Middlesex Hospital Surgical Center PACU nurses achieve 100% certification!

See article on page 8

Front row l-r Laura Mizner, Central Sterile Tech, Elena Nowicki BSN, RN, CAPA, Liz Vecca, Environmental Services, Cathy Sullivan RN, CAPA, Vicki McDowell RN, CNOR

Back row l-r Krysta Gordon, Central Sterile Tech, Suzanne McNulty RN, CAPA, Susan Wiatrak RN, CAPA, Roberta Pinette RN, CAPA, Wendy King BSN, RN, CAPA, CEN, Diane Scheidel PCT, Kitty Dornfeld RN, CAPA

Lisa Scianna, RN, CAPA

Front row l-r Laura Graham RN, Karen Norton BSN, RN, CAPA, Kim Lee BSN, RN, CAPA, Kathy Fitzgerald RN, CAPA

Back row l-r Wendy Elia BSN, RN, Sue DeMio RN, Bonnie Barillaro PCT
I thought for my final message, I would give an annual report, so you our members can see what we have accomplished this year. CSPAN had a very successful year. Two hundred twenty-five members strong, our membership has been very stable this past year. We have 115 certified members, with 5 of those being both CPAN and CAPA certified. One of our PACUs, Middlesex Hospital Surgical Center, is 100% certified. They will be applying for the ABPANC award. Congratulations to them! If anyone else’s PACU staff is 100% certified, let ABPANC and Lauren Kelly (Stretcher Scene Editor) know. We would love to acknowledge your hard work!

We have held two half day conferences, attended by an average of 85 members. We have had held four bimonthly business and educational evening meetings in four different hospitals in the state, with the usual attendance around 40-45. At these bimonthly meetings we have collected non-perishable food items for the local food banks, winter hats/mittens/gloves/scarves for a local shelter, and diapers for the local diaper bank. Each hosting hospital decided on what they would like to collect and where the donation would go, to serve their local community. We have done this for the past 3 years and feel it is a very successful community event. Also, at these meetings we pull a name of an attending member and give away a certificate for free registration to that year’s Annual Spring Conference.

Joyce Chase and I attended the Component Development Institute in Portland Maine this past September. There we were able to network with the other components to share ideas on how to improve our individual component activities.

Joyce and I also attended the Representative Assembly and the National Conference in New Orleans this year. The Representative Assembly is where each component’s President and Vice-President or designated representative votes to determine the ASPAN Board members for the coming year. We also vote to approve new guidelines and standards of care, and deal with issues that may arise, affecting the National organization. It was at the Representative Assembly that we elected our new Region 4 Director, Laura Kling, from the Pennsylvania component PAPAN. I would like to thank the outgoing director, Katrina Bickerstaff of MASPAN, for all the work she has done.

We offer two CSPAN scholarships, but are having difficulty in awarding them. We have advertised them in our newsletter, Stretcher Scene, on our website and at each meeting. Please consider using these methods of obtaining funds. Money is available to our members. Please take advantage of the scholarships!
We have reviewed and revised our Strategic Plan and revised our bylaws, which were approved at the Annual Spring Conference in March. We are in the process of arranging a co-sponsored program with the local chapter of AORN for early 2011. The Board is also working on formulating a point system for our members to utilize. This is projected to start in January 2011.

Our newsletter is now sent via email and has been for this past year. We still have some members who have not provided email addresses. We have sent postcards to them via snail mail and offered them suggestions, yet we are still not at 100%. Our website information is up to date and a good resource for our membership.

Amy Litchfield, our Governmental Affairs representative, has left the position. She is going on to further her education in New York. We wish her well. This unfortunately leaves a vacancy on our Board. If anyone is interested in becoming our Governmental Affairs chair, please let me know.

Thank you to the Board members for all their hard work this past year. We are always looking for new members to take an active role. We hold seven Board meetings a year and encourage anyone interested to attend to see if this may be your cup of tea. Contact anyone on the Board and they can give you the date, time and location of the next meeting.

Please welcome your new President, Joyce Chase and Vice-President/President Elect, Dottie Fox!

Interested in joining a fun, dynamic, energetic group of your colleagues? Kids off to college and looking for something meaningful to become involved in? Thinking now may be the time to become more involved with your professional society? Well, consider volunteering to serve as CSPAN’s Governmental Affairs representative! Don’t have a clue what it’s all about? No problem. The Board members will get you set up with material and help walk you through the process. As a perk, CSPAN is willing to pay your expenses to attend NIWI (Nurse in Washington Internship) on March 13-15, 2011 in Washington, DC. This is an annual 3-day workshop wherein nurses learn how they “can become involved and influence policy at the local and national level…and effect change in the legislative process…” (from NIWI website) For more information visit the site:

http://www.nursing-alliance.org/content.cfm/id/niwi
Greetings to all! This is my first article since being honored to serve as your regional director for the next two years. As a new member of the ASPAN Board of Directors, I attended an orientation for my duties and responsibilities. What an auspicious team: ASPAN Presidents, the CEO, officers, national office director of programs and project development, and journal editors…awe-inspiring!

Kim Kraft, our new ASPAN President, gave each member of the Board a gift covered in wrapping paper - the Dr. Seuss book *Oh, the Places You’ll Go!* written in 1990 I noted. Hmm, Dr. Seuss is an old friend from my childhood. Turning the pages, the first several paragraphs caught my attention:

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Congratulations!
Today is your day.
You're off to Great Places!
You're off and away!

You have brains in your head.
You have feet in your shoes.
You can steer yourself
Any direction you choose.
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“Indeed” I thought. This is my first day and it is not only my day, but your day as well. Having reconnected with everyone at the National Conference, I know that we have a great team in Region IV…we ALL have brains in our heads and feet in our shoes…as a team in support of our components, we have strength in numbers to steer our selves in the directions we choose.

Kim is leading us to “Reinvest in Our Potential”. What is up and coming in our components? Here are some innovative ideas and opportunities in our region:

**Connecticut (CSPAN, www.ctspan.org)** – next meeting September 15 – Hartford CT – free contact hours – combined business meeting and educational program – Their goal is to make their programs available to all areas of the state. There is no cost to include something on their website. Region members…want to share your upcoming events? Diane Stadmeyer, off-going President and website manager, has offered to post your education forum.


Massachusetts (MASPAN www.maspan.org) – WINNER ABPANC SHINING STAR AWARD (2008 – 2010) and 2005 GOLD LEAF COMPONENT OF THE YEAR! October 3 – CPAN CAPA review planned; November ASPAN co-hosted conference TBA. Newsletter has gone green! MASPAN website has links to all of our region websites and others!

New York (NYSPANA www.nyspana.net) – WINNER OF THE 2002 GOLD LEAF AWARD – COMPONENT NEWSLETTER AWARD (9 – 14 pages) - October 23 – Fall State Conference, New York City – Cost-saving conference – held at hospital site. They have revamped their budget process. Areas of interest are districts and reaching membership, as well as succession planning. They are supporting member research in fatigue and opioids.

Rhode Island (RIAPAN – contact: Nancy Crawford, President ncrawford@kentri.org) - Goals: strengthen membership, succession planning, use resources wisely to communicate with members, advertise education/conferences on neighboring components” websites.


As you can see, there is a lot of experience and expertise in the region. We are using various strategies to strengthen and promote growth in our components. We have many challenges ahead so reinvesting in our potential is imperative. The Component Development Institute, coming up on September 10–12 in Louisville Kentucky, will provide additional opportunities and forums in order to plan for and actualize our individual and collective successes.

In the meantime, please do not hesitate to contact me, your Regional Director at lkling@aspan.org. I am here to serve you and be a liaison to the Board of Directors.

And will you succeed?  
Yes! You will, indeed!  
(98 and ¾ percent guaranteed.)

…We’ll move mountains!

The word “hypnosis” can evoke an image of a stage performance where a volunteer flaps their arms like a chicken or is “getting sleepy” as another waves a watch back and forth. Many of us go in and out of a “trance” throughout the day. Think of times when you are driving in the car and arrive at your destination feeling like no time has passed at all, or consider the child who is so engrossed in the video game that he does not even realize that you are talking to him. When trance is paired with a positive suggestion, this is called hypnosis.

Hypnosis is a therapeutic tool that places the patient in control of how he/she uses his/her mind to gain positive outcomes. As care providers we only facilitate a patient’s ability to use this tool. Hypnosis, along with guided imagery are powerful strategies that children can be taught when they are experiencing pain or going through difficult medical procedures. Hypnosis lies on a continuum with distraction. A child watching bubbles during an I.V. start is using a distraction technique. The child is then told, “Blow away anything that bothers you, blow it away into the bubbles…” this may be considered hypnosis.

Young children experience hypnosis differently than adolescents. Young children, especially those under the age of 6, have very active imaginations and can easily pretend to be “as still as a statue” or “floppy like a rag doll or stuffed animal.” Young children may be in trance with a state of heightened awareness but may not appear to be “relaxed.” In fact, young children may be quite wiggly and generally do not like to close their eyes as this creates a sense of losing control. School aged children are very good at using their imaginations to create stories in their minds that may involve being in a favorite place where they feel relaxed and comfortable. They are capable of creating “switches or controls” in their minds to “turn down their pain so they don’t have to listen to the pain message so loudly.” School aged children also enjoy imagining superheroes or video games where they are “fighting the evil cells.” Adolescents may respond to progressive muscle relaxation and breathing techniques. When in trance they may appear to be sleeping or in a state of deep relaxation. Teenagers also respond well to the favorite place imagery and find creative ways to use computers, sports or fantasy to promote comfort or healing in their minds and bodies.

“All powerful language is hypnotic.” (Milton Erickson)

The language that we use can have a very powerful influence on a patient’s response. It is our responsibility to convey a sense of hope to our patients while we support them through difficult procedures. It is always important to be honest with children about the things that happen in the health care setting. It is equally important to select words carefully when describing an expected experience to a child. If a child is about to have blood test and asks, “Will it hurt?” and the response is “Yes, it will hurt,” the power of suggestion sets up the expectation that there will be pain. In contrast, responding, “Other kids your age have told me that it feels uncomfortable or sore for just a few moments, let’s see how it feels for you” sends a very different message. This message includes different options of how it could feel and conveys the message of hope that it will be over quickly. Avoid words like “IF” or “TRY”, these words send the message to the patient that there is a possibility of failure. The statement “If you try to take a deep breathe, you might feel better…” sends the message that you may not be able to take a deep breathe; if you do take a deep breath, you may or

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may not feel better. The statement “When you take a deep breathe, your body will become more relaxed and then you will feel more comfortable and proud of yourself…” is permission and an invitation to take control and sets a positive expectation.

Simply talking about pain in a way that is unexpected can evoke curiosity in patients and create a hypnotic response. When I meet a patient in pain, I often ask, “What do you do to help yourself when you are having pain?” The most common responses include, “I take my medicine;” “Nothing;” or “I don’t know.” I then ask, “Do you know what pain is?” and proceed into an age-appropriate explanation about how pain is a message that the body sends to the brain when there is something wrong. I say, “Since you are here and we know that there is something going on in your body, the doctors and nurses are working on helping you get better, so you don’t need to listen to that message so loudly.” I tell him/her that I want to understand his/her pain better and say that I am going to ask some funny questions. I say, “If you could see your pain, what would it look like? Think about the shape, the color, the texture.” I ask him/her to describe his/her pain by how it sounds, how it feels, if there is a smell and/or taste. Once the patient has thoroughly described his/her pain, I guide him/her through changing his/her perception of the pain so its message is not so loud. When I have used this technique, most of these pediatric patients were able to alter their pain image so that the painful sensation was reduced to a more comfortable level.

Using hypnotic techniques with our pediatric patients provides benefits that extend beyond their episodes with the health care system. The skills used during hypnotic exercises can be transferred to many areas of life. Controlled breathing, imagery and relaxation techniques are invaluable resources that patients can use during stressful life situations and subsequent health care encounters. These techniques can be used to enhance performance and creativity. When children use newly learned skills to face life challenges successfully, the result often is a feeling of increased confidence and mastery.

Congratulations to Lucille Graboff of the Hospital of St. Raphael who was awarded the 2010 Alma Derway scholarship. Lucille will be going on a mission trip to Mbale, a region in Uganda this November. This will be her fourth trip with the organization Changing Children’s Lives, based in New Haven. She will be working in the PACU recovering children undergoing cleft lip and palate surgery. Many supplies are needed for the trip. Lucille plans to spend the $250 on Pulse Oximeters. Watch for a report about this mission trip in an upcoming issue of Stretcher Scene!
I was born and raised in Connecticut but left when I became an adult to follow my military husband. I returned several times to work at various hospitals, usually the one with the first job opening. It still amazes me that I know very little about the state I live in and its many hospitals. Hawaii, where my home is, has five major hospitals with one or two on the outer islands, so it is easy to remember them. Hawaii is a small community. Connecticut is so much more!

I have driven through Middletown numerous times yet didn’t know Middlesex hospital existed until I became the Membership Chair for CSPAN. I made a list of the members, including their titles, and was amazed at how many nurses at Middlesex were members of CSPAN and certified...so I decided to look into it further, meeting some wonderful members. I would like to share my findings with you.

Middlesex Hospital is a 200 bed community hospital in Middletown. It is one of the top 100 Hospitals in the United States in the Thomson Reuters 100 Top Hospitals. Middlesex hospital was also the first Connecticut hospital to earn the Magnet award for nursing excellence. I have heard some people say Middlesex has a lot of certified nurses because it is a requirement for magnet. That isn’t the case. I’ve worked at many hospitals in my career and I firmly believe IT STARTS AT THE TOP! It doesn’t matter if it is a small community hospital or a large trauma center. If management promotes education, a special culture prevails, supporting excellence in nursing. Middlesex doesn’t require its nurses to belong to their local or national organizations. It is not part of their performance evaluation. Perianesthesia nurses at Middlesex become certified because they work in a positive, nurturing environment. They actually want to become certified because they receive encouragement and support from their co-workers. There is no pressure or time limit to achieve this status. They do it because of the “positives” they get. The organization supports them with time, a variety of expert nurses, and also financially.

The perianesthesia nurse manager at Middlesex, Lisa Scianna, is a humble and caring person. She was a staff nurse who worked her way up in the facility. She manages Middlesex Surgical Center, OPS/PACU and Endoscopy. Her staff ranges in age from 20s to 60s. She knows all 70 of her personnel and cares deeply about them. Lisa took the time to email and talk to me, and allowed me to visit her workplace. She doesn’t take full credit for the wonderful status of her staff. She believes in her team. Lisa was dressed in scrubs when I visited. She struck me as a person who is always willing to pitch in when needed. I call her a working supervisor. She did admit to me that she doesn’t think anyone is above mopping the floors (which she did one busy day in order to turn over a room) or making up a stretcher in order to get the job done.

The units I observed had high-tech equipment but also a personal touch. Everyone was smiling and seemed upbeat. I asked Lisa how she motivates people. She seems to think she isn’t the motivator. She really believes in her team and working collaboratively. I talked to a couple of Lisa’s staff at a seminar and asked if they were pressured to be certified. I received the same answer from both nurses. They wanted to excel and be the best perianesthesia nurses they could be. They reaffirmed all the support
they receive. There is a nursing ladder at Middlesex but nurses can get recognized beyond that as well.

Lisa is genuinely proud of her staff and all their accomplishments. She celebrates her staff with positive recognition. She feels that it is important to know the staff, understand them, and listen to what they have to say. I told Lisa that my next question was a biggie. She was a little apprehensive when I phrased it that way. I asked what advice she would want to give other managers or CSPAN members. Her response was “Love what you do!” Wow…how simple, yet profound! Isn’t that why we all became nurses in the first place? I wanted to work for Lisa at Middlesex! (I doubt anyone will be leaving their position though.)

On a final note, 10 of Lisa’s 24 staff nurses are certified. All the PACU nurses at the surgical center (including Lisa and her assistant manager), and 4 out of 5 of the OR nurses are certified. Middlesex has been redesignated twice as a magnet hospital (only 28 other hospitals in the United States have earned Magnet three times in a row). Way to go Middlesex! We Honor and Salute Lisa Scianna and the wonderful Perianesthesia Nurses at Middlesex!

Mary Catherine Armstrong
  Janet Brown
  Jill Marie Cullen
  Melissa Dibble
  Donna DiLuna
  Kathleen Doyle
  Kathleen Hurley
  Lesley O’Connell
  Sharon Poirier
  Leodivinia Aberin Salazar
  Mary Ellen Salemme
  Suzanne Schwartz
  Nenita Sollesta
  Rosemarie Taliercio
  Pilar Whittle
  Bonnie Jean Wills
  Sarah Zordan

NEW MEMBERS
Well, it has been almost a year since ABPANC instituted its on-line exam registration and recertification. In talking with CSPAN members, this is a huge success. Logging in contact hours on the CPAN/CAPA site is easy and keeps track of all earned hours.

When you decide to certify for the first time, please remember to apply for the Emily’s Gift scholarship. This is offered to one CSPAN member per year, and is awarded by Dottie Fox in honor of her mother, Emily Graham. Many hospitals are tightening their belts and eliminating or reducing education funding. If your employer is among them please feel free to apply for this scholarship. The lucky recipient will enjoy full reimbursement of the CPAN or CAPA exam fee! Go to our website www.ctspan.org to download the application and see the requirements.

**You may register online for the Fall exam between July 12 and September 6.**

The ABPANC website is: [www.cpancapa.org](http://www.cpancapa.org)
Spring Conference

The March 20th Spring Conference, held again this year at the Hospital of St. Raphael in New Haven, was a great success. In all, 87 people attended. CRNA Ricky Ewell, from St. Raphael’s, gave a dynamic lecture on Malignant Hyperthermia. Terry Clifford, off-going ASPAN President, explored some of the Clinical Hot Topics, with reference to questions that have been posted on the ASPAN forum from our state. Mid-morning, attendees enjoyed refreshments and the always popular RAFFLE! There were some great gifts donated this year. Thanks to all who participated. After the business meeting, Region 4 Director, Katrina Bickerstaff did a comprehensive review of Neuromuscular Blockade. Finally Kathy Paskewitz, ABPANC Director, presented an overview of ABPANC (American Board of Perianesthesia Nursing Certification) including its history and the advantages of being certified. All in all it was a very good conference. The Education committee received positive feedback and suggestions for future topics. Some attendees were disappointed not to have printed hand-outs, but the lecturers gladly offered to email any desired material. A total of 4 contact hours were awarded for the half-day conference.

May Bimonthly

Danbury Hospital hosted the May 2010 bimonthly meeting and lecture. Guest speaker Melinda S. Monson RN, MSN, JD presented “Legal Challenges in the World of Electronic Medical Records”. Attendees received 1.5 contact hours for this educational activity. Non-perishable food items were collected for the local food pantry.

Congratulations to the lucky winner of the voucher for free admission to the 2011 Spring Conference:

Denise Scharf
We asked: What are your ideas, feelings, or policies about family visitation in the PACU?

And you answered...

“I have given some thought on the Family Visitation question you posted in the newsletter. My initial reaction has always been NO WAY!- unless of course a minor is involved and I feel it is definitely in the best interest of the patient to have Mom and Dad there. When I was in the Dominican Republic it was expected that the whole extended family come in to post-op to check on their loved ones. So I guess what I am saying is that it depends on the particular culture of the institution as to how family visitation occurs. I have no idea how other facilities handle this, but at our hospital it seems to me it is pretty much only allowed in certain situations and that varies from nurse to nurse. If SFH PACU had better accommodations for families ie: larger PACU bays, more privacy, better volume control, I might consider more visitation. Our one room consists of pre-ops, post-ops, large cases, and ambulatory cases waiting to go home, and at times it is very confusing and chaotic. I would prefer to not have a blanket rule to allow visitors for those times when the unit is absolutely insane and it is inappropriate for families to be caught up in the vortex. You know that there would be some family member waiting outside the PACU door demanding entry because that is what the policy is. I believe at this time it is best to leave it to the nurses' discretion as to when family may be at the bedside. When our unit is redesigned perhaps visitation would be a more pleasant experience for all involved.” — Rita Brice RN, CPAN (St. Francis Hospital & Medical Center)

“We have allowed a parent for our children to go into the PACU when we were at Newington Children's Hospital from 1996. When we consolidated with Hartford Hospital and UCONN and became the Connecticut Children's Medical Center, we continued the practice. Granted this is dealing with children. However, I know that my sister-in-law and I were allowed into the Hartford Hospital PACU after my brother-in-law had major lengthy surgery for bladder cancer. You cannot imagine the sign of relief on his wife's face as well as his. It just verified the fact that he had made it. After all, isn't there a little bit of kid in all of us? Of course, report from the anesthesia department, and OR nurses must be given to the PACU staff, patient monitoring must be instituted and the patient's physical stability must be ascertained before anyone can visit. We do not allow the parents in if the oral airway is still in place, however we do send out word to the family that their child is stable, but needs close monitoring 1:1 by a nurse until their reflexes return. This alleviates needless worry.” — Dottie Fox BS, RN, CPAN, CAPA (CT Children’s Medical Center)

“In reply to your question about visitation in the PACU: Like most institutions, at Manchester Memorial Hospital we feel it is important to allow the parents of children into the Phase I area as soon as they awaken. In relation to adult patients, we usually handle this by addressing the patient's individual needs. For example:
-Does the patient have special needs?
-Are they in a prolonged "holding pattern" for a bed on another unit?
-Is the patient the only one in the PACU at that time?
-Is the PACU too busy to offer support to the family if necessary?
-Will the privacy of other patients be compromised?
-Is the patient stable?

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-What are the circumstances surrounding the surgery? (D+C for a "miss" for example).

All of these questions and more are important when considering family presence. To allow the family in for every patient that comes through the PACU would be logistically difficult to accomplish and could compromise patient care. But there are times that it is important to consider their presence even if is for only a few minutes. Sometimes they only need to "see" their loved ones to allay their fears”.

— Christine Balsewicz BS, RN, CPAN (Manchester Hospital)

Congratulations to Rita Brice who’s name was chosen randomly from the respondents. Rita will receive a voucher for free admission to the 2011 Spring Conference!

Question for the next issue: What is your number one reason for working in PACU rather than in another care area?

When you finish reading the newsletter, simply hit “reply” and answer the question in the body of your email. We want to hear from you!

Anyone who knows me knows I’m a recycling fanatic. My town recently issued residents the large, wheeled recycling containers. I almost squealed with delight as I pulled into my driveway last week to find my shiny new blue barrel! I just read that they can make sweatshirts and sleeping bags out of recycled soda bottles. Who knew? Your Board of Directors has done some recycling of its own. You may have noticed many of the same names and faces showing up on various Board positions. This has been great for the sharing of knowledge and experience. But, as with organic materials, human resources need to be supplemented and eventually replaced with a fresh supply. If you have been thinking about becoming more involved in CSPAN, this would be a terrific time. The Governmental Affairs position is open, and any of the committees would be thrilled to have more help. Now is the time, as Kim Kraft (ASPN President) has put it, to “reinvest in your potential.” Invest in your professional organization and watch your talents grow!
National Conference

April 18-22, 2010
New Orleans, LA

Diane with lucky winner of CSPAN raffle $100 bill and a Munson’s chocolate bar!

Joyce getting raffle table ready for Component Night

Kathy, Diane, and Joyce enjoying Component Night

Sue, Kathy, Maryann, and Joyce representing Connecticut. Go Huskies!

Connecticut attendees: Lucille Graboff, Jeanne Prota, Betty Choquette, Kathy Santa Maria, Maryann Berluti, and Sue Roddy
Scenes from around New Orleans

Kathy Santa Maria, Sue Roddy, and Maryann Berluti enjoy some nice-looking refreshment!
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DEADLINES
for submission of articles or items
for publication:
Fall issue—October 8th
Winter/Spring issue—Feb 4th

Treasury
As of June 1, 2010
Checking  $18,209.76
CD $4,864.77
The CSPAN Board of Directors’ Meeting
April 6, 2010

In attendance: Diane Stadmeyer, Joyce Chase, Lauren Kelly, Lucille Graboff, Jeanne Prota, Ginny Chipps, Bonnie O’Neill, Betty Choquette, Marianne Berluti, and Julie Veilleux

Secretary: Corrections needed to the minutes involve the correct name for the Hospital of Saint Raphael and also Dottie, not Diane, agreed to come up with guidelines for the next meeting. Minutes are approved with these two corrections.

Treasurer: Bonnie reported the checking account balance is $21,394.03. The conference netted $3,998.59. The board approved grant assistance to the board members that are attending the National Conference. (Jeanne, Lucille, Betty, and Marianne)

Education: The March 20th program at the Hospital of St. Raphael was a big success. 87 people attended, (65 people preregistered, 21 walk-ins, and 1 free educational voucher). For our next conference a suggestion was made to have two separate registration tables, one for preregistration and one for walk-ins. Attendees commented on wanting handouts for the material presented at the conferences. We need to encourage attendees to email the speakers for handouts. Future suggestions for topics were plentiful. Marianne will send out thank you notes to the speakers.

The Danbury bimonthly will be May 10th and the topic will be on electronic charting. Dr. Banerjee is interested in speaking for us. Maybe we can utilize him for the September bimonthly. Comments were made that people were interested in hosting the spring seminar at UCONN Medical Health Center. We need a firm commitment as to the location of the spring conference by our June board meeting.

Membership: Currently, we stand at 223 members. Betty is working on changing the membership packets and has a new listing of the hospital reps. So far, we have 24 hospitals reps and 6 are board members.

Newsletter: The deadline for the next newsletter will be June 4th and it should be out by the end of June.

Website: The website is up to date except for the strategic plan. There is one item that needs to be updated. A profit of $55.10 was reported.

Government affairs: We are still looking for a new representative. Lauren will place an ad in the newsletter and also send an email blast.

Old Business: We will have a silver bowl for the silent auction at national. Thanks to Dottie for getting the silver bowl. Dottie has developed a poster for component night and we will have a $100 raffle with our Munson chocolate for the component table.

New Business: The tentative education programs for 2010 – 2011 are as listed: September – Dr. Banerjee January/February – CSPAN/AORN collaboration November – Certification topic March – Spring conference. Much discussion took place in brainstorming to thank the hospital reps and recognize the new CPAN/CAPA’s. Diane will ask the other components what they do to recognize their members. We talked about hosting an informal happy hour to thank and honor our hospital representatives and newly certified members. Lauren and Ginny agreed to explore venues for the social hour.

Next Meeting: The installation of officers meeting will be on June 1st at 7:00 p.m. at J. Timothy’s in Plainville. Julie will take care of the reservation.

Respectfully submitted, Julie Veilleux
Calendar

August 18, 2010—Board of Directors meeting at Joyce Chase’s house 6:00 pm

September 15, 2010—bimonthly educational meeting at St. Francis Hospital 6:30 pm
Management of Chronic Constipation and Bowel Motility Disorders by Dr. Saumitra Banerjee

September 25, 2010—VT/NH APAN Fall Conference in Nashua, NH

October 8, 2010—Deadline for item submission for Stretcher Scene Fall issue

October 8-10, 2010—FLASPAN’s 41st Annual Conference
“Humanity & Technology in Harmony...The Future of Perianesthesia Nursing”
Regal Sun Resort, Lake Buena Vista, FL
Contact Emma Pontenila at cordeliacr@aol.com

October 30-31 MESPAN Fall Conference at Dana Center in Portland, ME

November—bimonthly meeting date and time TBA

CSPAN’s Vision Statement
CSPAN’s vision is to be the pre-eminent leader in Connecticut in the practice of perianesthesia nursing by supporting exceptional professional development.