“We Have Much to Celebrate”

I t is hard to believe that the TAPAN year has reached its half-way point. I’m not sure where the time has gone. The past two months have passed in a blur. With the new year have come celebrations and deadlines.

February 1st marked the start of PeriAnesthesia Nurse Awareness Week (PANAW). This week is designated for the recognition of the specialized knowledge and commitment to exceptional patient care that perianesthesia nurses possess. In appreciation of perianesthesia nurses, Governor Rick Perry issued a proclamation declaring February 1-7, 2010 PeriAnesthesia Nurses Week in Texas. A copy of the proclamation can be viewed on the TAPAN website at www.tapan.org. I hope that TAPAN members were able to celebrate this special week.

February 1st also marked the deadline for submission of the ASPAN Gold Leaf application. We won’t know the outcome of the application until we reach the ASPAN National Conference in New Orleans in April. Filling in the application gave me an opportunity to reflect on what we have accomplished over the past year and whether we are selected ASPAN’s Component of the Year or not, we have much to celebrate. We are nearly 1000 members strong. TAPAN members hold 40 positions on various ASPAN committees. Twelve TAPAN members presented ASPAN National Conference Celebrating Successful Practices posters and several members had multiple posters. A total of 6 ASPAN seminars were presented throughout the component. This is in addition to the many monthly educational offerings and district seminars. A number of members had articles published in a variety of newsletters, magazines and journals. Our TAPAN committees have been busy. We have an ongoing research study in progress. Governmental Affair continues to keep us informed in this age of healthcare reform. Policy and Procedure revised our Bylaws and continues to review and revise our policies. The 2009 Conference committee put on a tremendous conference and the 2010 committee is working very hard on the upcoming conference in September.

I hope you all made the February 28th deadline for voting in the upcoming ASPAN election. Our own Susan Russell, TAPAN President 2007 – 2008, is running for Region Two Director and the current Director, Twila Shrouite, is running for ASPAN President Elect. Please visit www.aspan.org to review the candidate profiles. Be sure to make your choice known so that when Hermie Robles, TAPAN 1st VP, and I attend the Representative Assembly we can cast the TAPAN vote with confidence that we are truly representing the members.

Many of our members are being recognized for their accomplishments in their local areas. And if they are not, they should be. Please share the good news with the rest of us. You may e-mail me or notify any of the officers (see page 2 for contact information). We created a new page on the TAPAN website in order to recognize these member accomplishments. As we move into the second half of this year, I encourage you to look around you and celebrate your accomplishments and those of your colleagues.
Potential Leaders in Every Organization

Twilla Shrout, RN, BSN, MBA, CAPA, Region 2 Director

M y second term as Regional Director will be complete at the New Orleans conference. These past four years have been rewarding as well as a great learning experience. I will treasure all of the memories with such a great group of regional perianesthesia nurses. It has been an honor and privilege to serve the region.

I would encourage the membership to finalize your registration, hotel arrangements, and airline travels as soon as possible for the National Conference April 18-22. Please consider being a host/hostess or moderator.

For those of you that are members of ASPAN’s specialty practice groups plan to attend the meetings held during the noon sessions. The seating is limited for some of the larger groups, so plan to arrive on time. Sunday is the time of the Representative Assembly which is open to any member to sit in the gallery to observe how the business of ASPAN is performed. Component night should be a lively event with the Mardi Gras tradition of a great time.

Each component has potential leaders within their organization. Any member can go to the ASPAN website at www.aspan.org to fill out an application for the Up and Comers. Please take the challenge to start at the district level then to the component level and some day even the national level. The rewards are tremendous once you have taken that first step. You can become a leader; there are ASPAN members willing to assist you along the way. Become a leader—make a difference, inspire others, instill confidence in others and yourself.

Twilla Shrout, BSN MBA RN CPAN
CAPA
15400 J HWY
Bunceton, MO 65237
Cell 660-888-3701
Home 660-427-5207
tshrout@iland.net
tshrout@aspan.org

IF you will be attending the ASPAN National Conference in New Orleans, please plan on joining us for the annual TAPAN photo. Look for details of time and location to be posted on the bulletin board (located near the conference registration desk).
TAPAN on the Road: See You in Abilene on June 5, 2010

Hermie Robles, RN, BSN, CPAN, TAPAN President Elect

Abilene, is graciously hosting our 2nd TAPAN on the Road Seminar. Please mark your calendar! It will be a half day seminar on June 5th for a minimal fee and 4.0 CE will be applied for. Members of TAPAN on the Road Planning Committee will be working hard to provide us with interesting topics as well as the opportunity to network with TAPAN Board members and learn more about Redistricting and Chapter formation.

Following the seminar will be the TAPAN board meeting. Everyone is invited to attend. We encourage each district’s officers and future district leadership to participate in open discussion.

The effort and commitment of the following seminar committee members from Abilene, is greatly appreciated:

- Ellen Abaquin
- Edna Pabruada
- Katrina Martin
- Tanya Green
- Shannon Howell
- Jackie Clikinbeard
- Vicky Lesing
- Ann Floyd

TAPAN 2010 State Conference: Seeds for Growth, Harvesting Knowledge

Prudence Nietupski, RN, BSN, CAPA, TAPAN 2nd Vice President

The conference committee has met several times. We are beginning to receive confirmation on our speakers. We reviewed the comments from the 2009 Houston Conference and we hope to meet some of your requests for speakers and topics.

Save the date, September 17 – September 19, 2010. Come join us for the conference, meet new people, make new friends. Learn from the program and relax in the beautiful Hilton DFW Lakes Executive Conference Center.

Surrounding attractions include Historic Downtown Grapevine, Grapevine Mills Mall, Bass Pro Shops and golf on the adjacent Lakes Sport Club.

Hilton DFW Lakes has something for everyone! It is north of DFW, with a complimentary shuttle to and from the airport. Parking (for those driving) is free.
Spotlight Across Texas: District News

District 1: Houston / Gulf Coast
Charito Espiritu, RN
District 1’s spring seminar was held February 20, 2010 at the Denton Cooley Auditorium at The Texas Heart Institute at St. Luke’s Episcopal Hospital. It was well attended with about 80 registrants. The topics were varied and interesting. Attendees received 4 contact hours.

District 1 continues to have monthly meetings except in January and July. We meet on the first Saturdays of every 3rd month at 11:00 a.m. (February, May, August, and November). Otherwise we meet every 1st Tuesday of the month (March, April, June, September, October, and December) at 7:00 p.m. at the Mays Clinic at MD Anderson Hospital, a parking fee applies.

September is fast approaching and we need your willingness to serve forms by at least May 15th for you to be on the ballot. Please contact Meggie Kwan at mkwan1@sleh.com or call 832-355-3270. Let your voice be heard and serve on the executive board. There are lots of benefits in being an officer.

A few members recently volunteered at Project Cure, sorting and packing medical supplies to be given to different countries with the greatest need. The committee is planning another community service really soon. If you want to be involved you can contact Thelma Duremdes at tduremdes@sleh.com or Charito Espiritu at cespiritu@sleh.com. You can call them at 832-355-3270.

District 2: Fort Worth
Kathleen McCauley, RN, BSN
District 2 is in the planning stages of a spring meeting. We are planning to present an educational offering on preventing hypothermia in the perioperative setting. Stay tuned for more on this "hot" topic.

District 3: Dallas
Karen Jensen, RN, BSN, CPAN
District 3 is off to an exciting start this New Year. We’ve had 2 educational opportunities, offering 1.5-2.0 CEs. We celebrated PANAW at our February meeting with pens, name tag pulls and a special lunch tote as a door prize. In addition, we had a tasty continental breakfast and a presentation on “Pediatric Syndromes and Implications for Post op care in the PACU”. Please save the dates for our next 2 meetings planned for March 13th and May 8th. CEs and a continental breakfast are planned for these meetings as well. More information will be announced via e-mail. If we do not have your e-mail address, please contact Karen at carinkaren6054@yahoo.com to have your e-mail address added to our contact list.

District 6:
Austin - San Antonio - Corpus Christi - South Texas
Debbie Bennett, RN, BSN, CAPA
District 6 is filled with spirit! During the holidays several nonprofit organizations were supported. Toys for Tots, St. Vincent de Paul Friendship House, San Antonio Food Bank, Childress Memorial Church and Operation Home Front (USO) benefited from the generosity of the district.

Debbie Bennett, RN, CAPA & Annette Maree, RN, CAPA collect and donate Christmas gifts for St. Vincent de Paul Friendship House

PANAW was an opportunity for nurses to educate the public and coworkers on the impact PeriAnesthesia nurses make on patient care. Methodist Stone Oak Hospital reports posters with pictures of nurses in action were on display. In addition, an appreciation luncheon was provided by the Director of PeriAnesthesia.

On February 13th, two in-services were given to an audience of 42 in Harlingen. Peggy Bartholomew, RN -BC, Certified Pain Management Nurse presented “Evolving Concepts in Pain Management”; Dr. Gerard Desouza of Valley Anesthesia Associates provided his in-service: “Overview of Spinal & Epidural Anesthesia”. An ARIZANT Regional Representative was also present to educate on new advances for preventing hypothermia. Thank you Suzanna Feliciano, Ida Murphy, and Blythe Caharian for providing logistics to another successful educational offering. Your
hard work never goes unnoticed! We want to express a special thank you to Valley Baptist staff for providing the delicious lunch.

Congratulations to Jamie Woleben of Austin for seeking both the CPAN and CAPA certifications on the same day! Jaime is quoted as saying, “Certification is a badge of recognition that (demonstrates) I strive for the best, both for the patients I care for and for me as a professional.” Jamie, you’re an inspiration to us all.

Future activities include a member reception in March and a seminar planned for May. We are working hard to strengthen our district.

District 9: San Angelo/Abilene
Kimberly Malone, RN, BSN
District 9 is the West Texas area of San Angelo, Abilene, Brownwood, Midland, and Odessa. We are proud to announce our District Seminar of February 6th involved over 50 participants, including students and nurses. Our farthest attendant was from Colorado (a traveling nurse). Several delightful speakers filled the morning with instruction, encouragement, and laughter. We even earned some continuing education hours along the way. Thank you to all who dedicated their time and energy to make this event a success! Our district enjoys giving back to the many people around us. We participated with American State Bank of Abilene contributing to Mission Thanksgiving in November. The organization strives to help the homeless especially during the winter months. Our contributions resulted in over several dozen boxes of coats and blankets for donation to help these individuals. We are continuing into the spring months with donations to assist the Serenity House and the Food Bank of Abilene. We want to reach out to those in our community and help support them in their time of need.

North Central Baptist Hospital in San Antonio hosted the January 9th education in-service and board meeting. On February 13th the CE offering headed south to Harlingen. For 2010, our annual certification review was offered in the Austin/Kyle area during the month of February.

District 7: El Paso
Gaby Tijerina, RN
Greetings from District 7 (Farwest Region). We had an exciting week for PANAW with several activities. We obtained a proclamation by the Mayor. An information table on Wednesday of PANAW week, which included a membership drive, resulted two new members. Thursday we provided donuts with pens and balloons sent out to area hospitals. The week ended with an ice cream social in the perioperative area of Sierra Medical Center.

As we apply the knowledge from our last seminar, we look forward to our future seminars. We are excited to announce that our next District Seminar is planned for June 5. Our goals are to increase our number of participants, gain involvement in TAPAN, and continue to strive to develop a stronger community-committed district.

District 11: Lubbock
Margaret Rosson, RN
In celebration of PANAW, our district officers worked in conjunction with the Rewards and Recognition Committee at UMC to purchase a thermal coffee mug and retractable name badge holder for each nurse in our Post Anesthesia Care Unit, Outpatient Surgery, and preop STAR Center! These recognition gifts were well received and appreciated.

Vote for the Eyeopener: ASPAN People’s Choice Award
Are you planning to attend the ASPAN National Conference in New Orleans? We need your help! Cast your vote for the Eyeopener to win the People’s Choice Award.
Models for Implementing Evidence Based Practice

Les Rodriguez, RN, MSN, MPH, ACNS-BC, CPAN, TAPAN Research Chair

The need for empirical knowledge that results in the improvement in clinical practice has been a major focus over the last half century. Quality clinical and replication studies have been performed to address practice problems. Research findings have been disseminated through journal publications, conference presentations, radio, television, and online media. Because of this diffusion and generation of knowledge, an emphasis on practice with the goal of evidence supporting nursing practice is expanding (Brown, 1999: Craig & Smyth, 2002).

In the current health care arena, nurses have the attention of policymakers and can potentially influence health care systems. To meet this need nurses are required to conduct quality research and translate findings into practice (Agency for Healthcare Research and Quality [AHRQ], 2002; Doran, 2003).

Evidence based practice (EBP) is defined as the “conscientious integration of best research evidence with clinical expertise and patient values and needs in the delivery of quality, cost-effective health care” (Burns & Grove, 2005, p.635). Nurses utilizing EBP provide cost-effective quality care to promote positive outcomes for patients, providers and healthcare agencies. Research utilization (RU) is a process where there is synthesis and dissemination of research generated knowledge that makes an impact on change in existing practice. The difference between EBP and RU is EBP has a broader focus and is an essential requirement of health care agencies.

Rogers’ a well known expert in the field of knowledge diffusion and utilization developed a model which provides direction for making changes and understanding processes of planned change which is important in facilitating EBP (Burns & Groves, 2005). Rogers believes that diffusion is a process where an innovation or new idea is communicated through channels. The elements of diffusion include innovation, communication, time and social systems. According to Rogers research utilization is a five-stage process which includes the elements of knowledge, persuasion, decision, implementation and confirmation. A simplistic example of this in the perianesthesia setting would be the use of alcohol as an antiemetic. The knowledge stage is the first awareness that isopropyl alcohol can be used as an antiemetic. Persuasion occurs when the nurses in the unit agree that alcohol does have the ability to be applied as an antiemetic and have some knowledge of its use. The decision stage occurs when the staff agrees to adopt or reject the use of isopropyl alcohol as an antiemetic. Implementation happens when the nurses utilize alcohol for nausea and confirmation occurs when evaluation of the alcohol intervention and its effectiveness on nauseated patients is used to determined continuation or termination of the practice (Burns & Groves, 2005). Rogers’s model has been used by both individual nurses and agencies for implementing research into practice.

Earlier it was mentioned that EBP requires integration of the best research evidence combined with clinical expertise and incorporating patient values into the delivery of quality cost effective care. Although there are many models within the literature, the following discussion is going to review three models: the Stetler, IOWA, and ACE models for evidence based practice.

Initially developed for research utilization the Stetler and Marram model of 1976 (Stetler, & Marram, 1976) was expanded and refined by Stetler in 1994 (Stetler, 1994) and again in 2001 (Stetler, 2001). Stetler’s model provides a comprehensive framework to use research conducted by nurses to facilitate EBP at both the individual and institutional level. Stetler’s model consists of five phases: preparation, validation, comparative evaluation/decision making, translation/application, and evaluation. The preparation phase involves determining purpose, focus, and potential out-
comes related to constructing an evidence based change. During this phase literature review is done to determine the strength of evidence available for use in practice. Validation involves critique of the research to determine scientific merit. If the literature is weak or the number is limited or both the conclusions might be considered inadequate, you stop the process at this point. You may have to go back and rethink the problem in a different way. If the literature is strong then you can move forward to comparative evaluation/decision making. During the evaluation decision making phase you must consider substantiation of the evidence (do you find literature with similar findings in similar practice settings) how the evidence fits with your health care setting (what are the risks, resources, and readiness of those involved), the feasibility of using the research and what your current concerns related to practice are. During the translation/application phase you plan for actual use of the findings in practice. You determine exactly what findings will be used and how it will be applied to the practice. During this phase you also must include steps for planned change such as assessing what you want to change, development of a plan for change and then implementation of the plan. Here you develop polices, protocols, or procedures for implementation. At this point a pilot project is ideal in a single hospital unit to determine the outcome. Finally when you have reached the evaluation phase you are assessing the impact of the research based change on your unit or patients. Evaluation can be formal or informal and can be conducted by administrators, nurses, or other members of the healthcare team. Case studies, quality outcomes, and audits can be used to evaluate the process. The overall goal of the Stetler approach is to increase use of findings to facilitate EBP (Stetler, 2001).

The IOWA model of evidence based practice was initially developed in 1994 by Titler and colleagues (Titler et al, 1994) with a revision in 2001 and provides direction for development of EBP in the clinical setting (Titler et al., 2001). This model uses triggers which are divided into either problem focused or knowledge focused. Problem focused triggers include risk management data, benchmarking data, financial data or clinical problems. Knowledge focused triggers include new research or other literature, Joint Commission standards, or changes mandated from within the institution itself. Triggers are evaluated and prioritized and if considered a priority groups or teams are formed to determine best evidence for managing the clinical problem (Titler et al., 2001). When using the IOWA model one first begins with evaluating the research for scientific merit and clinical relevance and then synthesizing the findings for use into practice. Scientific merit is done by looking at the rigor or strength of the studies in the literature (Craig & Smyth, 2002). Evaluation of clinical relevance includes a cost benefit analysis to determine the impact of the proposed change on the clinical setting. There must be some form of assurance that the cost in time, energy, and money and any real or potential risks are outweighed by the benefits of the intervention. The process begins with the development of a PICO question. PICO is an acronym for patient problem, intervention, comparison control, and outcome. Can post operative nausea be effectively controlled with the use of Isopropyl alcohol when compared to the use of Phenergan? If this is a priority topic for your unit then the next step will be to form a team to look at the process. After review and synthesis of the literature related to this topic the team will then determine if there is a sufficient base of research to support the change. If the base is sufficient then the team implements a pilot practice change, if the research base is inadequate then the team will move forward with further research. If the team moves forward with piloting the change, then outcomes related to the pilot will need to be determined. The team will begin collecting baseline data, designing EBP guidelines, implementation of the EBP on Pilot Units, evaluate the process and outcomes and then finally modify the practice guidelines as necessary. Once this portion is completed the team instituting the change will determine whether there is a need for further piloting or is the change appropriate for adoption into practice. If so then the team will institute change into practice and hopefully your problem

Continued on page 14
Hello to all! The holiday season is over, and we are all looking forward to the warm days of spring. I hope everyone has been following the political news. It certainly has been easy to find information. The news media, internet traffic, Twitter, and other forms of communication are over run with news about health care reform. It is for that reason that I won’t spend much time with discussion about health care reform and the coming negotiations in Washington.

We all know that something has to occur so that health care can be accessed by the people who need it. Insurance has to be affordable and available to those who have pre-existing medical conditions. Prevention of disease processes and education about how to achieve good health are key elements to a healthier, and consequently happier, population. Nurses are at the forefront in the provision of care to the ever growing population. I encourage all of you to follow the impending legislative process and negotiations in Washington. I strongly urge you to stay in contact with your Senators and Congressman/woman so that you can offer input to the law for health care reform that will eventually be written, re-written, and passed. Your opinion is important!

Don’t miss this opportunity to voice your thoughts. After all, nurses have the inside track about patient needs.

As many of you are aware, a different battle has been waged in the past few months in Winkler County, Texas. Two nurses filed a complaint with the Texas Medical Board regarding unsafe medical practice by a physician who practices in Kermit, Texas. Anne Mitchell, RN and Vicki Galle, RN were fired from their jobs, arrested, criminally indicted for “misuse of official information” (a 3rd degree felony), and, in Ms. Mitchell’s case, taken to trial. The good news is that the case against Ms. Galle was dropped by the prosecution on February 1st. The best news is that the jury acquitted Ms. Mitchell of charges on February 11th! In the interest of space, I have included two web sites for you to access: the Texas Nurses Association (TNA) web site and an article from the New York Times announcing the verdict. You can follow the case from the beginning on the TNA web site. The New York Times article contains a link to the federal lawsuit that has been filed on behalf of Ms. Mitchell and Ms. Galle based on denial of their civil rights. It makes for very interesting reading. I highly encourage you to take the time to read the information related to this case. 
http://www.texasnurses.org/ 

You might ask how this whole situation could happen when Texas has laws in place that protect “whistle blowers”. I am by no means a legal expert; I leave that to the attorneys and legislators. Obviously, anything can happen when citizens report issues of safety in a confidential format as was the case with the two nurses above. The laws are in place to give those who report protection from retaliation and recourse should retaliation occur. As nurses and patient advocates, we have the duty to report unsafe or substandard care. It is written into the Texas Nurse Practice Act and the Code of Ethics for Nursing. Even though the lives of Ms. Mitchell and Ms. Galle were thrown into chaos, they did the right thing in an effort to protect the safety of the patients they served in Winkler County. It is my hope that other law enforcement officials will think twice before using the power of their office in the manner above against nurses, or other health care practitioners, who report substandard care in the interest of patient safety.

The acquittal of Ms. Mitchell absolutely made my day on February
11th!! It testifies to the fact that the public at large is listening and expects the highest of standards of care from anyone who engages in the practice of patient care. My hat is off to the courage and discretion displayed by Ms. Mitchell and Ms. Galle. Their actions make me proud to be a part of the profession of nursing! I congratulate them. I wish them well. I wish them great future success!

The following is a special insert from the ASPAN Governmental Affairs Committee Chair.

Who am I to Lobby Congress? You Are a Nurse! Speak up!

David Kay, MSN, RN, CAPA – ASPAN Governmental Affairs Committee Chair

The ASPAN Governmental Affairs Committee’s mission is to give ASPAN members the tools to advocate for nursing, patients, and other health-related issues for both local and national levels. As the largest group of health care providers in the nation, we need to speak up for our patients and profession. The Constitution grants you the right “to petition the government for a redress of grievances.” If you don’t speak up, then who will? Congress members are not health care professionals; you are the one they need for your expertise. Our profession is trusted and respected. If you speak up and identify yourself as a nurse, your opinion will carry some weight. Remember that Congress works for us.

How do I get involved?
Join the ASPAN Governmental Affairs Committee by filling out a “Willingness-to-Serve” form on the ASPAN website. The deadline for 2010 has passed, but you can plan to apply prior to October 31st for 2011. If you missed the deadline, don’t let it stop you from getting involved as an individual citizen or joining your local perianesthesia component’s governmental affairs committee if one exists.

Role of ASPAN Governmental Affairs Committee

- The Governmental Affairs Chair will electronically forward information to help you form opinions and share them with your elected officials.
- The Governmental Affairs Chair will pass along action requests by e-mail for you to contact your Congressmen about upcoming legislation.

What is your role and how can I make a difference?
1. Speak up as a citizen of your country and a nurse advocate for your patients. Share your voice and opinions with your elected leaders on a personal basis.
2. You may be asked to represent your local perianesthesia component as the liaison to the ASPAN Governmental Affairs Committee.
   a. Those who represent a local perianesthesia component will electronically forward information or requests to their state/component representatives as coordinated by the component president.

b. The goal is to inform as many nurses as possible to contact their legislators and ask them to vote for or against upcoming laws.
c. Read information passed along to you by e-mail from the ASPAN Governmental Affairs Chair, or do your own search for healthcare-related political issues through the web, newspapers, television, or radio.
d. If you find great information that may benefit the committee, send that information back to the Governmental Affairs Chair to forward to the committee.

Contact your elected leaders by e-mail, phone calls, fax, snail mail, or writing letters to the editor. The most effective method to contact them is electronically. If you don’t know who your elected leaders are, you may identify them by using the following website: http://www.congress.org. Once you learn who your elected officials are, go to their web sites to learn about their opinions, their positions, their past voting record, and how to contact them.
The following State Components have asked TAPAN to announce their 2010 State Conferences.

1. **ILSPAN: Illinois.** Spring Conference 2010  
   Saturday, March 20, 2010  
   Winfield Town Center  
   (part of Central DuPage Hospital)  
   OS050 Winfield Road  
   Winfield, IL 60190  
   630-933-1600  
   For more information: www.ilspan.org

2. **NCAPAN: North Carolina.** State Conference  
   2010 Sept 17-19, 2010  
   Cary, North Carolina  
   Embassy Suites  
   www.ncapan.org

3. **FLASPAN: Florida.** State Conference 2010  
   Karen Ewing  
   Interim AIRWAY Co-Editor, karrie58@earthlink.net  
   October 7, 2010 FLASPAN Pre conference  
   Regal Sun Resort, Lake Buena Vista, Florida  
   Contact Emma Pontenila at cordeliacr@aol.com for more information  
   October 8-10, 2010 FLASPAN’s 41st Annual Conference "Humanity & Technology in Harmony.... The Future of Perianesthesia Nursing"  
   Regal Sun Resort, Lake Buena Vista, Florida  
   Contact Emma Pontenila at cordeliacr@aol.com for more information

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**New Orleans 2010:**

**We're Jazzed! Are You?**

Michael D. Guillory, BSN, RN, CPAN, CAPA – ASPAN 2010 National Conference Strategic Work Team Member

ASPN celebrates its 29th National Conference in historical New Orleans, Louisiana April 18-22, 2010. New Orleans is the birthplace of Jazz. Stroll Bourbon, Frenchmen and Fulton streets at night when live music pours out into the streets, where Jazz streams out into the moonlight, French doors open to the night breezes and sweet olive scents the air.

Indulge in traditional Louisiana cuisine such as beignets. This is a little square donut, sprinkled with powdered sugar and enjoyed with café au lait in the French Market. How about a large round Italian sandwich invented in New Orleans known as muffuletta? Try a cup of gumbo - guaranteed to be the best-tasting soup you ever had and available all over New Orleans.

Like to shop? The Riverwalk Marketplace has 140 unique shops local favorites in walking distance from the Marriott Hotel.

Enhance your knowledge as you plant your roots deep within your professional organization and network with other perianesthesia nurses. Bring your family. Invite a friend. Are you Jazzed yet? We are! See you there! ☺
Harlingen, McAllen, and Brownsville: Possible District 6 Chapter

Linda Allyn, RN, BSN, CPAN, CAPA, Immediate Past President

I just had the pleasure of visiting the valley for a District meeting. This area in South Texas is looking into becoming a Chapter of District 6. They had almost 50 people in attendance and are becoming very active in the area. I applaud them and their new energy in TAPAN and perianesthesia nursing. It was also very encouraging to see the support from the hospital and management in attendance.

Valley Baptist Medical was the host hospital and Arizant Healthcare helped sponsor it. The newest ruling from the Centers for Medicare and Medicaid Services (CMS) will affect all of us. We will soon be hearing more about SCIP-Inf-10. It pertains to body temperature and the purpose of Normothermia. This ruling will pertain to all patients that have had neuraxial anesthesia for one hour or longer.

Again I say thank you to the energetic people in the valley, the District 6 officers, and committee members that worked to make this such a huge success. ◊

Seeking State Officers

Linda Allyn, RN, BSN, CPAN, CAPA, Immediate Past President

It is not too early to start thinking of becoming an officer. We are looking for a treasurer for the state and I’m sure that a few of the districts would love to train new recruits as well. If you feel you might be interested contact me or any of the officers to find out what the position entails. We would like to precept you so you can see if you would be interested in volunteering. It is a little work and a lot of fun and networking. My email is lallyn@flash.net and my phone number is on the TAPAN website (www.tapan.org). We need some new faces on the board. I am hoping to hear from a few of you soon. ◊

TAPAN members Invited to Attend All TAPAN Board Meetings

Please come and see your board of directors in action. The next board meeting will be held Sunday, March 28th in the Dallas-Fort Worth area. Please contact one of the current officers for time and location.

Van Do: Houston—CAPA & CPAN
Alma Pilapil: Katy—CAPA
Lina Luz: Carrollton—CAPA & CPAN
Lisa Meitzler: The Woodlands—CAPA
Suzanne Wright: Amarillo—CAPA
Virginia Chucovich: Canyon—CAPA
Kristi Kirby: New Braunfels—CAPA
Beverly Cooper: Amarillo—CAPA
Lori Best: Abilene—CAPA
Deborah Ost: Beaumont—CAPA
Yolanda De La Rosa: Houston—CPAN
Alexis Bowes: McKinney—CPAN
Kevin Glancy: Missouri City—CPAN
Lorenzo Bustillos: El Paso—CPAN
Elmer Cruzado: San Antonio—CPAN
Stacy Stevens: Caddo Mills—CPAN
Emily Matheus: Arlington—CPAN
Melinda Ortego: Brownsville—CPAN
Catherine Pachorro: Houston—CPAN
Kathie Gilbert: Greenville—CPAN
Rodger Allen: Carrolton—CPAN
Gabriela Escobar: Amarillo—CPAN
Kansuz Mangelsdorf: Amarillo—CPAN
Mary Jane Kalingan: Brownsville—CPAN
Nang Immanivong: Houston—CPAN
Silvia Borille: Fort Worth—CPAN
Abraham Kuriakose: Missouri City—CPAN
Jenise Rice: Houston—CPAN
WHISTLEBLOWING WINKLER COUNTY NURSES CONTINUE QUEST FOR JUSTICE

Susan Russell, RN, JD, CPAN, CAPA, P&P Coordinator

Nurses who advocate for patients should not face felony criminal charges. They should not lose their jobs for reporting what they believe are unsafe practices to government agencies. They should be able to rely on an established administrative chain of command to investigate and take appropriate action when unsafe practices are reported in their facilities. They should be able to count on elected and appointed government officials who take an oath of office to apply the law to all citizens equally and fairly. Anne Mitchell was exonerated on criminal charges, but the ordeal is far from over.

On Thursday, February 11, 2010 an Andrews County jury concluded that the State did not prove its case of misuse of official information against Anne Mitchell. The nursing world is relieved, but Anne Mitchell and Vickilyn Galle have not yet been made whole. Both Mitchell and Galle have criminal indictments on record. This bizarre case continues with the federal civil suit filed by Mitchell and Galle last August.

The suit alleges illegal retaliation against Mitchell and Galle for engaging in patient advocacy, as well as violations of their civil rights and due process rights. The two former Winkler County nurses named Winkler County, Winkler County Memorial Hospital, the hospital administrator, the sheriff, a physician, the county attorney, and the District Attorney as defendants. Most of the defendants are named in an official capacity and as individuals. Suing a government employee as an individual as well as in the official capacity prevents dismissal of the defendant due to any legal protection a claim of governmental immunity bestows. In the civil trial, the nurses have the burden of proof. Their attorneys must convince a jury by a preponderance of the evidence (meaning the greater weight of the credible evidence) that these nurses’ rights were violated and that they were harmed by the actions of the defendants.

The case unfolds like a daytime drama. The nurses filed an anonymous complaint with the Medical Board against the Defendant physician April 7, 2009 using a county owned computer at the emergency management center where Mitchell also worked. Mitchell and Galle reported their good faith belief that Winkler County was guilty of health care fraud in a letter they sent to the sheriff May 27, 2009. Both nurses were terminated from their jobs at Winkler County Memorial Hospital on June 1, 2009, less than 90 days following the complaint to the Medical Board. They were not given an opportunity to contest their discharge. On June 11, 2009 Mitchell and Galle were indicted for the third degree felony offense of misuse of official information by the Winkler County Grand Jury. The only testifying witness was the sheriff. In a letter dated July 7, 2009, the District Attorney wrote that if Mitchell and Galle wanted the criminal charges dropped, they should accept their termination and agree not to file any civil action against Winkler County, the hospital or any county entities or employees.

The nurses allege that criminal charges were filed against them and that they were fired from their jobs in retaliation for doing what nurses are lawfully permitted to do: advocate for their patients. Winkler County and Winkler County Memorial Hospital did not have a grievance or appeal process at the time these nurses were terminated. This is part of their “due process” claim.

The nurses used a computer owned by their employer to report a physician to the Medical Board. There is no reasonable expectation of privacy when an employee uses the employer’s property. Every internet site visited and every document created are on the computer hard drive and can be traced. Computer records are subject to subpoena in all legal proceedings. A subpoena can include all private and personal correspondence the employee creates on the employer’s property. The nurses were identified after the sheriff sent an ambiguous request for a copy of the complaint to the Director of the Medical Board. He led the director to believe that he was investigating the physician who was the subject of the complaint. Although the director inquired as to the purpose of the sheriff’s request, he never disclosed the
real reason for his request: the identity of the person(s) who filed the complaint. This subterfuge resulted in the inadvertent disclosure of confidential information. The cascade of events smacks of retaliation and abuse of power by governmental employees charged with a duty to abide by the law and to protect all of the citizens they represent.

Can Anne Mitchell and Vicki Galle be made whole? No. They may win their suit against the governmental entities and individuals who changed their lives forever. They may be financially compensated for their lost incomes and for their legal expenses. Money never restores all that has been lost. Winkler County and Texas also lost something as a result of these indictments. These two nurses reside in New Mexico, but hold Texas nursing licenses. With the shortage of nurses in rural areas, Texas cannot afford to lose qualified nurses working in small town facilities. All hospitals should have an effective, nonpunitive system for reporting unsafe healthcare practices. Texans deserve stronger laws to protect whistleblowers. The American Association of Nurse Attorneys—Texas Chapter is calling for legislation to strengthen that protection. The Texas Legislature must take action so that healthcare professionals can advocate without fear of malicious prosecution. And the next time you vote for elected officials, do your homework. Learn as much as you can about the candidates. Before you vote for an incumbent, check his/her record in office. When you receive a jury summons, please show up. Intelligent, fair-minded people are essential to our judicial system. Anne Mitchell could be facing a lengthy appellate process and a jail term if not for the verdict of ordinary citizens.

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**Executive Board Meeting Highlights**

Deborah Davis, RN, BSN, CPAN, TAPAN Secretary

*TAPAN Executive Board Met January 25, 2010. Computer Conference (Skype)*

The Executive Board had its 1st meeting of the new year via computer conference. This was the first time that the board has met 'on-line'. Members were able to participate from their homes.

Topics reviewed and discussed:

- TAPAN’s 2010 State Conference will be at the Dallas/Fort Worth Hilton Hotel this year. The State Conference will be September 17-19, 2010. The planning committee is actively working on this event.
- TAPAN will have a *TAPAN on the Road* (one-day conference) in June 2010. It will be in Abilene, Texas.
- 'Redistricting' -- reorganization of the current districts has been well accepted and details will be presented to the members and officers at the 2010 State Conference.
- The 2010 Gold Leaf Application is being completed by Susan Norris.

Let’s all remember to recruit a member!

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**Editor’s Note**

Cyndi Mocek, RN, ADN, TAPAN Editor

Members can bring a critical eye to our state newsletter and are encouraged to contact the editor with suggestions for improvement. Members are also encouraged to write articles pertaining to perianesthesia nursing. Your experiences are the best resource!

I look forward to hearing from you! Contact information: mocek.rn@sbcglobal.net.

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**Treasurer’s Report**

Alison Watkins, RN, MS, CPAN, TAPAN Treasurer

TAPAN account balance as of 2/10/10:

$19,257.48
Models for Implementing Evidence Based Practice

Continued from page 7

is solved. The EBP team will want to continue to monitor and analyze the structure, process and outcome data looking at the environment, staff, cost, and effect on the patient and family.

The final model is the ACE model. Known as the Star Model of Knowledge Transformation developed by Kathleen Stevens this model is for understanding the cycles, nature, and characteristics of knowledge that are utilized in various aspects of EBP. This model organizes both old and new concepts improving care into a whole and providing a framework to organize EBP processes. The model in the shape of a star and depicts the relationships between various stages of knowledge transformation (http://www.acestar.uthscsa.edu/Learn_model.htm). Star point one of the model is known as the discovery stage. Here new knowledge is discovered through traditional research methods which build the body of research about clinical actions that are to be performed. Star point two is the evidence summary phase. Here the task is to synthesize the research knowledge into a single meaningful statement. At this phase one would look at meta-analysis or multiple studies that have been put into a simple synopsis as in the case of a Cochrane review. Here you reduce large quantities of information into a much more manageable form of your literature review. Star point three is the phase of translation where translation and integration of evidence is put into practice. This phase is basically where development of clinical practice guidelines occurs. Care standards, clinical pathways, protocols, and algorithms are best used here. Star point four is called integration. During this phase individual and organization practice change occurs through formal or informal channels. The integration or change must be sustainable for the change to take place. The final phase is known as Star point five. This final stage is the evaluation phase where endpoints and outcomes are evaluated. The impact of the change on patient health outcomes, provider and patient satisfaction, efficacy, efficiency, economic analysis and health status impact are all evaluated at this stage.

In summary you should discover that all three models work very similar in that there is asking the question to change, literature review, piloting the change, and evaluating whether or not it is effective and sustainable. Hopefully you will be able to use one of these models to implement evidence based change in your unit.

Reference


**CPAN® and CAPA® Certification Corner**

Susan Norris, RN, BScN, CAPA, TAPAN President

ABPANC has redesigned its website. Please visit [www.cpancapa.org](http://www.cpancapa.org) for all the latest information related to certification exams and programs.

ABPANC will be celebrating its 25th Anniversary while at the 2010 ASPAN National Conference in New Orleans. If you plan to attend, please stop by the ABPANC table at Component Night for a piece of cake and also by the ABPANC booth in the exhibit hall. We will be celebrating our many strides over the years!

TAPAN Certification Coaches:
- Sandy Kirk, CPAN
- Susan Russell, CPAN, CAPA
- Juanita Carinhas, CPAN
- Sarah, Castillo, CPAN

Members of the ABPANC Leader Resource Team:
- Susan Norris, CAPA
- Pamela Windle, CPAN, CAPA

Congratulations to Les Rodriguez, MSN, MPH, RN, ACNS-BC, CPAN, on his appointment to the Board of Directors for the National Association of Clinical Nurse Specialists (NACNS).

From the Editor

The *Eyeopener* is the official publication of the Texas Association of PeriAnesthesia Nurses (TAPAN).

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**Eyeopener submissions:**

Members are encouraged to write to the editor with comments, suggestions, and/or articles of interest to PeriAnesthesia Nursing. Submissions must be typed and double spaced. It is the responsibility of the author of items submitted for publication in *The Eyeopener* to verify the accuracy of information and provide appropriate references. The editor and the TAPAN Board reserve the right to edit or reject submitted material.

**Submission Deadlines:**
- February 15: Spring Edition
- May 15: Summer Edition
- August 15: Fall Edition
- November 15: Winter Edition

Send comments, suggestions and/or submissions to:
- Cyndi Mocek, RN, ADN
  4333 Willow Bend Drive
  Arlington, TX 76017
  mocek.rn@sbcglobal.net

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**TAPAN Operations**

**ASPN Region 2 Director**
Twill Shrout, RN, BSN, MBA, CAPA
[tsrout@aspan.org](mailto:tsrout@aspan.org)

**Eyepener Editor**
Cyndi Mocek, RN, ADN
[moeck.rn@sbcglobal.net](mailto:moeck.rn@sbcglobal.net)

**Policy & Procedure Coordinator**
Susan Russell, RN, JD, CPAN, CAPA
[spraudstx@aol.com](mailto:spraudstx@aol.com)

**Governmental Affairs Chair**
Cindy Hill, RN, BSOE, CPAN, CAPA
[chill@teamumc.com](mailto:chill@teamumc.com)

**Research Chair**
Les Rodriguez, RN, MSN, MPH, ACNS-BC, CPAN
[pmrodi@sbcglobal.net](mailto:pmrodi@sbcglobal.net)
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