I was recently asked by a member of the younger generation, “Where do you think technology will take nursing?” This is an interesting question. We know technology is all around us, and it is continually changing healthcare, particularly in how we practice nursing. I mentioned in my inaugural speech about technology moving faster than the speed of light. Most of us are aware and amazed at how fast technology is advancing. However, when I meet the newer generations in my travels across the country, they are not surprised at all by these advances. I believe it is because the millennial generation has always been exposed to innovations that have impacted their lives. I think what technological advances will impact the nurse of the future?

Opportunities for Robotic Nursing

I recently came across several articles on the use of robots in medicine and nursing. Robotics is a rapidly emerging field in healthcare, and, I believe, robots will greatly impact how nursing care is delivered in the future. Growth in the industry of robotics is expected due to workforce shortages, a growing elder population and a call for higher quality of care not subject to human limitations. I think about it: robotic nurses that will help administer care and support to people in hospitals, care facilities and homes. Robotics can play a role in assisting nurses to complete their daily tasks. Robots can do our heavy lifting, among many other tasks. But where do we draw the line?

Other Healthcare Opportunities for Robotics

Robotic surgery has been around for many years and has changed the way surgery is performed. I have to wonder, how did surgeons feel about this technology when it was first introduced? I have learned that actual robots have been in use to treat patients with mental illness and comfort the elderly since 2003. Toyota has built a nursing aide named Robina—modeled after Rosie, the cartoon robot nanny and housekeeper in The Jetsons. There is also new technology in the works, a kind of robot intelligence known as “kansei,” which literally means “emotion or feeling.” These robots monitor human expressions, gestures, and body language and also listen to people.

Robotics in Clinical Education

As educators, we have seen the rapid advancement of robotic simulation. Simulation has gone very high-tech, making it an effective tool for training. Hi-fidelity simulation labs can be quite sophisticated. The newest simulation robots sweat, cry, turn cyanotic, give birth, have seizures, bleed and speak. By 2020, simulation will be so highly developed that most students’ clinical learning can, and will, be done in a simulation laboratory. Simulation is a wonderful learning tool, but I believe the simulation experience should be used to supplement actual clinical nursing experiences. And, I must tell you, I have been a preceptor to new graduate nurses who have had most of their clinical “hands on” experience at a simulation lab.

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Robotic simulation is also mentioned specifically by the Institute of Medicine’s (IOM) Future of Nursing report as a strategy for preparing higher numbers of nurses. We all know robotic simulation would certainly be safer for patients and could eliminate the scramble to find enough clinical facilities. The question remains though, to what degree is real human interaction needed for students to develop the art of professional nursing?

Robots, Human Interaction and New Generations

I am sure many of us would express our concern about the lack of emotion in robots. I trust many, if not most of us, may feel robots and artificial intelligence will never replace human caregivers. Science is trying very hard to do just that.

As I engage and energize the generations as an ASPAN leader, I am very aware that the younger generations have always been exposed to rapidly advancing technology and they have embraced it. We need to consider there has never been a day in millennials’ lives where they have not been exposed to technology, including personal computers and phones, hybrid vehicles, Doppler radar, and Global Positioning Systems. They also have had the privilege of talking with a chatterbot (a computer program, which conducts a conversation via auditory or textual methods), used virtual reality software, fitness trackers and Apple watches. They are ready, and they will be the determining factor on how far technology can take art of nursing.

The Role of Emerging Technology in Our Future

As I travel around the country speaking on my theme “Energizing the Generations,” I have come to realize there will always be controversy and discussion surrounding new advances in medicine. Is it right or wrong? Only the future will tell. The IOM report, The Future of Nursing, suggested that it is nurses who will be called up to fill expanding roles and to master technological tools and information systems while collaborating and coordinating care across teams of health professionals. We must begin thinking now about how emerging technologies will change the practice of nursing. It will be the younger generations of nurses who will be at the forefront in planning for and preparing for these challenges.

REFERENCES


Region Two Highlights

Education
No doubt, I have fallen in love with ASPAN’s Region Two! It has been a very productive season for ASPAN Region Two. Fall conferences were abundant, providing perianesthesia nurses with education suited specifically for the perianesthesia nurse. ASPAN education has so much to offer perianesthesia nurses, with a variety of options available, from on-demand modules to seminars and webcasts. Within Region Two, its components are utilizing these education tools and options. As always, its components strive to make component meetings and conferences fun!

Gold Leaf, Journal Clubs, Web sites, Social Media
Several components are working on their Gold Leaf applications. Other Region Two components have active journal clubs at the grassroots level. Another one of the goals in Region Two has been to understand and value the importance of keeping component Web sites fresh, current and useful, and we are on the well on the way to meeting that goal.

Also, we have embraced the power of social media, and most of the Region Two components have a Facebook page. Social media speaks volumes to all generations. If it’s on a smart phone, the chances of being noticed are much greater than the Web site alone. Another useful feature of Facebook is creating events and posting pictures, and this serves to get the word out to members about what is going on in their component. Most of the components also continue to create and publish informative newsletters.

PANAW
PANAW is just around the corner, and the components in Region Two have been meeting and planning events and festivities to celebrate PeriAnesthesia Nurse Awareness Week – PANAW! That’s what it takes: planning ahead and implementing fresh ideas to celebrate and getting everyone involved. Our role as perianesthesia nurses touches so many lives, and it is vital for our components to celebrate and promote certification, not only during PANAW, but every day.

Membership/Marketing
Membership is steady among Region Two components. However, we always want to increase membership. I believe it starts by talking about ASPAN and sharing the many benefits of being a part of this healthy, thriving organization. We have shared how ASPAN’s marketing director is willing to assist in reaching out to institutions and healthcare facilities, and share with administrations the value and importance of ASPAN. Hopefully, we will see growth in membership in every single component.

The Strength of Region Two
We are truly blessed within Region Two to have some phenomenal component leaders and board members. They work diligently and are committed to seeing their components succeed. Many of them also serve and lead on ASPAN committees and strategic work teams. Within their components they set positive examples of leadership to the future generation of component leaders. I encourage members of ASPAN reading this message to fully consider serving within your component, getting involved and making an impact in our specialty. Perianesthesia nursing is worth it, and you are worth it!
A small group of perianesthesia experts met in 2015 during the National Conference in San Antonio to begin developing an acuity/complexity tool that will support and validate staffing in the Phase I PACU. The Clinical Practice Committee continues to receive weekly inquiries regarding concerns, difficulties and challenges related to staffing in PACU. Although the 2017-2018 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements contain “Practice Recommendation 1 Patient Classification/Staffing Recommendations,” continued clarification of this standard is ongoing. The goal of the expert group is to develop an acuity/complexity tool to support the bedside nurse in daily practice, as well as provide the necessary evidence to validate ASPAN’s staffing recommendation. A summary of this group’s activities is as follows:

- Initial literature review confirmed there is not a current, validated tool reflecting Phase I acuity.
- A project charter was written using initial Population, Intervention, Comparison, Outcomes (PICO) Question: “What is the best assessment tool that describes adult patient acuity and care complexities in the immediate postoperative period?” Five teams were assigned to review and critique twenty six articles.
- An IRB proposal was written and accepted by Vanderbilt Hospital (Elizabeth Card, TSPAN) to enable perianesthesia nurses to answer prepared questions, and provide comments for experiential knowledge and opinions related to patient acuity and complexity. The data obtained will add to the preliminary work to build a more robust database.
- Development of “A Position Statement on Acuity Based Staffing for Phase I.” The position statement was presented to the ASPAN 2016 Representative Assembly (RA) to inform the legislative body of ASPAN, and to seek approval to accept or decline the statement. The small work group was intentional with the need for ASPAN representatives to approve or decline the work of the group, and to approve or decline moving forward with this initiative. The RA gave full support to the work and the initiative.
- The Journal of PeriAnesthesia Nursing (JoPAN) “Back Page” editorial (Maureen Iacono, NYSPANA) for April, 2016, introduced the topic to coincide with the National Conference in Philadelphia, Pennsylvania. A podium presentation was provided by Rick Fleeger (AZPANA) to share work achieved in his unit based on practice recommendations from ASPAN and AORN. His poster was one of the ‘Celebrate Successful Practices’ selections to share with a larger audience and was entitled, “Use OR Holds to your Advantage! Request More FTEs by Blending ASPAN Practice Recommendation 1 Patient Classification/Staffing Recommendations and AORN Position Statement on Perioperative Safe Staffing and On-Call Practices”.
- A formal presentation was provided by Rick Fleeger and Jacque Crosson (both of AZPANA) entitled, “Maintaining Patient Safety in the PACU When Bean Counters are Calling the Shots” during ASPAN’s National Conference in Philadelphia, April, 2016.
- A poster was placed in the ASPAN registration area at the 2016 conference in Philadelphia asking attendees to participate in data retrieval to add to the body of knowledge and the work already started. The poster contained a QR code and link to the survey in REDCap for participant input on elements/examples for criteria to identify patient acuity in Phase I PACU, as well as those tasks that increase workload or distract nurses from assessing and monitoring patients.

This project is now enthusiastically supported by ASPAN leadership and conference attendees, and we expect a marathon versus a sprint. Perianesthesia nurses expressed an urgency and a true need to ensure that patient safety and advocacy are prioritized, as the tool is built and validated. Please stay tuned to both JoPAN and Breathline for further updates.
During the Leadership Development Institute held in Cincinnati this past September, “Clinical Practice Hot Topics” was one of the presentations. In that presentation, two of the issues we discussed were assessing discharge readiness and the topic of blended units.

**Discharge Readiness**

The dominant theme for over 400 questions submitted to the Clinical Practice Network has been about readiness for discharge. The questions may be about discharge to an inpatient unit, to Phase II or discharge to home. Certainly, the perianesthesia nurse collaborates with an anesthesia provider when assessing readiness to leave the Phase I PACU for the next level of care, and the Phase II nurses contact their anesthesia colleagues for any care issues that arise. Some of these questions include, “What is the appropriate amount of time to keep a patient in each level of care?” or “When is it safe to discharge a patient to home after a lengthy surgical procedure with general anesthesia when the patient arrives in Phase I at 9 pm at night?”

The bottom line for the Phase I or Phase II nurse when assessing readiness for discharge is the safety of the patient. ASPAN’s *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, Drain’s *Perianesthesia Nursing: A Critical Care Approach* and the PeriAnesthesia Nursing Core Curriculum, Preprocedure, Phase I and Phase II PACU Nursing contain sections on the assessment of discharge readiness. None of these resources puts an actual measure of time in providing Phase I or Phase II level of care.1,2,3 Instead, discharge from any level of care should be criterion-based, not time-based.

**Blended Units**

Another hot topic addressed in the presentation was blended units. These are units that provide both Phase I and Phase II level of care in the same physical space. Many healthcare organizations are grappling with the disparity between available financial resources and the number of people accessing services. Combining staffing resources and physical space is one way that organizations are able to continue offering the same level of healthcare services. How are you practicing to the intent of the ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*, while consolidating resources?

It is important to remember that a Phase I or Phase II designation is determined by the condition of the patient, not the geographic location of care. It is possible to provide care for a patient in each level of care in the same physical location, with the understanding that an effort is made to separate the ready for discharge patient from the newly arrived to Phase I PACU.1 Keep in mind, Phase I is the most intense care in that immediate postanesthesia phase, and the nurse must provide undivided attention until the critical elements are met.1

Regarding caring for preoperative patients in a blended unit, Standard II, Environment of Care, puts in place, “Preanesthesia patients may be in the same physical space as patients recovering from anesthesia or sedation; however, they should be cohorted and separated as far away as physically possible from Phase I patients. Efforts should be made to provide for privacy for the patient and family so that patients waiting for their procedures do not hear activity related to patients emerging from anesthesia or sedation. It is also desirable to have separate staff; that is, a preoperative nurse is not also caring for a postsurgical patient.”1

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2016 ASPAN Scholarship Recipients

**ASPAN National Conference Attendance Scholarship ($750 each)**
*For the 2017 National Conference in Indianapolis*
- Barbara Audin BSN RN CPAN
  *Sudbury, MA*
- Sue Bott BSN BSPA RN CPAN CAPA
  *Shelby Township, MI*
- Marie Courtney BSN RN CPAN CAPA
  *Dedham, MA*
- Nancy Fishman RN CPAN CAPA
  *Jacksonville, FL*
- Bridget Miller ADN RN CAPA
  *Colorado Springs, CO*
- Melinda Phillips ADN RN CAPA
  *Anderson, SC*
- Kim Wirth BSN RN
  *Cedar Park, TX*

**BSN Scholarship ($1,500 each)**
- Alison Colburn BS RN CAPA
  *Westfield, MA*
- Marché Tucker RN CPAN CAPA
  *Hendersonville, NC*
- Amanda Wertz RN CAPA
  *Muncy, PA*

**MSN Scholarship ($1,500 each)**
- Ma. Cecilia Lopez BSN RN CPAN
  *Union, NJ*
- Melissa Schmidt BSN RN CPAN CAPA
  *Portland, OR*
- Clara Winfield BSN RN CAPA
  *Charlottesville, VA*

**Doctoral Scholarship ($1,500 each)**
- Valerie Pfander MSN APRN ACCNS-AG CPAN
  *Traverse City, MI*

**Humanitarian Mission Scholarship (up to $1,000 each)**
- Lauri Ledbeter MSN RN-BC CNE CAPA
  *Deer Park, WA*
- Marlene Nahavandi BSN RN CAPA
  *Cottage Grove, WI*

**Nurse in Washington Internship (NIWI) ($2,000 each)**
- Amy Berardinelli DNP RN CPAN
  *Mentor, OH*
- Christine Hill BSN RN CPAN CAPA
  *Nashua, NH*

2017 ICPAN Registration Fee Scholarships from ASPAN

ASPAN is pleased to offer registration fee scholarships to the 2017 International Conference for PeriAnesthesia Nurses (ICPAN) being held November 1-4, 2017, in Sydney, Australia. The special postmark deadline for ICPAN scholarships is **May 1, 2017.** *DON’T DELAY!* Instructions and required forms are available on the ASPAN Web site. Please read instructions carefully for eligibility requirements. Visit Members / Scholarship Program / 2017 ICPAN Scholarships or click here.

*Applications/information for ASPAN’s annual Scholarship Program (offering BSN degree, MSN degree, Doctorate degree, ASPAN National Conference, Certification Exam, Humanitarian Mission and Nurse in Washington Internship scholarships) will be available on ASPAN’s Web site in February, with a postmark deadline date of July 1, 2017.

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**REFERENCES**

Gold Leaf Award

The deadline for the Gold Leaf Component of the Year Award submission is February 1, 2017! Components competing for the Gold Leaf Award must submit their applications to the ASPAN National Office by February 1. The award reflects the activity of your component from January 1, 2016 through December 31, 2016. The Membership/Marketing Strategic Work Team is looking forward to reviewing the applications from the components, and announcing the winner at the national conference in Indianapolis. For information, guidelines and the application, click here.

ASPN GROUP MEMBERSHIP PROGRAM

ASPN is pleased to introduce a Group Membership Program, which is designed for hospitals and surgical centers that wish to purchase 25 or more memberships at a time! Employees will receive the latest in perianesthesia education, research, standards, and clinical expertise. Employers, in turn, enjoy having some of the best educated, most dedicated perianesthesia nurses caring for patients.

A Group Membership is also a great way for hospitals to support their pursuit of Magnet status. Employers that purchase a Group Membership receive a discount on their purchase.

Please review this information and pass it along to the person at your facility most likely to approve, or advocate for, getting a group membership. For additional information, including group rates, you can email Doug Hanisch at ASPAN’s National Office: dhanisch@aspan.org.

ASPN Member Benefits

- $100 off CPAN and CAPA certification exam fees
- Free subscription to Journal of PeriAnesthesia Nursing
- Major discounts on education, publications, National Conference, and more
- Free online access to Joanna Briggs Institutes' medical databases
- Free subscription to Breathline, ASPAN’s member newsletter
- Free contact hours each year
- Component/state membership and related benefits
- Collaborate with colleagues, in person and online
- Scholarships and Research Grants
- Member Rewards Program - discounts on insurance, travel, and more

PeriAnesthesia Nurse Awareness Week (PANAW) will be celebrated February 6 – 12, 2017! This year’s theme is Perianesthesia Nurses: Skilled in Nursing, Professionals in Caring.

PANAW is our time to shine and let our colleagues know of the great patient care we deliver each and every day. Maybe you’re having a celebration at work or within your component to mark this special week. Some other ways to celebrate include:

- Placing announcements in employee publications/emails
- Displaying and using PANAW products (available at www.panaw.com)
- Offering coffee and cake within your unit/department
- Taking photos of your PANAW celebration

The PANAW catalogue is full of great gift ideas to recognize the perianesthesia nurses you know. Official PANAW products can be ordered online at www.panaw.com. How will you celebrate PANAW this year?

Remember to submit photos of your PANAW celebration to Breathline Editor Barb Godden for possible use in a future issue: bgodden@aspan.org. (No .pdf files please.)
ASPAN’S 2017-2018 Slate of Candidates

Vice President/President-Elect

Regina Hoefner-Notz
MS, RN, CPAN, CPN

Treasurer

Deborah Bickford
BSN, RN, CPAN

Regional Director, Region 1

Shay Glevy
BSN, RN, CPAN, CAPA

Regional Director, Region 3

Sylvia Baker
MSN, RN, CPAN

Regional Director, Region 5

Kimberly Godfrey
BSN, RN, CPAN

Regional Director, Region 3

Connie Hardy Tabet
MS, RN, CPAN, CAPA

Director for Education

Linda Beagley
MS, BSN, RN, CPAN

Director for Research

Elizabeth Card
MSN, APRN, FNP-BC, CPAN, CCRP

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CANDIDATE PROFILES: Your Input is Requested!

ASPAN’s slate of candidates for the 2017-2018 year is impressive, and all bring talent and skills to the role he or she is seeking to lead ASPAN in the coming year(s). Each candidate recognizes the importance of contributing to excellence in perianesthesia practice, leadership and collaboration.

ASPAN utilizes Web technology to provide its members with all candidate qualifications and background information as well as what each Board candidate visualizes as individual immediate long-term goals and strategic priorities for ASPAN within the next two years.

Your component is looking for your input! Here’s what you do by February 28, 2017:

• You must be a current ASPAN member
• After reading the instructions, scroll down the page and review the list of candidates’ names
• Next to each name is a link entitled “BIO.” Click on this link to read about the candidate
• Review all 2017-2018 Candidate Profiles
• Click the box next to the candidate’s name of your choice for each position. Only ONE name may be selected within each position – except Nominating Committee positions. Five positions are open on the Nominating Committee
• Find your component from the list of component names, and click on it. This is a REQUIRED field since it determines where to forward your submission
• At the page bottom, click “Submit” and your input will be forwarded to your component representatives to assist them in casting their votes at the 2017 Representative Assembly meeting in Indianapolis, Indiana
• Once you click “Submit,” you will receive a confirmation page stating that your submission has been successfully executed
• Only one 2017-2018 Candidate Selection submission per ASPAN member will be accepted. Submissions are available online only
• Click here for 2017-2018 Candidate Profiles

Your feedback must be submitted no later than February 28, 2017. Demonstrate your perianesthesia passion. Don’t delay!
Springtime in Indianapolis is always special as the city prepares to welcome the world to the Indianapolis Motor Speedway for the running of the Indy 500. This April will be even more special as perianesthesia nurses across the country and beyond travel to the Circle City for the 36th ASPAN National Conference!

The Indiana Society of PeriAnesthesia Nurses (INSPAN) welcomes you to the city of hoops and hotrods to join your perianesthesia colleagues for six days packed with education, networking and entertainment opportunities. You can find complete details in the registration brochure mailed to ASPAN members, and also online at www.aspan.org. Early registration is essential to guarantee your seat in the sessions being offered. Take advantage of the early-bird registration and pocket those savings to spend in the ASPAN Shoppe, Exhibit Hall or support the local economy!

**Educational Opportunities**

The Preconference offering on Saturday, *While You Were Sleeping: Essentials of Perianesthesia Nursing*, has been designed for both the novice and the experienced perianesthesia nurse, with an in-depth review of all things anesthesia and perianesthesia-related. If you’re contemplating new or dual certification, ASPAN is offering the *Perianesthesia Certification Review* seminar on Sunday.

Following opening ceremonies on Monday morning, you will be treated to the inspiring words of Marcus Engel as he shares his story of loss and triumph, and the impact you make on your patients and their families every day. The remainder of the offerings range from basic to advanced topics designed to meet your educational needs, and are arranged along clinical, special populations, research/EBP, legal/ethical/regulations/standards, leadership, and competency/safety tracks.

**Component Night: From Hoops to Hotrods**

The party starts Sunday, April 30, with Component Night. This is your opportunity to connect informally with your component leadership as well as ASPAN Board members and staff. Come dressed as your favorite NCAA sports team, player or racecar driver, compete at the hoops with fellow ASPAN members, or get your picture taken by the INDY car. You never know who will show up for that special photo-op! There will be food and a cash bar to supplement your evening enjoyment. During the evening of racing and competition, you will connect with old friends and make new ones. You are invited to participate in the various activities as well as dance the night away.

**Development Breakfast and Activities**

In addition to the Dream Walk and Silent Auction, we are pleased to have ASPAN Past President Susan Shelander as our guest speaker at the Development Breakfast. Not only will you be able to support the Development SWT and take advantage of a tax-deduction opportunity, but you’ll have yet another occasion to earn contact hours!

ASPA scholarships and grants provide opportunities for perianesthesia nurses to further their formal education, seek certification, undertake research or participate in a humanitarian

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**The Starting Grid: Getting into Position**

Kim Kraft, MSN, RN, CPAN, CAPA - ASPAN 2017 NCSWT Coordinator

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▲ Central Canal in the Evening
*Photo courtesy of Lavengood Photography*

▲ Cultural Trail
*Photo courtesy of Lavengood Photography*
mission and attend National Conference or the Nurse in Washington Internship (NIWI). These awards are made possible through the generous donations of perianesthesia nurses at Development activities during National Conference.

**President’s Reception**

Join ASPAN President Katrina Bickerstaff Wednesday evening at the President’s Reception as the culmination of her successful leadership is celebrated. Spend time with friends, new and old spanning across the generations, who have the distinction of being a part of the unique specialty of perianesthesia nurses.

**Conference Involvement Activities**

If you wish to volunteer while at the National Conference, you can become a Host/Hostess. Contact Grace Walke at 317-626-4598 or gconne@comcast.net. Active category and Retired category members may serve and receive a small compensation.

If you are interested in becoming a Session Moderator, contact Laura Kling at 412-610-4162 or lakrnmsn@comcast.net. This is a great way to participate and let others get to know who you are and meet ASPAN’s speakers.

Are you looking for a way to come to conference, but don’t have anyone with whom to share a hotel room? Simply submit your name to be included on the Willingness to Share a Room list. The room sharing list will be distributed to all those who have asked to be included. It will then be your responsibility to directly contact others on the list to coordinate room sharing arrangements and make your own hotel reservation. Contact information can be found in the registration brochure.

Ladies and gentlemen, join us in Indianapolis at the 36th ASPAN National Conference. It is time to start your engines! 😁
NATIONAL CONFERENCE DEVELOPMENT ACTIVITIES

There are several fun ways you can support ASPAN and perianesthesia nursing practice at the National Conference in Indianapolis:

Dream Walk
Enjoy an early morning walk that originates from the hotel and takes you past a variety of local downtown attractions. **Sunday, April 30, begins 6:30 a.m.**

Development Celebration Breakfast
Begin Wednesday morning by supporting ASPAN, earning .75 contact hour, honoring your friends and colleagues, and enjoying a traditional American breakfast. **Wednesday, May 3, 6:30 – 8:30 a.m.**

Silent Auction
Components and individuals are invited to donate – and purchase – items for the 2017 Silent Auction, which will take place in the Exhibit Hall. **Open during Exhibit hours.**

Hail, Honor, Salute!
Honor a special colleague and support ASPAN by completing a **Hail, Honor, Salute!** form which will be included in your registration packet. Forms can be turned in at the Development Celebration Breakfast or the ASPAN booth in the Exhibit Hall during exhibit hours.

For additional information on any of these activities, please email Doug Hanisch at the National Office: dhanisch@aspan.org.
A strategic plan is an organization’s roadmap for tracking progress toward established goals. In November of each year at the mid-year Board of Directors meeting, the working ASPAN strategic plan is reviewed and revised and reviewed for progress.

GOAL A: ASPAN will achieve a 5% increase in membership by 2017.

The strategies for achieving this goal include:
- Increasing social media exposure
- Direct marketing
- Member benefits
- Public presence

As of November 1, 2016, ASPAN membership is 14,400, a gain of 55 members since January 1, 2016. The Membership/Marketing SWT explored a variety of avenues to reach this goal.

ASPA’s primary social media outlet is Facebook, which garnered 29,449 views. Advertising ASPAN’s educational products on Facebook results in greater exposure for those programs. ASPAN’s Membership/Marketing SWT plans to launch ASPAN’s first YouTube video to increase public awareness of perianesthesia nursing during the PANAW celebration in February, 2017.

GOAL B: ASPAN will increase utilization of ASPAN’s educational products.

- Use Facebook to advertise webcasts and live seminars
- Plan webcasts and live presentations with varied times to better accommodate members across the four continental time zones
- Implement Certification Bundle to assist candidates taking the certification exam
- Launch new webcasts that will include Obstructive Sleep Apnea and Unwanted Sedation
- Promote a new seminar, Advanced Patient Safety: New Approaches and Directions, ready for presentation in June 2017
- Assist components in bringing up-to-date education to all of its members, including components with limited resources. ASPAN Select is a new educational video presentation which will be available in the 2017 Summer-Fall brochure. This product will be available for purchase and presentation at component meetings
- Promote ASPAN’s 36th National Conference in Indianapolis.

GOAL C: ASPAN will initiate a minimum of one original study in perianesthesia-specific nursing research annually.

- The Research Committee will again offer one-to-one consultations to novice researchers at the 36th ASPAN National Conference
- The addition of a medical research librarian provided momentum to the literature search phase of many projects. There will be another opportunity for applicants to apply for Joanna Briggs Institute (JBI) training this winter and other JBI training centers are being explored to expand the number of training opportunities
- Approval of the proposal to revise the research grant application process to include two research grant application deadlines annually
- IRB approval from Vanderbilt University Medical Center for the original research study, Creation of a Patient Complexity Tool, led by Jacque Crosson and assisted by Elizabeth Card and Dina Krenzischek
- Drs. Dina Krenzischek and Linda Wilson are collaborating on Differences in Cognitive Functions, Decision Making, Self-Efficacy, and Demographics in the Preop, PACU Phase I and a Controlled PACU Phase I Setting. This study is in the grant application phase
- Approval of two collaborative research studies to be conducted by email survey. These studies include Perianesthesia Nurses Current Knowledge and Practice in the Care of the Patient with Obstructive Sleep Apnea and Nurses Perception of Incentive Spirometry Use. The results of both studies will be submitted to JoPAN for publication.
- Drs. Dina Krenzischek and Linda Wilson represented ASPAN at a November 6 meeting with representatives from the National Institute for Occupational Safety and Health (NIOSH). The purpose was to discuss further study of the presence and effects of waste anesthetic gases and other air quality hazards in the perianes-
ysis environment. NIOSH and the Occupational Safety and Health Administration (OSHA) support ASPAN’s Position Statement on Air Quality Occupational Hazard Prevention in the Perianesthesia Environment. The NIOSH Director has given a preliminary commitment to an independent study.

GOAL D: ASPAN will commit to providing leveled evidence for one to two practice recommendations annually.

• This year, the Standards and Guidelines SWT is addressing Practice Recommendation (PR) 10, Obstructive Sleep Apnea in the Adult Patient and Practice Recommendation 11, The Prevention of Unwanted Sedation in the Adult Patient. ASPAN’s librarian performed searches for the systematic literature reviews. The teams are currently reviewing the articles for the purpose of adding leveled evidence to these PRs.

• ASPAN’s Position Statement (PS) on The Perianesthesia Patient with a Do-Not-Resuscitate Advance Directive has been endorsed by AANA and AORN. The American Society of Anesthesiologists (ASA) will review this PS at their March 2017 meeting. The American College of Surgeons (ACS) recommended that the Council on Surgical and Perioperative Safety (CSPS) organization, of which ASPAN is a member, develop a joint position statement or white paper in calendar year 2017.

• The ASPAN Board voted to sign on in support of the Association of Radiologic and Imaging Nurses (ARIN) Position Statement on Capnography.

Summary

ASPAN is having a very successful year in terms of meeting goals established by the Strategic Plan adopted one year ago. Under President Katrina Bickerstaff’s dynamic leadership, the Board, member volunteers and National Office staff continue to support ASPAN’s core purpose, “To advance and promote the unique specialty of perianesthesia nursing” and compelling vision, “ASPAN will be recognized as the leading organization for evidence-based perianesthesia nursing practice.”

CERTIFICATION

Not Yet Certified? Now is Your Time to Shine!
Currently Certified? Encourage a Colleague!

Spring 2017 CPAN® & CAPA® Examination Dates:
Registration Window – Online
January 9 – March 6
Examination Administration Window
April 3 – May 30
Register early and be prepared.
ASPAN Members Save $110!

Get all the details at:
www.cpancapa.org/certification

Free Study Resources are Available on the ABPANC Web site
• CPAN® / CAPA® Study Questions of the Week
• Test Blueprints
• Study References (Appendix D)
• Webinars
• Study Tips
• 12-Week Lesson Plan
• Mind Mapping Study Guide
• Certification Candidate Handbook

Contact ABPANC
475 Riverside Drive, 6th Floor, New York, NY 10115-0089
Phone: 800-6ABPANC  Fax: 212-367-4256
Email: abpanc@proexam.org  Web site: www.cpancapa.org
During the midyear Board of Directors (BOD) meeting, the Board reviewed the working strategic plan incorporating reports received from liaisons, SPG and SWT leaders. Recommendations were made and revisions will be added as suggested in the working strategic plan update.

Additional meeting highlights included:

**Clinical Practice Committee**

The Clinical Practice Committee remains very active, responding to all clinical questions submitted for consideration. Diane Swintek, Director for Clinical Practice, reported the number of questions received as 444, and included a breakdown of each region. The dominate themes of the questions were about Blended units and discharge from Phase I and Phase II.

**Finance Committee**

A finalized Financial Primer is now on the ASPAN Web site for component use under Component Leadership FAQs. Applications for components to attend LDI were received and 11 scholarships were granted totaling $8,045. A public awareness video was presented, which is to increase public knowledge about perianesthesia nursing. Plans are to have it out for PANAW in February.

**Regional Directors**

The Regional Directors reported on their respective regions and components. They have frequent conference calls to collaborate on information, and are always willing to assist and visit their respective components.

**Nominating Committee**

The Nominating Committee has secured a slate of qualified candidates for ASPAN’s 2017 elections. Nominating Committee Chair Armi Holcomb presented the slate of candidates for the April 2017 election. She reports that all candidate profiles and CVs have been reviewed to ensure accuracy and completeness.
Component Education Programs

**March 4, 2017** The Illinois Society of PeriAnesthesia Nurses will hold its spring conference in Rolling Meadows, Illinois. For more information, please contact Alexis Nicpon, MSN, RN, CPAN, at ajnicpon@comcast.net or Lorena Manalansan, BSN, RN, CAPA, at lmanalansa@nch.org or 847-809-9484.