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What's TAPANing

West Texas Pan Handle Region of the Texas Association of Peri Anesthesia Nurses

President's Message *Gayle Holder RN, MSN, CPAN*

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Greetings from Gayle

With a full heart, I want to thank Charon Howell for all that she has done for our district and wish her the best of luck in the pursuit of her dreams. It is with humility that I accept the position of president of the West Texas/Panhandle Region of TAPAN. I am grateful for all of the assistance that I have received from the officers of our region. I am so proud of all of their (and our) accomplishments.

Vince Lombardi said, "I don't necessarily have to like my players and associates but as their leader, I must love them. Love is loyalty, love is teamwork, love respects the dignity of the individual. This is the strength of any organization".

I would only say that I haven't met anyone in our organization yet that I didn't like. But, the concept, to me, means that to be an effective leader, I must first be a servant. Our TAPAN President, Hermie Robles, advocates transparency and shared leadership. I stand with her in this.

I want to invite any and all suggestions, comments, and even constructive criticisms. From our one little (actually, big) region all the way to the national level, our organization is about PeriAnesthesia Nurses and, essentially, PeriAnesthesia Patient. So please, let me know what I can do to serve you.



Viewpoints

Ellen Abaquin RN, BSN, CAPA

With recent and coming health reforms, hospitals and corporations catering to medical field are scrambling for ideas and ways to cope with the changes. Does the term value-based purchasing (VBP) sound familiar? Has your institution implemented changes as a result of VBP? Should ideas change culture? Or should culture change ideas? Jeffrey Philipps on <http://innovateonpurpose.blogspot.com/> (March 12, 2013) posted the following;

Your culture will either embrace interesting, disruptive ideas and shift its attitudes and behaviors to engage those ideas, or it will ignore, reject or ridicule the ideas until they fall into line with expectations or are summarily dismissed. A firm cannot create a radical new product or service without significant impact to the corporate attitudes, behaviors and beliefs. The very experience of creating a radical new idea will by definition force change on the culture. Oliver Wendell Holmes said that "Man's mind, once stretched by a new idea, never regains its original dimensions". The same is true with corporate culture. Therefore a radical idea will change the culture, or the culture will change the idea.

Second, let's examine why this is important. It is almost impossible for a conservative, reflexive, predictable culture to create a radical new product or service. The culture can't embrace it and won't allow it. And even if someone were bold enough to try, the culture isn't open to the change that's necessary to deliver the idea and sustain it. In this case a good idea is rejected, or a radical idea is simplified to become acceptable to the organization. The culture changed the idea.

This concept matters because two very important things happen when the culture changes the idea. First, the culture is reinforced. Right or wrong, the culture grows stronger and more reflexive. By demonstrating its muscles and resistance, it becomes stronger and fewer people will resist it. Every time the culture changes an idea the culture becomes stronger and innovation becomes more difficult. Second, once the culture changes one idea, it will seek to change every idea. As its strength grows, everyone naturally assumes that the ideas must change, not the culture. Changing the idea becomes inevitable.

These two factors ensure that the company becomes ever more inflexible, intolerant of new ideas and resistant to evident change. Business as usual grows in stature and importance as markets, competitors and most importantly, customers and prospects shift desires and demands. When real innovation is no longer a luxury but a necessity, the culture innately resists innovation even as the organization realizes the importance of innovation. But the culture can't change – that's been established.

As we move into an era where innovation is a regular requirement, not an occasional luxury, ask yourself- do we want a culture that changes ideas, or a culture that can change as ideas require it to change?

References

1. Philipps, J. Ideas change culture or culture change ideas. 2012. Available at <http://innovateonpurpose.blogspot.com/>. Accessed March, 2013.



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Viewpoints continued

Commenting on Jeffrey Phillips' post, Angie Crawford, RN wrote:

I thought the post was applicable to many of the situations Surgical Services faces everyday and the health care reform challenges that Hendrick Health System will and has begun to experience. I think the post should not simply be read, but rather intellectually digested and taken to heart. We are in a time where we are only a step ahead of being forced to be innovative in order to remain financially sound. And it is but a short time hereafter when the systems that cannot adjust will fall to the wayside. It is a time when the economical theories that govern the consumer markets take control of the health care industry. Supply and demand forces coupled with competition will drive business to those hospitals that can most efficiently and effectively produce a product consumers want.

Some of us may look at this period as hard times of unfair circumstances. I also expect that some of you feel an unfair shift of focus toward the financial perspective. Take a moment to consider, however that competition and process driven efficiencies will create the best healthcare possible for our patients, Just think of the TVs today compare to those of the past. Anyone want to go back to turning the knob to one of the three channels? Competition and demand drove companies to make the 70-inch HD TVs with 300 channels we watch today and will drive the same significant improvements in healthcare as well.

I challenge you to look at this as a defining moment for Surgical Services. For us, this is the time when you have the chance to prove you are the best- a staff in a great department that will get together for collaboration, innovation, development of new ideas and improvement in performance. As these new ideas and processes occur, it is not a time to "ignore, reject, or ridicule." Instead, it is the moment for each individual to step up and actively participate in making changes and perfecting systems. With positive and collaborative efforts, you have the opportunity to not only make sure everything runs smoothly and efficiently from a financial standpoint, but to also help ensure your needs are met and you are happy in your work environment. Most importantly, as the market demands effectiveness, our efforts will produce the highest quality of care for our patients. And that is what we are here for, correct? To work in a place where all involved (employee, employer, and patient) have their needs met at the highest level possible?

Yes, indeed it is not a time and a moment; rather it is the time and the moment to willingly participate in change and to be the best that we can be.

Angie Crawford, RN , BSN

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Viewpoints is the hub for discussions on topics that are affecting our practices in the rapidly changing medical arena. Please send subjects for discussions and comments to Ellen Abaquin at eabaquin@gmail.com. Comments or opinions are those solely of the writers /contributors.

Make a Note, Save the Date!

April 8 to May 18 Certification examination window opens ABPANC

May 15 Eye Opener deadline

June 22 Surrounding Your Practice with Excellence; Legalities, Standards, and Advocacy, Meg Beturne MSN, CPAN, CAPA, San Antonio

July 15 Certification examination registration window for fall certification exam opens

August 15 Eye Opener deadline

October 11, 12, 13 TAPAN State Conference

*The happiness of life is made up of minute fractions—
the little soon forgotten charities of a kiss, a smile, a
kind look, a heartfelt compliment in the disguise of a
playful raillery, and the countless other infinitesimal
of pleasurable thought and genial feeling*

Samuel Taylor Coleridge



**“It’s your mother. She wants to know
if you were wearing clean underwear.”**

Editor’s Note: *What’s TAPANing* is the official Newsletter of West Texas—Panhandle Region.

Contributions to *What’s TAPANing* are encouraged. All articles and comments relevant to Perianesthesia care must be double spaced and typed. The author is responsible for providing appropriate references for accuracy and reliability of information.

Submission Deadlines:

Feb 15—Spring newsletter

May 15—Summer newsletter

August 15—Fall newsletter

November 15—Winter newsletter

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From the Editors Desk

The “Yes” or “No” question on my admission page reads “are there any indications of abuse or neglect?” My pedi patient stares at his covers, never raising his eyes to mine. His hair is uncombed and greasy, and his clothes have not seen a washing machine in some time. Dirty little hands clutch the well worn ears on a stuffed toy rabbit that has seen better days.

I move my kick stool next to his bed so that I can meet him at eye level. “My name is Charon, and I’m going to check you out a little before your doctor get’s here to talk to mom. Is that ok?” I receive a slightly perceptible nod, but his eyes remained glued to his bed linens. Slowly I put on his blood pressure cuff, and give him my usual spiel about my “muscle tester” and wait briefly for some sort of response, but none comes.

I pick up the pulse ox and continue. “Which finger do you think can talk to my machine?” A puzzled look crosses the grubby little face and for the first time he averts his eyes from the bed covers and looks at me. He inserts his finger in the pulse oximeter as though he was putting it in the mouth of a finger eating monster. “Now watch this blue line.” I instruct. “See the squiggles? That’s telling me how fast your heart is beating, and how well your lungs are working.” With his interest piqued, I begin to try to assess his age appropriate development. “Where do you go to school?” He does not answer, but gently picks at the horse charm attached to my medic alert bracelet. “Do you have a pet?” I ask. His reply is almost inaudible. “Bugs” he gestures towards his rabbit.

During the exchange mom never looks up from her I-Phone. “How long is this gonna take?” she sighs impatiently. “I’m gonna go run some errands and I’ll be back.” True to her word she bolts for the door as soon as my patient is wheeled to the OR.

“Are there any indications of abuse or neglect?” My fingers take their places on my keyboard.