CANADIAN
Operating Room
Nursing Journal
April 2002

Removing Body Jewellery

Error Reduction in our ORs

ORNAC in a Nutshell

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President's Message

By Mary Knight, RN, BScN, MN, CPN(C)

This issue of the ***Canadian Operating Room Nursing Journal*** marks a major milestone — *ORNAC* has assumed ownership of the Journal, and has begun a relationship with our new publisher **Clockwork Communications**. The arrival of this Journal in your mailbox represents hours of work by the *ORNAC Editorial Advisory Committee*, chaired by **Kim McLennan-Robbins** of Alberta. Sincere thanks to everyone involved in making this issue a reality!

As you read through this issue, please jot down your thoughts and ideas for us. *ORNAC* would truly appreciate your comments on the Journal — what you like, what you think could be improved, or any new ideas you many have for the Journal. What would you like to see? Please contact your provincial *ORNAC* Board representatives, or send your comments direct to *ORNAC* through our website: **www.ornac.ca**

I would also encourage you to consider submitting an article. Our Journal is only as good as the submissions we receive! Please take the time to stop, and consider what you can contribute to the Journal. The *CORNJ* provides us with a way to communicate issues and information, and to positively influence the thinking, feelings, and behaviours of others. Remember that articles submitted by Canadian perioperative nurses are eligible for the *J&J Drake-Thompson* editorial award of $3,000 — it's time to get your computers fired up!

As I write this message, the *United Nations International Year of the Volunteer* has just ended. I salute the many volunteers who support perioperative nursing across Canada. Volunteers, who contribute their precious time and energy to advance the interests of perioperative nursing, lead our professional provincial associations and ORNAC, and have a positive impact on surgical patient care. While everyone is busy and has commitments, remember that any organization's success and effectiveness rests on the participation and abilities of its members. Take time to consider what you can do to make a difference in your professional organization, and what opportunities that would provide you in return.

Professional organizations have three roles: to support individual practitioners; to advance the interests of the profession; and to serve the public (*Merton, 1958*). One of the ways in which *ORNAC* fulfils its professional mandate is through the publication of standards, which *Merton* states must be in the vanguard, continually thrusting forward and raising the standards of the profession. As you are aware, *ORNAC* has once again embarked on a review of our Recommended Practices — please send your comments to the *Standards Committee*, again through the website.

Merton also notes that only the local constituent groups can provide the forum in which issues can be threshed out before action on them is taken nationally. To be able to speak for the profession an association must be representative of as large a percentage of the profession as possible. Your participation in your local OR nurses' association is critical to our success at both the provincial and national levels. Consider asking a colleague who has not participated before to attend the next meeting or workshop with you — it is only through participation that we will improve our association!

References:

Merton, R.K. (1958). *The functions of the professional association. The American Journal of Nursing*, 58 (1), p.50-54.

***Mary Knight**, RN, BScN, MN, CPN(C), is President of the Operating Room Nurses' Association of Canada. She is the Project/Systems Coordinator, Adult OR, at the Health Sciences Centre, in Winnipeg, MB.*

***Mary Knight**, inf., BScN, MN, CPN(C), est la présidente de l'Association des infirmières et infirmiers de salles d'opération du Canada. Elle est coordonnatrice de projet du bloc opératoire de chirurgie adulte, au Health Sciences Centre, à Winnipeg, Manitoba*

Message de la présidente

Mary Knight, inf, BScN, MN, CSP(c)

Cette édition du *journal canadien des infirmières et infirmiers* en soins périopératoires marque une étape importante pour notre association. *L'AIISOC* est maintenant propriétaire de son journal. Les contacts ont été établis avec notre nouvel éditeur, **Clockwork Communications**. L'arrivée de ce journal dans votre boîte aux lettres représente plusieurs heures de travail pour *le comité consultatif de rédaction*, présidé par *Madame Kim McLennan-Robbins* d'Alberta. Je remercie sincèrement chaque personne qui a contribué à faire de cette édition une réalité.

Tout en lisant ce journal, prenez note de vos pensées et de vos idées. Nous apprécierions vraiment que vous nous fassiez part de vos commentaires concernant ce journal — ce que vous aimez, ce qui pourrait être amélioré, ou d'autres suggestions que vous pourriez avoir pour le Journal. Qu'aimeriez y retrouver? S'il vous plaît, contactez vos représentantes provinciales de *l'AIISOC*, ou envoyez vos commentaires directement à *l'AIISOC* par l'intermédiaire de notre site web **www.ornac.ca**

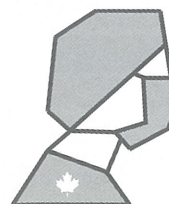
Je vous encouragerais également à considérer soumettre un article. Le succès de notre journal dépend des articles que nous recevons. Prenez le temps de vous arrêter et de vous demander quelle contribution vous pourriez apporter au Journal. Le *JCAIISOC* nous offre la possibilité de communiquer sur les questions d'actualité, de se questionner, d'informer et d'influencer positivement la pensée, les sentiments et le comportement des autres. De plus, rappelez-vous que les articles soumis par les infirmières canadiennes en soins périopératoires sont éligibles pour le prix de rédaction *J&J Drake-Thompson* de $3000,00 – c'est le temps d'ouvrir vos ordinateurs.

Comme j'écris ce message, *l'année internationale des volontaires des Nations Unies* vient juste de se terminer. Je salue les nombreux bénévoles qui supportent les soins périopératoires au Canada. Des bénévoles qui consacrent leur précieux temps et leur énergie pour faire progresser les intérêts des soins périopératoires, pour diriger nos associations provinciales et *l'AIISOC*, et qui ont un impact positif sur les soins des patients en chirurgie. Tenant compte que chacun de nous est très occupé et a des engagements, rappelez-vous que le succès et l'efficacité d'une organisation reposent sur la participation et les compétences de ses membres. Prenez le temps de réfléchir à ce que vous pouvez apporter pour faire une différence dans votre organisation professionnelle, et voir quelles possibilités celle-ci peut vous offrir en retour.

Les organisations professionnelles ont trois rôles : supporter la pratique de chaque individu, faire progresser les intérêts de la profession, et servir le public (*Merton, 1958*). Un des moyens utilisés par *l'AIISOC* pour remplir ses obligations professionnelles est la publication de normes de pratique, lesquelles, selon *Merton*, doivent être à l'avant-garde, en permettant d'élever constamment les normes de pratique professionnelle. Comme vous le savez, *l'AIISOC* s'est une fois de plus investie dans la révision des normes recommandées de notre pratique — S'il vous plaît envoyez vos commentaires au comité des normes par l'intermédiaire du site web.

Merton note également que seuls les membres des groupes régionaux peuvent constituer le forum au travers duquel les questions peuvent être débattues en première instance, avant que des mesures ne soient prises à l'échelle nationale. Pour pouvoir défendre et promouvoir sa profession, une association doit être la plus représentative possible de ses membres. Votre participation dans votre association d'infirmières en soins périopératoires au niveau régional est essentielle au succès de votre association tant au niveau provincial que national. Songez à demander à une collègue qui n'a pas participé auparavant, d'assister à la prochaine réunion ou atelier avec vous — c'est seulement avec la participation que nous améliorerons notre association!

Merton, R.K. (1958). The functions of the professional association. The American Journal of Nursing, 58 (1), p.50-54.



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Editorial Contents

8 COVER STORY

Preoperative Removal of Patient Body Jewellery
By Joan Porteous

12 **ORNAC in a Nutshell**

13 **AIISOC en Bref**

14 **Update from the ORNAC Research Committee**
By: Marla Ewen

16 **Who is a leader?**
Canadian OR Leaders ***Pearls of Wisdom***
By: Muriel Shewchuk

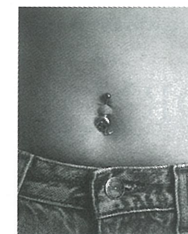
18 **Farewell to Peter Steinman**

22 **Error Reduction in the New World**
How we can improve the level of safety for everyone in our operating rooms
By: Muriel Shewchuk

INDUSTRY HAPPENINGS

15 **Upcoming Events**

27 **Call for Abstracts for ORNAC's 2003 Conference**



Cover photo by Joan Porteous

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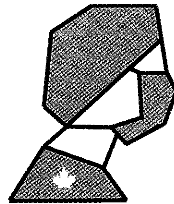

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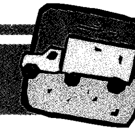

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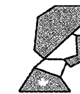

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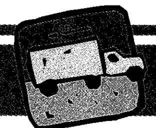

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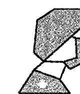

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Preoperative Removal of Patient Body Jewellery

by Joan Porteous

Introduction

In today's society more individuals are wearing body jewellery. In the operating room we have seen an increase in the number of patients arriving with body piercing. The general public is often unaware of risks associated with wearing jewellery during surgery. Not only do we need to educate patients, we also need to educate nurses so that they can knowledgeably discuss, with their patients, the risks associated with wearing body jewellery to the OR. This risk is making body-jewellery a ***'hot topic'*** *in most surgical departments today.*

Author / Photographer
Joan Porteous RN, BN, CPN(C).
Joan Porteous is the Clinical Educator in the General Hospital Operating Room Department at The Health Sciences Centre in Winnipeg MB.

Intraoperative Risks Associated With Body Jewellery:

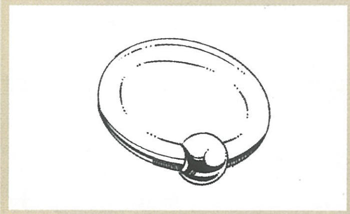
Jewellery, including medic alerts, rings, chains, body-piercing items, etc. must be removed from surgical patients preoperatively (*AORN, 2001; ORNAC, 1998; Phippen & Wells, 2000*). Jewellery harbours microbes (*Gruendermann & Mangum, 2001*). With intraoperative changes in fluid balance, there is a potential for the restriction of circulation on digits distal to rings. Often the hands of the surgical patient are under the sterile drapes making it difficult to monitor for swelling. There is also a risk of airway obstruction or aspiration of items from jewellery in the tongue or lips. There is a risk that pierced items will tear tissue during positioning after the patient is anaesthetized. There is also some risk of burns from electro-surgical currents (*Fortunato, 2000*). And, of course, there is always a risk that jewellery may be lost or damaged during removal in the OR or while the patient is being transferred back to the preoperative care unit.

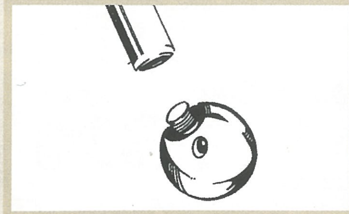
Processes to Ensure Safe Jewellery Removal:

At the *Health Sciences Centre*, in Winnipeg, several departments have worked together to create an effective process for preoperative jewellery removal. Staff in the Admitting Department will advise patients on the telephone to leave jewellery at home before coming into hospital. Nurses in the preoperative admission clinic continue the process by advising patients to remove jewellery before admission.

The nurse who admits the patient on the preoperative care unit will ask if the patient is wearing any body jewellery and explain the hospital policy regarding this. The nurse will discuss the intraoperative risks with the patient, and help facilitate the removal of any jewellery before transferring the patient to the OR. If body-piercing jewellery is removed, the pierced area of the skin should be cleaned with an alcohol swab. Fungus tends to harbour around tissue-piercing sites. Documentation on the preoperative checklist should include the location of the pierced site in case that area will be in close proximity to the incision.

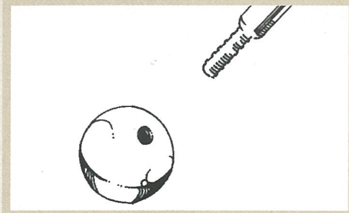
Body Jewellery — A Glossary

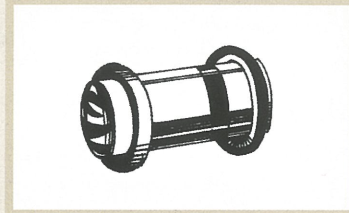

1 Captive Bead Ring

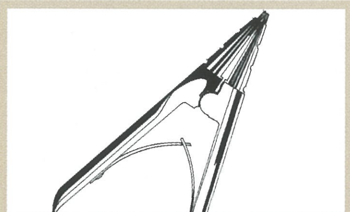

6 Removable Metal Bead with Threaded Shaft

11 Surface Barbell Through Nostril

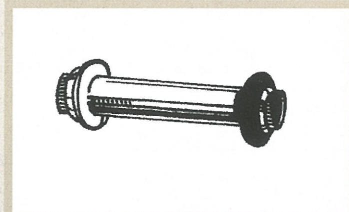
2 Captive Bead Ring Inserted On the eyebrow

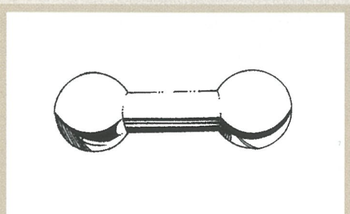

7 Removable Metal Bead without Threaded Shaft


12 Tunnel with Wide Shaft Opening

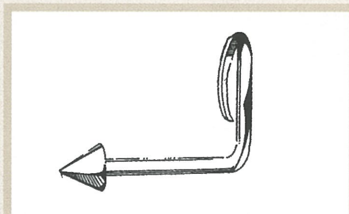

3 Ring-Expander Tool

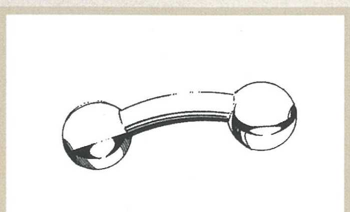
8 Labret Stud

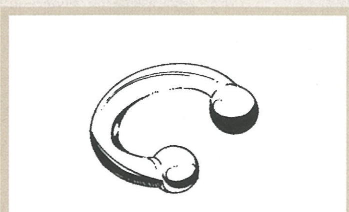

13 Narrow Tunnel

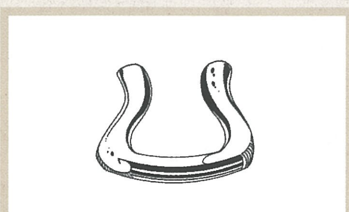

4 Straight-Shaft Barbell

9 Labret Stud Inserted Below Lower Lip


14 Nostril Screw


5 Curve-Shaft Barbell


10 Eyebrow or Surface Barbell


15 Septum Retainer

Continued on Page 20.

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ORNAC in a Nutshell — Fall 2001 Update

Welcomes and Kudos

❖ President Mary Knight welcomed alternate *BCORNG* representative, Christina Hunter, as *BCORNG* Treasurer. Mary also wished former *BCORNG* President, Rob Richardson all the best in his future endeavours.

❖ Congratulations were handed out to *ORNACs 17th National Conference* Committee for a very successful conference held in Banff, AB.

❖ The Editorial Advisory Committee, under Alberta's *Kim McLennan-Robbins*, Chair, has successfully chosen a publisher for the *Canadian Operating Room Nursing Journal*. This will see ORNAC owning the CORNJ. We owe a debt of thanks to *Agnes Forster* for all her years of publishing the Journal!

❖ A warm welcome to our new publisher, *Clockwork Communications*. While *ORNAC* will now have control over editorial content, *Clockwork Communications* will handle all of the advertising, layout, editing and publishing needs of the Journal.

❖ **www.ornac.ca** welcomes British Columbia onto the website. Check the provincial portion of our website for news from BCORNG.

Industry Updates

❖ Mary Knight has given us a thought provoking OR Nurses' Day Proclamation. It is available for viewing on **www.ornac.ca** or from your provincial group. The Proclamation is based on the *ORNAC* pamphlet *Perioperative Registered Nurses Care For You.*

❖ The Manitoba 2003, 18th *National Conference Planning Committee*, is well under way with plans. Please visit **www.ornac.ca** for updates and information regarding the conference.

❖ Research Chair *Marla Ewen* of Saskatchewan has posted details of the 2002 Research grant on **www.ornac.ca** and has sent it to nursing institutions across the country.

❖ Saskatchewan's *Linda Socha* has been busy as the Scope of Practice Chair. The *RNFA* portion of **www.ornac.ca** has been put under construction to do an update & overhaul. This committee is also gathering information about the role of Perioperative Anaesthesia RNs. If you do work in this area please contact *Linda Socha* at **lsocha@shaw.ca**

❖ The national *RNFA* group has formed and they are working on *Terms of Reference, National Registry & Competencies*. Visit **www.ornac.ca** for updates. This area is under construction but still lists provincial contacts & valuable information.

❖ Standards Chair, *Theresa Thomas* of PEI, has a very busy group. Headed by committee member *Kathy Bruce*, of Ontario, the group is conducting the *ORNAC* Standards review. If you wish to comment or assist, or if you have any suggestions, please contact Kathy via **www.ornac.ca**.

❖ 2005 is the year and Montreal, Quebec is the place. Mark May 2-6 in your calendar for the 19th National Conference.

❖ Vancouver, British Columbia will be the venue for the *2007 National ORNAC Conference*. Congratulations to *BCORNG*!

❖ If you wish to contribute to the revision of our 1998 Standards please visit **www.ornac.ca** and leave your information & contact details under STANDARDS or with the contact person listed. We will be ready to promote and sell the new Standards at the *2003 National Conference* in Winnipeg.

In Other News...

❖ **www.ornac.ca** continues to be an amazing venue – changing, growing, & informing. We have had 12,000 + visitors in the last 16 months.

❖ *ORNAC* has a balanced budget. In order to maintain this status, we have decreased international travel. Therefore *ORNAC* will not have representation at *AORN Congress* for 2002. This also means *ORNAC* will not participate in the International Planning Committee (*IPC*) Meeting.

❖ In September, *ORNAC* President *Mary Knight* was a guest & speaker in Newfoundland. Mary spoke on our links with other groups, such as *International Federation of Perioperative Nurses* (*IFPN*) and the meaning of these associations with similar groups.

AIISOC En bref

Automne 2001

❖ La présidente *Mary Knight* souhaite la bienvenue à *Christina Hunter*, représentante remplaçante de la Colombie-Britannique (C.B). Celle-ci est la trésorière provinciale. Aussi, Mary remercie et souhaite à l'ancien président de C.B., *M. Rob. Richardson*, bonne chance dans ses engagements futurs.

❖ *Mary Knight* a préparé une réflexion pour la proclamation de la journée de l'infirmière en soins périopératoires. Ce texte est disponible pour consultation sur le site web **www.ornac.ca** ou, par l'intermédiaire de votre groupe provincial. La proclamation est basée sur le dépliant de *l'AIISOC*, Les infirmières en soins périopératoires prennent soin de vous.

❖ Des félicitations sont offertes aux membres du comité organisateur de la 17ième con férence nationale, qui s'est tenu à Banff en Alberta, pour l'organisation de cet événement couronné de succès. Merci beaucoup.

❖ Le comité consultatif de rédaction, sous la direction de *Kim McLennan-Robbins* d'Alberta, a choisi un éditeur pour *le journal de l'association canadienne* (*AIISOC*). La nouvelle année verra donc *l'AIISOC* en charge de son journal. Agnès Forster mérite nos remerciements pour toutes ces années à la publication de notre journal.

❖ Manitoba 2003, le comité organisateur de la 18ième Conférence nationale est au travail pour la planification des activités de cet évènement. Surveillez et visitez le site de *l'AIISOC* **www.ornac.ca** pour des mises à jour et de l'information concernant cette conférence.

❖ **www.ornac.ca** souhaite la bienvenue à la Colombie-Britannique pour sa venue sur le site web. Donc, surveillez la portion provinciale de notre site web pour des nouvelles du groupe de la Colombie-Britannique.

❖ **www.ornac.ca** continue d'être un lieu de rendez-vous étonnant, changeant, en croissance et éducatif. Nous avons eu 12,000 visiteurs et plus dans les derniers 16 mois.

❖ La responsable du *comité des Normes/ Éducation/CSA/CCHSA*, *Thérèse Thomas*, dirige un comité qui est très occupé. *Kathy Bruce*, membre du comité est responsable de la révision des normes de compétence de *l'AIISOC*. Si vous désirez commenter, aider ou si vous avez des suggestions, n'hésitez pas à contacter Kathy via www.ornac.ca

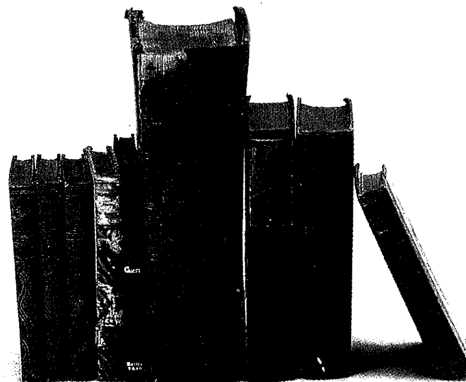
❖ La responsable du comité de recherche *Marla Ewen* de Saskatchewan a placé l'information pour la bourse de recherche 2002 sur le site **www.ornac.ca**. Elle l'a aussi envoyé aux institutions de soins infirmiers à la grandeur du Canada.

❖ La deuxième représentante de Saskatchewan, *Linda Socha*, a aussi été très occupée avec son comité sur le champ de pratique en soins périopératoires. La portion du site **www.ornac.ca** sur l'infirmière 1ère assistante en chirurgie est en renouvellement. Gardez l'œil sur le site et surveillez le progrès. Ce comité est aussi à rassembler l'information sur le rôle de l'infirmière en anesthésie, si vous travaillez en anesthésie, s'il vous plaît contactez *Linda Socha* à l'adresse électronique suivante : **lsocha@shaw.ca**

Continué a page 21

Update From The ORNAC Research Committee

By: *Marla Ewen, Chair*



In 1989 the Research Committee was formed as an Ad Hoc committee for *ORNAC*. The vision behind its creation was to encourage evidence-based research in to perioperative nursing issues. The process began with the committee asking questions of various people across the country to determine what issues they felt required research. Numerous issues were brought to the fore by this questionnaire – issues relating to staffing in the OR; best practices; sacred cow topics; and standards of care. Some research was conducted and the committee also had a research display that promoted the concept of research in the perioperative setting that was used for a few years by *ORNAC*. After deliberating the issues raised by the survey at board meetings, the committee decided that they were not researchers and changed the focus of the committee. This article will focus on the more recent activities of this committee.

In the spring of 1998 the committee requested that the Board fund an annual research grant of $5000.00 to be awarded to perioperative nurses who were conducting research in the perioperative field. After receiving approval, the Committee set out to make this dream a reality. *The Guidelines for Applicants* and the Application Form were drafted that fall and placed on the web site. *ORNAC* would provide the first research grant in 1999 at the National Operating Room Nurses Conference in Halifax, Nova Scotia.

The first *ORNAC* Research Grant was awarded to *Hilda Powers* in 1999. Her research project looked at postoperative outcomes relative to positioning. This study was initiated in 1996 to address a concern that perioperative nurses, working in an OR suite at a tertiary care hospital, had identified after two women developed postoperative complications following gynecological surgeries. The study was carried out between November 1996 and January 2000. This study determined that there is a need to refocus on education of proper positioning and that nurses and surgeons share in the responsibility for patient position.

In 2000 the committee went looking for a corporate sponsor for the research grant. *ORNAC* had realized the importance of continuing research and found a corporate sponsor was necessary if we were to see this grant continue in tough financial times. *Allegiance Healthcare* was approached in the spring of 2000 and agreed to finance the grant. In November 2000 the name of the grant was changed to the *Allegiance Research Grant*. It is still awarded annually at either the *National Operating Room Nurses Conference* or at the Provincial Conference of the successful research award candidate.

The 2001 Allegiance Research Grant was awarded to Linda Socha at the 2001 National Operating Room Nurses Conference in Banff, Alberta. Her study, which is ongoing, aims to determine patient outcomes and develop a cost comparison of the results of implementing the Registered Nurse First Assistant role. It is a three-part study that encompasses activities of the RNFA as compared to a GP assistant; patient, nurse and surgeon satisfaction; and patient outcomes and cost effectiveness.

All grant recipients present the results of their research at the National Operating Room Nurses Conference that follows the year in which their grant was awarded. Hilda presented in Banff and Linda will be presenting her research in Winnipeg in 2003.

In 2001 the committee began to consider updates to the application process. Currently, all applicants fill out a detailed form and send it to the chair of the Research Committee. Applications are then sent to independent proposal reviewers who have diverse backgrounds and expertise appropriate to the research priorities identified. The primary role of the independent reviewers is to review the grant proposals and to make recommendations for funding. The graded proposals are then sent back to the *Research Committee* for final approval. It was the opinion of this committee that while the application form is necessary, it is also a time consuming step that might be unnecessary if the research does not meet the funding criteria and priorities set out by *ORNAC*. It was decided at this time that a Letter of Intent could be submitted in order to allow interested registered Nurses a chance to see if their research fits *ORNAC*'s criteria. The format of this Letter of Intent is in its final draft stage and will be presented to the *ORNAC Board and Executive* at the spring board meeting in Windsor in May 2002. If accepted for use it will be available to research candidates in time for the 2003 grant application process.

We, the *ORNAC Research Committee*, look forward to a long and continuous association with *Allegiance* that will allow us to promote perioperative research for many years. For more information about committee activities or grant opportunities visit **www.ornac.ca.**

UPCOMING EVENTS

PROVINCIAL & REGIONAL CONFERENCES

For details visit www.ornac.ca

Alberta	Oct 16-19, 2002	Edmonton
Saskatchewan	Sept 13-15, 2002	Moose Jaw
Ontario	May 5-8, 2002	Windsor
Quebec	Nov 20-22, 2002	Montreal
Nova Scotia	June 7-8, 2002	Halifax
Atlantic Conference	Sept 25-28, 2002	Charlottetown
Newfoundland	Autumn 2002	Goose Bay, Labrador

ORNAC CONFERENCES

For details visit www.ornac.ca

National 2003	June 8-12, 2003	Winnipeg, MB
National 2005	May 2-6, 2005	Montreal, PQ

CANADIAN ANAESTHESIA SOCIETY

For details visit www.cas.ca

	June 21-25, 2002	Victoria, BC

INTERNATIONAL CONFERENCES

AORN (www.aorn.org)	March 23-27, 2003	Chicago, Illinois
WCSPC	Aug 17-22, 2003	Hong Kong

Pearls of Wisdom

WHO IS A LEADER?

We are all – in our own unique way, with our various talents presenting themselves in many different ways under different circumstances – leaders. Our leadership qualities will appear in different ways in our varying roles as professionals, parents, spouses, partners, friends, managers or directors.

A leader, in the context of this article and in our operating rooms, may or may not be the Charge Nurse, Educator, Supervisor, Manager, or Director. Leaders in our operating room theatres are the senior nurses who provide the complex care for our patients and ensure that safety practices and standards are followed.

Leaders are the instructors of new staff, the mentors that help you get through a scary day and the individuals who ensure our environment remains a safe, educational, and positive place to work. Leaders are those who excel at communication with all team members. Leaders listen to everyone and take the time to engage the quiet person – even in situations dominated by aggressive, and possibly rude, individuals. Leaders engage negative team members, converting their energy into useful and positive activities and conversation. A leader contributes to the innovation, success, excitement, progress, and well-being of the entire team.

TAKE A LOOK AT YOUR LEADERSHIP STYLE

Leadership styles vary tremendously and are influenced heavily by an individual's natural personality, upbringing, values, sense of humour, sense of self-worth, credibility, skill level, personal needs, and his/her perception of his/her role. A person's perception of power, need-to-control, and willingness to share and delegate will also factor heavily into the equation. Internal levels of fear and anxiety, combined with external pressures, will also have a significant impact that will vary from one situation to another.

To assess our own abilities it is important to take an honest look at ourselves and ask the right questions. Be brutally honest with yourself. How would your subordinates, colleagues, physicians, and superiors rate you as a leader? What are the areas where they would think you excel and where do you need to make progress? What do they say about you in the locker room? When the "chips are down" how much do you contribute to turning the situation around?

Would any of your colleagues see you as a mentor and a role model? If not, why not?

REASSESS YOUR OLD IDEAS AND TAKE POSITIVE ACTION!

Nursing leadership is the key to our success as a team, to our patients' safety and to the education of our upcoming nurses. Successful recruitment and the retention of the best people are made possible by our positive nursing leaders. "Step up to the plate" and become an outstanding role model and mentor – *we need you now*! ✤

CANADIAN
Operating Room
Nursing Journal

Do you have an event that might be of interest to readers?

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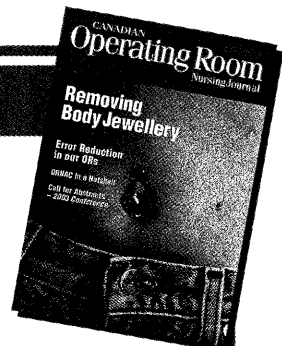

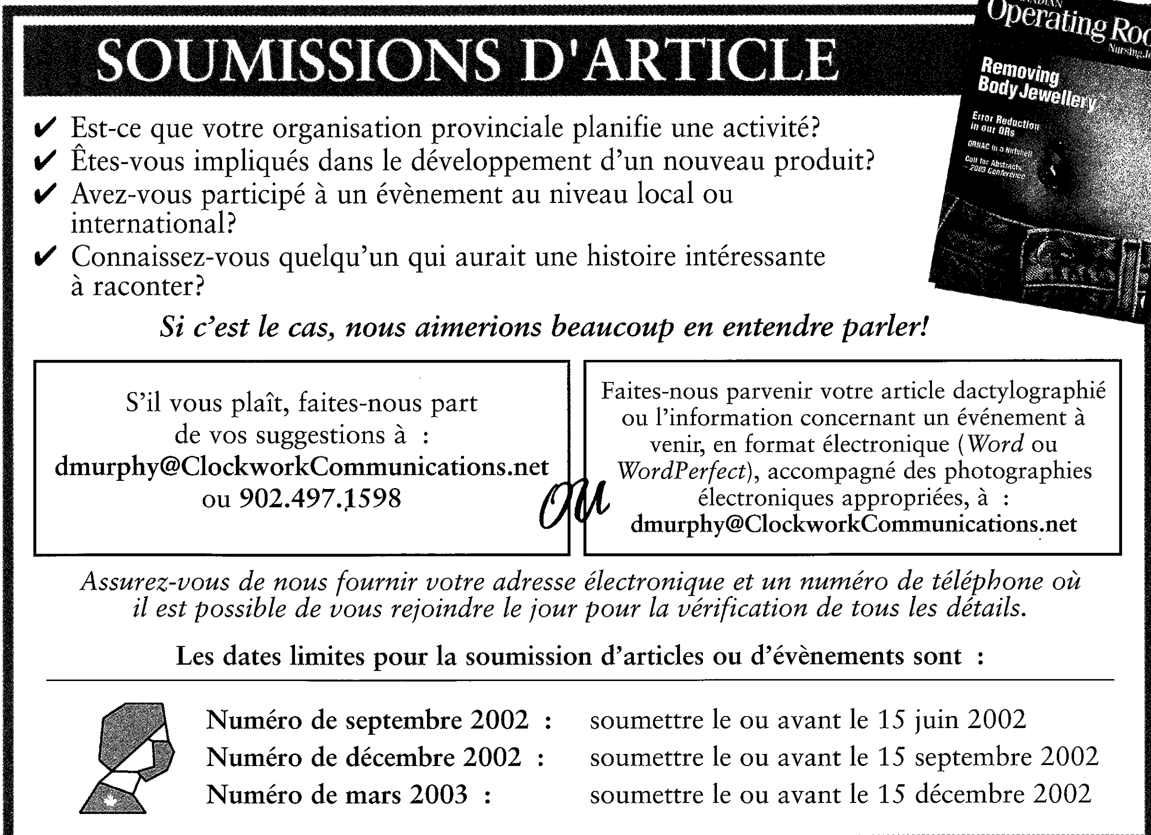

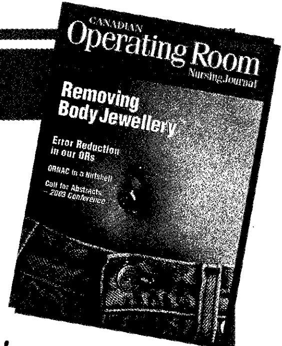

FAREWELL

The *Canadian Operating Room Leaders (CORL)* wish to say **thank you** and *Bon Voyage* to **Peter Steinman,** *President J&J-Canada* as he takes a senior post with *J&J International*, in Hamburg, Germany. Although Peter arrived from Europe only two years ago, he quickly made himself part of the Canadian culture – even becoming a token cowboy for a few days!

Peter brought a professional, supportive, and progressive atmosphere to our partnerships. This support extended through our business ventures, the advancement of Perioperative nursing practice, and Benchmarking and Leadership development.

We wish Peter and his family every success. We will miss your tremendous support and cooperation!

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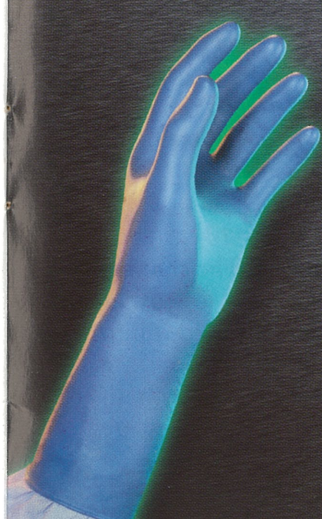

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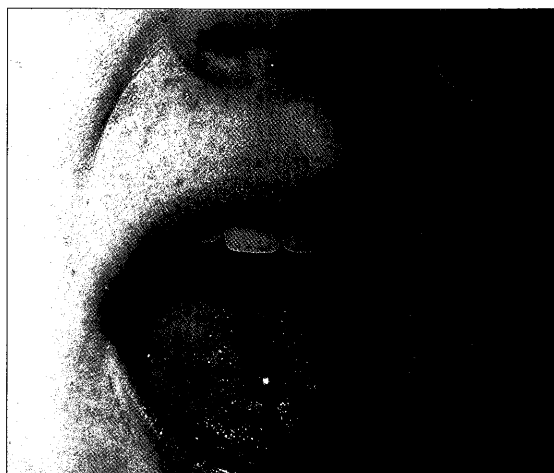
Body Jewellery (*cont.*)

A situation may arise where the patient understands the risks, but is still adamant that a piece of jewellery remain in place. In this situation the nurse will call the OR charge nurse and explain the situation. The OR charge nurse, surgeon and anesthetist will decide whether or not to proceed with the surgical procedure. The nurse on the preoperative care unit will document on the patient record that intraoperative safety concerns were discussed with the patient and that the patient refused to remove the item. The nurse will also complete a risk-management form.



In the event of an emergency surgical situation involving a threat to life or limb, the surgical procedure will begin without delay and the perioperative nurse will remove jewellery at an appropriate time.

Removing the Jewellery:

The nurse can help the patient cut off any jewellery that cannot be removed because of a physical barrier such as a swollen joint. In any situation where jewellery must be cut off, the nurse will document that an explanation was provided and that the patient agreed to have the item cut off. The pieces are safely packaged, labeled and returned to the patient.

Often the patient is either too squeamish to remove the body-piercing item or does not know how to remove it. When asked to remove the item, the patient may reply "I cannot". The nurse may misinterpret this to be a refusal. The nurse should clarify what the patient means to determine if he/she should assist with jewellery removal.

Piercing captive-bead rings *(pg. 10, fig. 1 & 2)* are rings that are inserted into ears, nose, lips, genitals, etc. The arms of the rings are held together by compression into the groves on the metal bead. Small-gauge rings may be removed by spreading the arms with a forcep, but many require the application of a ring-expander tool, *(pg. 10, fig. 3)* which effectively spreads the arms of the ring. The bead then drops off, enabling the ring to be removed. The patient is then able to have the same ring reinserted at a later date.

Barbells can be inserted through the tongue, nipple, back of the neck and other areas of the body. *(pg. 10, fig. 4 &5)* They consist of a metal shaft that pierces the tissue with beads at both ends to hold the barbells in place. Either one or both of the metal beads will unscrew from the shaft. A universal principle applies to body-piercing items that have beads *(pg. 10, fig. 6 & 7)* on their tips: turn clockwise to tighten and counter-clockwise to loosen *(Sveinson, 2001)*. A forcep may be used to stabilize the shaft of the barbell while the bead is being turned counter-clockwise to loosen it.

Labret stubs *(pg. 10, fig. 8 & 9)* are inserted through eyebrows, bottom lips, tongues, etc.... They have a flat base that is solidly secured to the shaft. Only the metal bead at the end is removable by turning it counter-clockwise. Once again, the shaft may be stabilized with a mosquito or halstead forcep during removal of the bead.

Eyebrow or surface barbells *(pg. 10, fig. 10 & 11)* have a U-shaped shaft that sits under the skin. They are inserted at the back of the neck, over the sternum near the trachea, between the eyes, etc. One or both of the metal beads at the end of the shaft will unscrew.

Tunnels and Plugs *(pg. 10, fig. 12 & 13)* provide an open channel through the tissue. The channel may be used for the placement of other jewellery. Tunnels and plugs may be placed into earlobes, etc. These spool-shaped devices are held into place by expandable O-rings on both ends. To remove these devices, the O-rings are slipped off the ends.

Nostril screws *(pg. 10, fig. 14)* pierce the outer wall of the nostril and often have a bead or tiny jewel as the only visible part. These screws have a flat S-shaped base inside the nostril. To remove the item, the part visible outside the nostril is grasped and the screw can be twisted out by rotating it in one direction.

Septum channel retainers *(pg. 10, fig. 15)* maintain an open channel through the nasal septum. This channel may be used for other jewellery placement. They are U-shaped and may be pulled out rather easily.

Conclusion

When departments work together, hospitals can effectively reduce the number of patients arriving in the OR wearing body jewellery.

For more information or to obtain a copy of the *Winnipeg Health Sciences Centre*'s **Policy For Preoperative Removal of Patient Jewellery** contact **jporteous@hsc.mb.ca** ✤

ACKNOWLEDGEMENT

The author wishes to acknowledge and thank *Mr. Jon Stepaniuk* RN, BN, CPN(C), perioperative nurse at Winnipeg's *Health Sciences Centre*, for creating the excellent drawings which greatly enhanced this article.

REFERENCES

AORN (2001). *Standards, Recommended Practices and Guidelines*. Denver, CO: AORN.

Fortunato, N. (2000). *Berry & Kohn's Operating Room Technique* (9th ed.). Toronto: Mosby.

Gruendermann, B. & Mangum, S. (2001). *Infection Prevention in Surgical Settings.* Toronto: WB Saunders.

ORNAC (1998). *Recommended Standards for Perioperative Nursing Practice.* Author.

Phippen, M. & Wells, M. (2000). *Patient Care During Operative and Invasive Procedures.* Toronto: Mosby.

P. Sveinson. *Primal Arts Body-Piercing*, Winnipeg, Manitoba *(personal communication, September, 2001).*

AIISOC en Bref (*cont.*)

- Le groupe national de l'infirmière 1ère assistante en chirurgie a été formé. Les membres travaillent présentement sur les attributions, le guide de compétences et le registre national. Surveillez quand même www.ornac.ca pour des mises à jour, même si le site est en construction. Il y a encore la liste des contacts de chacune des provinces et de l'information qui est valable.
- La présidente de *l'AIISOC* était invitée et conférencière à Terre-Neuve en septembre. Mary parlait de nos liens avec d'autres groupes comme la Fédération internationale des infirmières en soins périopératoires (IFPN) et de la signification de ces associations avec des groupes similaires.
- 2005 est l'année, Montréal est le site et le 2 au 6 mai sont les dates à noter sur votre agenda pour la tenue de la 19ième conférence nationale.
- Vancouver, en Colombie-Britannique sera le site pour la Conférence nationale de *l'AIISOC* en 2007. Félicitation au groupe de C.B.
- Si vous souhaitez contribuer à la révision de nos normes de 1998, visitez **www.ornac.ca** et laissez vos coordonnées sous Standards ou au contact du site. Nous serons prêts à faire la promotion et vendre les normes révisées à la conférence nationale 2003 à Winnipeg. Surveillez, il pourrait bien y avoir un changement de format et d'apparence.
- *L'AIISOC* a présenté un budget balancé pour la prochaine année. Pour ce, nous avons diminué les dépenses de voyages internationaux. Par conséquent, *l'AIISOC* n'aura pas de représentantation au *congrès américain* (*AORN*) de 2002. De plus, *l'AIISOC* n'assistera pas à la réunion du *comité international de planification* (*IPC*). ✤

Error Reduction in the New World

How we can improve the level of safety for everyone in our operating rooms

By Muriel Shewchuk, RN, BScN, CPNC

Introduction

The world changed in many ways on September 11th. While many horrific events have occurred in the past we in North America had not really experienced the deep, far reaching, impact of such events until this past September. Terror, fear and anger are only some of the emotions we felt. Perhaps we can now better relate to some of the feelings experienced by our patients, and their families, after a serious injury or death due to errors in our facilities. We already know the devastation that results from a serious surgical error. But how can we reduce both the errors and the near misses?

A devastated father stands by his unconscious, 25-year-old son for 10 days in the ICU and then he kneels by his grave still crying — *WHY? WHY?* The nurses and doctors who were involved in the fatal endotracheal/bronchial laser fire are also devastated. The emotional trauma will have a life-long impact on their emotions, career, confidence, and perhaps financial stability.

Who Was That Father? The horrible situation just described is a true story. *Dennis R. Parker*, Vice President — Safety, Health, & Environment — for *Conoco Inc.* described this stirring experience at the *World Conference on Surgical Patient Care-XII*, in Christchurch, New Zealand. His goal was not only to clearly show the impact on the family of the deceased, but also to describe concepts and practices in use by our industry to reduce errors — a "*Root Cause Systems*" approach.

The Current Process

When a serious event occurs, a critical incident review will take place. The focus of this review will be on gathering information. The attention will likely be focused on the event and the individuals who were directly involved. Legal counsel will provide advice, the media will spread the word, and money might be paid out. But will the process have a long lasting, wide-spread impact on error reduction for all health team members? Likely not.

We need to take lessons from engineering, aviation and regulatory bodies that use a Systems Approach — *Root Cause Analysis* — to achieve long-term error reduction.

Accreditation teams, physician groups, occupational health groups, and educational literature are all promoting a greater focus on reducing errors system-wide. Using a Systems Approach means not focusing solely on the actual event and an individual's actions or performance. It involves in-depth analysis of the total environment including leadership, training, education, attitude, commitment, behavior, practices, beliefs, standards and tools. While this process may be a destructive analysis, the ultimate result must be positive, constructive rebuilding and re-implementation. The questions to ask include: "*What and how many systems are in place? What system(s) failed? Why did the system(s) fail? Do personnel adhere to all systems, policies and procedure standards? If not, why not?*"

Sentinel Event and Root Cause Analysis

The term "sentinel event" has now become a key term in serious investigative processes. It is derived from the original intent of the word – one who keeps guard to prevent surprises. A sentinel event is an unexpected event involving death, serious physical injury or the risk of a near miss.

These events provide a warning of the need for extensive investigation, analysis, reporting and a change in the system.

The cause of the event may be human error, flawed material, mechanical malfunction, poor leadership, inadequate training, or a complex mixture of many elements.

Root Cause Analysis is the detailed, investigative method of determining the real factors that contributed to a sentinel event instead of just focusing on the elements or people that were directly involved at the time of the event.

How do we Change?

Our goal must be to always build public confidence in our system; improve patient care; provide safe environments for our patients, the health team and the visitors; and to reduce preventable injuries and fatalities.

We need to utilize quality engineering and quality improvement models in our investigation of serious incidents, accidents and near misses. These concepts and models have been around since the 1930s and they call for:

- A clearly evident leadership and support for safe work practices, incident investigations, audits, hazard analysis and corrective action
- Strong, credible, visible leadership providing an expectation of accountability and compliance with standards, policies and procedures that are designed to promote safety and a goal of a ZERO rate for sentinel events
- Performance reporting with a focus on improvement
- Standards, procedures, and policies that are current, user-friendly, accurate, accessible, and used by all personnel
- Clearly defined roles, responsibilities and accountability links for each individual that will contribute to a safe environment for all
- Clearly defined processes to follow when errors occur so as to reduce their impact. A defined system for activating an appropriate investigative process so as to reduce recurrence
- Orientation, training and education that are effective, emphasized, practiced, and implemented with compliance audits
- Equipment and materials that are provided and maintained with regulatory and performance integrity
- A risk-hazard, near-miss, and sentinel event investigative process that is clearly defined, followed, and expedited
- A regular, organized, coordinated review of policies and procedures by staff and leaders in order to eliminate outdating, lack of clarity, redundancy, or unusable directives

Did you know?

An accident ratio and safety pyramid of analysis identifies the following approximations:

- For every serious or major injury there are 600 close calls or near misses
- For every fatality there are 3,000 near misses
- For every fatality there are 30,000 unsafe events
- For every fatality there are 30 major injuries and 300 recordable injuries
- In large studies of hospitalized patients as many as 1 million or more are injured and at least 98,000 patients die each year in the USA as a result of errors in care

---

Reference: *To Err is Human: Building a Safer Health System 2000. Authors: Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson. Editor: Committee on Quality of Health Care in America, Institute of Medicine.*

Summary

In order to do no harm, ask yourself and your colleagues the following questions: Is our environment safe? Does staff follow all safety measures? Do physicians and visitors follow

Continued on Page 27

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Error *(cont.)*

safety rules? Is every staff member aware of their role in safety for all? Is there an effective staff/leader safety inspection team in place and functioning effectively? Are all reasonable recommendations implemented? Have the errors been reviewed in detail? If so, what were the results and what changes were made? Is self-reporting encouraged without repercussions? Do you know what your error rates are, what the root causes were, which systems were lacking, and how they have been modified?

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References:

Parker, D. R. (2001). *Reduction of Errors: A Systems Approach*.
World Conference on Surgical Patient Care-XII, Christchurch, New Zealand

Bird, F.E. & Germain, G.E. (1989). *Practical Loss Control Leadership*.
Institute Publishing, Loganville, Georgia

Web sites: **www.iom.edu** (search medical errors)

Author: *Muriel Shewchuk, RN, BScN, CPNC.*
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