Snips & Snaps

ORNAA NEWSLETTER

ORNAA EDUCATION DIRECTOR MESSAGE

Welcome to the Spring 2019 Edition of Snips & Snaps. I want to thank all the members who contributed articles and personal reflections for this Edition. I am always accepting submissions for Snips & Snaps through education@ornaa.org. If you have any suggestions or comments about the newsletter, please let me know through the same email above.

I am very excited to announce the topic and speaker for the ORNAA AGM; Gary Lepine, clinical ethicist, will be speaking on the ethical considerations of HOPE with a focus on DCD (donation after cardiovascular death) and MAD (Medically Assisted Dying). Posters and more information to come in coming months!

Lauren Llewellyn, RN, BScN, CPN(c)

NATIONAL CONFERENCE

Planning on going to the 2019 ORNAC conference in Halifax April? Early Bird pricing deadline for registration is March 31st . The Program Overview, Speaker biographies, and Poster Presentation outlines have been added to the ORNAC website. See the website below for all your conference information needs.

https://ornac.ca/en/home-return-ornac2019

ORNAC Board News

The Officer positions (President, President-Elect, and Secretary) on the national board have been filled. Positions that remain vacant are: Leadership, Advance Practice, and Education. All positions on the ORNAC executive will be filled and nominees will be presented during the ORNAC AGM at the 2019 National Conference in Halifax.

The deadlines have been extended for several awards that are presented at the ORNAC AGM. Take a look at the ORNAC website. If you know someone deserving, please do not hesitate to nominate them.

ORNAC sent out an email February 19 with news that they have been given a limited amount of discount voucher code for the CNA certification and recertification for 2019. For those who are hoping to write the CNA exam in November or who are renewing by continuous learning, you can email info@ornac.ca to request the code.

JOINING ORNAC: YOU GET OUT WHAT YOU PUT IN IT

By: Randi Galenzoski RN BA BScN CPN(c), SORNA President, ORNAA President-Elect

I became a Perioperative Registered Nurse in January, 2007. I was a new grad, six months out of nursing school and looking to make my mark in healthcare. I took a chance, accepting a casual position at the Medicine Hat Regional Hospital in the Surgical Suite. I blindly took the first offer for work that came my way when looking to make a move back to my hometown. I had never worked in an Operating Room or a Recovery Room before. I had only observed in the OR one day in Nursing School but had never thought, at that time, that this place might be my forever.

When I started my orientation in the Surgical Suite, there was no Perioperative Diploma Program that I knew of. I had numerous mentors during my training, and at times, their advice was contradictory. I was not always sure the decisions I was making were right. At that time, there were several Registered Nurses orientating to the OR and Recovery Room. I wondered, what's going to make me stand out above the rest? I took some Professional Development courses, I studied for new procedures each night, and I made sure that I memorized as many new instruments as I could. But I still felt that I could do more.

I knew very little about ORNAC. I was aware of the ORNAC Standards, but I did not understand the history behind the organization's creation. A small group of RNs encouraged me to attend a SORNA meeting soon after starting in the OR. I enjoyed the education, but I felt a little overwhelmed by the business portion of the meetings. It was complicated and not something that I was interested in at the time. I paid the membership fee every year so that I could support that small group of RNs and I thought it would look good at interviews. Unfortunately, for a few years, that is all I contributed.

Several years into my practice, I completed the Perioperative Nursing Diploma Program through Grande Prairie Regional College. The district Executive acknowledged my work, presenting me with a small bursary upon completion of the program. Since I had paid out of pocket, this gesture was appreciated. Not many staff members in the Surgical Suite had completed a perioperative diploma program at that time, and I was proud of my achievement. It was encouraging to know that my SORNA colleagues appreciated me too. At that point, I thought perhaps I should reconsider my involvement with ORNAC. I had just taken a full-time position in the Surgical Suite and considered that I might practice Perioperative Nursing for the rest of my career. I started to attend meetings more frequently, and I started to really pay attention to what SORNA, ORNAA, and ORNAC were doing.

A few years passed and several Executive-level positions had opened up within SORNA. Concurrently, I had just successfully accepted a new position as the Clinical Nurse Educator for the Surgical Suite. I felt that in this new job, I needed to be a role model for other new Perioperative Nurses and for the other colleagues who I continued to respect and admire. So, I decided to jump in with both feet and volunteered as President-Elect, a long held vacant position. I also attended my very first ORNAC National Conference, located in Edmonton, that year. I was absolutely amazed by the speakers, the vendors, and other Perioperative Nurses in attendance. This truly opened my eyes to the past and future of Perioperative Nursing. I was excited to use what I had learned at the conference in my new roles.

Not long after this, I accepted a position within my district's Conference Planning Committee, preparing for the ORNAA Biennial Provincial Conference in 2016. I had never been to a provincial conference and didn't really know what to expect. I took on the role as Programming Chair. Luckily, I wasn't alone; I had a very good friend and respected colleague by my side. The year and a half that we planned for the conference was inspiring. It had its ups and downs, but ultimately, the learning experiences and networking that occurred during this time were unforgettable. Unfortunately, I was not able to see my hard work come to fruition. At the time of the conference, I was over eight months pregnant, and a health scare kept me at home. Luckily, my committee members did not forget me. I was able to meet a few speakers "Face-to-Facetime" who I had only ever emailed or spoken to over the phone leading up to the conference. They also took many photos during the social events. Hindsight being 20/20, I probably could have still made it to the conference. Part of me wishes I had, but at the time, I knew the best thing I could do was to stay at home and take care of my little girl.

During maternity leave, I continued my role as President-Elect. Not long after returning to work, I took the plunge and became President of SORNA and, subsequently, Executive Board member of ORNAA. Over the past year, I have learned much in both roles. They have given me new appreciation for nurses across this province and a renewed excitement about my profession. Last month, I have taken another leap – I have accepted the position of President-Elect for ORNAA and will become President of ORNAA in June of this year. I am up for the challenge and will not settle for anything less than 110%. I owe it to my colleagues, to new nursing grads thinking of a career in Perioperative Nursing, and to my patients to do the best that I can in this role. I truly hope that all Perioperative Nurses are proud of what they do and strive to become better each and every day.

Please, if you've never joined ORNAC before, if you've joined but questioned why or never took an interest in the big picture, or if you've been involved on an Executive level, Board level, or beyond, please support and honour this organization. The potential for what it can do for your patients, for the future of Perioperative Nursing, and for the satisfaction you may gain during your career is boundless. As with anything in this life, you only get out what you put in. Don't expect more until you do more.

ORNAC MEMBERSHIP

First time registration and renewal of registration for the 2019 is on-going. Please see www.ornac.ca for more information. Click the Membership tab and then click 'Join Today!'.

Please make sure that you are signing up in the correct district, as it affects the funding received to that district from ORNAC/ORNAA. It may also cause issues for funding requests and receiving information about education sessions happening in your district.

If you are having difficulties with the registration process (including forgetting your ORNAC number), your district board members can help. If you continue to have issues, contact info@ornac.ca

PERIOPERATIVE CRISIS MANAGEMENT COURSE (POCM)

Using Simulation to Manage Crisis Situations in Urologic Surgery

Alberta Health Services

POCM BACKGROUND

- The Alberta Children's Hospital (ACH) facilitates a biannual Perioperative Crisis Management (POCM) course. POCM is a multidisciplinary, inter-professional simulation-based course using mannequins and task trainers *in situ* in the operating room.
- POCM participants include all the perioperative players including anesthetists, surgeons, operating room nurses, recovery room nurses, diagnostic imaging technicians and respiratory therapists.
- POCM scenarios are developed from real-life cases that have occurred in the operating room setting. The POCM faculty works with Hospital Quality Assurance and Improvement Teams to identify areas for improvement.

UROLOGIC CRISIS SCENARIOS

- At the course held on October 21st, 2017, urology was one of the surgical services involved. Members of the urologic surgery team were blindly given two scenarios for pediatric patients:
  1. Orchidopexy procedure complicated by local anesthetic systematic toxicity (LAST) secondary to an intravascular penile block. Teams had to identify the crisis and provide appropriate management of a LAST event including cardiac arrest management and lipid rescue.
  2. Laparoscopic Pyeloplasty complicated by an anaphylactic event and tension pneumothorax. Teams had to work through a series of differential diagnoses to effectively treat the patient and identify the cause of the crisis event.

LEARNING THROUGH SIMULATION

- Simulation is an effective learning tool for adult learners that provides **experiential** and **reflective** learning. (Zigmont, J. 2011)
  - **Experiential** learning occurs when POCM learners are in the realistic setting of the operating room where they can practice technical skills, enhance critical thinking and improve interpersonal relationships. The urology simulation scenarios provided each member of the surgical team the opportunity to define their roles, practice hands-on skills, communicate effectively, and develop mutual respect.
  - **Reflective** learning occurs when all POCM participants and facilitators engage in a round-table debrief session following the scenario. POCM uses the PEARLS (Promoting Excellence and Reflective Learning in Simulation) debriefing framework and script. (Eppich C, Cheng, A. et al. 2015) PEARLS encompasses three educational strategies to promote learning during debriefing. 1) Learner self assessment, 2) Focused facilitation to explore learners' perspectives and 3) Directive feedback and teaching. The urology debriefing sessions allowed all members of the surgical team to identify changes needed in their practice that have the capacity to improve patient outcomes and safety.
- Participating in subsequent scenarios and debriefing sessions resulted in improved team dynamics and effective crisis management.

PARTICIPANT FEEDBACK

- The following statements have been provided about POCM from multidisciplinary participants.

I honestly feel this was the most I've ever learned from SIM – good job! ~RT

This course provided a "safe" learning environment to evaluate our surgical processes in order to enhance and improve patient safety. ~ Urologist

I believe every nurse should have a chance to participate in this course – it's so incredibly helpful to practice in real time. ~RN

The debriefing was the most informative for me. The scenarios were realistic and applicable to our practice. ~Anaesthetist

It's really rewarding to observe the team function and see how much they improve on communication from the 1st case of the day to the last case of the day. ~Facilitator

FUTURE OBJECTIVE

- POCM faculty is working on providing this course at all adult acute care hospitals in Calgary. Urologic specific crisis scenarios will be offered at the Rockyview General Hospital, to the Southern Alberta Institute of Urology surgical teams.

ACKNOWLEDGEMENTS

- ACH POCM Faculty: M. Gale, D. McLuckie, M. Brindle, E. Dobereiner, M. Livingstone, S. Lopushinsky, K. Bibaud, C. Dowler, T. Erdman

University of Calgary | kidSIM | Alberta Children's Hospital

UNC.org Urology Nurses of Canada Calgary Chapter

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Poster Project submitted by Torey Erdman, RN, CNE at Alberta Children's Hospital

CNA Certification Program Dates to Remember

Spring

January 3-March 1: Application window to write or renew by exam (deadline has passed)
May 1-15: Certification exam window

Fall

June 3-Sept 12: Application window to write or renew by exam
Nov 1-15: Certification exam window

January3-November 1: Application window to renew by continuous learning

More information at getcertified.cna-aiic.ca

Allergy Documentation Among Hospital Patients–Wristband or Medical Record?

Anne Chang, RN

Introduction

One of the cornerstones of maintaining patient safety is verifying a patient's allergy. Failure to identify an allergy can have catastrophic effects with anaphylaxis and death occurring in extreme cases.

Wristbands are commonly used throughout Alberta Health Services (AHS) to indicate allergies but the colour and use of the wristband varies. For instance, wristbands indicating allergies can vary in colour (e.g., red, red and white, or yellow and white). Hospitals and even units within the same hospital can also differ in how wristbands are used to indicate an allergy. For example, some areas will write the patient's allergies directly on the wristband. There are other areas that do not write on the wristband and use the wristband as an alert. In this case, the healthcare provider must refer to either the patient's paper or electronic healthcare record to identify the allergy.

Healthcare providers can work in a variety of areas within a hospital or among different hospitals. Variability in the colour and use of allergy wristbands can place patients at risk of being exposed to an allergen.

Aim

The purpose of this article is to determine the best colour and use of wristbands to indicate allergies with patients in a hospital setting.

Method

Information was obtained in the following manner:

1. Literature search within the CINAHL database and GREY literature from 2008-2018
2. Review of current standards from the College & Association of Registered Nurses of Alberta (CARNA), Operating Room Nurses Association of Canada (ORNAC) and Association of periOperative Registered Nurses (AORN)

Results

Allergy Wristband Colour

The risk of error increases when colour wristbands are not standardized. One study highlighted cases where patients were put at risk when they were transferred between facilities that did not have standardized colour wristbands. A colour used at one facility may not indicate the same patient risk factor as another facility [1].

Another study looked at the use of hospital wristbands within the United Kingdom's National Health Service (NHS). These researchers found that hospital staff preferred coloured wristbands as it allows for quick identification of a patient's special status but recommends only the colour red be used for these wristbands [2].

The idea of standardizing wristband colours is supported by the American Hospital Association (AHA), who recommends the use of red as an indicator for patients with allergies [1].

Use of Allergy Wristbands

Only one study specifically looked at whether allergies are best documented on the wristband or on the medical record [3]. This study compared the use of red allergy wristbands between 2 hospitals. Hospital A wrote the allergies by hand directly on the wristband. Hospital B allergy bands were blank and staff referred to the pre-assessment for the list of allergies. The results of the study found that Hospital A had inconsistent documentation on the allergy band. Some bands were blank and others had the list of allergies of varying accuracy. Hospital B appeared to be a more robust system. The study suggests the pre-assessment sheet be the sole location of the patient's allergy and did not advise writing allergies on the band.

Another study also supports the use of a preoperative document to record drug allergies with type of reaction also documented [4]. These researchers also suggest the preoperative document be easily identifiable within the notes being a different coloured sheet.

The ECRI Institute, an American non-profit patient safety advocacy organization, recommends the patient allergen data be reviewed from a standard, primary source – the electronic medical record. The ECRI Institute go on to state that reliance on secondary sources of patient allergy information, such as a hospital identification wristband, may introduce error [5].

The Pennsylvania Patient Safety Authority discourages the practice of writing drug allergens on wristbands. Risks associated with wristbands include missing drug names due to transcription errors or small wristbands and confusion with drug name abbreviations, misspelling, or illegibility. Instead, the Pennsylvania Patient Safety Authority recommends the use of a single red allergy bracelet to identify the patient has an allergy requiring further investigation with the patient and medical record [6].

A review of standards from CARNA [7], ORNAC [8], and AORN [9] revealed the importance of care providers verifying patient allergies prior to medication administration but did not provide guidance regarding best location for documenting patient allergies.

Conclusion

Currently, AHS is in a precarious position as the organization is transitioning to an electronic health record called Connect Care. In 2013, CRICO (a malpractice insurer for the Harvard medical community) found that 16% of malpractice cases related to electronic health records were related to environments with a hybrid health record or issue with conversion to an electronic health record [10].

The launch of Connect Care will occur in some areas of AHS on November 2019, with full implementation throughout the organization by the Fall of 2022 [11]. In the meantime, there are hospitals whose charting is paper based while other hospitals are in a hybrid system of paper and electronic charting.

In order to reduce the risk of patient harm, hospitals must agree on a common process for documenting patient allergies that will ensure information is in an easily accessible location for all healthcare providers.

Based on the literature, there appears to be a consensus that allergy bands should be a standardized colour, preferably red.

There is limited research specifically looking at whether allergies are best documented on the wristband or on the medical record. Literature appears to support the view that allergies should be documented in a consistent location, likely the patient's medical record.

It is important to note that identification of a true allergy can be difficult. Many patients self-diagnose or confuse an allergy with a side effect of the drug or medical treatment with few patients undergoing formal allergy testing [3]. Therefore, it is essential to document reactions associated with the allergy or intolerance [6]. This can result in a lengthy list that can be difficult to capture when documenting on a wristband.

References

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A Spotlight on ORNAC Standards

STANDARD 2.5 (section 2, page 137 of 2017 Edition)

Classic Creutzfeldt-Jakob Disease (CJD) Precautions

The following recommendations summarize those outlined by Health Canada in *Infection Control Guideline Classic Creutzfeldt-Jakob disease in Canada* (2002) and include updates from the *Infection Control Guidelines Creutzfeldt-Jakob Disease in Canada Quick Reference Guide 2007*. They apply to all forms of classic CJD (sporadic, familial, and iatrogenic), and to Gerstmann-Straussler-Scheinker syndrome (GSS) and Fatal Familial Insomnia (FFI).

The Public Health Agency of Canada (PHAC, 2007) guidelines should be consulted for detailed information regarding the management of CJD (www.phac-aspc.gc.ca/publicat/ccdr-rmtc/02vol28/28s5/index.html).

At this time, variant CJD is excluded from Health Canada's recommendations.

Unfortunately this protein is highly infectious and cannot be destroyed by standard sterilization methods, radiation, boiling, or alcohol. Refer to CSA Standards and Public Health Agency of Canada Risk Assessment Guide for cleaning reprocessing of instruments suspected/confirmed contact with CJD/vCJD (CSAO, 2013).

2.5.3 Do not use difficult to clean items (e.g. power equipment, flexible scopes, or stereotactic equipment).

- **These items would be destroyed by CJD reprocessing protocol.**

2.5.6 When possible, schedule these surgical procedures as the last case of the day in a specific operating room

- **This will reduce delays and potential patient cancellations that would result from extensive cleaning protocols require for CJD.**

2.5.9 One the "contaminated" part of procedure has begun, no items shall leave the room until the completion of the surgical procedure.

- **"Contaminated" refers to the part of the procedure that begins when contact is made with infective tissue.**

2.5.12 Whenever possible, incinerate used instruments following surgery.

- **Disposable brain biopsy sets are available.**
- **Incineration of biohazardous materials is provincially regulated.**

This Standard was chosen in honor of Sabrina Lauman. She was a 35 year old woman who was diagnosed in August 2018 with CJD. She died February 4th, 2019, only a couple weeks after the delivery of her 2nd child via C-section at the Lois Hole Hospital out of the Royal Alexandra Hospital in Edmonton.

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Awwww, you're so cute right meow. Let's try to not be crazy in 45 mins, mk? Mk.
snarkynurses

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