December2014

Operating
Room
Nurses of
Alberta

Snips and Snaps

The September ORNAA biennial conference, The Power of Perioptimal Nursing, hosted by SCORNA, was a great time to meet old and new colleagues and learn more about our specialty. I would like to thank SCORNA for the great program they planned, with interesting and informative speakers.

Congratulations to the 2014 ORNAA Awards Winners

Rising Stars : Lisa Green—SCORNA and Karen Pierik—CORNA

Muriel Shewchuk Excellence in Leadership Award– Tra Phan

INSIDE THIS ISSUE

INFORMED CONSENT, IS IT ENOUGH?

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ABSTRACT

It was investigated to determine how effectively an individual would retain and recall information delivered to them approximately 6 months prior to cataract surgery. The information was delivered as part of the informed consent by the Doctor, and the legal consent was signed just prior to the cataract surgery starting. The questionnaire was given to one group of patients before the surgery, and the same questionnaire given to another group after the surgery was complete. Although information was delivered with intention to have informed consent, patients did not completely understand the procedure they were having. Ways to deliver information were researched and have been outlined in the presentation.

Keywords: informed, consent, retention, communication

The process of informed consent is widely accepted as basic standard of care for any significant medical procedure and is based upon the ethical and legal principle of autonomy.

Central to the principle of autonomy is the role of the patient as the key decision-maker. The process of informed consent is one that involves explanation of the procedure and disclosure of potential risks and proposed benefits. It is based on the expectation that patients assimilate and weigh information against their own value structures and health expectations and then decide for or against undergoing the procedure.[1]

Research Project

With Christopher Hansen MD PGY-4 and Dr Ian MacDonald in the Opthalmology at the Royal Alexandra Hospital , a group of over 80 patients were studied to measure the recall and understanding of cataract surgery and their informed consent. 4

Our Results

Only 56.16% of our patients were able to correctly answer where a cataract formed (in the lens of the eye) and specifically/vaguely what a cataract was. The information was delivered in 6 different surgeon's offices (participants of the research project) with similar formats of brochures and education by clinical staff.

In comparison with other research, our patients were consistent in their retention of information delivered to them, as compared to other studies.

Communication

Communication is essential for the effective delivery of health care, and is one of the most powerful tools in a clinician's arsenal. 12 Unfortunately, there is often a mismatch between a clinician's level of communication and a patient's level of comprehension. In fact, evidence shows that patients often misinterpret or do not understand much of the information given to them by clinicians. This lack of understanding can lead to medication errors, missed appointments, adverse medical outcomes, and even malpractice lawsuits.2

Six steps to improving interpersonal communication with patients.

Slow down: Communication can be improved by speaking slowly, and by spending just a small amount of additional time with each patient. This will help foster a patient-centered approach to the clinician-patient interaction.

Use plain, nonmedical language: Explain things to patients like you would explain them to your grandmother.

Show or draw pictures: Visual images can improve the patient's recall of ideas.

Limit the amount of information provided— and repeat it. Information is best remembered when it is given in small pieces that are pertinent to the tasks at hand. Repetition further enhances recall.

Use the "teach-back" technique: Confirm that patients understand by asking them to repeat back your instructions.

Create a shame-free environment: Encourage questions. Make patients feel comfortable asking questions. Consider using the Ask-Me-3 program (What is my main problem? What do I need to do? Why is it important for me to do this?)
Enlist the aid of others (patient's family or friends) to promote understanding.5,6

Conclusion.

When medical professionals use communication skills effectively, both they and their patients benefit. Firstly, doctors can identify their patients' problems more accurately. 13 Secondly, their patients are more satisfied with their care and can better understand their problems, investigations, and treatment options. Thirdly, patients' distress and their vulnerability to anxiety and depression are lessened. 1

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ORNAC

Standards

REVIEW

Standard 2.15.6

Fanny packs, brief cases and back-packs should not be taken in to the semi restricted or restricted areas of the surgical suite

Rationale

Porous materials may be difficult to clean and disinfect and may harbor pathogens, dust and bacteria (AORN2012).

12 th annual Perianesthesia Nursing Conference
Regina, Saskatchewan May 30-June 1, 2014

My Personal Journey in Perianesthesia Nursing

By Ginger Krause RN

This year's national perianesthesia nursing conference was held by the gracious and vibrant Perianesthesia Nurses' Group of Saskatchewan (PANGS) in picturesque Regina. The theme of the conference was "the Sky's the Limit", following Saskatchewan's claim to fame as the land of the living skies. Just as the weather is always changing in the prairies, so does the technology and atmosphere of nursing, and perianesthesia nursing is no exception. This was brought to light by various speakers at the conference who spoke to such topics as professionalism and caring in nursing, bridging generational gaps, promoting a culture of safety and caring in nursing, medication advancements, pediatric ventilation, perianesthesia care pathway development, the development and role of the Nurse Anesthetist, the benefits of simulation education in the perianesthesia setting and the commonalities between critical care nursing and perianesthesia nursing.

Perianesthesia nurses across Canada are elevating their area of practice with the introduction of the Perianesthesia Nursing Certification through the CNA. The result of many years work and perseverance, this is the first year this certification has been offered. Nurses from across the country obtained their certification pins at the conference and their pride and sense of accomplishment were very evident. My own fears prevented me from writing this exam.....What if I don't really have what it takes to be a real PACU nurse? In discussion with nurses who had written this exam, I was pleasantly surprised to discovered that working in a smaller PACU may have actually given me an advantage in that we care for a diverse population of patients, including pediatrics, postpartum, trauma, EENT and orthopedics, just to name a few. In a large hospital, the PACU is often specialized in that it may only care for a narrower range of patients. I aspire to add these credentials to my resume at the next opportunity next spring. After all, the sky really is the limit.

On a personal level, through the conference I gained renewed pride and appreciation for the specialized area that is perianesthesia nursing. Often in our northern setting where necessity deems that the majority of nursing staff is dually trained in the OR and PACU, working in the PACU is seen as a stepping stone to working in the OR. I perceive in our workplace that the PACU is not viewed as a career destination but rather as a temporary position one holds until they are "advanced" to the more illustrious post of the perioperative nurse. Please do not misunderstand, I hold my perioperative colleagues in high regard. They are highly skilled, diversely-talented and knowledgeable experts in their field. Much focus in our workplace is placed on the continuing education and pride of the perioperative nurse. Attending the National Perianesthesia Nursing conference has rejuvenated my passion for the area that is perianesthesia nursing. PACU nurses also have unique, valuable and specific skill sets that are to be celebrated.

Coming from our small northern city's regional hospital, I went in to the conference feeling a bit "small". I felt like a bit of a fraud, having no formal training to work in this specialized area, instead having gained much of my knowledge on the job as well as through my own readings and consultations with other nurses and anesthetists. In meeting with other PACU colleagues from across the nation, I realize that this is not the case. The content of the conference was directly relevant to my own practice, it was easily followed and promoted a sense of belonging and pride in the PACU role. I really AM a REAL Perianesthesia Nurse!

South Health Campus

Orientation, Orientation, Orientation

Where does one begin when you have to orientate staff to a brand new facility at SHC? We had many challenges with our first several groups, in that we could only do a minimal orientation at first; this was not going to be the ideal orientation when you follow the orientation script and requirements before a staff member starts in the theatres.

The challenges we faced - no equipment or instrumentation sets
- Theatres not complete
-processes not complete which provided a well used phrase TBD (to be determined)
- OR manager not functional til September 2013 after OR's have opened ,until then down time procedure ,set up mass training sessions for OR Manager training before it goes live
- all staff are from different facilities and how do we make this SHC
- we are orientating 10-15 staff at once and 2- 3 different vocations at once (RN, Unit clerk, and HCA (health care aid)
- new to AHS HCA in the OR - what is the job description and how best to utilize them in the OR and make them part of the team
- SP (surgical processor) assigned to the OR again job description and how best to utilize them in the OR and make them part of the team
- delays in OR elective cases starting as well as minor surgery clinic (opened a month later)
- Emergency and ICU opens but need to orientate staff to do urgent cases that cannot be transferred safely without the surgery, even though we have no services open yet, how do we orientate with all that going on!!

"Anything that arrived was like Christmas ,we were so excited at the new things "

Staff orientation was set up approximately every 2 weeks , the dates were set up according to initial dates of OR 's opening As equipment arrived staff helped to catalogue and tag all items and find homes for everything ,take pictures , all information stored on our shared drive ,this assisted staff in becoming familiar with what equipment we had and where it lived All staff were divided into groups that were responsible to help organize that particular area i.e. pharmacy, IPC ,storage cupboards , WHS, front desk ,resource binders As instruments arrived staff assisted MDR with putting pans together ,many little screws ,and then eventually assembling instrument sets this helped staff to get to know the sets .

Anything that arrived was like Christmas ,we were so excited at the new things that arrived and the pride that people felt in helping to set up the their work place As more equipment arrived and the theatres were completed we started to book our vendors and did mass inservices on these items .

Staff were also involved in setting up processes and fine tuning them with walk throughs and e-simulations (ESIMs)i.e. how do we get patient from day surgery to the OR, or from emergency or ICU to the OR in conjunction with the other units .

When we were on call for urgent cases, we did ESIMs with staff and surgeons to fine tune the process and to get staff comfortable with the theatre and instruments.

With the opening date of minor surgery ,February 2013 and our first elective cases arthroplasty April 22, 2013 we concentrated on inservicing for what was important for these areas, so staff were comfortable with process and instruments before opening day, which again included many ESIM exercises.

The ESIMs were invaluable for orientating the staff it helped to fine tune process and practice being in the theatres and define the roles that we were not familiar with i.e. HCA and SP in the theatres, without the simulations it would have been harder to prepare the staff. They also helped in developing the team to work as a cohesive group before we had the OR's open.

Snips And Snaps deadlines

February 15, 2015 for March Publication

March 15 ,2015for June publication

November 15,2015 for December publication

Articles can be submitted through your district or by email at:

education@ornaa.org

ORIENTATION CON'T

Once our first service started and we received dates for the rest of the services to open, we continued the same process with great success. By September 2013 we had all of our services opened and had accomplished so much including an excited well working team and a lot of pride in our new work place.

Once we had theatres open our orientation became easier , we could orientate our staff completely from start to finish ,and the ability to fine tune the orientation for UC's ,HCA 's and RN's.

After 2 years from our first orientation we have had several groups go through, I have lost count, several revisions on processes and our orientation checklist. For the first 11 months we were orientating new staff almost every 2 weeks ,and since then on average we have orientation once a month for two to three staff . Now our orientation is like any other facility in the city to replace maternity leaves and staff that have moved on.

In total we have orientated over 70 RN's, 18 HCA's and 12 UC's, what an accomplishment. I think what has kept us going in this never ending duty is knowing where we started and where we are now with fully functioning staff and OR's and a whole lot of pride by all here at SHC.

Marina Hutchinson
Clinical Nurse Educator
Surgical Suites South Health Campus

District News

Contact ORNAA
president@ornaa.org
presidentelect@ornaa.org
treasurer@ornaa.org
education@ornaa.org
secretary@ornaa.org

YOUR LOGO HERE

ORNAA

NORNA REPORT

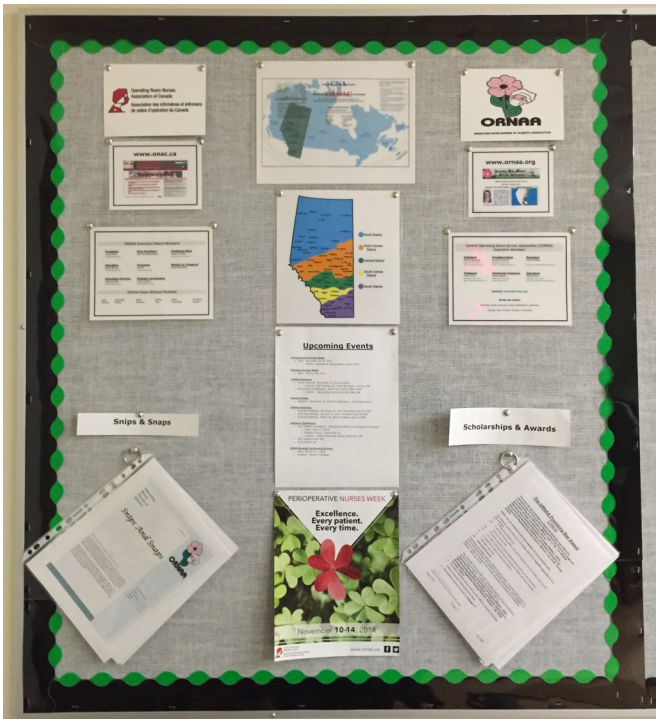
NORNA membership as of November is at 23 members.
Our current executive is still looking for a president elect and are looking for an enthusiastic team member.
We celebrated OR nursing week with a luncheon at the QE II. Nursing week posters were sent to all the district hospital, accompanied with the 2015 ORNAC National Conference information.
We are looking forward to an education session on Dec 9, 2014 with Dr. S Wiens and R Lavalley RT, presenting on shoulders injuries and prevention strategies.
Respectfully submitted
Atara Hustler RN BScN
NORNA President

CORNA REPORT

To date CORNA has a membership total of 36 members with 2 honorary members.

I am thrilled to report that all positions within CORNA remain filled and CORNA looks forward to the new energies and ideas this executive will bring to our district. CORNA executive is as follows: President-Alicia Zaseybida, President Elect-Courtney Donais, Education- Cheryl Flynn, Secretary-Laura Phillips, Treasurer-Taryn Prins and Mentoring Treasurer-Janice Besner.
As the CORNA executive moves forward, our Annual Spring Workshop is scheduled and booked for March 28, 2015 at RDRHC. Our district goals continue to be recruitment and retention of membership with educational opportunities at the forefront of district events. CORNA has created a unique bulletin board in the Operating Room at the Red Deer Regional Hospital in order to increase attention and interest in our association. This board features current executive members with their contact information, the latest information on CORNA/ORNAA/ORNAC and upcoming education events. This board will evolve as needed and be updated by the executive members of CORNA as we try to turn up the spot light and increase attention and interest in our association. CORNA executive will continue to highlight and enhance perioperative nursing through planning and promotion of the association. Some of this future planning already includes supporting the attendance of its member at the National Conference in Edmonton during May 3-7, 2015.
Congratulations to Karen Pierek who was nominated and received the ORNAA Promising Star Award for our district at the ORNAA Conference in September. Also congratulations to Kara Utri who was nominated for the Muriel Shewchuk Excellence in Leadership Award for Alberta.
Our next district meeting will be held on November 19, 2014 at Salt Restaurant in Lacombe, with an open table discussion on the ORNAC standards.
Respectfully Submitted,
Alicia Zaseybida RN, BScN
CORNA President

CORNA 's information bulletin board for members .



ORNAC / AIISOC

24 ORNAC NATIONAL CONFERENCE

BRIDGING EXCELLENCE IN PERIOPERATIVE PRACTICE

MAY 3rd–7th 2015 Shaw Conference Centre EDMONTON, ALBERTA

CONFERENCE OBJECTIVES

- **NETWORK** with perioperative colleagues
- **EXPLORE** innovative options for integrating policy into practice
- Critically **EXAMINE** the benefits of adopting an evidence-based practice
- **FOSTER** a culture of life long learning in the perioperative specialty
- **SHARE** ideas with industry representatives
- **VIEW** and **MANIPULATE** the latest products and technology

PROGRAM HIGHLIGHTS

- **LEADING EDGE** topics
- **INSPIRING** international **SPEAKERS**
- **THREE** sponsored **BREAKFAST** programs
- Unparalleled **NETWORKING** opportunities
- Meet **NATIONAL** and **INTERNATIONAL** experts
- **A FUN FILLED** western Canadian themed **EVENING** with colleagues and friends
- A state of the art **TRADE SHOW**

For further information, please go to www.ornac.ca and click on National Conference

Excellence. Every patient... every time!