

# 2019 ORNAC NATIONAL CONFERENCE ABSTRACTS



## **OAI00 - Because We have always done it that way**

**Presenters:** Margaret Ducharme, RN, CPN(c), & Heather Symons RN, BN

**Educational Theme:** Perioperative Clinical Practice

### **Abstract:**

Have you ever given care to a patient or client that wasn't in their best interest just "because we've always done it that way"?

You are not alone. In healthcare, we learn a lot from our peers. However, there may be practices that are often outdated and may even be harmful to people who are at their most vulnerable. It's time to change!

We are Margaret Ducharme, CNE OR and Heather Symons, Surgical Clinical Reviewer- ACS NSQIP at Ridge Meadows Hospital in Maple Ridge, BC. Marg had kick-started this campaign to encourage our staff to think about what they are doing in relation to their practice as well as to think about the impact on our patients: Why we do what we do rather than "because we've always done it that way" Heather compiled and presented the data that showed the positive trends in our campaign.

We have already started work on reducing Surgical Site Infections by a few simple changes that have made a substantial impact. The end goal is to take this campaign hospital wide to facilitate engaged thinking and doing within the framework of our standards.

So far we have held QI sessions for the OR team where we posed the question: What are things you can change that are within your scope? (ORNAC/PRNABC, College)

## **OAI01 - Why Join a Nursing Specialty Group?**

**Presenter:** Margaret Farley RN, BSN, CPN(C)

**Educational Theme:** Professional Development

### **Abstract:**

Nursing specialty groups, such as perioperative nursing, are committed nurses sharing similar interests or a passion who join together to form a group or pursue membership in an established specialty nursing group. The desired personal result is to enrich knowledge, skills and care provided to patients who fall under a particular specialty.

What are the benefits?

- A shared passion for this particular type of nursing,
- The ability to network and share information with other like nurses,
- Information sharing, information gathering, and
- Ability to link with like-minded nurses locally, regionally, provincially/territorially, nationally and internationally are a few reasons to join or form a specialty nursing group.

This poster will visually link the goals and benefits in a nursing specialty locally thru to international connections such membership shall provide a perioperative registered nurse.



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TIDES OF CHANGE, OCEANS OF PERIOPERATIVE EXCELLENCE  
VAGUES DE CHANGEMENT, Océans d'Excellence en Soins Périopératoires

APRIL 26 - 30, 2019 | 26 AU 30 AVRIL 2019 | HALIFAX, NS

### **OAI02 - Patient Driven Goal Setting Tool Within the Total Joint Replacement**

**Journey:** Aligning Three Organizations

**Presenter:** Mélanie Farmer PT,  
Hôpital Montfort

**Educational Theme:** Education

#### **Abstract:**

Background: The Champlain LHIN, the Montfort and Queensway Carleton Hospital, through an extensive quality improvement initiative, created a patient driven goal setting tool within the total joint replacement journey, in hopes of aligning our practices and focusing on a more patient centered approach.

Method: We used various diagnostic tools and strategies to determine the most common causes of discharge and found it all led back to patient function. Based off of this, we created our tool and trialed it at various times throughout the patient journey. Patient and practitioner reported outcome measures (PREMs) were used to gather feedback. We also examined over 230 goals to look for common themes.

Results: Patients agreed that the tool engaged conversation with their surgeon. 100% of patients thought that setting their own goals motivated them to work harder, and 93% thought it had made a difference in the end result of their physiotherapy. Surgeons agreed on the importance of discussing goals preoperatively (88%). Physiotherapists were more divided with only 50% top box, mentioning time and lack of specificity of goals as barriers. Goals were divided into 32 categories, with the

top three being: No pain with walking (35%), increase leisure activities (17%) and pain-free (15%).

Conclusion: Our project confirmed that patient's goals can vary greatly and that it is important to look at each person individually. We feel the tool should be utilized at the initial surgical appointment, then follow the patient through to the rehabilitation phase.

### **OAI04 - National Surgical Quality Improvement Program (NSQIP) Driving Change in the OR at Oakville Trafalgar Memorial Hospital**

**Presenter:** Joanna Hojnic RN,  
Hamilton Health Sciences

**Educational Theme:** Professional Development

#### **Abstract:**

According to the Ontario Ministry of Labour and the Occupational Health and Safety Act, an employer must appoint an individual who is competent and knowledgeable in laser safety to ensure all precautions are taken to protect employees and patients from hazards of lasers. I am a registered nurse who was selected by my clinical manager the critical responsibility of being the medical laser safety officer at McMaster Children's Hospital in Hamilton, Ontario. In the operating room setting, nurses fulfill many important roles with the use of laser and other technologies. These roles and functions change based on the type of procedure, where the treatment occurs, and the educational level and advanced skills of the nurse. This role brings a unique set of responsibilities that I would not have experience otherwise. Some of

these responsibilities include ensuring my nursing colleagues receive the required knowledge, skills and judgement to provide laser therapy in a safe and ethical manner, risk management, implementation of a laser safety program, participation in laser safety committee meetings, and collaboration with laser technicians regarding maintenance and repairs. I plan to present my experience as laser safety officer including my contributions to patient and staff safety, as well as how this role has changed and evolved my nursing practice.

#### **OA105 - Tides of Change: A Journey in Anesthesia Nursing Practices**

**Presenter:** Eyke Howard, RN

**Educational Theme:** Professional Development

#### **Abstract:**

The basis of this project is to create a poster displaying historical markers from the inception of anesthesia practices used in Canada until the present day. A variety of facts, pictures, and photographs will be used to catalog historical anesthesia practices that have shaped the specialty of perioperative nursing. My approach is to create an aesthetically pleasing collage that will encompass the annals and the essence of perioperative nursing through a visual journey.

#### **OA106 - Surgical TOA - "Let's Talk"**

**Presenter:** Janice Koekebakker RN, BHScN, CPN(C), RNFA, Woodstock Hospital

**Educational Theme:** Perioperative Clinical Practice

#### **Abstract:**

Woodstock Hospital is a Large Community Hospital in Southwestern Ontario that serves a population of 100,000 people. Effective communication has been identified as a critical element in improving patient safety and reduces the need for patients and family to repeat information. The

College of Nurses of Ontario (2008) defines transfer of accountability as "an interactive process of transferring client specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity of care and the safety of the client." When a face-to-face Transfer of Accountability (TOA) occurs at the patient's bedside, there is an opportunity for the patient to be the "third voice" to ask questions and clarify information exchanged. Woodstock Hospital Perioperative Staff were no different from their peers at surrounding hospitals, in that nursing staff all had varied practices and routines of reporting surgical patient information at hand off of patient care. Some used the back of a patient label, others had developed small "Coles Notes" type of reporting; what was missing was consistency in communication. As a group we worked together to develop a Surgical Services Transfer of Accountability form which standardizes the communication shared and improves patient safety.

#### **OA107 - Enhancing Perioperative Patient Safety: A Collective Responsibility**

**Presenter:** Lynne Laflamme RN, BScN, MHS, RNFA, CNOR, Alberta Health Services, Foothills Medical Center

**Educational Theme:** Research and Administration / Recherche et administration

#### **Abstract:**

Although perioperative healthcare professionals endeavor to provide high quality and safe patient care, paradoxically, the prevalence of adverse events in the perioperative setting is remarkable. Whilst many adverse events are related to team dynamics, challenges to teamwork in the perioperative context are plentiful. A research question was formulated: what is the quality of the evidence supporting a positive relationship between perioperative team training and patient safety? A literature review identified

articles associating a multidisciplinary perioperative team training intervention with patient safety outcomes of morbidity and mortality. With evidence of moderate strength, team training interventions support positive outcomes for patients. Safety checklists are practical for standardizing safety practices and contribute to solutions. Wenger's Communities of Practice and Gittell's Relational Coordination theories offer opportunity to understand team interdependency. Further considerations for enhancing a collective perioperative safety culture include team leadership, interprofessional education, and learning from adverse events.

**OA108 - Disaster in the OR: Are You Prepared?**

**Presenter:** Michelle Lord RN, Alberta Health Services

**Educational Theme:** Education

**Abstract:**

Disasters, whether natural or human caused, are increasing in frequency and severity. Hospitals, including operating rooms, rely heavily on electricity for day-to-day activities. Is your hospital or operating room prepared to deal effectively with a disaster without compromising patient care? What can you do, as an individual or as a group, to prepare for a disaster? Hospitals are in the unique position that they may have to continue to provide patient care with reduced resources and equipment during and after a disaster. Emergency preparedness drills and exercises ensure that staff know their roles and responsibilities during a disaster, resulting effective teamwork and better patient care during a stressful and chaotic time.

**OA109 - Changing Tides and Making Waves in Perioperative Nursing Education**

**Presenter:** Heather Martin BScN, RN, CPN(C), Vancouver Coastal Health

**Educational Theme:** Education

**Abstract:**

Through 2016-2017 the tide brought about exciting change to our perioperative nursing education program, and it was transformed into what is now known as RPEP (Regional Perioperative Education Program). A formal curriculum review, including a literature review and Pan-Canadian Environmental scan on perioperative nursing education programs, set the stage for the beginning of our educational paradigm shift. In shifting from a traditional lecture style format to a web-based, collaborative, learner-centred approach we are better able to meet the needs of our students, the organization, health human resource forecasting and provincially mandated surgical care strategies. RPEP utilizes AORN's Periop 101: A Core Curriculum™ within a curriculum philosophy that combines Benner's Novice to Expert theory, constructivism, and principles of adult learning to actively engage student learning. Our poster presentation will be an overview of this journey, highlighting the challenges and solutions of bringing this innovative evidence-based program to fruition.

**OA110 - National Surgical Quality Improvement Program (NSQIP) Driving Change in the OR at Oakville Trafalgar Memorial Hospital**

**Presenter:** Julie McBrien RN, MHSc, Halton Healthcare

**Educational Theme:** Perioperative Clinical Practice

**Abstract:**

In 2015, Halton Healthcare - Oakville Trafalgar Memorial Hospital (OTMH) was one of the first Ontario hospitals to join the National Surgical Quality Improvement Program (NSQIP). Over the past 3 years, the surgery team at OTMH has made great strides in reducing their post-operative complication rates related to Catheter-Associated Urinary Tract Infections (CAUTI), Surgical Site Infections (SSIs) and Venous Thromboembolism (VTE). This poster will highlight the various

strategies implemented, and how the team used the NSQIP data to drive improvements in reducing post-op complication rates at OTMH.

### **OAI 12 - Bridging the Gap: Adopting ORNAC Standards in Cardiac Catheterization Lab at the Maritime Heart Centre**

**Presenter:** Andrea Muenster, BN, CPN, Halifax Infirmary, Nova Scotia Health Authority

**Educational Theme:** Perioperative Clinical Practice

#### **Abstract:**

Restructuring of the Cardiac Catheterization Lab at the Maritime Heart Centre introduced several new surgical procedures to meet the demands of the current patient population. Pacemaker/ICD insertion, TAVI, and congenital closure devices being introduced required a revitalization of procedural practices by nursing staff. The need for enhanced practice led us to implement ORNAC standards to optimize procedural patient outcomes.

### **OAI 13 - Collaborative Partnerships for Excellence in Perioperative Education**

**Presenter:** Rana Sleiman RN, BScN, CPN(C), Alberta Health Services

**Educational Theme:** Education

#### **Abstract:**

Alberta Health Services (AHS) and MacEwan University have been working together since 2014 to provide perioperative education for RNs and LPNs. A unique component of this joint offering is brokered instruction, where an AHS employee instructs a portion of the program to learners who have been hired by AHS. This relationship provides a customized learning experience, heightens the relevance of the program to the workplace, and meets the demands of AHS workforce planning.

A collaborative evaluation of the program was designed and established in Fall 2017 to assess the effectiveness of the program in preparing LPNs to practice in the operating room (OR). This evaluation focused on the perceptions of graduates and managers related to effectiveness, ability to practice safely, and ability to integrate ORNAC standards in the workplace. Program strengths and areas for growth have been identified and this poster presents the results and highlights next steps.

### **OAI 14 - Using a Clear Drape to Visualize the IV Sites During Surgery**

**Presenter:** Aline Titizian RN, BScN, Sick Kids

**Educational Theme:** Perioperative Clinical Practice

#### **Abstract:**

The operating room (OR) at SickKids has been challenged with intra-op management of peripheral intravenous lines (PIV). In the last few years, this issue has been emphasized due to several serious safety events that have resulted in significant patient injuries, caused by interstitial PIVs. Part of the challenge is associated to decrease visibility of the PIV site due to the standard blue surgical drapes. To mitigate patient risks of acquiring an interstitial PIV intra-op, Sickkids collaborated with manufacturers to develop an innovative clear drape. At the time, a clear drape was not available. In early summer 2018, the clear drape was made available for use in the OR. During Huddle, the team will discuss whether the clear drape is appropriate based on the patient and the set criteria.

The PIV sites are visible throughout the procedure and the team is able to perform hourly visual assessment of PIVs and subsequently avoid the preventable PIV injuries. A secondary benefit of using the clear drape and having visibility of the patient is that it prevents pressure injuries caused by placement of instruments or staff position (i.e. leaning).

### **OAI 15 - The Evaluation of Pre-Post Smoke Evacuation Uses on Surgical Smoke and bio-aerosols in Operating Rooms, Thailand.**

**Presenter:** Usavadee Asdornwised PhD, Associate Professor, Faculty of Nursing, Mahidol University

**Educational Theme:** Research and Administration

#### **Abstract:**

Purpose of Project Smoke and bio-aerosols are routinely produced by surgical instruments; eg, lasers, electrosurgical units, radiofrequency devices, ultrasonic devices, power tools. Plume and bio-aerosols contain odor-causing and odorless toxic gases, vapors, dead and live cellular debris (including blood fragments), and viruses. These airborne contaminants can pose respiratory, ocular, dermatological and other health-related risks, including mutagenic and carcinogenic potential, to patients and operating room personnel. The National Institute of Occupational Safety and Health (NIOSH) and the Center for Disease Control (CDC) have also studied electrosurgical smoke at length. Therefore, the equipment of smoke evacuation in OR needs to be used. Therefore, this study aims to evaluate the pre-post smoke evacuation uses on surgical smoke and bio-aerosols particles in operating rooms at a university hospital, Thailand.

Methodology AORN guideline is used as the conceptual framework of this study including evidence-based practice for smoke and bio-aerosols evacuation systems. The study design is a quasi-experimental study (manipulation and control only, without randomization) comparing the amount of surgical smoke and bio-aerosols particles pre- post smoke evacuation uses. The samples consist of 70 cases of surgical patients who receive head-neck or breast surgery and 70 cases of surgical patients who receive abdominal laparoscopic surgery. The amount of surgical smoke and bio-aerosols' particles in the surgical field and OR environment are measured by AeroTrax™ Handheld Airborne Particle Counter Model 9306.