

Operating Room Nurses of Alberta Association

Winter 2016



Snips & Snaps

ORNAC REGISTRATION

The ORNAC 2017 registration is now open on the ORNAC website for returning and new members. The membership year runs January 2017 to December 2017. Membership is \$65 for Registered Nurses and \$70 for other health care professionals with a stake hold in perioperative care (i.e.: LPNs/PRNs, Physicians, MDR etc.). Membership in ORNAC automatically makes you a member of your Provincial Council, with a portion of your registration fee being returned to your association to help support local and provincial initiatives.

Please visit www.ornac.ca for more information. Please take care to register in the correct District (NORNA, NCORNA, CORNA, SCORA, SORNA). All 5 districts are listed under the Alberta council (ORNAA) and you must select your district, this can not be changed after your submission.

ORNAA AGM AND AWARD WINNERS

Thank you to everyone who made the trip to Red Deer for the 32nd ORNAA Conference. Congratulations to the winners of the ORNAA awards presented at the ORNAA AGM on September 22nd.

Muriel Shewchuk Award—Lori Westover (NCORNA)

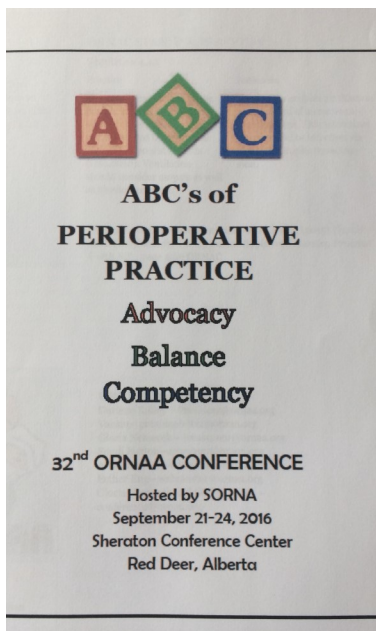
Promising Star—Carlee Ness (CORNA)

First Place Writing Award—Janelle Head (NORNA)

Special Interest Article—Breanne Kinney (CORNA/NORNA)

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REFLECTIONS ON SELECTING CONFERENCE SESSIONS

HEATHER LIFESO, SCORNA

As I was choosing which speakers I should go to at the recent conference in Red Deer, it occurred to me that my selection process had changed significantly over the years since my first conference, way back in the mid- '80s. Wowser!

I went into the OR right out of training. After 39 years in the OR, 3 different countries, 6 different cities and 8 different ORs, I've held a number of positions and have been a queen of just about everything! The changes in technology have been mind-blowing. When I look back at how far we've come in even the past decade, I can't begin to envision what advances will occur in the next decade.

Attitudinal change has also been tremendous. For the most part, the old patriarchal system is no longer king and the autocratic bosses of old are retired. That's not to say that there aren't still people around who were influenced by those old systems and their hierarchical bosses, but the times certainly are a changing!

I used to choose the sessions based on what I was doing at the time, be it cardiac, ortho, plastics. Then I added things that I was interested in, such as new technologies, travel nursing, things that would challenge my way of looking at my world.

"much of the learning at conferences happens with the networking that you do"

As always, much of the learning at conferences happens with the networking that you do. It's who you sit next to at a session, the people you meet at the social events, the volunteer opportunities at the conference and in the planning of one, and the interactions with the vendors. Without the vendors, there would be no conferences. I am here in Calgary because of conference networking. You never know who's watching you and filing away information for the future! As I changed hats within the OR setting, my focus turned to education, management and mentoring.

Now, I find that in my pre-retirement phase, I'm being drawn to topics that may affect my future when I am much older, such as cutting edge ortho procedures to extend the functionality of existing joints and what to do with them when they're toast! I find that advances in cancer care are also intriguing, as they still say that 1 in 3 of us will develop some form of cancer in our lifetime and I plan on living for a very long time, so I have to play those odds well! I have also lost family members to cancer and have those who are battling it on a daily basis.

When they start talking about dementia statistics, that's when it becomes very scary. For all of us who leave a room and can't remember what they were going to get, then have to turn around and retrace their steps to figure it out, I find that this explanation of Alzheimer's is comforting to me:

"Alzheimer's is not when you forget where you put your car keys, it's when you forget what they're for."

Now, what was I going to say next...



2016 ORNAA Conference

The 2016 ORNAA conference hosted by SORNA was another success. We had the largest vendor support to date. While our numbers were down for overall delegates, fun was had by all. With a perfect mix of educational and lifestyle break-out sessions there was something for everyone.

The social events were fantastic. The 007 Casino night was a high rollers dream. Debonair men in tuxedo's and bow ties to ladies in ball gowns, the ORNAA delegates sure clean up nicely.

If you wanted non-stop singing and dancing then the Duelling Piano night was for you! The smiles and laughter continued the next day with stories of chair dancing and selfies.

NORNA UPDATE

The NORNA district has committed to increasing the membership and expanding the membership to the rural sites. In October, the executive sponsored an information breakfast presentation to the QEII OR nursing staff on the benefits of ORNAC/ ORNAA membership. The presentation was followed by district vice president, Katelyn Nielsen, helping anyone interested in joining to register that day. This was successful in helping NORNA to achieve our goal of increasing new membership by 25%.

In conjunction with Perioperative Nurses Week, NORNA arranged for appreciation coffee, tea or cake to be delivered to the active OR's in the district. Through the use of old friends, family and Canada post, the district was able to deliver to Peace River, High Level, Grande Prairie, Whitehorse, Yellowknife, Inuvik and Fort McMurray. The coffee was very appreciated by the sites.

The fall education session in October was very well attended, filling the room to capacity with over 20 attendees. Joyce New Rn BScN presented "Feeling the Pressure... Compartment Syndrome" via teleconference from Edmonton. Thru the use of handouts, power point and the use of the Kahoot! App, there was great discussions and information shared.

CORNA FAMILY & FRIEND OPEN HOUSE



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RED DEER REGIONAL HOSPITAL HOST FAMILY & FRIEND DAY FOR PERIOPERATIVE NURSES WEEK BY CLAUDIA HUSKA-CORNA

As a perioperative nurse it is sometimes difficult to share with my family what our work environment looks like. My kids understand that mom works at the hospital and sometimes I tell them about what types of cases we did that day – a Caesarean Section (Was it a boy or a girl?) a laparoscopic appendectomy (What's an appendix?) or one of the broken bones that we had to fix. Our work environment differs every day and here is where our idea began. Although it wasn't new and had been done in the past; it had been around 10 years since we last had an 'open house' at our site.

For Perioperative Nurses week we wanted our nurses to be able to share their work with their families. So after all approvals were met we went forward with our open house on Nov. 7th for family and friends

of staff who work in the operating room. Our nurses, doctors, core staff and housekeepers were all invited to take part and we were overwhelmed by the response. A total of 189 people came through that day with 60 kids being part of that total number!



Everyone entered through our registration desk to get the official OR attire and then they were on to our photo booth for a keepsake picture with our closet skeleton. The energy and enthusiasm was hard to contain. Old photo albums and past videos were playing as well as information from OR-NAC about what perioperative nursing is all about. From here families were guided into one of our theaters that had several stations spaced throughout the room. No blood or gory scenes but plenty of equipment that ranged from a laparoscopic hands on display, an electrocautery station (carving pumpkins), a microscope station with a display on sutures, an orthopaedic fracture fixation and a total hip replacement station, and an intubating doll at the top which was connected to our gas machine. We were blessed with volunteers (reps, respiratory and nurses) who worked each station sharing their knowledge with everyone.

Our families were able to learn about our work and we were able to visit with our co-workers and their loved ones. It was a time for operating staff to laugh with each other far from the normal pressures of our work. Not only were the smiles on the faces of family and friends a part of our satisfaction but they also left with a deeper understanding and appreciation for what we do. One husband shared how he never realized how hard we worked and how much we did. My mother was overwhelmed by the amount of knowledge required in learning the instruments. Her pride was evident across her face as she reminisced about how hard that must have been when I had first started my career in the operating room. She never knew or understood until now. And it really was only a glimpse of what we do. I longed to take her into the sterile core and show her the rows upon rows of sterile instruments and pans. The sheer volume of knowledge that is a requirement of all operating room nurses was impossible to deny. As perioperative nurses we have always known this but it was rewarding to be recognized by the people who mean so much to us.

The pictures really do capture the atmosphere that day! Many thanks to the organizers who spent countless hours preparing and planning, our manager, our photographers and our wonderful volunteers who gave up one of their precious days off to share their work! Thank You!!!



SOUTH HEALTH CAMPUS HOSTS OPEN HOUSE FOR PERI-OPERATIVE NURSES WEEK - CHRISTA GIBSON (SCORNA)

South Health Campus celebrated perioperative nurses week by holding it's first open house. We had approximately 250 guest. We had 2 OR's open for guest to see. The first room we had a complete set up for a total knee replacement. Guests were able to see all the instruments and the actual implants that are used for this procedure.

The 2nd room was set up for a laparoscopic case, the kids really enjoyed pulling gummies out of a pumpkin with our laparoscopic instruments. Another big hit was our casting station where many little fingers were casted. In our holding area we had educational boards on the roles of everyone in the OR, hand hygiene, recycling program and PACU was taking blood pressures. A big thank you to everyone who made this night a huge success!



Patient hand off report: Standardizing success

Janelle Head, RN, BScN

Northern Operating Room Nurses Association

Grande Prairie Regional College

Introduction

Perioperative nurses work to develop the necessary skills to thrive in overbooked, overcrowded, and understaffed environments. High volumes of surgeries coupled with complex patient cases are what occupy the perioperative nurse's time and mind. The prudent perioperative nurse works to circulate and maintain the safety and care for the surgical patient, all the while planning and delegating for the next case. This is all fine and well, until said patient is hastily transferred to the post-anesthesia care unit and out of her care. While the prudent nurse pays careful attention to detailed patient history, physical examination findings, and laboratory results (Larkin & Burton, 2008, p. 394), the sheer volume of patient information to 'handover' becomes overwhelming and exhausting. Furthermore, the detail of information communicated during handoff is largely at the discretion of the nurse. Here is where the majority of communication breakdown occurs. Here is where the complications occur. Therefore, improving patient safety and care post-operatively relies on a standardized communication approach. An improved and regimented patient handoff report is not only necessary, but also critical.

Literature Review

Patient handoff report within the healthcare team allows exchange of necessary information, with the goal of continuing care in a fluid and safe manner (Maxson, et al, 2012, p. 140). Handoff report information typically includes: patient diagnosis, performed procedure(s), hemodynamic stability, plan of care, and any topics for discussion during physician rounds (p. 140). The ORNAC Standards of Perioperative Registered Nursing Practice Standards (2015) require the following patient information be included in handoff report: patient name/age, pre-op diagnosis, co-morbidities, allergies, operative procedure performed, drains present, packing, intake and output, vital signs, presence of loose/capped teeth, time of next dose of antibiotics, medications given, physical limitations, language barriers,

psychological disorders, existence of advanced directives, intraoperative complications, patient belongings, and special orders for receiving unit (p. 202). Handoff report can also include the physical transfer of technology, including: monitors, transducers, and intravenous lines (Petrovic et al, 2013, p. 112). Unfortunately, increased surgical demand and higher patient acuities can leave this handoff report fragmented and incomplete (Larkin & Burton, 2008, p. 390). It is widely discussed that poor and inaccurate communication often leads to uncertain and inappropriate decisions about patient care. In fact, such communication gaps have been shown to result in patient harm either through "inefficiency or suboptimal management" (Petrovic et al, 2013, p. 116).



Standardizing Communication

Standardized patient handoff reports are created and practiced from a variety of differing perspectives, but all serve as a linear approach to improve healthcare team communication and patient safety. For example, the SBAR (Situation Background, Assessments, Recommendation) tool is deemed by the Joint Commission as a highly effective tool for delivering critical information (Safer Healthcare, 2016). SBAR promotes quality communication and patient safety, because it helps set a standardized expectation for handoff report. Hospitals implementing the SBAR tool for handoff report not only facilitate health care team communication, but also allow for the nurse to plan targeted interventions to improve patient outcomes (Larkin & Burton, 2008, p. 396).

Another method of standardizing report includes the use of checklists. These visually inclined templates can be designed for each perioperative discipline. Petrovic et al (2013) highlights a nursing-specific

checklist to include: actual surgery performed, isolation type (if applicable), drains, skin inspection, wound packing or dressing(s), special equipment, family information, belongings/valuables, and events/occurrences (p. 114). Using the checklist format not only allows nurses to include all pertinent information, it also provides written documentation of the handoff report to the PACU nurse (as opposed to primarily verbal reports typically delivered). Essentially, no matter the format or method of standardized report utilized by the unit, it must be simple to use and effective for all healthcare members involved. Ensuring the chosen format for handoff report be comprehensive yet efficient, this will improve quality of patient handoff report and increase communication among health care professionals.

The Groundwork

First off, learning about the specific concerns and identifying areas of communication weakness are the primary goals. Next, identifying methods of implementing standardized handoff report to the unit are essential when planning for successful change. There are several ways to implement a change in patient handoff report, but the method must cater to the unit's dynamics and technological capabilities. For example, educational sessions held over a specified time frame (i.e.: 4-6 weeks) to educate all perioperative care professionals are an interactive and straightforward option to improving patient handoff report (Petrovic et al, 2013, p. 113). Multiple educational methods cater to the differing learning styles among a health care team. Such educational methods include: "presentations at staff meetings, nursing in-services, informative emails, online education, and educational videos" (p. 113). Challenge the unit to glean the necessary information regarding the standardized handoff report, and then use a specified timeframe to implement the report. If drastic change is anticipated to be met with resistance, consider implementing such changes in gradual stages or phases.

The Challenge Ahead

Standardized patient handoff report continues to be the leading solution to improving communication among healthcare personnel and decreasing adverse patient outcomes. Implementing this revised approach to handoff report may prove difficult though. Given the propensity of human nature to follow the path of least resistance, Petrovic (2013) describes changing current handoff practice as being met with skepticism and hesitation (p. 118). What does this mean for the prudent

nurse looking to increase quality of patient care? This urges the perioperative nurse to speak up and address the quality of patient handoff report. Alerting and educating management on the observed concern regarding handoff report may raise awareness and cognizance on the unit. A need for communication improvement will likely be identified. Suggesting ways to improve patient handoff report (i.e.: checklists, providing in-services/ educational seminars) will strengthen the need for change in a realistic manner. Implementing the chosen report format can be accomplished using a variety of educational strategies. Standardizing handoff report may be carried out in phases so as to improve team compliance. Improving team communication in the perioperative environment not only increases awareness on patient safety, but also contributes to high quality patient care and decreased adverse outcomes.

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SNIPS & SNAPS

Deadlines

February 15, 2017 for
Spring edition

May 15, 2017 for Summer
edition

DID YOU KNOW ?

As an Alberta RN CARNA pays our membership fees to the Canadian Nursing Association (CNA). This entitles all RNs who wish to write the initial certification exam a membership discount of \$200 and a renewal discount of about \$85.

CNA EXAM DEADLINES FOR CPN(C)

Spring:

January 3 to March 1, 2017 – Applications to write or renew by exam

May 1 to 15, 2017 – CNA certification exam window

Fall:

June 1 to September 1, 2017 – Applications to write or renew by exam

November 1 to 15, 2017 – CNA certification exam window

January 3 to November 30, 2017 – Renewal by continuous learning (min 3900 hours work experience & at least 100 continuous leaning hours over 5 years)

For more information on the CNA Certification Exam please go to

<https://www.nurseone.ca/en/certification>

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