oversees the Economic and General Welfare Program of ONA. The Commissions must be Collective Bargaining Members and are responsible for the following among other duties:
- Developing economic and employment standards and policies.
- Establishing procedures for economic and welfare complaints.
- Providing information and counseling regarding employment conditions.
- Evaluating and revising the Economic and General Welfare Program and Policies.

I am look forward to beginning this new adventure and to make a difference in nursing by bringing fresh ideas on input and decision making. In the next 4 years, I hope to see changes in mandatory overtime, hospitals safe staffing, and a reduction in nurse fatigue by getting hospitals to hire more staff, reduce nurses hours of work by staying within the perimeters of a nurses regular scheduled hours.

If you have questions contact Iris at imarcentile@gmail.com. If your not involved in ONA, please consider do so. You can also learn about the legislative process and how laws are formed, by attending Nurses Day at the Statehouse (NDASH) March 2nd, 2016. More information will be available on the ONA website.
Perioperative Pain Control for Total Joint Replacement (THA & TKA):
A Team Approach

Susan Reiswig Haines, BSN, BS, CRNA, APN
June Litmer, MS, RN, CNS-BC
Teri Topp, BSN, RN, CPAN

Pain control during the perioperative period can be a difficult goal to attain. Proactive management of perioperative pain requires a multidisciplinary team that includes physicians, nurses, physical therapists, and pharmacists using a clinical pathway that begins with preadmission testing and continues through the operative and postoperative period. [1]

Components of a successful orthopedic clinical pathway include preoperative patient education; use of a multimodal pain regimen that includes peripheral nerve blockade; standardized methods of pain assessment, documentation, and management; and early and accelerated rehabilitation. [2]

Patient Education
Preoperative patient teaching has been shown to decrease preoperative stress and anxiety. Patients who receive anesthesia information in a printed or video format in addition to verbal instruction have a greater decrease in level anxiety in the preoperative period. [3] However, a 2004 Cochrane review showed no difference in postoperative pain, function, or length of stay between groups of patients who received preoperative teaching greater than standard care and those who received only standard care.[4]

Multimodal Analgesia
The American Society of Anesthesiologists defines perioperative pain management as "actions before, during and after a procedure that are intended to reduce or eliminate postoperative pain before discharge" and a multimodal technique as "the administration of two or more drugs (administered via the same or different routes) acting by different mechanisms to provide analgesia". [5] Goals include improved pain relief by targeting more than one pain pathway; reduced doses of each medication - thereby reducing adverse effects; facilitation of recovery, discharge and rehabilitation; and decreased costs. Medications used in such an approach include, but are not limited to gabapentinoids, cox-2 inhibitors, acetaminophen, opioids, NMDA antagonists, alpha-2 agonists, and local anesthetics. When a multimodal technique is used there is a decrease in opioid need by approximately 30, decreased opioid side effects, decreased PACU length of stay, decreased pain scores in the first month post op, and a decrease in chronic pain. [6-11]

Peripheral Nerve Blocks and Infiltration Technique
In the recent past, femoral nerve block was the most common nerve block for total knee arthroplasty. Blocking the femoral nerve with local anesthetic resulted in anesthesia the skin and muscles of the anterior thigh, most of the femur, and the knee joint. In addition anesthesia was provided to the skin on the medial aspect of the leg below the knee joint. The goals of improved pain relief and a reduced amount of opioid needed to achieve patient comfort were accomplished, but there was also some motor block to the quadriceps muscle. The resulting weakness of that muscle slightly delayed ambulation and rehabilitation, and therefore discharge. In addition there was a slightly increased fall risk.

In response to this concern there has been a move away from the use of femoral nerve blocks to other techniques. Adductor canal blocks using continuous infusion catheters and infiltration techniques done by the surgeon during the procedure are two methods currently in use.

The adductor canal is a fascial plane in the middle third of the medial part of the thigh containing the femoral vessels and the saphenous nerve. The medial femoral cutaneous nerve and the posterior branch of the obturator nerve may also be found in this area. At this level the saphenous nerve is sensory only, with no motor component. Local anesthetic injected into the adductor canal results in a sensory block of the entire front of the knee with preservation of quadriceps function. Studies comparing adductor canal blocks to femoral nerve blocks for total knee arthroplasty find that adductor canal blocks show sparing of quadriceps strength, preserved balance, and they are not inferior in pain relief or amount of opioid used.[12,13]
Infiltration technique, which is the injection of local anesthetic by the surgeon during surgery into the joint and wound, is a method of post operative pain control for patients undergoing total knee and total hip arthroplasty. There is ongoing discussion by surgeons as to the optimum site of administration of the local anesthetic [14], but the relatively recent approval of Exparel by the FDA seems to have added to the success of this technique. [15] Exparel is the combination of bupivacaine with a drug delivery system (depofoam) resulting in a time released delivery of the bupivacaine, thus extending its duration of effectiveness. Studies comparing infiltration of Exparel with femoral nerve block show the Exparel group to have lower pain scores, better early knee flexion, no quadriceps weakness, better early ambulation, shorter hospital stays, and decreased cost. [15-17]

A fascia iliaca block is a compartment block of the femoral, lateral femoral cutaneous, and obturator nerves. It has been used with success in patients having total hip arthroplasty using an anterior approach and for the relief of pre and postoperative pain in patients presenting with femoral neck fractures. Reduction in opioid usage, early increased alertness and mobility, and decreased hospital length of stay in elderly populations has been demonstrated. [18]

**Pain Assessment and Management**

The use of an interdisciplinary team approach is of great importance in the management of perioperative pain. Assessment of a patient's pain history and the development of an individual realistic perioperative pain goal need to begin during preoperative visits to the surgeon and the preadmission testing clinic. Pain assessment scales that will be used during the perioperative period should be introduced to patients at this time so that they can become comfortable with their use to assess pain levels. Patient education regarding medications, regional techniques, and non-pharmacological forms of pain management that will be used should occur during the preoperative period. Brochures, videos, and patient education classes are useful tools to introduce and reinforce this information.

As the patient moves through the perioperative period, information regarding patient condition, pain score, medications, regional blocks, and non-pharmacological techniques used and their efficacy needs to be well documented and communicated to all members of the care team. Patients should be educated prior to discharge regarding evaluation and management of their pain after they leave the hospital.

It is imperative that an open stream of communication exists between all disciplines of the patient care team. Care pathway techniques need to frequently be evaluated by all those involved in the process, and adjustments made to improve care and patient outcome and satisfaction.
References


ATTENTION OPANA MEMBERS:

At the 2015 Winter OPANA Board of Directors (BOD) meeting, it was suggested that we eliminate the position of ASPAN Representative. This position was put in place several years ago to assist new presidents and others new to the organization in transitioning to the responsibilities of their respective offices. At that time, there were few experienced members to help guide new officers.

As our organization has grown and increased in membership and leadership, that is not the case now. It was the collective opinion of the BOD that the position is no longer needed. A vote to approve or disapprove the changes will be held at the Spring membership meeting. If approved, the OPANA Policy & Procedure manual will be amended accordingly, and reviewed/approved by the OPANA BOD.
Governmental Affairs Update

Issue 3 - ONA is encouraging a NO Vote as this could increase problems of marijuana related health emergencies in children as seen with 250% increase in Colorado after Legalization.

Ohio HB 216 - To Revise the Governing Advanced Practice Registered Nurses.
This would modernize laws to allow APRN’s to practice to the full extent of their education, training and certification. This bill includes the removal of the mandated written practice agreement with the physician (that can be very expensive), removal of physician supervision for CRNA’s, modernization of the CRNA’s prescriptive authority and removal of confusing and unnecessary drug formulary.

Ohio HB 217 - To authorize certain APRN’s to have a person involuntarily transported to a hospital for a 24 hour mental health examination.
This would add APRN’s with a psychology specialty to a list of authorized professionals who could have an individual involuntarily transported to a hospital for up to 24 hours for a mental health examination if they are at substantial risk of physical harm to themselves or others. They would be added to the list of others (police, sheriff, psychiatrists, psychologist, physicians, parole and health officers) that are able to authorize transportation of those at risk.

SB 110 - APRN Delegation
This passed an is effective as of 10/15/15. It allows APRN’s holding a certificate to prescribe to delegate medication administration to non-nurses as long as the route of administration is not intravenous and is not a controlled substance. The APRN must be physically present at the location where the drug will be administered and the APRN will ensure the unlicensed personnel has the knowledge, skills and ability to administer the medication. This cannot occur on an inpatient unit of a hospital, freestanding or emergency department.

TeleHealth - Requested to have psychological APRN’s included in rules that allow for physicians and psychologists to be reimbursed by Medicaid. Director McCarthy wants to wait until mid 2016 to see how the budget would be affected before considering adding APRN’s.

Contracting Language for Hospitals for School Nurse Language.
This states that local boards of education can enter into a contract with a hospital, licensed healthcare provider, or health district to provide nursing services for students rather than having a school nurse in the building. If a contract is entered for the services, there is no requirement for the employee of the hospital or other provider to obtain a school nurse or wellness coordinator license. However, the employee must have credentials equivalent to a registered nurse or licensed practical nurse.

Great News!
OPANA is once again a sponsor of the 2016 Nurses Day at the Statehouse.
Join hundreds of nurses from across the state on March 2, 2016 for Nurses Day at the Statehouse.
Be a part of the action and unlock your potential to be an influential part of Ohio’s political process.

At NDASH16, you will:

- Hear experts share timely legislative news and information.
- Learn to communicate effectively with those in power.
- Hear success stories of nurses in action.
- See a behind-the-scenes look at the Ohio Statehouse and its history.
- Watch legislative committees and hearings.

Have the opportunity to educate your individual legislators about health care issues closest to you and your daily life!

As an affiliate organization, OPANA members can attend for $45 but registration is based on a first come, first serve basis. Plan to register in the next 2 weeks to ensure that you have a seat for this great event.

To register: Go to ohiondash.com, click on registration. OPANA is a sponsoring organization so click on $45 registration.

When completing the registration, type in Ohio PeriAnesthesia Nurses Association instead of OPANA.

Register now and reserve your seat for the 2016
JoPANA Photo Contest Winner
Submitted by Nancy McGushin

Ohio nurse, Winnie Guthikonda, CO-PANA member and perianesthesia educator at Mount Carmel West recently won the JoPAN photo cover contest.

Winnie quotes. “For the last few years I have wanted to enter this contest but never thought I could do it”. This year Winnie sent in 3 photos and now one of those photos will be on the 2016 issue of JoPANA.

How exciting that an Ohio nurse will represent Columbus in our specialty journal!!

Way to go and Congratulations Winnie!

Debbie Wilson, Teri Shine and Teri Siroki

2015 Outstanding Achievement Award
Submitted by Debbie Wilson

The 2015 OPANA outstanding Achievement Award was presented to Teri Shine, BA, RN, CAPA. Her nomination form states she is the epitome of a PeriAnesthesia nurse. She became an active member of ASPAN from the time she became a staff nurse in a Same Day Surgery Department over 17 years ago. Teri currently is a staff nurse in both the Ambulatory Surgery and Post Anesthesia Care Unit at University Hospital Richmond Medical Center (Richmond Heights, Ohio).

Teri has served in various capacities throughout ASPAN, OPANA, GCPANA, and ABPANC. She has been supportive to these organizations and its members. She readily shares information at the GCPANA district meetings and encourages member involvement. She has recruited new members for the OPANA Board and mentors them to ensure they become comfortable and active. Teri did an outstanding job as the 2015 OPANA Gold Leaf chair spending numerous hours completing the application process for the ASPAN award.

Her pride in nursing shines forth with her actions. When all her past and current accomplishments are reviewed it is easy to see why she encompasses a person deserving of the Outstanding Achievement Award.

OPANA offers two awards each year to recognize members. Recruiter of the Year is the next award and will be presented at the Spring 2016 OPANA conference/state meeting. The award is presented to the member who recruits the most new ASPAN members. There is still plenty of time to get in the running---ask your peers to be come members. Membership forms are available on the ASPAN website.

This years Perianesthesia Nurse Awareness week will be from February 1-7, 2016.

It is the ideal opportunity to celebrate and promote our practice. This years theme is, “Perianesthesia Nurses Practice with Excellence.”

How will you and your colleagues celebrate? Consider sending in pictures and stories to be placed in the next Snooze News.

Visit www.panaw.com for gift and promotional ideas!
Helping Handoffs Become Habits

_Teresa M. Salley, MS, MSN, RN, CPAN, CAPA_

“Why do we have to change the way we do this?” “We are good… why are you making more work?” “I thought we weren’t allowed to use paper…” “This is unnecessary. Why can’t we just say it?”

These are the conversation themes recently overheard when, after living in an electronic medical record world for several years, we have reintroduced a paper form for report!

Two OR nurses, Danna Vaught and Daren Yingling needed a capstone topic for their BSN completion. When asking the educator for suggestions, they learned that the perioperative department of our suburban satellite hospital had already announced “Improved Communication” as its umbrella process improvement project. “In the operating room and other complex service lines, communication, cooperation, and coordination are vital to patient outcomes” (AORN 2015). Every chance for staff to exchange information and communication about/to/from a surgery patient had been charted on a Touch Point Opportunity grid. Kowalski (2011) states, “The only thing human beings do more often than communicate is breathe. Communication is the most important component of daily activities. It is essential to clinical practice, to building teams, and to leadership. A person cannot not communicate.”

Danna and Darren were shown the multiple communication opportunities and challenged to take on any of them as their projects. Being that both of them are great OR nurses, each chose one of the parentheses encounters that surround the OR experience: the Pre-Op nurse handoff to the OR circulator and the OR circulator handoff to the PACU nurse.

A SWOT analysis was done and in order to assess the need and grow buy-in, staff members were surveyed on what information they required for safe patient care and also what they wanted for a complete and concise report. All staff members are very well aware of the details and data existing buried in the EPIC electronic record. The project design intent was not to recreate the electronic record on paper, but to deliver a useful tool that is easy to read, with bullet point information at one’s fingertips.

Our nurses employed a lean mindset and with some tweaking and various trial forms, they eventually settled on a two column paper with the essentials for report in pre-op on the left half and essentials for PACU on the right half, nothing fancy, only functional. (See second attachment) Arrows indicate a process that starts in pre-op and has a continuation into PACU. Different colors help delineate areas of concern.

The new process was rolled out in staff meetings and inservices. The form has been used now for several months and a few modifications have already been made to improve reporting.

Findings from the form use have not surprised us. Normal work flow in our busy pre-op area allows a nurse to encounter a patient, gather information and get them prepped for surgery, tuck the patient into the cart with family at the bedside waiting for the circulator to come whisk them away. Once the patient is ready and comfortable, the pre-op nurse then moves on to the next outpatient to repeat this process. When the circulator arrives, the pre-op nurse has moved on.

The completed report form is left in the folder at the bedside for circulator to read most everything he/she needs to know at a glance. It does not remove the need for the circulator to have some valuable face time with the patient.

When more crucial details require a face to face report, a laminated stop sign with the Pre-op nurse’s name is hung on the IV pole. This alerts the circulator to check with that nurse or the team leader before moving the patient. This side of the handoff is seeing improvement and receiving positive feedback from staff.

The second half of the form is for the OR to fill in for the PACU nurse. It is not uncommon for circulators to give breaks during longer cases. The staff that rolls the patient into PACU may not be the same staff that just spent hours in the OR with them.
This report sheet again gives the PACU nurse the pertinent information needed and expected in order to give safe patient care. PACU nurses are very pleased when the form arrives completed. We are still working on OR staff buy in, but it is getting better all the time.

Improved communication is an ongoing challenge in the periop environment. We see this process as a win for staff and for the patient by creating a priceless communication tool at no expense while improving patient safety and staff satisfaction.

Just when we think we don’t need paper forms… one has reappeared! Checklists are not a bad thing when used as reminder to be complete and give all needed information in order to give our patients the best care possible.

References


SCHOLARSHIPS AWARDED

SPRING 2015

May 16th       Jean Kaminski    $75.00
                Teri Siroki       $75.00
                Sally Swartzlander $75.00
                Debbie Wolf       $75.00
                Anelle Garcia     $75.00
                Alabelle Zghoul    $75.00
                Beth Cooper       $75.00

May 18th       Sharon Gallagher  $75.00

May 26th       Jane Booth        $75.00
                Debby Niehaus     $75.00
                Mary Sullivan     $75.00

July 23rd      Pat Dempsey      $75.00

August 23rd    Tina Harvey      $65.00

Total          $920.00

Recent CAPA/CPAN Certifications in Ohio

DUAL          15
CAPA          148
CPAN          243
TOTAL         406

Web Master Corner
Debby Niehaus

I’d like to hear from all members who wish to submit pictures from meetings, conferences or ASPAN meeting as well as district and state updates for the ohiopana.org website. Please email any information you wish posted or contact your district representative to have it put on the website.

Email: debbyniehaus@zoomtown.com

ASPAN
AMERICAN SOCIETY OF PERIANESTHESIA NURSES

MEMBERSHIP Information; Benefits

Submitted by Rose Durning

Steps to Join;
www.aspan.org
Members tab
List on right, select members
Select application
Steps to View OPANA web page;
www.ohiopana.org
Scholarship information
Certification information
Region 3 members and our partners

Reasons to join
Registration fee covers membership to ASPAN as well as OPANA and local district
Scholarship money available from state and district
Seminar information and discounted rate to attend
Subscription to JOPAN journal
Breathline newsletter available on-line; ASPAN’s newsletter
Peers recognition and awards programs
Specialty Practice Groups, Clinical Practice Groups
Research Grant Programs; Joanna Briggs Institute for articles
Opportunity to host an ASPAN Seminar
Network with State and local organizations
On-line forums
Governmental affairs, Professional Partnerships, Committee and strategic work
Free Contact hours at district meetings

Deadline          Publication Date
April 15, 2016    June 1, 2016
*Next Deadline
October 15, 2016  December 1, 2016
Nominating Committee Rocks at LDI
by Rose Durning, MS, BSN, RN, CAPA, TNCC

Wearing their Uncle Sam Outfits, provided by ASPAN’s Past President Jacque Cros-son, our nominating committee enthusiastically set to work at the Leadership Development Institute (LDI) in St. Louis, Missouri. Our committee of six members worked closely with component leaders at the national level to create a slate of candidates for the upcoming ASPAN elections. After energetic discussion of potential upcoming leaders and mentors, we developed a slate of very worthy candidates for the following positions; Vice-President/President Elect, Secretary, Director for Clinical Practice, Directors for Regions 2 and 4, and Nominating Committee. Blast emails are now being sent out monthly to all members to encourage them to review and choose their future leaders. All OPANA members need to vote on these candidates so that our ASPAN Representative and President can properly put forth our wishes at the national meeting in April 2016 in Philadelphia.

Vice President Report
by Sally Swartzlander, BSN, RN, CAPA

ASPN ' S Leadership Development Institute Renew Perianesthesia Passion: Inspire Excellence was held at the Sheraton Clayton Plaza Hotel in Clayton, MO on September 18-20, 2015. OPANA was represented by Teri Siroki, Beth Cooper, & Sally Swartzlander. Rose Durning also attended. We had a great time networking with fellow ASPAN members and leadership. On Friday evening, we played Component Jeopardy comprised of the 5 Regional teams then had regional meetings/networking. On Saturday morning, Katrina Bickerstaff gave a great opening session entitled "Finding the Passion: Inspiring Professionalism in the new Generation". There were breakout sessions on Budget Planning, Gold Leaf application, navigating the ANCC approver application for contact hours, firing up the keyboard, clinical practice hot topics & standards, and effective board meetings/strategic plan. On Sunday, we shared best component practices and heard a wonderful closing session "Aspire to Inspire Excellence “ by Armli Holcomb. After the wonderful weekend at LDI, we had lots of ideas (both for OPANA and NEOPANA) to discuss on our flight back to Akron, Ohio.
I was able to attend LDI held in St. Louis, MO with Teri and Sally. I went specifically to hear the Gold Leaf award lecture by Diane Swinek. I encourage you all to look at TAPAN’s Gold Leaf report which is available on the ASPAN website. It is well written and shows a very active component. As I get ready to prepare our application, I am doing it with an open mind that it will be a learning lesson this time. The presentations were geared at looking at our present workforce and values. Since accepting this role, I have wondered why there is just one winner and why there are not honorable mentions. There is not just one “Magnet Hospital” or just one accredited JACHO hospital. I truly believe there should be criteria for all components to get “gold” or “silver” status and an overall winner. I was motivated at the conference to voice my opinion. I talked to Diane Swinek and Sylvia Baker about the award only rewarding one component and not acknowledging the close finalists. I also talked to Katrina Bickerstaff. Katrina suggested I write a letter to Sylvia asking the Board to consider acknowledging the top five finalists as well as the winner. Sylvia will be presenting this at the ASPAN Board Meeting. So possible change could occur in 2017. I would like to add that I am very appreciative that I got to attend LDI. I hope it would be something our Board will continue to approve to let someone else go besides the president and vice-president/president elect.
To all of my fellow OPANA Officers and Board Members,

Thank you for all of your help with the OPANA Fall Seminar! Thank you to all of the components and individuals that donated items for the Chinese Auction! Thank you to all of the components and individuals that donated money to Eric Kramer CRNA for our service project! I believe that we had a great Fall Seminar this year! All of the speakers were interesting and a lot of great information was shared. I took several pictures. I am including a few of the pictures in this email. I will be preparing an article for the OPANA website and the newsletter. I have emailed our speakers. I thanked them and asked them for permission to use their pictures in our newsletter and on the OPANA website. I wanted to let everyone know that we raised $1,018 for our Eric Kramer CRNA service project! We also raised $104 with the 50/50 raffle and $276 with the Chinese Auction! Also, we had 3 new members sign up for ASPAN at the Fall Seminar! It was great having our Region 3 Director, Sylvia Baker, join us for the end of our Board Meeting on Friday night and for our Fall Seminar on Saturday! I also emailed Sylvia with our pictures from Saturday. I have received permission from all of the speakers and Sylvia to use their pictures in our newsletter and on the OPANA website!

Sally Swartzlander BSN, RN, CAPA
OPANA Vice President

Eric and Sheena Kramer

Eric works as a CRNA at Affinity Medical Center in Massillon, OH from October-December each year. From January through September, he is a medical missionary to the Tarahumara Indians in Mexico. He works with a group called Mexico Medical Missions. They have a very small hospital in the Sierra Madre Mountains. Their website is www.mexicomедical.org

Eric grew up on the mission field with his missionary parents, Andy and Debbie. He eventually attended nursing school and then pursued training to become a nurse anesthetist. He and his wife Sheena joined us full time in 2014. Eric provides anesthesia services to Hospital Misión Tarahumara for our growing surgery program. The Kramers have two children, Lilli and Greyson.

NEOPANA has agreed to donate $150 toward this service project.
CERTIFICATION

NEW CPAN® / CAPA® Study Question of the Week

ABPANC is offering a free study question of the week on its website, facebook page, and via email. Use these questions to refresh your knowledge of best practices or to study for the exam. Share the questions in your unit and discuss them with your colleagues.

Each Wednesday at 6am ET, ABPANC will post a CPAN and a CAPA study question. The answer will be posted the following Wednesday at 6am, along with next week’s question. Correct answers include a reference from ABPANC’s Study References List (Appendix D), as well as the domain and content area from the Test Blueprint. You may also sign up to receive the Study Question of the Week via email.

Spring 2016 CPAN® & CAPA® Examination Dates:

- Registration Window – Online: January 11 – March 7
- Early Bird Discount Deadline: February 22
- Examination Administration Window: April 4 – May 28

Register early and be prepared.

ASPAN Members Save $100!

Get all the CPAN and CAPA Certification details at: www.cpancapa.org/certification

Contact ABPANC

475 Riverside Drive – 6th Floor
New York, NY 10115-0089
PH: 800-6ABPANC
FAX: 212-367-4256
Email: abpanc@proexam.org
Website: www.cpancapa.org
ASPAN’S 35th National Conference

April 10-14, 2016

Philadelphia, Pennsylvania
“Renew Perianesthesia Passion: Inspire Excellence”

Hotel Reservations
Philadelphia Marriott Downtown
1201 Market Street
Philadelphia, PA 19107
Reservations: 800-320-5744

Go to ASPAN.org for more information and to register today!

Check out visitphilly.com for more things to see and do while in Philadelphia!
Tina Harvey, BSN, RN, CAPA

It is always exciting to see what is happening in our profession and how we as nurses can help be a part of shaping our future. You will notice that this year’s (LDI) Leadership Development Institute was held in St. Louis, Missouri. When you read the articles submitted, you will find how nurses benefitted from the conference by taking home ideas to share on how to better mentor and improve communication as well as improve processes that affect our work.

Nurses Day at the State House is another great opportunity. Nurses can see how they impact and educate individual legislators about health care topics that affect us personally as well as professionally. This event will take place on March 2nd this year. I had the privilege of attending last year’s NDASH and was amazed how much I learned about nursing at this level. I would encourage you to attend. Refer to ohiondash.com to get registered today!

Another way to network and learn more about perianesthesia nursing is to attend an ASPAN conference. This year it will be held in Philadelphia, PA from April 10 –14. See the ASPAN.org for more details.

These are just a few ways to get connected and grown in your profession. I certainly hope you take the chance to treat yourself to all there is to offer! What a wonderful way to grow and learn more about what nurses can do to make a difference.