

Conference Grant Report:

In 2016 the NSW OTA Executive Committee approved a grant application for financial assistance from Kia Liao-Mackun, Perioperative Clinical Nurse Educator/Clinical Nurse Specialist (scrub/scout), Adventist HealthCare, to attend the AORN Conference in April 2017, in Boston, Massachusetts.

By Kia Liao-Mackun, CNE (theatres)



Save the Date

April 1-5, 2017 | Boston, MA

aorn.org/surgicalexp



CONFERENCE: **American Perioperative Room Nurses Surgical Conference**

DATE: **April 1-5, 2017**

What an experience!! I had the privilege of attending the 2017 AORN conference in Boston. 10,000 instrument technicians, managers, company reps and 6000 perioperative nurses came to Boston to attend this conference. The conference went for 5 full days including trade and wow wow wow! There were so many lectures to document so I will just put the ones that I think are the most important and relevant to us as a hospital. The other lectures I went to are more theatre specific but I am happy to produce the notes which I frantically made whilst there. The main themes that came out of this conference were pressure injuries and surgical site infections (SSI). There is a very big focus on these topics as the health insurances in the US are not paying out if the patient has picked up something that is preventable and the same is now happening in Australia. I would like to take this opportunity to share my gratitude and thanks to the wonderful OTA committee for giving me this opportunity to attend the conference.

Saturday 1st April, Day 1

Specimen Documentation: Nurse-Driven Process Improvement. Barbara S. Gibson

This lecture talked about how to help change documentation that has been implemented by non nursing staff. It described in detail how one hospital managed to change the documentation, how it improved work flow, how to change it in other institutions and how to make it evidence based.

Helping the top level executive (C-Suite) understand Sterilising Process Department (SPD) Value. E Ortiz & Victoria Butler

This lecture discussed how to formulate a business plan on retention of sterilising staff and how the high turnover of SP staff affected their finances. SP staff were given a formalised training plan and the training given in the hospital partnered up with the local colleges in order to create a proper sterilising technician course.

Flip the Session: AORN guidelines for positioning the patient: Byron L. Burlingame

New AORN guidelines in regards to patient positioning as there is huge emphasis now on preventing pressure injuries. This was a reminder of the back to basics in patient positioning.

Developing a Peer Support Program: Patricia H. Folcarelli, Barbara L. DiTullio, Stephen D. Pratt

The team discussed the role of peer support amongst the team, not so much from a brand new nurse point of view, rather from the more experienced nurse point of view and needing some support, be it in a case that is difficult or even if it is not medical related, just some support amongst each other very much like our SAH CNS meetings.

Sunday 2nd April, Day 2

Outcomes: Reports from Researchers/investigators-Transition Experiences of Novice OR Nurses. Kimberly K. Wheeler

I'm glad we are not alone in the world! The experiences of novice nurses to the perioperative environment is a very overwhelming experience for all. Tools and development of orientation programs used to support the new periop nurse was discussed. After speaking to some CNE's in the hospitals, I was informed that novices get 6 months supernumerary into the OR and then if they choose to stay in theatres after a year, they must sit a credentialing exam.

Outcomes: Reports from Researchers/Investigators – Moral Courage in Perioperative Nurses. Georgia Dinndorf-Hogenson

This was a very interesting subject. We as perioperative nurses are taught that we are the patient advocate yet how many of us are strong enough to say something if we see something wrong. The speaker gave the example of an organ donor case where the patient was still showing signs of life and the nurse spoke up, and then was consequently sacked. The speaker also did mention something else that was quite interesting – often the loudest complainer at work is the strongest patient advocate...food for thought.... Here in our own workplace we now have speaking up for safety program which is exactly what the lecturers are trying to achieve.

Opening Ceremony and General Session – Embrace your Awesomeness: Getting the Most Out of Yourself and Those People Around You. Brad Montgomery

This was the official opening ceremony of AORN and it was very big and very American. There was a motivational speaker who was very funny however I failed to see the relevance until he made an important point – we have the power to make change within our own workforce by the way we speak and treat others. Often a smile and talking to someone to thank them for doing something, may be enough to change the way jobs are done, creating that flow on ripple effect.

Outcomes: Reports from Researchers/Investigators-Surgical Attire Initiative. Christopher Cordella, Louise Kertesz, Nenita M. Nadera

Surgical attire – again I'm glad that this is a universal issue. We seem to have the same problems with people wearing proper surgical attire within the perioperative environment and leaving the hospital and coming back with scrubs on. These speakers spoke about how they created a culture change with perioperative attire and how they addressed these issues, for example, security guards were posted at every entrance into the hospital as they were finding too many people wandering home in scrubs despite evidence showing that this was not good practice. Anyone who was caught going home or coming to work in scrubs was sent to take them off or change. They also had a problem distinguishing between people who work in theatres and other departments so they changed all OR scrubs to maroon so that they would stand out.

Prevention of Surgical Site Infection. Maureen P. Spencer

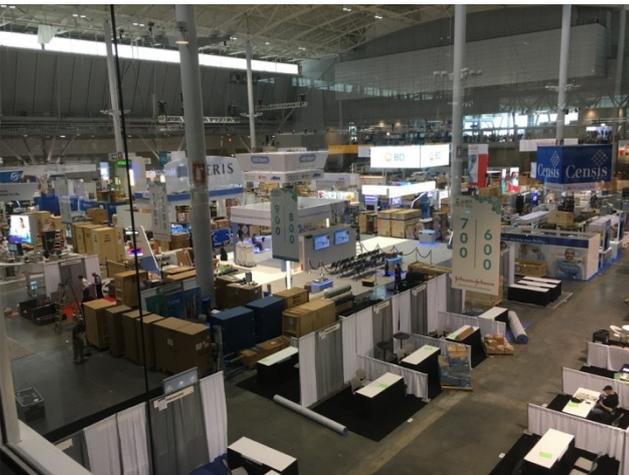
Now this was an interesting lecture. I've mentioned before that surgical site infections are the big thing in the states at the moment as insurance companies are not paying out. Maureen spoke of ways to minimise the chances of patients getting an SSI. Everything she presented was evidence based such as not clipping hair in the actual operating theatre, rather outside the theatre which is a practice I myself as a scrub nurse still see where the patient is on the table ready to go and they clip the hair and use a diathermy pad to collect the hair but it doesn't do a fantastic job as there is still hair everywhere. Other things such as UV and robotic disinfection of the OR suite in addition to old fashioned manual cleaning. Really fascinating lecture!!!!

Exhibit Hall Opening Ceremony.

What an eye opener! Americans don't do anything small. The exhibit hall was the size of the Sydney Convention centre and every medical company, tertiary institution and big hospital was there. The one thing American's do well is utilise the companies well for lectures – the nurses tell the medical companies what lectures they want to hear and learn about and the companies do the research. Everything must pass AORN guidelines before they can be presented. Every stand had an education session – yes there was a little bit of product information but 98% of the 1 hour lectures were pertinent relevant information presented by nursing staff employed by the company. There were many hospitals there as well recruiting- this drainage of nurses seems to be a world wide problem – some of the

money that these hospital's were offering as an incentive to join them was eye watering. This trade hall took me 2 days to finish not to mention all the give aways which the medical companies give away, something which is not permitted here in Australia. I think one thing that they do well in America is to demand what education they want from the medical companies rather than the companies pushing sales onto nursing staff.

Left: This is the trade hall being set up. The trade hall was the size of the Sydney exhibition centre. If you look carefully at the J&J booth you can see the seats for lectures.



The next two days were inservices held by the medical companies themselves. All the lectures were very relevant and if the lectures in the rooms were theory based, these were all very practical.

Ansell Booth: Patient Positioning Best Practice.

The speaker for this was a nurse who reminded all of us of the things we seem to forget. Pressure injuries are another huge area in the states and they have done a lot of research into best positioning for patients undergoing surgical procedures.

Mass Casualty Simulation Exercise.

This was fantastic as I have never done a mass casualty simulation exercise before. We were split into groups and each group had a different role. We were then given a scenario and we had to discuss amongst ourselves what we were going to do. The scenario was a huge bridge had collapsed and we were the closest emergency hospital. People were coming in 10 minutes and each group were given a list of resources depending on the department. It made us work together as an entire hospital, not different departments. I would love to do that here!!!

Buffalo Filter: Clearing the Air for Surgical Safety

Smoke plume is an important safety issue for all scrub nurses as we are exposed to it all the time every day. This highlighted the dangers of smoke plume and what we as nurses are exposing ourselves to such as human papilloma virus (HPV) particles. Smoke plume is smoke which is emitted when an electrosurgical device such as a diathermy pencil or laser is used on human tissue. Smoke plume has been known to contain viruses, bacteria, cellular debris, vapours and fumes. There has also been a documented case of a health care worker acquiring HPV from smoke plume. Currently in America, there is legislation which says that smoke evacuators are mandatory in all surgical procedures. In Australia, we have a NSW health department WH&S guideline. This lecture served as an important reminder to make sure that we are always using a proper smoke evacuator when the surgeon is using a diathermy as

Right: Trade show in full swing.
The new DaVinci XI robot.

Monday April 3rd, Day 3



proper smoke evacuators contain a filtration system to filter out the smoke particles which a wall suction unit does not have.

Medtronic: Preventing retained Surgical Items:

This talk was a bit biased towards Medtronic products. Many patients end up with retained surgical items despite many guidelines in place for manual counting. The lecture focused on digital ways to help prevent counting errors such as barcode scanning for sponges and raytec.

Tuesday April 4th, Day 4

Hill-Rom: Patient Positioning: Preventing Skin and Nerve Pressure Injuries

This talk focused on prevention of skin and nerve pressure injuries. It was a simple back to basic reminder of patient positioning and the adverse outcomes for incorrect positioning.

Baxter: Haemostatic Agents: Application and Safety Consideration

This was a good lecture as it reminded staff of what haemostatic agents were and more importantly what they were made out of as well as contraindications for products. This was a good reminder for all nurses on which product to use if there is an emergency bleeding situation.

Cardinal Health: Hand Health: Protecting Your Most Valuable Investment

General reminder about protecting our hands from the constant hand washing and using appropriate moisturisers, that is solutions that won't negate the antibacterial component of the scrub solution to protect your hands after washing them.

Xenex: Exploring the Future of Operating Room Disinfection Standards

This was interesting to see how the Americans are targeting cleaning as their insurance companies are not paying out for SSI's that can be prevented. There are a lot of cleaning/disinfection robots on the market and this is one of them. It is the only one that works on UV radiation to kill bugs including c.diff and MRO's. This hasn't hit our markets in Australia yet. At present, the company are looking to establish in the Australian market.

Wednesday 5th April, Day 5

Keeping Up With the "Kompetencies". Mary C Tighe, Linda M. Gardner and Lenore Gregg.

This talk was aimed more at the CNS and educator level nurses. It discussed the use of technology across the different age groups and gave practical solutions to address education needs of staff. The speakers also discussed preceptors and how they can be used effectively to support the workforce which I found quite interesting. The educators had to think of ways to get across the age groups – with the older generation, they found that trivia quiz games worked well and for the millennials, putting everything on e-learning or in an app for iphone or ipad worked the best. We already put things on e-learning and perhaps it is underutilised and maybe we need to use it more, and as for games, I am not sure how feasible that would be as they set aside one morning a fortnight for education. They don't schedule surgery for an hour so that staff can have inservices.

Robotic Emergencies- Are you ready for a disaster. Mary May Saulan & Grace B. Carlos

I do a lot of robotic coordination and I naturally I was interested in this talk. The American's have had the DaVinci for a lot longer than the Australian's have, and no longer on the steep learning curve in terms of emergency procedures. The nurses came from a big hospital in New York with 12 robots – In Australia we have 14. They spoke about their training program for nurses working in the robotic surgery and showed their emergency procedures if they needed to undock the robot in a hurry. They covered all areas which could lead to an emergency including anaesthetics, medical, equipment failure and even other things such as electrical shut down. After this talk, I was able to see that we were doing quite well in my institution with emergency procedures.

Periop Challenge

The period challenge was held on the last day and right before the closing ceremony. All the conference attendees were split into three groups and a MC asked quiz questions based on all the information which had been obtained over the past few days. All three groups were given buzzers and we had to key in the right answer – think ‘jeopardy’. There was a leader for each group and if you were unsure about the answer, you could look to the leader. This provided lots of laughs for attendees and it was a fantastic way to end the ceremony.

Closing Ceremony

I have no other words to describe an opening and closing ceremony other than think of the Olympic Games, with lots of music, fanfares and lots of thanks to sponsors and organisers. They announced next year’s venue which will be at New Orleans and also asking for speakers to present at the next conference.