

**ORNAC CONFERENCE
ST. JOHN'S, NL
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These have been wonderful days of learning, networking, visiting and becoming part of “old St. John’s”. The ORNAC conference is one of the largest conferences held in St. John’s with 888 delegates plus exhibitors and speakers, bringing the combined total to over 1000. Hotels and B & Bs were full.

Topics for sessions have been wide and varied with sessions targeted at all aspects of perioperative nursing – managers, educators and duty nurses. The focus of many of the sessions revolved around many of “our sacred cows” and also more current topics. Three topics seemed to be addressed either directly or indirectly in all the sessions that I attended – reduction in SSIs, increasing our focus of ridding the perioperative environment of smoke and/or plume and “Time Outs”. As well as regular sessions, 3M, Covidien and Medline put on early morning (0615 – 0800) sessions addressing breast cancer, smoke evacuation and the dangers of smoke in the environment and hypothermia. The social events included an evening at “The Rooms”, a dinner at the Delta, a pub night on the Rock sponsored by Medline and an evening at the pub with 3M. Thursday evening was a pub crawl organized by ORNAC with a crawl to three different pubs, followed by a crawl home.

I attended sessions both of professional and personal interest. One of the most interesting was the session put on by the military nurses who were home on leave from Afghanistan. I wish I was 30 years younger. Over the course of the convention, I had spoken with one of the military nurses attending the convention and, in passing, she had mentioned that she and her peers were going to be attending the presentation to support the military nurses giving the presentation. They apparently thought there wouldn’t be much interest and they would be there to support. They should have had no worries. The room was packed (standing room only) and a lot of interest and support was given. Pictures were graphic. When supplies are short they might be able to get replacement supplies in 2 weeks (that’s fast) but frequently, it could be 3 months. Pictures were shown of their working conditions and how they have to work. We shouldn’t complain when we are on call. They have 2 teams who work and are on call for 24 hours and then replaced by the next team. If there is a severe incident, they may be working far more than 24 hours. As they mentioned, the hardest part is being away from their families for months at a time.

Informal and formal conversations with other nurses and lecturers focused on the Time Out procedures in their facilities. For the most part, this procedure has been adopted across the board and now that surgeons are “on board” the process is going much smoother. Medline has actually packaged drapes with a “STOP” tape placed across the fenestration. This was requested by staff to act as a last minute reminder to do a Time Out before the first cut. When surgeons get involved, processes go much smoother. Dr. Bryce Taylor and Dr. C. Hayes from Toronto are actively involved in the WHO initiative of Safe Surgery Saves Lives (SSSL) Their session demonstrated how check-lists and time outs play an important role in SSSL. Everyone in the room is involved in the checklist procedure and he prefers that it is done while the patient is still awake. This session flowed into a “discovery session” and showed the legal system at work if the process discussed previously is not followed. As always, remember that charting is our protection. Charting has changed somewhat, in that computer charting, tick charting all carry the same weight in court.

Tuesday morning started at 0615 with Covidien’s sponsored session, “Surgical Smoke: What We Know”. This presentation set the tone for a later session, “Smoke Exposure: Can Clean Air Be A Reality?”, presented by Kay Ball, PhD. She brought information that as part of the accreditation process both in the USA and Canada, facilities will be asked questions about their smoke evacuation systems. The toxic biproducts can be absorbed into soft contact lenses and can remain in the room 15 minutes as it takes that long for the particulate matter to clear the room with the room exchanges. Accreditation standards are going to change to request information

about the number of air exchanges in each theatre. Is an audit done and is the information retained in the form of records? This allows the circulating nurse and anesthesia to be exposed to particulate matter the same as the scrub personnel. It was suggested that a smoke evacuation filter be installed between the suction and the wall for colonoscopy procedures.

The IPC specialist from the New England Baptist hospital, Boston, MA spoke to us on “Working Towards Zero of surgical Site Infections”. This is 150 bed hospital which does 10,000 orthopedic and spinal surgeries which has, with a lot of hard has managed to drop the SSI rate to 0.4% over 4 years. It was found that the cloth caps that are worn in the OR are very “dirty” – a great place to grow bugs. A reminder that antibiotics need to be delivered at the appropriate time – 0 – 60 minutes prior to cutting time. Ms Spencer reviewed their policies for patients colonized or infected with MRSA who come to the OR. Again air exchanges in the OR must be audited. She encouraged the use of incisional adhesives rather than steristrips for skin closure. In their facility there have been many small changes haave influenced their drop in infection rate. Their hospital has started to use “Silver Disinfectant Spray – “Agion Clene 24” which when sprayed on surfaces and allowed to dry, will protect for 24 hours – even the bottoms of the privacy curtains are sprayed.

Three specialists talked of “Paint Only Pre-Op Skin Preparation; Evaluation of Effects on Infection rRates”. It was stated that 40-60 % of SSIs can be prevented with skin prep, proper use of antibiotics, improved aseptic technique and improved surgical technique. The most significant change was to institute the pre-op bath/shower. Their facility used regular soap but other facilities have started using CHG. 3M suggests using CHG shower bath based on a patient’s BMI. Probably one of the most interesting and perhaps controversial was that of Colleen Landers who spoke of “Changes in Reprocessing and How These changes Will Effect Perioperative Nursing (CSA Standards). The new standards have come into effect in March 2009. How many times do we wash out and clean our sterilizers?

Each day I tried to attend at least one session in which research was discussed. For the most part, they were interesting although a bit dry. However, what I am so pleased to see is how research is affecting our practice in the perioperative setting. Yes, we have come a long way. Two of the sessions were related to evidence based practice and were most interesting. Ethics is far more interesting. It is becoming more difficult to work in today’s world with Facebook and Twitter and how can we work and provide care in an ethical manner when computer programs are available.

These were only a few of the interesting topics that I attended. I have thoroughly enjoyed the opportunity to be part of such a wonderful learning opportunity. Each time I attend, I come away thinking that I am so fortunate to be part of this wonderful world of perioperative nursing.

I would like to express my sincere appreciation for the funding support which I received from SCORNA.

Thanks again.

Report respectively submitted.