

OFF THE CUFF

A publication of the Northwest PeriAnesthesia Nurses' Association



The President's Letter

Judy Evans, BSN, RN-C, CPAN President NPANA

Dear NPANA Members

I started my journey with NPANA in 1995 when I applied to take the CPAN certification test with other fellow employee's at Humana Hospital, Alaska now Alaska Regional Hospital. Until September 1999, I paid my dues but did little else in NPANA or ASPAN. I then attended my first NPANA conference in Fairbanks, Alaska, where I was introduced to other members of NPANA. Then in 2001 I was minding my own business in the recovery room when the phone rang and was handed to me. It was Jan Owen-Denton from Fairbanks, AK who was the President of NPANA at the time. She asked if I could help with the Fall 2001 Conference to be held in Anchorage. I said I would help but didn't want to be the chairperson of the conference. We put together the Fall Conference and I become the Chairperson for the conference, whoops. It was scheduled for the weekend after September 11th; but because only emergency flights were allowed we had to cancel the conference and rescheduled it for October. As a result of this experience the NPANA web site was started to communicate with component members. In 2003 Pat Mylander asked me to go with her to the ASPAN National Conference in Albuquerque, NM. I was able to go and meet people from all over the United States and was impressed with the leaders of ASPAN and the speakers at that conference. I have attended 8 more National Conference and have been impressed with all of them. The leadership of ASPAN is very approachable and willing to mentor anyone who would like to become more involved with ASPAN.

At CDI this year in Philadelphia we were advised to ask people to join us in our journey with ASPAN/NPANA. Here is YOUR invitation to come and introduce yourself to the Board members on NPANA and let us share our journey with you.

It is really great to challenge yourself to grow and learn and on occasion to become uncomfortable with something new but in the end you meet really great people who will help you with your self expansion.

PANAW Week is February 6-12th, 2012. This week is to recognize Perianesthesia Nurses and the excellent work that they do. This year's theme is "PeriAnesthesia Nurses, A Vital Role in Patient Care". Check out the ASPAN web site for ideas on how to celebrate PANAW week at your individual institutions. Please take pictures and report to the "Off the Cuff" editor on how you celebrated our special week.

Lastly, mark your calendars for September 22-23 for NPANA's Fall Conference in Anchorage, AK. The planning committee is busy finding the hotel and speakers to make it another top notch conference for NPANA members.

At the NPANA Board of Directors meeting, we reviewed and updated the Strategic Plan, reviewed the Policies and Procedures and the Bylaws. Some changes are being made to the Bylaws that will need the approval of the membership at the next general membership meeting in Anchorage, AK in September, 2011. The changes are in the Board of Directors Minutes in this issue of "Off the Cuff". Please review these changes and contact any Board of Director if you have any questions regarding the changes or you would like to comment on the changes being considered.

Next fall we will be electing a new Treasurer and Vice President/President elect. Please consider submitting your willingness to serve form, which is on the NPANA web site, and join the exciting journey on the Board of Directors for NPANA. Also remember if you are considering certification, the cost of your certification fee can be reimbursed if you pass, are a member of NPANA and submit the form before taking the certification exam.

I am looking forward to an exciting year for NPANA and its members.

Judy Evans BSN, RN-C, CPAN

Table of Contents

<i>President's Letter</i>	<i>1</i>
<i>NPANA Board of Directors</i>	<i>2</i>
<i>Directors Conner</i>	<i>3</i>
<i>Certification News</i>	<i>4</i>
<i>Certification Coaches</i>	<i>4</i>
<i>Surgical Service Flow Facilitator</i>	<i>5-7</i>
<i>Message From the Immediate Past President</i>	<i>7</i>
<i>Save the Date</i>	<i>7</i>
<i>NPANA Fall Conference Photos</i>	<i>8</i>
<i>Fall Conference Summary</i>	<i>9</i>
<i>Student Nurse Perspective on Fall Conference</i>	<i>10</i>
<i>Government Affairs</i>	<i>11</i>
<i>NPANA Board of Directors Meeting Minutes and General Membership Meeting Minutes</i>	<i>12-14</i>
<i>Editors Letter</i>	<i>12</i>
<i>Global Beginnings-Inaugural International PeriAnesthesia Conference</i>	<i>15</i>



NPANA Board of Directors

President

Judy Evans, BSN, RN-C, CPAN
3010 Rosalind Loop
Anchorage, AK 99507
oldrock5@hotmail.com

Immediate Past President

Maria Bell, RN, CAPA
15460 NW Saint Andrews Drive
Portland, OR 97229
mariabell1@juno.com

Vice President

Ann Visscher, RN, MSN, CPAN
35505 E. Historic Colomb. Rvr. Hwy.
Corbett, OR 97019
lattiedaw@yahoo.com

Secretary

Marge P. Gingras, RN, BSN, CPAN
39 Wildground Lane
Missoula, MT 59802
margegingras@msn.com

Treasurer

Virginia (Ginny) Longo, RN
4500C Potlatch Hill Road
Coeur d'Alene, ID 83814
idaho_paradise@msn.com

"Off the Cuff" Editor

Judy Evans, BSN, RN-C, CPAN
3010 Rosalind Loop
Anchorage, AK 99508
oldrock5@hotmail.com

Education Coordinator

Holly Hunt, BSN, RN, CAPA
11949 Bull Mountain Road
Tigard, OR 97224
hollyhunt1214@comcast.net

ASPAN Region I Director

Deborah Bickford, BSN, RN, CPAN
20332 Eastwood Avenue
Torrance, CA 90503
dbickford@aspan.org

Director's Conner

By Deborah Bickford, BSN, RN, CPAN

Fall - this is my favorite time of the year! Fall has arrived and with it the presentation of the beautiful fall colors bringing warmth with its colors. Just viewing those orange and red colors fills one with warmth and the stirring of that inner passion.

Most of Region I's components have held their annual meetings this fall. Those components who have had a seminar report successful seminars. Along with the seminars brings changes in the component leadership. So if you were unable to attend your component meeting go to their website, Facebook, or read the newsletter and become familiar with your new leaders.

Are these new leaders different than you? No, they were members who came to a seminar, looked around and saw others taking on roles within the component leadership. Did that inner voice start rumbling around saying "it's time to do more" or "I can do that to". Well, as Nike says then "Just Do It". It's actually time to take that first threatening step. It is scary stepping beyond your comfort zone, but as anyone who has taken that step repeats how rewarding it was. All it takes is to muster that courage go up to one of the leadership members, introduce yourself and say I'm READY They will help you. We have all sorts of mentors in Region I

I just came back from a component seminar and had the opportunity to speak to 2 members who had volunteered for a leadership position about 2 years ago. They were at their annual seminar, the call went out for volunteers, and they responded. They very cautiously approached and nervously said "I think it's time" to come forward That was 2 years ago they became very involved and at this last national conference they went together to ASPAN's Up and Comer's. They separated, went home fully energized. They both received a phone call inviting them to speak at this year's national conference and both said "Yes" The call ended and both said "Oh my, what have I done!" They are now excited. This is not an unusual story as it happens more than you realize. You just don't hear the stories. That's how anyone in ASPAN's or component leadership came into their position You can to! Please approach your leadership and/or complete ASPAN's willingness to serve form and send it in! You can do it all online. This will be involvement that you can do in the privacy of your home and in your pajamas.

You will be seeing lots of information about ASPAN's Component Leadership Institute this past September in Philadelphia We all had a great time along with learning new strategies and discussing best practices among ourselves. I had the opportunity to lead a discussion on navigating ASPAN's web-site. Wow! Who would have thought we would have had such a lively discussion. We had a lot of interactive discussion and many positive remarks on how ASPAN could improve the web-site and helpful information to have readily available on the web-site. This information will be taken back to the board to see how we can institute these recommendations. Many of us came away with positive ideas to implement. This is how change evolves, and makes us as an organization stronger.

I would like to share 2 successful practices from the region. PANAC had their annual meeting in Lake Tahoe October 14-15 and as their community service project they raised monies to support Myrna Mamaril's staff and patients at their NATO hospital in Kandahar, Afghanistan. Attendees donated \$462.00 and PANAC will match those funds so a total of \$924.00 to buy items and ship them.

Also, a past president on PANNM (New Mexico) Connie Hardy Tabet RN CPAN CAPA has been awarded the Perioperative Nurse Excellence Award sponsored by the New Mexico Center for Nursing Excellence. Way to go Connie!

I'm getting ready to attend ASPAN's Mid-Year board meeting Nov. 5-6 in San Antonio. We look and discuss items that have come up and see if change can be undertaken. Items not brought to our attention can't be discussed if we don't know the issues. So from the privacy of your computer e-mail me anything you would like reviewed, changed, or clarified. It's just between us and I want and need to know the issues.

Take the coming months to plan your professional involvement. Decide if it's time to take something more on such as certification, attending seminars, ASPAN committee work, or component volunteer work. Fill out ASPAN and /or your component's willingness to serve form. Any piece you decide on can only work on fulfilling another aspect of your life.

Certification News

Spring 2012

Registration Window-Online	January 9-March 5,2012
Registration Deadline-Online	March 5, 2012 by 11:59 pm ET
Time Period for Scheduling Examination Appt. with Prometric	Upon receipt of your ATT letter through May 10, 2012
Examination Administration Window	April 2-May 12, 2012
Deadline for Cancelling Appt.	3 business days before scheduled test date
Postmark deadline for requesting withdrawal ,refund, rollover from PES	On or before last day of examination administration window



Certification Coaches for NPANA

Julie Carnahan, CAPA (WA)

Bill Swarens, CPAN (WA)

Dixie Wyckoff-Raney, CAPA (WA)

Member of the ABPANC Leader Resource Team

Maria Bell, RN, CAPA

Please remember that the deadlines for “Off the Cuff” submissions are February 10, June 10 and October 10. “Off the Cuff” is published three times a year on the NPANA web site. Publication dates are March 10, July 10 and November 10.

NPANA Mission Statement

“The Association exists to promote quality and cost effective care for patients, their families, and the community through public and professional education, research, and standards of practice.”

We encourage members to submit articles of interest for publication in this newsletter. Please e-mail or call any board member.

Attention NPANA Members

ASPAN wants to be sure they have all members’ valid e-mail addresses. Online activities will require this valid e-mail address to proceed with transactions such as registration, memberships, renewals, etc.

Off the Cuff is a copyright © newsletter of the Northwest PeriAnesthesia Nurses Association (NPANA). No copy, fax, or reproduction of any portion of this newsletter is allowed without the written permission of the Board of Directors of NPANA.

Surgical Service Flow Facilitator “Could this role work for you?”

By James Lehn RN, BAHCA, CAPA and Hillie P. Davis-Jaworski RN, PhD, MA, CNOR, RNFA

In today's health care industry, Perioperative Services are looking at ways to enhance their service and decrease delays by addressing on time start and turnover time as a way of reducing expenses. This article demonstrates one way which a process might work in perioperative setting. It encompasses the departments that make up a surgical service and the employees of each component to ensure the patient, surgeon, and staff reach the end result – satisfaction, safety and a positive outcome.

Several years ago, our facility worked with a national consulting firm to look at our Surgical Services, focusing on how we could better serve our patients, physicians, and staff. By direction of the consulting firm, three teams were established: pre-operative clinic, start time/turnovers, and scheduling. Members of these teams consisted of registered nurses, operating room technicians, central supply, schedulers, certified nurse assistants, as well as unit secretaries from Day Surgery, Pre-admit Clinic, Operating Room, and the Post Anesthesia Care Unit. Each team had a Physician ad hoc representative.

The team I led addressed start times and turnovers. We first looked at where we were failing, on the nursing staff side, of an 'on time' start. The definition adopted of an 'on time' start is: “‘cut time’ occurring on or before the scheduled start times of the first cases of the day.”

In developing a start time matrix tracking form, the first task was to explain the definition of a simple, moderate, and complex surgical procedure. After these definitions were completed, the team started from the 'cut time' and worked backward to develop times that must be met in order for surgery to start on or before the designated start time. We had input from all staff involved in the preparation of the patient for a given surgical procedure.

After the team approved and completed the first matrix form, we started an aggressive education campaign of our staff, physicians, and physician office staff. As the team leader, I “pounded the pavement” by visiting physician's office staff and physicians personally to introduce the program, provide the matrix, and answer any questions or

concerns they may have about the times. After this input, the completed matrix was rolled out in September of 2008. The initial data indicated there were many areas, as nurses, we could improve our practice, thus improving the overall patient experience, increasing overall physician and staff satisfaction, and improving working relationships.

The data indicated many patients were delayed because of labs, x-rays and other tests not being completed prior to the day of surgery. We collaborated with the pre-admit clinic team to see how, as a group, we could better prepare patients, especially high risk patients, prior to the day of surgery. Many positive changes came from these meetings and were instituted in the pre-op clinic. The pre-op group worked with the Anesthesia department in designing a high risk algorithm for pre-op testing. A protocol was then established to ensure patients got the necessary tests completed in the pre-op clinic. Along with these, a pre-op screening questionnaire was developed. The screening questionnaire was used by the pre-op Clinic to reach those patients scheduled for surgery, but not scheduled for a pre-op visit. If the patients answered 'yes' to any of these specific questions, the patient was scheduled for a visit to the pre-op clinic. This helped tremendously in a decrease of the number of patients being delayed / canceled the day of surgery due to underlying medical conditions. As results were collected and evaluated by the team members, we worked on solutions to ensure delays to first cases of the day were non-nursing related. It has been hard and challenging work, but all staff accepted this challenge seriously and wholeheartedly. To date, we have maintained no delays related to nursing. Occasionally, delays are related to patients arriving late, due to transportation problems or those patients identified as a difficult intravenous start requiring Anesthesia involvement. Physician related issues are handled through an oversight group that consists of a team of their peers and administration. The oversight group evaluates the statistics and works toward resolving those physician related issues. In December 2008, we presented our program to administration. This presentation included the overview of the project, where we started, what we established, what we achieved, and where we are headed.

(Continued on page 6)

In January 2009, the team started to look at our current turnover practice. We established our definition of turnover to mean 'wheels out to wheels in'. By February 2009, it was evident and imperative that immediate action be taken to decrease our turnover times. Using a model our Director had used in another facility, with approval from Administration, we began a trial using a Surgical Services Flow Facilitator in mid February. The facilitator's position is one that provides assistance in areas, wherever the need is greatest, at any given time throughout the day. As the facilitator, I review the next day's surgery schedule to include: early morning admissions, to-follow cases that may impact Day Surgery, and the general flow of patients throughout Surgical Services. My day starts 0630. I review an updated schedule for the day from the operating room. My work flow begins in the Day Surgery unit. There I start the Intravenous lines so the admitting staff can concentrate on the admission of patients, eliminating this step. If there arise any medical problems the day of surgery, such as, elevated blood pressures or blood sugars that need management, I take over these patients freeing the admitting staff to continue caring for the other patients being admitted. I also help in the clarification of consent issues. After assisting with the admission of patients in Day Surgery, my work flow takes me to the Operating Room where I receive report from the charge nurse. We evaluate the surgery schedule, room assignments, and staff allocation to determine where the facilitator's support may be required. Finally I receive report from the charge nurse of the Post Anesthesia Care Unit, again to assess where the facilitator's support may be required throughout the day. If an emergency arises in any of the aforementioned departments, the facilitator is available to assist as needed.

There have been many positive outcomes adding the position of a flow facilitator in our facility. First: having extra help in Day Surgery in the morning, patients are getting to surgery on time. Second: having the flow facilitator and staff ownership, we have achieved and maintained turnovers averaging less than twenty minutes on a monthly basis. Our baseline turnover was 45 minutes or longer. Looking at daily charts, we have identified certain days that are greater than the twenty minute benchmark and on those days it is usually due to Robotic procedures that are more labor intensive. Of interest is the week the facilitator was out of the department (April 18 – 27), the turnover times increased to over the 20 minute threshold we had set. Third: providing rapid turnovers, results in the surgery schedule lineup being completed in a more timely fashion which in turn decreases the amount of staff overtime

needed in the afternoon to complete the schedule. The first three weeks following the implementation of the flow facilitator position, there was an overall savings of over \$8,000.00 in overtime costs to the department. Fourth: Physicians, starting their scheduled surgeries in the morning are satisfied that their surgery schedule is completed, in a timely fashion, to ensure they are not delayed for their office hours in the afternoon. Fifth: Physicians, starting their schedules in the afternoon know, because the morning cases are being completed on time, they will not be delayed with their schedule in the afternoon. We have, on occasion, been able to offer the surgeons the option to start earlier with their afternoon block. We also have been able to do "add on" cases earlier between morning and afternoon block schedules rather than at the end of the day. Sixth: Patients, their satisfaction has increased in that they do not have to wait for extended periods before surgery. The post operative contact with patients has indicated this significant comment.

In closing; will a flow facilitator work for your department? I can say that for our department it has had a positive and sustainable impact. We have seen an increase in patient, physician, and staff satisfaction. The staff has generated a more positive attitude knowing they are not going to be asked on a daily basis to stay overtime to complete a scheduled. The majority of the schedule is being completed when we have the bulk of the staff present. The cost savings to the department has been immense. As the flow facilitator, I have seen firsthand these positive changes and am proud of how everyone has stepped up to the challenge. We continue to see enhanced teamwork across the Surgical Service areas and improved outcomes. Of note, the health care community has taken notice of our outcomes and statistics. Physicians using our facility have been talking to other facilities in the community as to how we have improved our service to the Surgeons and their patients. Some of these facilities are looking at the possibility of implementing a flow facilitator position within their respective Surgical Services.

I would further add to these results that we raised the bar for the entire hospital. Discharging patients sooner, from the Operating Room and /or Post Anesthesia Care Unit to the nursing units as well as home, has required nursing to address their throughput and staffing model. We also see ancillary services such as Respiratory Therapy, Outpatient Pharmacy and Radiology needing to evaluate how they provide service to our surgical patients as well. All in all, this has made significant positive impact

(Continued on page 7)

to our facility and is providing us with a leadership role in the community for enhanced patient, physician and staff service and satisfaction.

Addendum: This process has been in effect for over two years and we continue to see turnover time under 20 minutes. We have incorporated the addition of an SI Robot and continue to see turnover time under 25 minutes. It works with the ownership of the process by the entire work force of the department. We still receive positive responses from surgeons and patients, providing the acknowledgment the staff appreciate for their continued effort.

If anyone is interested the forms mentioned and/or any graphs depicting outcomes, please contact Jim Lehn RN, BAHCA, CAPA for a completed article.

Message from Immediate Past President
By Maria Bell RN, CAPA

Dear NPANA colleagues,

I'm finding it difficult to think about a ski vacation, but that time of year is truly here. The Annual NPANA Fall Conference is behind us. If you missed it, just know that the rest of us acquired new knowledge on quite a variety of topics, for Colorectal Surgery Update, to Bedbugs, to the State of Nursing, to Geriatrics.

NPANA also voted in new Board members. Having spent several days with Ann and Marge, I know they will represent NPANA well. Having asked them directly why they ran for Office, their responses reflected on Professional Responsibility.

Nursing is a Profession. Nursing is not "just a job". Yes, we're all busy, and yes, it's easier to let someone else spend the time "leading", but might it not be time for you too, to spend some time in a leading your Profession, and have your say in where you want it to go. See where I'm going with this? Yes indeed, it's that "Willingness to Run" Form on NPANA's website. You need to be printing it up and putting it somewhere you can see it every day, until you finally send it in, and take a chance you might be elected. In the Fall of 2012 we

(Continued on page 9)

Save the Date

2012 Fall NPANA Conference

September, 2012
Anchorage, AK
Location TBA

Future National Conferences

Orlando, Florida
April 15-19, 2012

Chicago, Illinois
April 14-18, 2013

PeriAnesthesia Nurses Week

February 6-12, 2012

Pediatrics: Beyond the Basics

March 24, 2012
Hampton Inn, Coeur d'Alene
Speaker: Linda Martin

Complexities and Challenges of PeriAnesthesia Nursing: Across the Ambulatory and Peri-Anesthesia Continuum

October 10, 2012
Missoula, MT



NPANA's Fall Conference, Vancouver, WA.



Maria Bell and Student Nurse Kristen Tatkovski



NPANA's Board of Directors
First Row ; Ginny Langlos, Judy Evans, Ann Visscher . Back row: Maria Bell, Marge P. Gingras, Holly Hunt.



Research Poster presented at the NPANA Fall Conference,



NPANA Fall Conference Planning Committee
Cheryl Gettelfinger, Maria Bell, Melissa Schmidt and Holly Hunt



Research Poster presented at NPANA's Fall Conference

Fall Conference Summary

By Deb Seaver, RN, CPAN

Red Lion Inn at the Quay in Vancouver Washington was the setting for the NPANA Fall 2011 conference held September 24 and 25, 2011.

Participants were treated to a conference room overlooking the Columbia River as well as interesting and captivating speakers.

Topics covered in the day and half seminar included the future of nursing, care of the aged, updates in colorectal surgery, current techniques in breast reconstruction, transoral robotic surgery, research, critical conversations, acupuncture in the PACU, and ectoparasites. The lectures were timely and generated lots of thoughtful discussion and were very informative. Items for raffle included a beautiful hand-pieced quilt by our very own Judy Evans, multiple gift baskets for coffee lovers, gardeners, cooks, as well as gift certificates and gift cards for door prizes. One popular item, a Deb doll from the "Pink Glove" video (which was produced from a Portland hospital benefitting breast cancer research) was the hot item and was auctioned off. Yours truly won the "Deb" doll which tickled me "pink" as I have been an RN for 30years this past September. All proceeds from the doll went to the worthy cause of the local Veteran's Outreach Center, that cares for veterans of the Iraq war as well as other past conflicts.

The planning committee members were Maria Bell, chairperson, Cheryl Gettelfinger, Holly Hunt, and Melissa Schmidt. They did a great job with the location, speakers, food and overall seminar planning. The committee also made this conference very "green"--there were no syllabuses, outlines were kept to a minimum, and there was very little paper waste. The setting overlooking the beautiful Columbia was perfect to catch a little fall sunshine during lunch and during breaks.

The next NPANA conference will be next fall in Alaska. Keep checking the NPANA website for dates, location, and time.

Respectfully submitted,

Deb Seaver, RN,CPAN

Spokane, WA

proud NPANA member!



(Continued from page 7)

will need to be electing a new Treasurer. We will also be voting in a new Vice President/President Elect. I have been VP/Pres /Past President twice in the last ten years. Surely many of you think that's quite enough and will jump at the chance to take at least one turn at it. NPANA has one of the best support systems of all ASPAN Components. Your work for NPANA will be rewarded by travel expenses and conference fees to both NPANA Fall Conference and ASPAN National Conference. All that for helping to keep NPANA's Vision alive, which is to "promote quality and cost effective care.....professional education, research and Standard of Practice".

I look forward to a great NPANA year.

Maria Bell RN, CAPA
NPANA Immediate Past President

Important Web Sites

Please bookmark and visit these important web sites

www.npana.org
www.aspan.org
www.cpancapa.org

Links at these web sites can be used to find other web sites that may be of use to members of NPANA.

Student Nurse Perspective on Fall Conference

By Kristen Tatkovski, Student Nurse

Like most nurses and nursing students that I know, I love to learn. I can be intrigued by and find value in just about any subject. Love of learning is what keeps me going when I have a patient presentation and care plans due, I have two hundred pages of text to read, and I am consequently fretting over neglecting my husband and two young daughters, all while worrying about whether I'll maintain sterility if called on to insert a catheter at clinical the next day. (Remember those days?) This love of learning, and specifically learning about nursing, is why when a friend of mine from my pre-nursing school days, who also happens to be NPANA's outgoing president, Maria Bell, asked me if I was interested in attending NPANA's annual conference as this year's student guest, I jumped at the chance.

I was not sure the presentations at the conference would specifically apply to me as I still do not know what area of nursing I want to pursue (I like to say I am keeping my heart and mind open to all options), but I figured I would still enjoy myself. What better way to dust off the cobwebs collected in my brain over summer break, meet nurses, and listen to some interesting speakers? What surprised me was how much everything did apply. Linda Tieman, RN, MN, from the Washington Center for Nursing, spoke extensively on the IOM healthcare study, nurses in policymaking, transformations in nursing education, and what graduating nurses can expect as they enter this exciting profession.. I felt she was speaking directly to some of my own concerns and questions. Rita Hurley, BSN, MPA, from the Oregon Center for Nursing, spoke about our aging society, very applicable considering the largest demographic in the United States is the now-retiring baby boomer generation. Moreover, considering I spent my spring term clinical rotation in a med-surgical unit, Dr. Joseph Frankhouse's presentation on updates in colorectal surgery was fascinating and timely. Before the conference, however, I was pretty sure I was going to least relate to Dr. Shane Kim's and Dr. Neil Gross's talks on "current techniques in breast reconstruction" and "transoral robotic surgery," respectively. I'll be darned if I didn't fall under their spells as well. It helped having had that med-surgical rotation last spring, so at least some of the jargon was familiar to me and I was able to relate several points, even if in some small way, back to my own experiences. Finally, Sheri Watson and her research partner spoke about nursing research and identifying research opportunities in the clinical setting. Again, I was sur-

prised at how visceral my reaction was. By the end of their talk, I was fired-up about spearheading my own research study someday, the results of which will be published across the land, save lives, and bring about world peace. Okay, so I may have gotten a bit carried away there at the end, but I have definitely been adding research topic ideas to my "When I Graduate from Nursing School" list, or my "Someday When I Go to Graduate School" list..... I like lists. Lists also keep me going... like love of learning... and also like my family keeps me going... or coffee and chocolate. I digress.

I believe it is a critical aspect of one's career to play an active part in professional organizations, starting as a student and continuing throughout development of a career. Professional organizations provide education, keep members apprised of recent innovations in their field, and perhaps most importantly, create a support network for their members. I did not know many people at this event, but I watched the interactions between NPANA's members. There was true comradely and respect among the nurses there that day. Being at the conference energized me to take on fall term which started the following week. I left excited about the day when I start working, can join my own professional organization in whatever field I land, and begin to forge my own professional relationships, many of which I can see will turn into lifelong friendships. I feel so fortunate to have been this year's student guest at NPANA's annual conference in Vancouver, Washington. I can now add it to my "Things That Keep Me Going" list.

Kristen Tatkovski
Student Nurse Clark College
Vancouver, WA



Government Affairs

By Judy Evans, BSN, RN-C, CPAN

Alaskan Governor Sean Parnell vetoed House Bill 126 which included renewal of the Board of Nursing as well as two other boards. The reason that the Alaskan Governor vetoed the bill is that the Senate Finance committee added a provision stating “A person convicted of a felony may not serve on a board or commission of the state government unless the conviction has been overturned or set aside.” The governor felt that the ban on felons serving on commissions or boards represented an infringement of civil rights. It is not the intention of the Governor that the nursing board be discontinued. The Governor would like the legislature to pass a simple renewal bill for the nursing board in the next legislative session.

Oregon State Legislature pass the following bills in the 2011 Legislative Session:

House Bills

HB 2014-Requires Registered Nurses who have reasonable cause to suspect that a patient’s injuries were inflicted by non-accidental means to report those injuries to an appropriate law enforcement agency.

HB 2395-Requires individuals who use the title “doctor” to designate the health care profession in which the individual’s doctoral degree was earned wherever the title appears; e.g., all written or printed matter, advertising, billboards, signs or other professional notices.

HB 2397-Requires home health agencies or in-home care agencies to complete criminal records check on individuals paid by the agencies to provide home health or in-house care services.

HB 3085– Requires health care facilities caring for the driver of a vehicle that was involved in an accident to notify law enforcement if the facility becomes aware, as a result of any blood test, that the driver had controlled substance or an illegal level of alcohol in his/her system.

HB 3220-Allows the Oregon State Board on Nursing to use results of the nursing assistant examination for the continuing education of nursing assistants. Specifically, it would allow Board staff to share the results of failed Certified Nursing Assistant exams with the students who failed, in hopes that students will do better when they re-take the exam. The bill would remove a barrier to licen-

sure and end a lot of frustration for many nursing assistant candidates.

Senate Bills

SB 493-Establishes a task force to review Oregon curriculum and training standards for performing clinical breast exams. The task force must submit a report of its findings and recommendations to the Legislature prior to the 2013 Legislative Session.

SB 557-Requires each county district attorney to organize a sexual assault response team. Also requires medical facilities to adopt policies for the treatment or referral of acute sexual assault patients.

SB563-Allows previously license, certified, or otherwise authorized healthcare providers to register as emergency healthcare providers and to provide healthcare services without license or certification during a Governor declared emergency. Also permits the Oregon Health Authority to direct registered emergency healthcare providers to proceed to another state where emergency healthcare services are required.

SB 879-Directs the Oregon Health Authority to convene a work group to develop standards for administrative requirements for student placement in clinical training settings in Oregon. The standards must apply to students of nursing and allied health professionals, and must pertain to clinical training in settings including, but not limited to, hospitals and ambulatory surgical centers.

Patrice ‘Pat’ Moffett has agreed to start writing the Government Affairs article for “Off the Cuff” starting with the next issue. Thank you Pat for volunteering to do this very import service for the members of NPANA.

Information for this article came from “Alaska Nurse” the official publication of the Alaska Nurses Association and from “Oregon State Board of Nursing Sentinel” article on 2011 Legislative Session Recap.

NPANA Board of Directors Meeting Minutes

By Rebecca Ettien, RN, NPANA Secretary

NPANA Board of Directors Meeting Minutes
June 14, 2011
Teleconference

2022 Mountain Time: Meeting adjourned by Maria Bell

Respectfully submitted,

Rebecca Ettien

NPANA Secretary

Present: Maria Bell, *President*; Judy Evans, *Vice President*; Virginia Longo, *Treasurer*; Rebecca Ettien, *Secretary*; Patrice Moffett, *Past President*; Holly Hunt, *Education Coordinator*.
1930 Mountain Time: Meeting called to order by Maria Bell. Ms. Bell made a motion to accept the April 27, 2011, Teleconference Board of Directors Meeting Minutes as written. Ms. Moffett seconded. Motion passed without opposition.

Board of Directors Reports

Secretary (Rebecca Ettien)

- Received willingness to serve forms for preparing the ballot bios for online elections.

Vice President (Judy Evans)

- Off the Cuff Newsletter to be completed by July 10, 2011.
- Tentative Dates for the 2012 NPANA Fall conference is the third weekend in September 2012 in Anchorage, Alaska.
- Ms. Evans initiated a discussion re: scheduling another Board Meeting for NPANA officers that are “face to face” instead of just once a year at the fall conference. Because of the vast geographical area of our component and the cost of bringing everyone together, having many teleconference meetings is more cost effective and currently is effectively completing NPANA business.

Treasurer (Virginia “Ginny” Longo)

- Taxes are complete.
- The obtaining of bonding insurance for the NPANA Board of Directors can be restarted after the District’s budgets have been integrated with the NPANA budget.

Past President (Patrice Moffett)

- The following members have submitted Willingness to Serve Forms:
 - Ann Vischer ~ Vice President/President Elect
 - Patricia Mylander ~ Secretary
 - Marjorie Gingras ~ Secretary

New Business

- Ms. Hunt and Ms. Bell will send a postcard reminder to NPANA members without e-mail addresses stating elections are being held on line and without their e-mail address they will be unable to participate in the election of officers.
- Ms. Bell requested a change be made to the Formation of Districts policy reflecting that Districts’ Budgets will be included in the NPANA Budget as a separate line item. Districts will no longer be managing their own budgets.

Progress Notes from the Editors Desk

By Judy Evans BSN, RN-C, CPAN

One way to become more active in ASPAN/NPANA is to volunteer. One may ask, “How do I volunteer?” This is really simple. Members can volunteer to be hostess/host at the next National Conference in Orlando, Florida this coming April. I volunteered to hostess at last years National Conference in Seattle and had an enjoyable time. It is a great way to help people find their way around the conference, to meet new people and make new friends. If you have never been a hostess/host at National Conference you attend a class to give you directions on how to do the duties of a hostess/host.

This summer Nancy O’Malley’s daughter got married here in Anchorage, AK and I was able to spend an evening with her and her family and to show them some of the sites here in Anchorage. Yesterday Jeanne Guest from Ohio (OPANA) was in town to spend time with her son and her new grandbaby. We spent the afternoon exchanging concerns about being President’s of ASPAN components. She also volunteered her son to speak at our Fall Conference next year. Her son is an ophthalmologist here in Anchorage. When you become more active in ASPAN/NPANA it is amazing the connection that you make. One of our anesthesiologist moved and when I was at CDI I met the nurses who are now working with her and passed on a message to say hi from all of the nursing staff at my hospital.

Please send article for “Off the Cuff” to my email address. I would really love to hear from the membership.



Board Of Directors Minutes And General Membership Meeting Minutes

By Marge P Gingras RN, BSN, CPAN

NPANA Board of Directors Meeting Minutes

September 23, 2011
Red Lion at the Quay
Vancouver, Washington

Present September 23, 2011: Maria Bell, *President*; Judy Evans, *Vice President*; Patrice Moffett, *Past-president*; Virginia Longo, *Treasurer*; Marge Gingras, *Secretary Elect*; Ann Visscher, *Vice President Elect*; Absent: Holly Hunt, *Education Coordinator*; Rebecca Ettien, *Secretary*.
830:Meeting called to order by Maria Bell.

Board of Directors Reports

The meeting was opened by President Maria Bell. Judy and Ann reported on the ASPAN Component Development Institute they attended in September. The conference reviewed ASPAN goals, Strategic Plan, along with leadership skills. It was well organized and thorough. NPANA is looking forward to sending officers next year who were unable to attend this year.

Discussion followed regarding the NPANA web site and use by members. The site is underused. Rebecca has updated and reorganized the web site over the year. All board members feel the web site is outstanding. It is frequently updated and easy to navigate. All scholarship forms can be downloaded from the web. Many ideas were considered on how to educate the membership and have higher use.

Board members were encouraged to educate their fellow nurses at work about the web. We could advertise the web by offering handouts (pens, nail files etc.) with the NPANA logo and web site.

The board increased the number of members who will receive a scholarship for the 2011 fall conference from one to three. This will be a total of \$450.00 given out in scholarships for the conference.

Vice President Judy Evans reported on the newsletter, "OFF THE CUFF". Judy is looking for members to contribute articles for the fall letter. The "Cuff" needs to diversify and have a variety of articles. A member can write a research article and receive CEUs. Please ask your hospital if the "Cuff" can be down loaded on their email. Some hospitals block the "Cuff" and kick it out. The fall letter will be posted on the web November 10.

Treasurer Ginny Longo presented the budget for 2011-2012.

The treasurer report was as follows:

NPANA checking: \$56,382.98
Greater Portland District: \$4,060.78
South Sound District: \$1,625.43
Spokane District: \$3,972.46
Total Checking: \$66,041.65

NPANA Savings: \$5,692.81
NPANA CD A: \$8,641.00
NPANA CD D: \$11,741.20
Total: \$92117.65

Policy and Procedure, The policy and procedure for establishing of new districts in NPANA was presented and approved.

The NPANA Star Award recipients are Susan Coleman, Sharon Palme, and Virginia Matson.

Bylaws, The following changes were made.

- 5.6.6.3 Serves as a member of the conference committee.
- 5.6.15 Delete.
- 5.6.4.4 Counter signs checks buy the President or a Board designated person.
- 5.6.1.8 Serves as a member of the Representative Assembly (ASPAN)
- 5.6.2.7 Serves as a member of the Representative Assembly (ASPAN)

The Strategic Plan was reviewed and rewritten.

The meeting was adjourned at 4:30pm by President Maria Bell.

NPANA General Member Meeting Minutes

September 24, 2011
Red Lion at the Quay
Vancouver, Washington

The meeting was opened at 12:00 by President Maria Bell.

Maria reported NPANA has 792 members. We are paperless with the Web, "Breathline" and "Off the Cuff" being on line. Members were encouraged to use these sites for information, forms and articles.

Virginia Longo, Treasurer, presented the budget for 2011-2012.

Judy Evans, Vice President, reported that 5 scholarships were giving for the national conference in Seattle Washington 2011. There were no applications for the fall conference in Vancouver. Judy encouraged members to send in ideas and articles for "Off the Cuff".

Awards were presented.

Recruiter: Valerie Gillis
Ruth Foster Star Award: Patricia Nelson

Holly Hunt, Education Coordinator, reported that our paper use for this conference was 150 sheets compared to the use of over 1000 sheets for the Coeur D'Alene spring conference. Please use the internet for a greener world and to keep our costs down.

Rebecca Ettien, Secretary, reported on the use of Survey Monkey for the election of fall officers. It went well and we will continue to use it.

The following members were installed, President, Judy Evans; Vice-President, Ann Visscher; Treasurer, Virginia Longo; Secretary, Marge Gingras; Past President, Maria Bell; Education Coordinator, Holly Hunt.

Member Jim Lehn requested the Bylaws be changed to state that the offices of Secretary and Treasurer will be a member of NPANA and ASPAN but do not need to be currently practicing RN. The board will consider it at the next board meeting.

The Fall conference will be in Anchorage Alaska September 22-23, 2012.

Past Presidents were recognized, Pat Moffett, Deb Seaver, Jim Lehn, Arlene Kozicki, Sheri Bowell, and Maria Bell.

The following received \$150.00 scholarship for the Vancouver conference, Patricia Stromberg, Anthony Tietyen, and Dita Pulliam.

A one year membership for a nonmember was awarded to Carolyn Shepard.

The quilt drawing was won by Jan Shepherd.

Sheri Bowell and the staff for the national conference in Seattle 2011 was recognized and thanked for the wonderful conference. It was a great success.

Information was available for CPANA and CAPA certification and recertification.

The Star Award was given to Rebecca Ettien and Pat Moffett.

The meeting was adjourned at 1pm by President Judy Evans.

Marge Gingras, Secretary. NPANA Secretary



Attendees at the NPANA Fall Conference, 2011 in Vancouver, Washington

Global Beginnings...Inaugural International PeriAnesthesia Conference

By Sue Fossum, Chair – International Conference for PeriAnesthesia Nurses

Shared practices, multicultural cooperation, education and research were just a few of the goals realized October 2-5th in Toronto, Canada. The inaugural International Conference for PeriAnesthesia Nurses (ICPAN) was held at the Sheraton Centre Hotel where delegates from around the globe gathered to share a common nursing voice.

‘Many Practices...Just One World’ was the multinational vision of leaders from ASPAN, BARNA (British Anaesthetic & Recovery Nurses Association), IARNA (Irish Anaesthetic & Recovery Nurses Association) and was hosted by colleagues from NAPANc (National Association of PeriAnesthesia Nurses of Canada).

Delegates from around the globe were present with speakers and attendees from Denmark, Greece, Norway, Belgium, Netherlands, Australia, New Zealand, Finland, Ireland, the United Kingdom, Canada and the United States. Attendance at this inaugural conference was over 450.

A welcome reception and exhibit hall grand opening was held Sunday evening providing attendees the first opportunity to begin the networking, sharing of ideas and practices that would continue over the next few days.

An impressive educational program was developed and presented – keynote speakers included Dr. Frances Chung, internationally known for her work on Obstructive Sleep Apnea; Dr. Jan Odom-Forren who provided us with a humorous and informative look at changes, challenges and choices that we have in both our personal and professional lives; Fionuala O’Gorman who spoke on ethics of practice and end of life care in Ireland and Pat Smedley, from BARNA, who, dressed in period costume, described and detailed what the clinical

practice was like for surgical nursing in 1878 at the Nightingale training school. Clinical Innovative Practice, Research and Evidence-Based Practice posters were visible throughout the halls of the conference. A total of 46 posters were presented.

For me personally, I was able to realize a dream of convening an international conference for perianesthesia nurses – where nurses from around the globe were able to meet for a few days, share their knowledge and expertise and promote fruitful discussions on relevant issues that affect our practice. I also learned that although our native languages may vary, we share a common nursing voice.



Sue Fossum RN, Chair –International Conference for PeriAnesthesia Nurses