

EyeOpeners

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SOUTH CAROLINA ASSOCIATION OF PERIANESTHESIA NURSES

SCAPAN MISSION

The mission of the South Carolina Association of Perianesthesia Nurses is to promote excellence in all aspects of Peri-anesthesia nursing practice through education, specialty certification, nursing research and ASPAN standards in an environment that is respectful of others and adaptive to changes.

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Letter From The President

"Failure is the opportunity to begin again more intelligently" shared Henry Ford. He certainly had his share of failures. Ford was often ridiculed when he spoke of his vision of "modern" transportation, mass production and the availability & affordability for every American to own a quality car. Fast forward to today...does that same sentiment sound familiar in health care...access, affordability & quality? Certainly there's no shortage of politicians & policy makers with a plan promising to resolve the challenges facing our health care today. Despite naysayers in each "camp" who are quick to point out the shortcomings of the other's plan, the beauty exists in that there are individuals willing to "share" their vision for a working solution! Individuals who have the courage and muster to speak up, be informed & get involved, even if it is the only voice. I admire the advocates for our healthcare system, that despite it's shortcomings, offers the best in the world.

Some of our best

advocates for nursing are not nurses, but journalists and authors. I had the great opportunity to hear two of them at a national convention a few years back: Suzanne Gordon & Bernice Buresh. Bernice, a journalist from Milwaukee, publishes health care & nursing articles globally, including in Newsweek. Suzanne, who does the same, is also a member of the Robert Wood Johnson Foundation, (one of nursing & healthcare's greatest advocates - check out their website for nursing), "National Advisory Committee on the Nursing Shortage", has lectured extensively on our profession. Together they have published the 2nd edition of their award winning book, "From Silence to Voice." This book is a "must read", (no - I am not receiving reimbursement for encouraging you to read it.) It describes how we as nurses can convey the quality & importance of our work to the public. Another book by them is "Bedside Manners" that offers insight on reworking RN - physician relationships for safety & quality in our patients

care.

A recent article in the Orlando Sentinel news on errors in health care reported how one physician inserted a chest tube on the wrong side of the patient causing complications. When contacted by the paper for a comment, he replied, "...the nurse prepared the wrong side of the body." The Sentinel published that comment & the ensuing "blog" at the paper's website was not short on comments re: the "failure" of both practitioners. We now know that errors in health care are often failures of processes & communication. Gordon & Buresh know that & offer some insight. Henry Ford certainly knew of failures in processes and communication. It is incumbent that each of us continue to recognize that, but more importantly be that voice to speak up, choosing to be involved and when we have a setback, "...begin again more intelligently." Our profession and our public are depending on it!

On behalf of your SCAPAN leadership, have a happy, healthy and peaceful holiday.

Alisa ♣



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Please send all letters to the Editor to SCAPAN, PO Box 13976, Charleston, SC 29422, or email letters to scswete@hotmail.com or to contact.scapan@gmail.com using 'letter to the editor' in the subject line.

EyeOpeners

Live Large and Think Big in Texas

ASPAN 27th National Conference Preview: May 4-8, 2008

By: Susan McDonald, RN, CPAN, CAPA –
2008 National Conference Strategic Work Team Coordinator

Perhaps by now, you have browsed through the 2008 ASPAN National Conference brochure trying to decide which educational sessions to attend. Conference offers many interesting topics and excellent speakers, so choosing may not be easy! With the many options available, you could earn 40-50 contact

You could earn 40-50 contact hours!!

hours during Conference week. In addition to the regular education sessions, contact hours are awarded for participating in the Research Poster Grand Rounds on Tuesday and Celebrate Successful Practices on Wednesday.

Several of your peers participated in a Speaker Development Workshop at the 2007 National Conference. After formulating, researching and developing an educational

presentation, these colleagues have honed their presentation skills and will offer the topics during Conference. Please support them by attending these presentations and earn some additional contact hours. Seating during the sessions is limited, so come early.

Welcome First Time Attendees

The sheer size of National Conference can be a little overwhelming for newcomers. If this will be your first ASPAN Conference, plan to attend one of the two First Timers' Orientation sessions. The orientation

The sheer size of National Conference can be a little overwhelming for newcomers.



sessions will help you navigate the syllabus and pocket guide, explain the evaluation forms, preview the social activities and provide an opportunity to meet the ASPAN Regional Directors, who can answer your questions about Conference and ASPAN. If you are interested in sharing a hotel room, information is provided in the brochure to help you find a roommate.

Monday, May 5 is CPAN/CAPA Day. All certified nurses are invited to register to attend the CPAN/CAPA Celebration Breakfast held bright and early on Monday morning. Besides offering the certification examinations on Sunday, May 4, ABPANC will present several sessions throughout Conference to help you certify, re-certify, promote certification, and participate in item writing for potential future exam questions.

Plan for Some Fun

Your conference
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The Metroplex

The Dallas-Ft. Worth metropolitan area, known locally as the "Metroplex," is larger than the state of New Jersey! Encompassing 9,200 square miles, the Metroplex is home to 6 million people. Each city within the metroplex has its own unique flavor: sample them all!

Information tidbits provided by Sue McDonald, Chair of National Conference Committee.

Calendar of Events

- January 8 - Central Midlands meeting
- January 26 - Charleston, SC SCAPAN/ASPAN Conference
- February 25 - March Newsletter Submission deadline
- March 8 --CM-SCAPAN 'Spring Into Action' Workshop
- May 4-8 -- ASPAN National Conference
- July 25 - August Newsletter Deadline
- November 25 - December Newsletter Deadline

Live Large...Texas

Con't from Page 2 brochure includes an Optional Tour booklet. See the many sights of the Dallas/Fort Worth area and let someone else do the driving! Register for a tour showcasing area museums and attractions, shopping venues and historic sites. The roadside highways will be resplendent with spring wildflowers such as Bluebonnets, Indian Blankets and Brown-Eyed Susan's, making the drive to the world renowned wild life conservancy, Fossil Rim, a special treat.

ASPAN's National Conference Strategic Work Team has worked hard to bring you an outstanding 2008 National Conference. Our plans for the education sessions, special social events and optional tours are as big as Texas, and we are eager to welcome you to our home state. So come on down, y'all, and stay a spell! ♣

SCAPAN -Willingness to Serve
October 2007 – 2008

I am willing to serve as:

ELECTED POSITION:

Terms

- _____ Vice President / President Elect 1 yr
(Followed by 1 yr each as President and Immediate Past President)
- _____ Treasurer 2 yrs
- _____ District Director (4 positions open) 2 yrs

SCAPAN COMMITTEE MEMBER:

- _____ By Laws / Policy and Procedure 1 yr
- _____ Education / Research 1 yr
- _____ Government Affairs / Professional Liaisons 1 yr
- _____ Finance 1 yr
- _____ Nominating / Elections 1 yr
- _____ Membership / Marketing/PR 1 yr

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Home phone: _____

Work phone: _____

Facility address: _____

I understand the duties and responsibilities of this position.

Signature: _____

Date: _____

Return completed form to: SCAPAN, PO Box 13976
Charleston, SC 29422

Committee Membership Accepted through Annual State Conference

Count me in for/to: _____

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A Nurse's One Magical Summer

Melody Heffline, MSN, RN, APRN, BC, ACNP
 CPAN 1990-2005

At the end of my first summer as a nurse 30 years ago, a nurse came back to work on our unit who had been on leave of absence for the summer to be a camp nurse. She talked for months about her experiences and I always wanted to have the opportunity to spend a summer at camp as a nurse. One thing led to another: going back to school, never enough money to take a salary cut for the summer, several relocations, not wanting to lose a position, and before I knew it 30 years had passed and I had never realized my dream of going to camp. In the summer of 2006, I got my first opportunity to go to camp as a volunteer nurse at Victory Junction Gang Camp in Randleman, NC. I was hooked! This is a camp for children with chronic illnesses and disabilities. I volunteered for hemophilia/juvenile rheumatoid arthritis week and met some of the most courageous children I have ever met. I knew I would be back and signed up for my 2007 volunteer week before I left camp that week.

In the fall of 2006, I received a call from camp informing me that there would be an opening for a nurse practitioner at the camp for the ENTIRE summer in 2007. Would I apply? Absolutely!! I began to analyze everything in an effort to know how at middle age I would be able to leave my position of 12 years and step out on a limb in faith

that all the pieces would fall into place for me to fulfill a lifetime dream. In January 2007, I accepted the position and resigned my job as nurse practitioner for a vascular surgeon to go to camp! I closed up my house on May 13 and left for NC. Little did I know how this decision would change me forever.

My responsibilities at camp were varied. I was responsible for developing the Power Point orientation for the summer and weekly staff each week to cover HIPAA, infection control, and universal precautions. This was no small task since the summer staff had to sit through the presentation every week for 10 weeks. Only the weekly volunteers were new to the audience each week. Needless to say, I had to reach deep into my creativity to make it fun and exciting each week. Each week we also covered the particular disease(s) we would have for that week. I was responsible for special meals for children with allergies/intolerances. In addition, I was one of the primary care providers for the summer staff and campers and support staff for the unit nurses assigned to each group of campers. This meant administering medications, treatments and holding hands as needed. There were also the "other duties as directed" that you find in every position description. Some of those were

actually the most fun! Who knew that nursing would ever be so much fun?

I watched as 19 to 24 year olds grew and matured as caregivers for some of the most precious children ever born. Most of them came without any medical experience yet they cared for children with very complex medical regimens with the maturity of a veteran. We taught them to catheterize spina bifida children and give tube feedings. They learned to change diapers in big kids and identify homesickness vs. real sickness. They learned the signs and symptoms for many different diseases as the summer progressed. What we did not have to teach them was how to love those children. From the first day of camp to the very last, I had the privilege to see more love poured out than I have ever witnessed in one place in all my 30 years of nursing.

I had the opportunity to see children swim, ride horses, fly on a zip-line, climb an alpine tower, dance and sing. Many of those children are wheelchair bound and have never walked, yet when they were in the pool or on horseback or flying through the air, they were free. When they were "dancing" in their wheelchairs the joy on their faces was worth every long tiring day that sometimes seemed to never end. I learned that

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"I, however, am very different."

Governmental Affairs Update

Alisa Shackelford, RN, MA, MBA, CCRN

This column for Government Affairs will be directed to topics on the public forefront for reform in health care delivery today, including information technology, child health, access for the uninsured and under insured and cultural diversity to name a few. I encourage each of you to read the articles referenced below as well as others that address "hot topics" in health care. It is my wish that everyone will continue to choose to be informed & involved in health care legislation. As we enter an election year, many promises and pitches will be made. According to political analysts, whomever is elected into office will more than likely spend the first 18 months in office watching the political landscape, addressing global issues such as the war, fuel and energy reserves and pandemics before settling in to address "home front" issues such as health care reform.

Carpe Diem! (*Seize the day - there is no better time than the present.)

Information Technology & Improved Patient Safety

In a recent issue of The Journal of Healthcare Management, Menachemi et al report the findings of their research on the implementation & integration of information technology in several Florida hospitals and the resultant outcomes in patient safety. Patient safety and improved outcomes are two of the potential advantages of implementing a comprehensive IT program in a hospital. Certainly, the presence of IT does not guarantee increased quality & safety unless researched, integrated, funded and maintained appropriately. The authors measured patient outcomes using eight Patient Safety Indicators, PSI's, developed by the Agency for Health Care Research and Quality, AHRQ. According to the AHRQ, PSI's are "algorithms that are applied to routinely collected hospital inpatient discharge data that screen for adverse events patients experience as a result of exposure to the system of care." The PSI's are "risk adjusted" meaning consideration given for the AHRQ APR-DRG, (All Patient Refined Diagnosis - Related Groups) methods & categories: age, gender, co-morbidities, DRG group, etc.

When properly integrated and implemented, IT can prove to reduce risk and errors. The use of a computer physician order entry, CPOE, program can reduce medication errors up to 55 to 80%. IT implemented automatic

warnings & updates from pharmacy greatly assist in assuring timing, dosing and start & stop of medications are alerted & available to the practitioner. Furthermore, documentation can greatly assist front line practitioners in increasing time for direct patient care & decreasing clerical & administrative duties. The authors share that their research provided supporting evidence that IT implementation can greatly address and assist in preventing conditions such as postoperative sepsis & respiratory failure when clinicians have "access to up-to-date patient information, standardized order sets and evidence based guidelines."

With the advent of "public reporting" by facilities on several PSI's such as length of stay, falls, pressure ulcers, surgical site infections & others and the government and payers requiring improved outcomes for reimbursement; having an IT system that is mature, well supported and efficiently integrated may go a long way in securing the best for our patients and the communities we serve.

Menachemi N. 2007 "Hospital Adoption of Information Technologies and Improved Patient Safety: A Study of 98 Hospitals in Florida" The Journal of Healthcare Management 52 (6) 398-409.

Capitol Update: The HPV Vaccine

HPV, human papillomavirus is one of the most common sexually transmitted disease in the US & the leading cause of cervical cancer. With over 100 different strains, it is estimated that ~ 50% or more of women in the US will have contracted HPV in their lifetime, while many are unaware as there are asymptomatic strains. Females at greatest risk include those under age 25 who have had multiple sex partners, those 16 years and younger who have had intercourse or any female who has had sex with a male who has had multiple sexual partners. In 2006 with the introduction of the first FDA approved vaccine that prevents HPV, Gardasil, came a Pandora's Box of issues. The vaccine is a series of 3 required injections and averages ~ \$360 for the series.

Some of the issues raised as states began to legislate action for implementation of child health initiatives were: who is going to pay, who will pay for the uninsured or under insured, those on Medicaid and SCHIP, (State Children's Health Insurance Plan), will there be mandatory reporting for choosing to refuse, will parents have the right to be informed or make the decision for the child and when will this be mandatory for males? The Centers for Disease Control and Prevention, CDC, provides recommendations but the individual states decide vaccination



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Coastal District Report



Coastal enjoyed visiting with everyone that attended the Breast Navigation September 28th meeting with Teresa Pischner and Dr. Baron! Our next meeting is the SCAPAN/ASPAN

Seminar in January! We hope to see you in Charleston in January with Dolly Ireland!

Thank you, Karen Thames, Coastal's new VP/Pres Elect. Karen willingly 'stepped up to the plate' when Coastal was in

desperate need of a VP, and proved to be the perfect person for the job! Karen has taken her new role with great enthusiasm, and will take the Coastal chapter in 'unchartered waters'! ♣

Samantha Hanna, RN CPAN

Central Midlands District Report

On a local level, Central Midlands' next district meeting is planned for Tuesday, January 8, 2008 at the Kulbresh Women's Center, 421 Hulon Lane, West Columbia at 7pm. Dr. David Kulbresh is sponsoring the meeting and will be speaking on the perianesthesia care of patients undergoing ablation procedures. Following an hour long lecture,

there will be a brief business meeting. CEU's and refreshments will be offered. Email reminders will be sent to members as the date approaches. Please share the information with your co-workers, and bring a friend to the meeting.

Mark your calendars for another important date; the next Spring Into Action,

CM-SCAPAN's annual seminar, is March 8, 2008. Meet us at Tuomey in Sumter. We will be gathering at 10am to make travel more convenient. Seminar topics to be announced. A district meeting will be scheduled in conjunction with the seminar. On the business meeting agenda is the election of a secretary for the

Jaci Gibson, RN

Central Midlands District Board. Members, please consider this opportunity to work with area nurses and SCAPAN on the local level. Our board meets 3 to 4 times a year and this office has a term of 2 years. Join us at the January meeting to learn more about this opportunity. ♣

Piedmont District Report

The Piedmont group is meeting jointly with the upstate AORN group for educational sessions and then the two groups separate for business meetings. This offers an opportunity for networking between groups and between facilities. Official PAPAN

meetings are quarterly with optional education sessions monthly. The groups meet the last Monday of the month with the exception of December, June, and July. Dr. Eric Boor presented on Bariatric Surgery in November. New techniques for Breast

Radiation was the topic in October. The January educational session will be on Cochlear Implants. Date will be changed to a Thursday to accommodate the physician speaker.

PAPAN is looking for new officer applicants. Contact Jan Smith, Nancy Boyd, or Nancy

Zarczinski if you are interested. E-mail meeting reminders are sent to facilities. ♣



Look


**who has
joined SCAPAN...**

August Members

Kathleen Burns, RN
 Gabriela Burrell, RN, CPAN
 Phyllis Martin, RN, CAPA
 Sue Cannon
 John E Earles, , BSN, CCRN, RN,
 CEN
 Patricia S Hanna, RN, CPAN
 Carrie Cassells, RN
 Angelina Marie Cobb
 Jennifer Ann Colley, BSN
 Barbara McAlister, RN
 Velda Darlene Curran
 Carol Juanice Walker
 Teresa Diane Davis
 Mollie Harley, BSN, RN
 Denise C Cunningham, RN

September Member

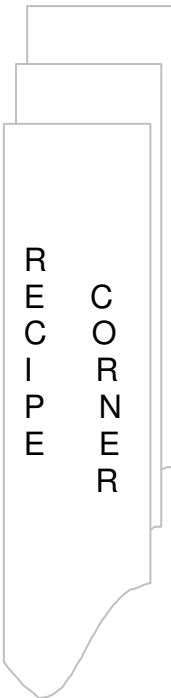
Melissa D Sprouse, RN

October Members

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 Jacqueline A Murdock, CPAN
 Dian Russell, RN
 Sharon Simmons, RN
 Dianne Jenkins, RN
 Susan B Rush
 Evelyn K Wildman
 Cartisha Jowann Washington, RN

“Opportunity is
 missed by most
 people because it is
 dressed in overalls
 and looks like work.”

--Thomas Alva
 Edison



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Get Certified!

YOU can become a
 certified perianesthesia
 nurse! The next
 certification exam is
 scheduled for May 4,
 2008. See
www.cpancapa.org for
 details!

Once you pass the
 exam, you can add
 CAPA or CPAN to your
 credentials!!

**Don't miss this
 opportunity!**

Baked Potato Soup

Recipe Submitted by Lynne Wunch

2 potatoes
 1 1/2 c. instant mashed potato flakes
 3 T. margarine
 1 tsp salt
 2 c. chopped white onion
 3/4 tsp ground black pepper
 2 T all-purpose flour
 2 c. water
 (or canned chicken broth)
 4 c. chicken stock
 1/4 c. cornstarch (eliminate by increasing potato
 flakes)
 1/2 tsp dried basil
 1/2 c. shredded Cheddar cheese
 1/8 tsp dried thyme
 8 ounces bacon - cooked / crumbled
 1 c. half-and-half
 2 green onions, chopped

Preheat oven to 400 degrees F.

Bake potatoes for 1 hour, or until done. Set aside to
 cool.

Melt butter in a 3 qt saucepan over med. heat. Sauté
 onions until tender and golden brown. Stir in flour, and
 cook 5 minutes to make a roux. Pour in chicken stock
 and water. Add cornstarch and mashed potato flakes.
 Season with salt, pepper, basil and thyme. Bring to a
 boil, reduce heat, and simmer for 5 minutes.

Remove the skin from the cooled potatoes, and
 discard. Dice the potatoes into 1/2 inch cubes, and stir
 into soup, along with the half-and-half. Simmer for 15
 to 20 minutes, or until thick.

Spoon into bowls, and garnish with shredded cheese,
 bacon and chopped green onion.

***You can increase this as you need...I have
 substituted 2% milk for half and half..also you can
 substitute "garlic flavored instant potato flakes" gives a
 great flavor.



Governmental Affairs Update continued...

Alisa Shackelford, RN, MA, MBA, CCRN

requirements & funding. The issue is long from resolved as groups remain concerned about the safety and efficacy of the vaccine, education provided across the board & infringement on individual rights versus public health.

Haebler J. 2007 "Legislating HPV vaccine - A state tale" American Nurse Today 2 (11) 18.

Health Insurance Disparities

The article from the recent issue of the AORN Journal examines the impact of individuals that are uninsured, under insured and non US citizens residing the US on our health care system. Approximately 45 million people in the US are uninsured, (or ~15% of the US population.) Uninsured individuals include but are not limited to: those who can afford insurance but do not purchase it, those employed but unable to pay premiums, those whose employers do not offer insurance, those qualified for government coverage but not enrolled, those not qualified and those in the US as migrant workers.

Disparity has been addressed and measured in many ways & according to the National Institutes of Health, NIH, is defined as: "...differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific population groups in the United States." The Healthy People 2010 initiative & US Department of Health and Human Services set a "robust" goal of eradicating all disparities by 2010 & have made many in roads and processes to do just that. However, the work is still cut out for health care; Texas is said to have "~ 25% of it's population uninsured."

Although health disparities are frequently assessed on race or ethnic background, other variables for measurement that can & must be assessed are: gender, age, culture, income, education and geographic locale to name a few. Reportedly there exists no standardized definition of "under insured." However, there are instances that can lend to disparities: lack of information, teen births, limited

access to prenatal care, an aging population and limited access to information, prevention & primary care. Furthermore the disparities are propagated in a "vicious cycle": e.g. the uninsured frequently use access to the ED as a source for primary care. This results in "cost shifting" or the affiliated costs of not having insurance being passed on to the premiums of those with insurance & hospitals absorbing the costs.

As professionals we must be involved in addressing these disparities by educating ourselves and our patients. As nurses, we give the gift of self -our compassion & can assist those in need with access to information & resources so that they may take that first step in health - self directed, preventative care...for as Benjamin Franklin once said, "the first wealth is health."

Thompson J. et al 2007 "The Effect of Health Insurance Disparities on the Health Care System" AORN Journal 86 (5) 745 – 756.♣



A Nurse's One Magical Summer continued...



the courage of some of the children I met will never be surpassed as long as I live. I learned that small things can make a world of difference to a person. I learned that if we encourage each other along the way, there are amazing things that we can accomplish. I learned that the future is in good hands because there are some incredible young adults who are part of the next generation, some of whom will be nurses one day.

This was not a position in which I performed high-tech nursing skills nor did I function as a nurse practitioner every day. Some days my nursing skills were not what I used the most. It was, however, the fulfillment of a lifetime dream to make an impact on the lives of children. My original dream was just to go to camp as a nurse. Never did I think it would be to care for such special children: children who would change the way I look at life and my role as a nurse/nurse practitioner. This was a position in which I realized the simple ways that we influence the lives of others and the impact that others have on our lives as well.

After camp, I returned to my position as a nurse practitioner for a vascular surgeon. My position is not much different than it was when I left for camp in May. I, however, am very different. I work harder to be more patient, less complaining, more grateful, less selfish. My camp nursing dream became a reality in one magical summer and because of the children who influenced my life with their courage, hope, and joy, I am a better nurse practitioner but also a better person. The next time you get an opportunity to step out on a limb in faith to fulfill a dream, go for it. It may just change you forever. ♣

Unfortunately, Melody's picture from camp was unable to be printed clearly in black and white.

ASPAN

Winter/Spring 2008 Seminar Series

Co -hosted by

South Carolina Association of PeriAnesthesia Nurses

Ambulatory Perianesthesia Practice: Beyond the Basics 2008

Dolly Ireland, MSN, RN, CAPA, CPN

Date: Saturday, January 26, 2008

Time: 7:30 Registration/Continental Breakfast

Program Time: 8 am – 4:45 pm
(lunch on your own)

Location: St. Francis Hospital Mall Classroom 1
2095 Henry Tecklenburg Drive
Charleston SC 29414
(843)402-1000

Topics Include:

- Perianesthesia Pharmacology
- New Challenges in Perianesthesia: The Respiratory System
- Legal Issues in Ambulatory Care
- Discharging Your Patient Safely
- Different Bodies, Different Concerns
- ASPAN Standards

Target Audience:

Experienced perianesthesia nurses and nurses new to perianesthesia care interested in further developing their knowledge base and strengthen skills vital to ambulatory surgery patient care.

May be useful as part of preparation for certification.

Purpose:

To provide nurses practicing in the perianesthesia setting with the most current evidence based information on the care of patients experiencing same day surgery.



7.25 Contact Hours

The American Society of PeriAnesthesia Nurses (ASPAN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC).

Accreditation does not imply that ASPAN or ANCC approves or endorses any product included in the activity. Provider numbers: Alabama #ABNP0074, California Board of Registered Nursing Provider #CEP5197, Florida #50-114.

ASPAN is the Leader in Perianesthesia Education.

Ambulatory Perianesthesia Practice: Beyond the Basics 2008

Co-Hosted Seminar Registration Form

January 26, 2008, Charleston, South Carolina

Please print or type. Use a separate form for each registrant. Duplicate as needed.

Name _____ ASPAN/SCAPAN # _____

Address _____

City _____ State _____ Zip Code _____

Daytime Telephone Number (_____) _____ Fax # (_____) _____

Disclosure Statement:

Speakers at continuing education activities are required to disclose to the audience any financial relationships with the manufacturer(s) of any commercial products, goods or services. Any conflicts of interest must be resolved prior to the presentation and announced to the audience.

Dolly Ireland does not have any real or apparent conflicts of interest to disclose or other relationships related to the content of this presentation.

Directions: I-26 East to I-526 West (Exit 212B) to Exit 11B (look for hospital sign merging onto Paul Cantrell Blvd. Left turn at the light onto Magwood Road; left at the stop sign onto Henry Tecklenburg Drive, right into St. Francis Hospital's parking area.

Parking Information: Free Parking available on-site

Cancellation Policy

Full refund until exactly one month preceding workshop date;

20 percent administrative fee after exactly one month preceding workshop date; no refund after the day immediately preceding the workshop date. Refund will be determined by the date written cancellation is received by the Co-provider Contact. Co-provider reserves the right to cancel workshop(s) if 15 prepaid registrants are not received one week prior to workshop date. ASPAN and-co-provider reserves the right to substitute speakers, if necessary.

Hotel Information: Town and Country Inn
 2008 Savannah Hwy
 Charleston, SC 29407
 (843) 571-1000 / (800) 334-6660
 \$79.00 per night, plus tax
 Discount code "SCAPAN"
 Room rate subject to change after January 4th

Fee Schedule

Please check registration fee that applies.

Member SCAPAN/ASPAN Member Fees

- Early bird (30 days prior) \$99.00
- Regular Fee \$145.00

Group Rate (5 or more from the same facility & must be mailed in same envelope) OR RSFH employee \$99.00

Non-Member Fee

- Early bird (30 days prior) \$165.00
- Regular Fee \$200.00

Student, non-licensed

- (no contact hours awarded) \$35.00

Total Registration Fee Enclosed \$ _____

Method of Payment

- Check (Payable to SCAPAN, drawn on U.S. Bank in U.S. funds)
- Cash

For information or to return registration form

Contact:
 SCAPAN
 PO Box 13976
 Charleston, SC 29422
 Seminar Coordinator: Samantha Hanna
 e-mail: scswete@hotmail.com



Research Notes / Caregiver Fatigue / Patient Safety

Each year ASPAN hosts a week – end leadership development conference. The conference this year was held in Albuquerque New Mexico. The topics change from year to year based upon feedback from the membership. Two SCAPAN board members attended the conference in September.

During the conference data was gathered from attendees related to nurse fatigue and patient safety. Based upon recent literature, there is evidence that a relationship exists between nursing practice and the effects of fatigue. Perianesthesia nurses are

responsible and accountable for achieving the highest standards of nursing practice while maintaining compliance with regulatory agencies. Foremost in PeriAnesthesia practice is the provision of safe patient care.

Gathering this data will assist in the development of a new resource from ASPAN that will include the following goals:

- Increase awareness of the factors that can contribute to fatigue.
- Increase awareness of the

Jan Smith RN MSN CPAN, Immed. Past president

deleterious effects and consequences of fatigue

- Provide suggestions for countermeasures
- Offer a fatigue assessment tool based upon symptoms of fatigue.

A few of the significant variables for which data was gathered included working more than 12.5 hours per day, working days off, working while ill, and having less than 10 hours off between shifts.

Data was also gathered

on a number of consequences associated with fatigue including but not limited to: higher rates of absenteeism, struggling to remain awake; increased risk for needle stick injury; and deficits on psychomotor performance tests. Accidents including nurses impact not only nurses but also the public safety of others.

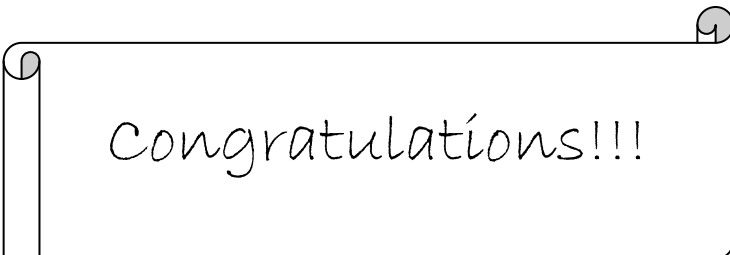
Watch for the research results in future issues of Breathline and JOPAN. ♣



Do you know someone who meets the following criteria?

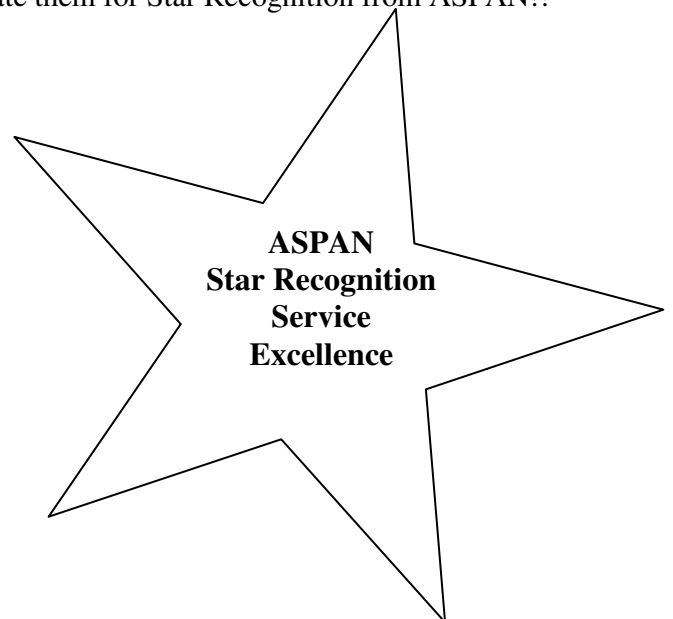
- Must make a significant, positive impact on ASPAN colleagues as evidenced through collaboration, esprit de corps in a project
- Must make a significant contribution to the current work of ASPAN
- Must make a positive impact on service excellence in the promotion of ASPAN in the community and/or in the workplace

If so, nominate them for Star Recognition from ASPAN!!



Central Midlands-SCAPAN congratulates one of it's own, **Paula Denault** on her nomination for the **SCNA Palmetto Gold Award for Excellence in Nursing**. Paula is from Lexington Hospital and is currently a co-vice president for the Central Midlands district. Good luck Paula!

Thanks for all you do!



SCAPAN will be conducting a survey in the upcoming months to find out what you want! Help us make our survey successful! Tell us what you want!

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SCAPAN Conference Review

By Jaci Gibson

The Central Midlands district enjoyed hosting perianesthesia nurses from across S. C. at the annual SCAPAN state conference - A Capital Idea - at Lexington Hospital on Saturday, Oct. 13. The hospitality meet and greet held Friday evening at the Hampton Inn was well attended with conversations ranging from recipes to football. The seminar Saturday was attended by 52 nurses. Also in attendance were 5 nursing students who were given scholar-ships to the conference. The agenda offered information pertinent to our practice as perianesthesia nurses, with topics as varied as malignant hyperthermia, evidence based practice and government affairs. Michael Frisina, from Tuomey Healthcare in Sumter, set a positive tone for the day as our opening speaker. "A Heart Fit For Caring" encouraged us to maintain a com-passionate attitude as we care for our patients and interacted with our colleagues. Evaluations have been positive, offering many suggestions for future conferences. Our thanks to all who attended making both the conference and the silent auction a success. ♣



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