
2017 ORNAC NATIONAL CONFERENCE ABSTRACTS



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The ORNAC National Conference offers many opportunities for the sharing of experiences and results among perioperative nurses across Canada. The following abstracts were shared in 2017 and outline various contributions of OR Nurses to the advancement of their profession or improvements in their workplace. Some were later expanded into articles in the ORNAC Journal. Watch for more of this perioperative ingenuity in 2019 and consider what advancements or ideas you bring to your workplace and profession that could be shared with your peers through the ORNAC Journal or at conference.

Incorporating Quality into the Perioperative Environment - A Multifaceted Approach

Submitted by: *Beverly Barbato RN*

Quality domains include; safety, outcomes, access, patient experience, efficiency and equality. All of these domains describe work done within the perioperative environment. At our institution we incorporated a multifaceted and inter-professional approach to incorporating quality into Perioperative services. With the incorporation of a quality board and a Perioperative quality council we have the ability to understand, share and capture real time feedback on quality indicators. The collaborative approach and shared model have assisted the Perioperative team to determine what important work needs to be completed. First case start-times, missing instruments, neutral zone audits, improving flow within the perioperative process are some of the initiatives underway. Successes and challenges are

shared electronically and physically within the operating room footprint. Engagement from all disciplines has assisted in shared accountability to make things better.

The Power of Online Perioperative Classrooms

Submitted by: *Margaret Farley RN, BSN, CPN(C)*

Advanced technology, education and healthcare, particularly in the perioperative working environment, this poster will display advantages of online learning to gain knowledge of perioperative education, and perioperative standards. Visualize yourself as a learner. The online learning world of perioperative practice and understanding of perioperative standards will allow you to harness power in your practice. Attendance in the online classroom allows flexibility so students may learn about the perioperative world at times suitable to the demands of life, family and work commitments. Can this power be harnessed to my advantage in perioperative learning?

Second Victimization: A Powerful Threat

Submitted by: *Heather Hartley RN, BScN, MScN*

The operating room (OR) exists to preserve life and to restore physiological function in situations of trauma or illness. Professional power and legitimacy of perioperative clinicians therefore depends on their abilities to intervene in life threatening situations. Some patients, however, die in the OR.

When this happens, perioperative clinicians are vulnerable to experience 'second victimization', emotional trauma resulting from a perceived failure in fulfilling their professional and social responsibility. The purpose of this poster is to provide a theoretical expansion of second victimization, one that accounts for the social and cultural forces that shape ideas of moral responsibility in OR care and that constrain the horizon of grief response that are possible when surgical patients die. It is imperative that we critically examine our practice environment to recognize how it threatens our power and understand how our knowledge can be harnessed to protect ourselves and create change.

A Journey in Perioperative Nursing

Submitted by: *Eyke Howard RN*

The basis of this project is to create a poster displaying historical markers from the inception of Perioperative nursing practice in Canada until present-day. A variety of facts, pictures and photographs will be used to catalogue historical perioperative nursing events and 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.

Ruptured AAAs: Supporting Nurses Through Education

Submitted by: *Michelle Kent RN, BScN, Head Nurse for Team 1 (Cardiac, Urology, Vascular and Robotics), Vancouver General Hospital, Vancouver, BC; Susan Rombout RN, CPN(C), Clinical Nurse Leader Cardiac and Vascular Surgery, Royal Jubilee Hospital, Victoria, BC; and Ann Fenje RN, Staff Nurse, Royal Jubilee Hospital, Victoria, BC.*

Rupture is a fatal complication of abdominal aortic aneurysms (AAA). Surgical outcomes may be improved using endovascular aneurysm repair (EVAR), but aortic endografting under

emergency circumstances presents many challenges. As institutions strive to effectively implement endovascular repair, how do nursing leadership and senior nurses prepare novice perioperative nurses to deal with these life-threatening emergencies? One way is by providing hands on workshops and simulations supported by surgeons, nursing, radiology, and vendors. These learning opportunities provide EVAR exposure and experience in a relaxed and collaborative environment to facilitate safe patient care and favourable outcomes. Education and the establishment of Ruptured AAA protocols help to lessen the collective learning curve for all. Ruptured AAA protocols have been developed both at Royal Jubilee Hospital in Victoria, BC and Vancouver General Hospital in Vancouver, BC. Although developed four years apart, the two protocols are similar in content and how they are supported through communication and education.

Implementing a Perioperative Electronic Documentation System

Submitted by: *Jennifer Longo RN, BScN, CPN(C), Clinical Educator Operating Room, and Jenny Griffen RN, BScN, CPN(C), Director of Perioperative Services*

Purpose: Guelph General Hospital electronic documentation system in the operating room required an upgrade and modernization.

Goals: Guelph General had a desire to choose a new system that incorporated the entire Perioperative Program. The system chosen would improve workflow and communication between departments, provide necessary analytics and be able to incorporate best practices into the documentation which would all help to support our culture of patient safety.

Method: The poster/presentation would describe the steps used to choose a program, the project plan, the team that was involved and how the project plan was implemented. This would include

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description on the education and support that was required for all the end-users.

Outcomes: Overall with the help and support of our vendor the project was successful. We have embedded ORNAC standards into our screens, increased communication between all departments using patient tracking boards and enhanced patient safety through one documentation system.

Medical Sharps Injury and Blood Testing

Submitted by: *Kristen Webb RN*

Due to the increased number of medical sharp injuries the Council for Quality Improvement (CQI) sought to have the hospital treatment consent form changed to include patient acknowledgment that the patient's blood will be tested for risk-assessment purposes in the event that a health care provider is exposed to the patient's blood, or body fluids, during care. Currently, when a sharp injury occurs, a blood sample from the patient is done in the post-operative phase and can be stressful for the patient, family, and affected staff member.

The CQI approached the Risk Management Department and the Ethics Department to discuss the possibility of incorporating a similar acknowledgment in the LHSC treatment consent form. This approach was supported by both departments as well as Medical Affairs.

This change will improve the experience of affected patients and families and enable timely assessment and care of staff with sharps injuries.

Make Operating Room Position Education Fun!!

Submitted by: *Kristen Webb RN*

Part of orientation, for new nurses to the OR, was to review the positioning guidelines and equipment that is used. The old presentation consisted of reading and discussing those guidelines. The content was difficult to understand

without the ability to demonstrate the various pieces of equipment and positions.

Talent and Strategy Development were invited to help revise the presentation, and included a new PowerPoint with ORNAC standards, pictures of positioning devices specific to this organization and a Kahoot game at the end to test competency.

The outcomes of this new style of presentation was positive as the nurses found learning about the specific equipment helpful to their practice and providing safe patient care. One nurse said that she enjoyed having the Kahoot game as it was "fun, and competitive, but still helped her learning." The revised presentation was successful and will be used during orientations in the future.

Resiliency in the Operating Room: A Collaboration between OR Clinical Leadership and the Staff Support Program

Submitted by: *Kristen Webb RN*

Leadership in the Victoria Hospital Operating Room became aware of how several challenging clinical cases had impacted their staff. A 3-part resiliency series was launched in the fall of 2014: The ABC's of Resiliency – Awareness, Balance, and Connection.

The goal of the project was to provide a safe venue for professional reflection and peer support, helping deepen an understanding of evidence-based resiliency theory, knowledge and skills.

50 OR staff attended each of the three one-hour sessions over three consecutive months. 32 respondents completed a post-project survey.

- 84% engaged in reflection upon their own resiliency;
- 87% reported an increase in their awareness of the importance of wellness; and
- 78% experienced the support of colleagues.

Evidence shows that surgical site infections are reduced when prophylactic preoperative antibiotics are administered within 30 to 60 minutes of skin incision.

The following results were gleaned:

1. Given the opportunity, staff engaged in peer and team reflection on resiliency.
2. Staff awareness of the importance of personal wellness increased.
3. The majority of participants applied knowledge and theory to their work.
4. Resiliency support has increased awareness of in-hospital resources.

Rapid Standardized Operating Room (RAPSTOR)

Submitted by: *Kristen Webb RN*

Four General Surgeons at LHSC-VC initiated RAPSTOR a 12-week pilot in General Surgery looking at increasing efficiencies in the OR. Four Surgeons ran high-efficiency ORs with a focus of laparoscopic cholecystectomies and hernias.

The aim was to develop a high-efficiency OR through case uniformity, efficient turnovers, and equipment standardization. To reduce all times by 20%, thereby increasing patient access to care, and decreasing costs associated with care.

Overall case times saw reductions in all aspects of care, the most significant reduction in procedure time, since consultants were encouraged to remain in the theatre until the end of the procedure.

Cost savings saw a 26 % reduction in costs which included disposables, equipment and nursing hours.

Significant finding was 73% overall satisfaction working in the room compared to other general surgery days. Another theme in survey responses was positive team work and team collaboration made for a good day.

Sharing Perioperative Knowledge in East Africa

Submitted by: *Heather Wyers RN*

Over the past four years as Canadian perioperative nurses we have had the

opportunity to accompany a Toronto neurosurgeon and anesthesia to two different neurosurgery sites in Kenya, East Africa. Each visit we were able to provide essential supplies required at the different sites, creating sustainable neurosurgery in two different county hospitals. In addition, we have shared our perioperative knowledge teaching the local nurses and nursing students throughout each visit. Through our teaching and empowering the local nurses we have seen positive changes in the operating room and have seen nursing leaders emerge that have carried on the knowledge and power.

A Collaborative Approach to Perioperative Antibiotic Administration - Administration to Cut Time

Submitted by: *Beverly Barbato RN*

Evidence shows that surgical site infections are reduced when prophylactic preoperative antibiotics are administered within 30 to 60 minutes of skin incision. Antibiotic selection and timing are crucial to efficacy. Audits were completed on 3 surgical services to evaluate the following indicators: antibiotic selection, time of preoperative antibiotic administration, and surgical start time. The results demonstrated that a re-evaluation of where, when and selection of preoperative antibiotic administration was necessary. A working group with surgeons, infectious diseases practitioners, administration and pharmacists developed standardized order set for pre and post operative patients. Emphasis included best practices for antibiotic selection, timing and where administered. Audits were repeated post implementation. Results demonstrated reduced ambiguity of orders, improved antibiotic administration times (within 1 hours of skin incision) and improved antibiotic selection and dosing. Within our institution the implementation of pre-printed order sets resulted in an enhanced communication among the perioperative team.

Opportunities to Improve Efficiency - A Review of Pediatric OR Utilization 2015-2016

Submitted by: *Carolyn Doucet RN, BN*

Purpose: The OR is the most expensive resource in Healthcare. Utilization challenges exist given the area's complexity and multiple stakeholders. A true understanding of where opportunities lie will focus efforts on efficiency gains.

Objectives: Review current OR Utilization data. Identify three indicators providing opportunities for efficiency gains. Present data to the perioperative team, discuss possible opportunities. Initiate process changes using data. Evaluate the outcome.

Method: The Perioperative-Executive Committee and the Organizational-Performance Team met to discuss data for 2015-2016. Definitions were reviewed, discussed and three indicators identified: First case on time starts Turnaround times Case length accuracy Improvement targets were set. Data was presented to the Perioperative Committee, at Perioperative Education Day, and via an inter-departmental poster. Comparisons reviewed between previous four years, targets were set, opportunities were discussed.

Results: Significant improvement in first case on time starts over the past 4 years. Opportunities exist to investigate trends and explore improvement opportunities.

Empowering the Bariatric Patient

Submitted by: *Janice Haw RN*

There is a growing number of bariatric patient's presenting for laparoscopic surgery.

While the comorbidities of this patient population challenge the ability to perform laparoscopic procedures, the shorter recovery time benefits outweigh the longer recovery times of a laparotomy. In addition, this presents an

ethical right for the bariatric patients to have the laparoscopic option available for them to promote healthier outcomes.

The perioperative nurse needs to consider the availability of laparoscopic equipment and adapting the operating room environment to the needs of the bariatric patient. However, there are major instrumentation gaps regarding availability of bariatric specific instrumentation to accommodate the needs of this population. Companies have simply not developed instrumentation to address certain issues such as clip appliers, long laparoscopic suctions, or bipolar cautery. Integrating laparoscopic care for the bariatric patient requires planning and ingenuity to deliver safe and effective care.

12 Weeks of Recycling: Summer Sizzler Recycling Project

Submitted by: *Sarah Lilley RN*

The Operating Room (OR) Department at London Health Sciences Centre-Victoria Hospital (LHSC-VH) was looking to decrease their carbon footprint and start recycling more recyclable products. The Operating Room Nurses Association of Canada (ORNAC) standards, also encourages staff to be aware of and participate in recycling programs at the hospital.

The goal of the campaign was to increase awareness of recycling, change the culture of throwing everything in the garbage and ultimately increase recycling in the OR by 40%.

The OR Continuous Quality Improvement Committee (CQI), developed a 12 Weeks of Recycling campaign to educate staff on recycling in the OR.

The results of the survey revealed that since the education and awareness of the recycling program began, 60% more staff, state that they recycle most or all of the time in the operating room. ORNAC states that participation in a recycling program can help to increase staff satisfaction.