



March 2012  
Volume 30, Issue 1

# ORNAC JOURNAL

Formerly Canadian Operating Room Nursing Journal



*Courtesy: AMT Electrosurgery*

Surgical Smoke Evacuation  
PNEC: Planning for Change  
Writing for Publishing



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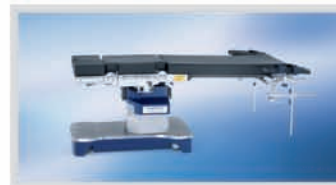
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# ORNAC JOURNAL

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## TABLE OF CONTENTS

Courtesy: AMT Electrosurgery



*Surgical Smoke Evacuation*

### **14** Compliance with Surgical Smoke Evacuation Guidelines: Implications for Practice

BY/PAR: KAY BALL, PHD, RN, CNOR, FAAN

### **28** PNEC Perspective -- Planning For Change

BY/PAR: TRACIE A. SCOTT, RN, BScN, MSN/ED, CPN(C)

### **31** So You Think You Can Write!

BY/PAR: PAT PIASKOWSKI, RN, HBScN, CIC.

### ORNAC NETWORK / RÉSEAU DE L'AIISOC

### **20** ORNAC Mission, Vision & Values

### **21** La Mission, la Vision et les Valeurs de l'AIISOC

### **23** Call for Abstracts / Demande de communications

### **24** Spotlight on ORNAC Members

### **34** Upcoming Events

### **38** ORNAC 2013 Conference with IFPN

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3M Infection Prevention	13	Maquet Getinge Group	2
AMT Electrosurgery	7	Meditek	17
Ansell	30	Medline Canada	40
Cardinal Health Canada	39	Trudell Medical Marketing	27
Ethicon Endo-Surgery	9		

## Career Opportunities / Possibilités de carrière

Canadian Red Cross	33	Kelowna General Hospital	25
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# PRESIDENT'S MESSAGE

Karen Frenette, RN, BN, MN, CPN(c), ORNAC President is the Surgical Suite Nurse Manager at Chaleur Regional Hospital, Bathurst, NB, a part time instructor for the University of New Brunswick Faculty of Nursing, Bathurst Campus, and the past Chair of the ORNAC Research Committee.



Welcome to the new ORNAC *Journal*! I wish to extend my sincere appreciation to the ORNAC's Editorial Committee, Publisher, and Executive Director for their commitment in making this vision a reality. The new ORNAC Journal can grow and continue to flourish by having submissions from you, our readers. This is your journal! The template is established and you now have the opportunity to contribute. I challenge you to share your research, projects, and clinical articles with fellow perioperative nurses from our country and beyond.

The transition from the ORNAC of the past to the ORNAC of the future continues as we bring the strategic plan to life. At the November Board Meeting the new ORNAC Board structure was approved meaning it will decrease in size from the present 28 board members to a streamlined, and more efficient, 17 member structure. Each provincial perioperative organization will continue to be represented on the ORNAC Board and three seats will be filled by representatives from perioperative education, advanced practice, and leadership. Efficient and effective functioning of the Board is essential to ensure the viability of ORNAC both in the present and also in the future. ORNAC has begun the process to establish the five pillars that will support the functioning of ORNAC – National Conference Planning, Professional Practice, Advocacy, Research & Informatics, and Marketing. These pillars provide the basis of a strong foundation for our organization and ORNAC members will take on the vital role of supporting the committees for each pillar. This is your opportunity to become involved in shaping the future of ORNAC! There is a wealth of knowledge and talent to be found among Canadian perioperative Registered Nurses and that strength needs to be shared. Please contact me, via the ORNAC website, and express your

area of interest. Throughout 2012 ORNAC will be taking the necessary steps to have the new structure fully in place for unveiling at the 2013 ORNAC National Conference in Ottawa!

ORNAC's core values include the promotion of perioperative excellence, collaborative partnerships, and professional accountability. ORNAC recognizes the need for, and is committed to, the education, research, and practice standards that are necessary components to guide our practice. ORNAC strives to promote and advance perioperative practice, to collaborate with nurses within our specialty as well as other disciplines that influence or impact on our practice, to support our members as a professional collective, and to ensure positive outcomes for the patients in our care.

ORNAC must build a vision for the future that its members can believe in and strive toward. This will be a significant challenge as, during our transition, we overcome the hurdles of every day events and the uncertainty of change. As a united organization, with members from coast to coast, we can create a strong future for perioperative nursing. We cannot, as nurses, underestimate the influence or the power that we have! ORNAC must be respected and involved with the key decision makers in order to have a strong role in shaping the future of perioperative practice and the provision of care to the perioperative patient. ✨

ORNAC's core values include the promotion of perioperative excellence, collaborative partnerships, and professional accountability.

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A handwritten signature in purple ink that reads "Karen Frenette".



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# MOT DE LA PRESIDENTE

Karen Frenette, IA, B.Sc.Inf., M.Sc.Inf., CSP/C, la Presidente de l'AIISOC est infirmière-gestionnaire du bloc opératoire de l'Hôpital régional Chaleur, à Bathurst, au N.-B., chargée de cours à temps partiel pour la faculté de soins infirmiers de l'Université du Nouveau-Brunswick au campus de Bathurst et ancienne présidente du Comité de recherche de l'AIISOC.



**B**ienvenue à la nouvelle revue de l'AIISOC! J'aimerais présenter mes félicitations les plus sincères au comité de rédaction de l'AIISOC, à la maison d'édition et à la directrice générale pour leur engagement à transformer cette vision en réalité. La nouvelle revue de l'AIISOC peut continuer à se développer et à prospérer grâce à vos soumissions, vous, les lecteurs. C'est votre revue! Le modèle a été établi et vous pouvez maintenant y contribuer. Je vous mets donc au défi de partager, avec vos collègues en soins périopératoires de partout au pays et à l'étranger, vos recherches, vos projets et vos articles cliniques.

La transition de l'ancienne AIISOC vers l'AIISOC du futur continue alors que nous mettons en pratique notre plan stratégique. Lors de la réunion du conseil d'administration du mois de novembre, la nouvelle structure du conseil de l'AIISOC a été approuvée. Le nombre de membres du conseil passera donc de 28 personnes à une structure plus efficace et plus simple dotée de 17 membres. Chaque organisme provincial en soins périopératoires continuera d'être représenté au conseil de l'AIISOC et trois sièges seront occupés par des représentants en éducation en soins périopératoires, en pratique avancée et en leadership. Un fonctionnement efficace du conseil est essentiel afin d'assurer la viabilité de l'AIISOC tant aujourd'hui que dans le futur. L'AIISOC a entamé le processus pour déterminer les cinq piliers qui appuieront le fonctionnement de l'AIISOC, soit la planification des conférences nationales, la pratique professionnelle, la défense des droits, la recherche & l'informatique et le marketing. Ces piliers sont la base

du fondement solide de notre organisme et les membres de l'AIISOC assumeront le rôle essentiel d'appuyer les comités de chaque pilier. C'est l'occasion pour vous de vous impliquer au sein de l'AIISOC et d'aider à bâtir son futur! Les infirmières et les infirmiers autorisés en soins périopératoires du Canada possèdent des connaissances approfondies de leur domaine ainsi que du talent à revendre et nous devons partager ces forces. Veuillez communiquer avec moi, par le biais du site Web de l'AIISOC, afin de me faire part de votre champ d'intérêt. Tout au cours de l'année 2012, l'AIISOC prendra les mesures nécessaires pour s'assurer que la nouvelle structure est bien en place lors de son dévoilement qui aura lieu durant la conférence nationale de l'AIISOC à Ottawa en 2013!

Les valeurs fondamentales de l'AIISOC incluent la promotion de l'excellence en soins périopératoires, des partenariats de collaboration et la responsabilisation professionnelle. L'AIISOC reconnaît qu'il y a un besoin et s'engage envers l'éducation, la recherche et les normes de la pratique qu'elle considère comme des éléments essentiels guidant notre pratique. L'AIISOC s'efforce de faire la promotion et de faire progresser la pratique des

Les valeurs fondamentales de l'AIISOC incluent la promotion de l'excellence en soins périopératoires, des partenariats de collaboration et la responsabilisation professionnelle.

soins périopératoires, de collaborer avec les infirmières et les infirmiers de notre spécialité ainsi qu'avec ceux et celles au sein d'autres disciplines qui influencent ou ont des répercussions sur notre pratique, d'appuyer nos membres en tant que collectivité professionnelle et enfin, d'assurer des résultats positifs pour les patients dont nous prenons soin.

L'AIISOC doit bâtir une vision de l'avenir en laquelle ses membres pourront croire et à laquelle ils pourront aspirer. Cela représentera un défi de taille étant donné que durant

notre transition, nous surmonterons les obstacles des événements quotidiens et l'incertitude associée au changement. En tant qu'organisme uni, ayant des membres de part et d'autre du Canada, nous sommes en mesure de bâtir un avenir solide pour la pratique des soins périopératoires. En tant qu'infirmières et qu'infirmiers, nous ne pouvons en aucun cas sous-estimer l'influence ou le pouvoir que nous avons! L'AIISOC doit être respectée et doit travailler avec les principaux décideurs afin d'occuper un rôle solide pour façonner l'avenir de la pratique des soins périopératoires et des soins apportés aux opérés. ✿

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# EXECUTIVE DIRECTOR'S MESSAGE

Catherine Harley, RN, eMBA, ORNAC Executive Director



Welcome to the new ORNAC Journal -- a result of the new ORNAC Strategic Plan. As many of you are aware the ORNAC Board of Directors started a strategic planning process in August of 2010. The final five year ORNAC Strategic Plan was approved, after receiving several rounds of stakeholder feedback, at the May 2011 ORNAC Board Meeting and Annual Membership Meeting. Once the strategic plan was approved the implementation was initiated.

Building on the strong foundation of ORNAC's past it was identified that ORNAC needs to grow as an organization and offer additional value to its members through new services, benefits and events. In order to create a

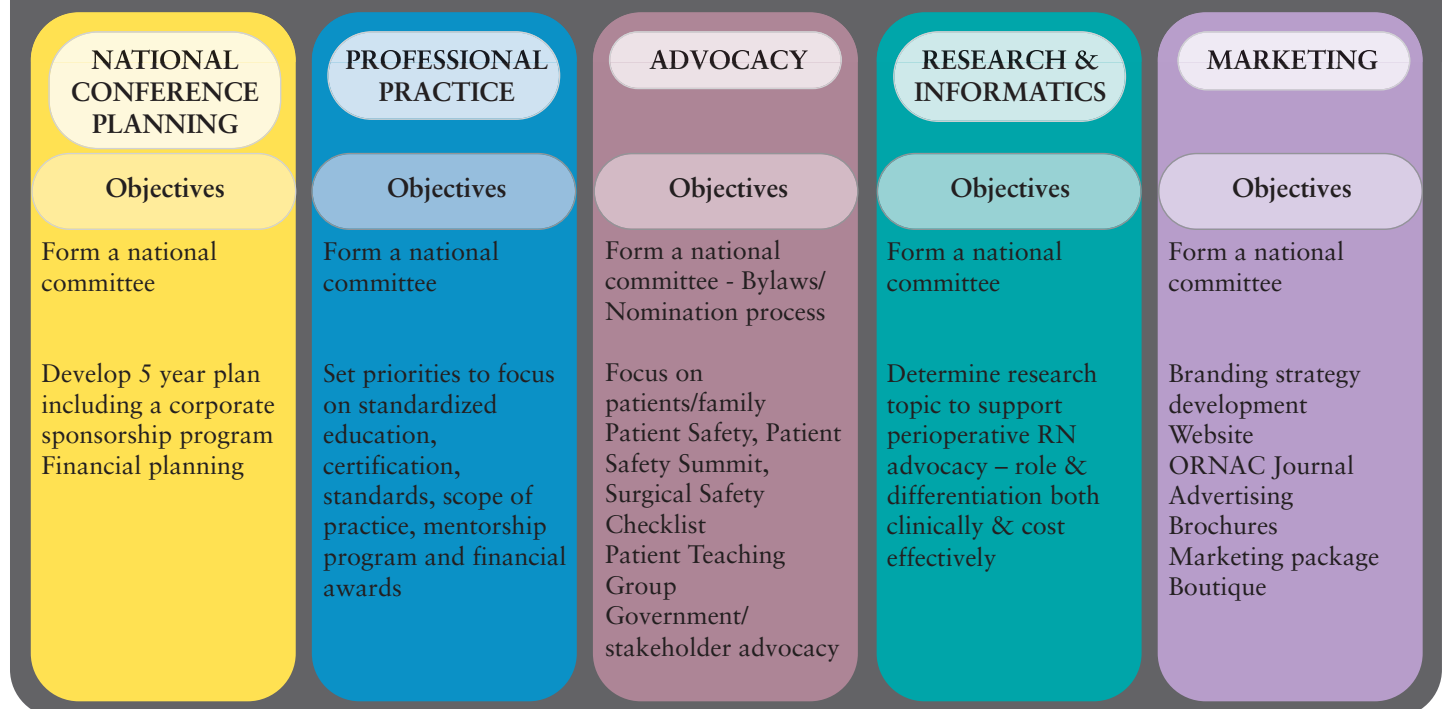
plan toward this goal the strategic planning process identified the need for strong ORNAC Board Governance and a more effective way of completing the work of the Board of Directors. This meant that time needed to be allocated to the analysis and review of the existing structure of ORNAC and the Board of Directors and recommendations needed to be formulated to ensure that the right structure would be in place to sustain ORNAC, the Board of Directors, and the current and future membership. Board restructuring was also necessary in order to meet the requirements of the new Canada Not-For-Profit Corporations Act.

A Board Governance meeting was held in Ottawa, ON, in September 2011. The ORNAC Executive, one Board member

representative from each Province, plus a representative from each of the three affiliates, (CORL, PNEC and RNFANC) participated in the meeting that was facilitated by the ORNAC Executive Director. A lawyer, who is an expert in not-for-profit law, provided the information required to assist the group with formulating recommendations.

The ORNAC Board of Directors has, in order to better serve ORNAC and its members, approved a structure in which directors will oversee critical functions of the association and act in a decision-making capacity. The number of Directors will be reduced from 28 to 17 in order to support a more effective decision making

## ORNAC PILLARS 2011-2015



process and improve the financial sustainability of the association. The work of the ORNAC Board will be done through the structure of the five pillars of National Conference Planning, Professional Practice, Research and Informatics, Advocacy, and Marketing. Each Pillar has a Board-approved Chair in place and its own terms of reference and strategic priorities. The existing ORNAC committees are being folded into the pillar structure. The ORNAC Standards Committee will, as an example, now be managed by Professional Practice. The Perioperative Registered Nurse will be at the forefront of the new ORNAC structure and, starting in 2014, will be the "active, voting" members of the association. There will also be new membership categories to allow for an

expanded membership of non-voting members such as Associate, Industry and Student members. Members will now be able to join ORNAC directly and membership will include membership in their local provincial association. These provincial groups will remain intact and the Provincial Executives will be notified of the restructuring plan for ORNAC in advance in order to prepare at the Provincial level.

We are confident that this new structure will provide a better framework to allow board volunteers to dedicate their energy and enthusiasm in practical ways that match their interests and skills. With myriad possibilities for remote collaboration this new structure will, in time, also open up a range of new

opportunities for ORNAC members to volunteer in ways that are personally meaningful.

With these changes presenting, and the many opportunities for growth, we invite you to get involved and provide your support. For more information about upcoming changes, what they mean and when they will occur, please visit [www.ORNAC.ca](http://www.ORNAC.ca) for updated information.

#### REFERENCES:

1. Industry Canada "Canada Not-For-Profit Corporations Act Receives Royal Assent" <http://ic.gc.ca/eic/site/ic1.nsf/eng/04784.html>. Accessed December 20, 2011. 🍁

## MESSAGE DE LA DIRECTRICE GÉNÉRALE

*Catherine Harley, IA, M.B.A. pour cadres, directrice générale de l'AIISOC*



**B**ienvenue à la nouvelle revue de l'AIISOC – résultat du nouveau plan stratégique de l'AIISOC.

Comme nombre d'entre vous le savent, le conseil d'administration de l'AIISOC a adopté en août 2010 un processus de planification stratégique. Lors de la réunion du conseil d'administration de l'AIISOC et de la réunion annuelle des membres qui a eu lieu en mai 2011, la version finale du plan stratégique quinquennal de l'AIISOC a été approuvée, après avoir tenu compte des nombreux commentaires de différents intervenants. Une fois le plan stratégique approuvé, la mise en œuvre du plan s'est mise en branle.

Prenant appui sur les bases solidement établies du passé de l'AIISOC, il a été déterminé que l'AIISOC avait besoin de se développer en tant qu'organisme et qu'elle devait offrir plus à ces membres en termes de services, d'avantages et d'activités. Dans le but de créer un plan aspirant à cet objectif, le processus de planification stratégique a identifié le besoin qui se faisait sentir pour un conseil de gouvernance de l'AIISOC solide ainsi qu'une manière plus efficace d'accomplir le travail du conseil d'administration. Ce qui signifiait que du temps devait être alloué à l'analyse et à la révision de la structure actuelle de l'AIISOC et de son conseil d'administration et que des

recommandations devaient être élaborées afin de s'assurer qu'une structure appropriée serait mise en place pour soutenir l'AIISOC, le conseil d'administration et les membres actuels et futurs. Une restructuration du conseil s'avérait également nécessaire pour se conformer aux exigences de la nouvelle loi canadienne régissant les organisations sans but lucratif.

Une réunion du conseil de gouvernance s'est tenue à Ottawa, ON, en septembre 2011. La direction de l'AIISOC, un représentant du conseil de chaque

province ainsi qu'un représentant de chacun des trois organismes affiliés (LCSO, ESPC et RNFANC) ont participé à la réunion qui était animée par la directrice générale de l'AIISOC. Une avocate spécialisée en matière de droit à but non lucratif a fourni l'information nécessaire pour aider le groupe à formuler les recommandations.

Afin de mieux servir l'AIISOC et ses membres, le conseil d'administration de l'AIISOC a approuvé une structure au sein de laquelle les membres du conseil superviseront les fonctions essentielles de l'association et auront la capacité de prendre des décisions. Le nombre de membres du conseil passera de 28 à 17 afin d'appuyer un processus de prise de décision plus efficace et d'améliorer la viabilité financière de l'association. Le travail du conseil de l'AIISOC sera effectué par le biais de la structure des cinq piliers, soit le pilier de la planification des conférences nationales, de la pratique professionnelle, de la recherche et de l'informatique, de la défense des droits et du marketing. Chaque pilier possèdera un président approuvé par le conseil ainsi que son propre mandat et ses priorités

stratégiques. Les comités actuels de l'AIISOC seront intégrés dans la structure des piliers. Par exemple, le comité des normes de l'AIISOC sera dorénavant géré par le pilier de la pratique professionnelle. Les infirmières et les infirmiers autorisés en soins périopératoires seront au centre de la nouvelle structure de l'AIISOC et, à compter de 2014, ils deviendront des membres votants actifs au sein de l'association. Nous introduirons également de nouvelles catégories d'adhésion afin de permettre au nombre de membres non-votants plus élevé de se joindre à l'association, tels les membres associés, les membres de l'industrie et les membres étudiants. Les membres pourront maintenant s'inscrire directement à l'AIISOC et leur adhésion comprendra l'adhésion à leur association provinciale. Il n'y aura aucun changement apporté à ces groupes provinciaux et nous informerons à l'avance la direction des associations provinciales quant au plan de restructuration de l'AIISOC afin qu'ils s'y préparent.

Nous sommes sûrs que cette nouvelle structure fournira un meilleur cadre pour permettre aux bénévoles du conseil de

consacrer toute leur énergie et leur enthousiasme de manière pratique et qui correspondra à leurs intérêts et leurs compétences. Grâce à une myriade de possibilités pour de la collaboration à distance, cette nouvelle structure nous ouvrira également, en temps opportun, toute une gamme de nouvelles opportunités, permettant aux membres de l'AIISOC de faire du bénévolat de façon à ce que cela soit significatif pour eux.

Suite à la présentation de ces changements et des nombreuses opportunités de croissance, nous vous invitons à vous impliquer et à nous fournir votre appui. Pour de plus amples renseignements sur les prochains changements, en quoi ils consistent et quand ils se produiront, veuillez visiter [www.AIISOC.ca](http://www.AIISOC.ca) pour obtenir les derniers détails.

### RÉFÉRENCES :

1. Industrie Canada, « La Loi canadienne sur les organisations à but non lucratif reçoit la sanction royale » <http://www.ic.gc.ca/eic/site/ic1.nsf/fra/04784.html>. Consulté le 20 décembre 2011. 🍁

## LES PILIERS DE L'AIISOC POUR 2011-2015

### PLANIFICATION DES CONFÉRENCES NATIONALES

#### Objectifs

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Développer un plan quinquennal incluant un programme de commandites par le secteur privé

Planification financière

### PRATIQUE PROFESSIONNELLE

#### Objectifs

Former un comité national

Établir les priorités pour se concentrer sur l'éducation normalisée, l'agrément, les normes, la portée de la pratique, un programme de mentorat et des récompenses en argent

### DÉFENSE DES DROITS

#### Objectifs

Former un comité national

Règlements administratifs/ processus de mise en candidature

Se concentrer sur les patients et leur famille

Sécurité des patients, sommet sur la sécurité des patients, liste de vérification pour la sécurité chirurgicale

Groupe pédagogique à l'intention des patients

Défense des droits auprès du gouvernement et des intervenants

### RECHERCHE & INFORMATIQUE

#### Objectifs

Former un comité national

Déterminer un sujet de recherche afin d'appuyer la défense des droits effectuée par les IA en soins périopératoires— leur rôle et la différence que cela fait tant du point de vue clinique qu'économique

### MARKETING

#### Objectifs

Former un comité national

Développement d'une stratégie d'image de marque

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Publicité

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# COMPLIANCE WITH SURGICAL SMOKE EVACUATION GUIDELINES: IMPLICATIONS FOR PRACTICE

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## INTRODUCTION:

Surgical smoke (ie, plume) is produced when tissue is cut or coagulated with lasers or electrosurgery devices. Research has documented that surgical smoke creates a serious workplace hazard for more than 500,000 health care workers.<sup>1</sup> Toxic gases from surgical smoke create an offensive odor, small particulate matter causes respiratory complications, and pathogens may be transmitted in the surgical smoke to the surgical team.<sup>2,3</sup> Surgical smoke can be effectively removed when appropriate smoke evacuation methods are used,<sup>4</sup> but previous research has found that perioperative nurses do not consistently comply with smoke evacuation recommendations.<sup>5</sup> Nurses consistently evacuate laser plume but not electrosurgical unit plume.<sup>5,6</sup> This inconsistency of practice became the foundation for my doctoral research in 2009. I wanted to determine what factors affected perioperative nurses' compliance with smoke evacuation recommendations. I focused my study on compliance with the evacuation of electrosurgical unit smoke. I used Rogers' Diffusion of Innovations theory as the model for my research because it describes key indicators for the adoption of an innovation.<sup>7</sup>

Innovativeness is "the degree to which an individual...is relatively earlier in adopting new ideas than the other members of a system," according to

Rogers.<sup>7</sup>(p22) As described in different research studies, acceptance of new technology, innovative practices, or practice guidelines can be affected by a combination of three constructs or independent variables, including:

- individual innovativeness (ie, inherent characteristics that contribute to an individual's adoption of an innovation);
- perceptions of the innovation attributes (ie, characteristics of the innovation that influence the adoption rate); and
- organizational innovativeness (ie, organizational forces affecting adoption of an innovation).<sup>8-10</sup>

I used Rogers' model to explore perioperative nurses' individual innovativeness characteristics, including:

- age,
- education level,
- years of experience,
- amount of knowledge and training on smoke hazards and evacuation, and
- the presence of respiratory problems;

nurses' perceptions of the attributes of the smoke evacuation, including:

- relative advantage of using smoke evacuation devices versus not evacuating smoke,

## ABSTRACT:

Surgical smoke presents a serious health hazard, but perioperative nurses' compliance with smoke evacuation recommendations is not consistent. I investigated key indicators for compliance with electrosurgical smoke evacuation recommendations based on nurses' individual innovativeness characteristics, perceptions of the attributes of smoke evacuation recommendations, and organizational innovativeness characteristics. The study findings provide implications for improving nurses' compliance with smoke evacuation recommendations. Individual innovativeness characteristics, including nurses' knowledge and training, were most strongly linked to smoke evacuation compliance. The key indicators that promote surgical smoke evacuation can provide direction to guide the content of education programs and help identify the personnel and settings that are most in need of this information. Barriers to compliance included lack of equipment, physician resistance, noise, and staff member complacency. Vendor demonstrations on the ease of smoke evacuation device use can show nurses that smoke evacuation is compatible with nursing practice. Facility leaders should provide smoke evacuation policies that are easy to understand and should enforce these policies.

*Key words: surgical smoke, plume, smoke evacuation, inhalation risks, smoke evacuation compliance.*

# RÉSUMÉ EN FRANÇAIS

## LE RESPECT DES LIGNES DIRECTRICES CONCERNANT L'ÉVACUATION DE LA FUMÉE CHIRURGICALE : LES IMPLICATIONS DANS LA PRATIQUE

**Auteure :** Kay Ball, Ph.D., IA, IASO, FAAN, est infirmière-conseil et infirmière enseignante au Lewis Center de K&D Medical, en Ohio. Elle est également professeure agrégée de la faculté de soins infirmiers du Otterbein College, à Westerville, en Ohio. À titre de conférencière rémunérée pour les compagnies IC Medical, Buffalo Filter, ConMed et Megadyne, la Dre Ball possède des affiliations déclarées et la publication de cet article pourrait possiblement sembler causer un conflit d'intérêts.

La fumée chirurgicale présente un risque grave pour la santé, pourtant les infirmières et des infirmiers en soins périopératoires ne respectent pas de façon cohérente les recommandations pour l'évacuation de la fumée. J'ai analysé les indicateurs clés du respect des recommandations quant à l'évacuation de la fumée électrochirurgicale en me basant sur les caractéristiques novatrices de chaque infirmière ou infirmier, sur leurs perceptions concernant les attributs des recommandations quant à l'évacuation de la fumée et sur les caractéristiques organisationnelles novatrices. Les conclusions de l'étude fournissent des mesures afin d'améliorer le respect des infirmières et des infirmiers à l'égard des recommandations concernant l'évacuation de la fumée. Les caractéristiques novatrices des personnes, y compris les connaissances et la formation des infirmières et des infirmiers, étaient l'élément le plus fortement lié au respect des

recommandations pour l'évacuation de la fumée. Les indicateurs clés faisant la promotion de l'évacuation de la fumée chirurgicale peuvent aider à déterminer le contenu des programmes éducatifs et aider à identifier le personnel et les contextes qui bénéficieraient le plus de cette information. Parmi les obstacles au respect des recommandations, notons le manque d'équipement, la résistance des médecins, le bruit et le relâchement de la vigilance des membres du personnel. Les fournisseurs faisant la démonstration de la facilité d'utilisation des dispositifs d'évacuation de la fumée peuvent donner la preuve aux infirmières et aux infirmiers que l'évacuation de la fumée est compatible avec la pratique des soins infirmiers.

Les dirigeants des établissements devraient élaborer des politiques concernant l'évacuation de la fumée qui sont faciles à comprendre et devraient les faire respecter. 🍁



Cet article a déjà été publié dans la revue de l'AIASP, Vol 92, No 2 (août 2010) pp 142-149. © AORN, Inc, 2010. Réimprimé avec la permission de Elsevier. 61251.

Les normes de l'AIISOC relatives à cet article figurent dans la publication Normes, lignes directrices et énoncés de positions pour la pratique de soins infirmiers périopératoires autorisés (9e édition) de l'Association des infirmiers et infirmières de salle d'opération du Canada (AIISOC) de juin 2009, section 4, p.334, Normes 1.5.

- compatibility with existing practices,
- complexity of the smoke evacuation recommendations,
- ability to use smoke evacuation devices on a trial basis,
- ability to observe the effectiveness of smoke evacuation, and
- the presence of practice barriers that may limit the use of smoke evacuation methods; and

the innovativeness characteristics of an organization, including:

- locale, type, and size of facility,
- facility complexity and formalization,
- interconnectedness,
- leadership support, and
- organizational barriers that may limit the use of smoke evacuation methods.

I compared these independent variables with the dependent variable of the different levels of compliance with smoke evacuation practices to determine significance.

### DESCRIPTION OF THE STUDY

I conducted a descriptive explanatory/exploratory study using a validated, pilot-tested survey that consisted of both expert-generated questions and adaptations of previously proven measures. I chose AORN staff nurse members with e-mail addresses (N = 20,272) as the population. I invited a random sample consisting of 4,000 nurses to respond to a web-based survey during a two-month period. A total of 777 nurses completed the survey, representing a 19.4% response rate.

I used the Statistical Package for the Social Sciences version 14.0<sup>11</sup> to analyze the data, using frequency/descriptive statistical techniques, regression analyses, and bivariate analyses to examine the relationship between the key indicators and compliance with smoke evacuation recommendations. I identified significant key indicators that predict compliance with smoke evacuation recommendations. The following predictors were found to have a direct influence on promoting

compliance with surgical smoke evacuation recommendations:

- increased knowledge and training of the individual nurse;
- positive perceptions by the perioperative nurse on the attributes of smoke evacuation recommendations regarding relative advantage, compatibility, and observability;
- easy-to-understand and easy-to-implement smoke evacuation recommendations;
- larger facility size;
- larger number of specialties offered;
- greater interconnectedness; and
- strong leadership support.

I also found that:

- urban facilities were more compliant with smoke evacuation recommendations than rural facilities.
- freestanding surgery centers were more compliant with smoke evacuation recommendations than inpatient hospital surgery departments.
- academic settings were more compliant with smoke evacuation recommendations than military or government hospitals.

The presence of respiratory symptoms was weakly significant in encouraging compliance with smoke evacuation recommendations. For example, if a nurse had allergies, he or she was more apt to comply with smoke evacuation recommendations.

### IMPLICATIONS FOR PRACTICE

Of the three constructs I explored in my study, individual innovativeness characteristics were most strongly linked to compliance with smoke evacuation recommendations. The individual nurse, therefore, should remain the focal point of educational programs to change behaviors and practices in the OR. Even though some organizational innovativeness characteristics are still important, they are not as critical as the individual innovativeness characteristics.

The greatest barriers to implementing smoke evacuation practices, as perceived by the nurse participants, were smoke evacuation equipment or supplies not being available for use, physicians refusing to allow smoke evacuation devices to be used, the increased noise that some smoke evacuators produce, and complacency of surgical staff members who do not want to bother with smoke evacuation. The significant predictors of smoke evacuation compliance are discussed in the following sections, as are the implications for practice in the surgical environment.

### Increased Knowledge and Training of the Individual Nurse

From my study results, I noted that when nurses receive education and training on surgical smoke hazards and evacuation practices, compliance with smoke evacuation recommendations increases. Through continuing education and training, nurses are able to provide a safe surgical environment, which is a top priority for perioperative nurses. The significant key indicators identified in this study can become part of continuing education and orientation programs. Education programs can be developed that increase the nurses' knowledge and understanding of surgical smoke hazards, effective smoke evacuation methods, compliance strategies, and other key activities to ensure a safe and healthy surgical environment that is free from surgical smoke. Education courses should promote evidence-based practices by providing the results of research studies.

Even though the list of key indicators that promote compliance in my study are only a small portion of a comprehensive education package, they provide direction to guide the content development on surgical smoke hazards and will identify the target audiences that most critically needed this information. For example, because it was indicated that hospital surgery departments have lower compliance than freestanding surgery centers in relation to specific procedures, a smoke



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hazards program geared toward hospitals could include a presentation on the negative consequences of breathing surgical smoke, assistance with creating an easy-to-follow smoke evacuation policy, and discussion of the importance of increased interconnectedness and leadership support in a facility for successful compliance with smoke evacuation recommendations.

Increasing everyone's awareness about smoke evacuation is crucial. One-day roundtable discussions can be conducted for diverse audiences such as nurse leaders, surgeon leaders, safety and risk managers, and companies selling smoke evacuation devices. An example of this type of meeting was held in the mid-1990s at AORN Headquarters and was very successful in introducing the initial campaign to promote smoke evacuation. Since that meeting, more information from research studies has become available that should be communicated so that the entire surgical team, other health care professionals, and industry colleagues understand the predictors and requirements for effective smoke evacuation practices.

AORN continues to promote the evaluation of surgical smoke through educational offerings and the publication of position statements and tool kits. The "AORN position statement on surgical smoke and bio-aerosols"<sup>12</sup> was approved by the AORN House of Delegates in 2008. This statement emphasizes the hazards of surgical smoke and AORN's position that surgical smoke can and should be controlled.

The AORN Surgical Smoke Evacuation Tool Kit was introduced at the 2009 AORN Congress to help educate AORN members on the hazards of surgical smoke so that they can successfully comply with smoke evacuation guidelines. As a benefit of AORN membership, the tool kit can be Physicians need to understand that even though they are only present in the OR on specific days, perioperative nurses are exposed to surgical smoke on a daily basis. This is one reason some

perioperative nurses have become passionate about controlling exposure to this hazard.

downloaded for free at <http://www.aorn.org/PracticeResources/Toolkits/SurgicalSmokeEvacuationToolKit/>. This tool kit provides:

- a PowerPoint® presentation that can be used to offer continuing education credit;
- a bibliography of references on surgical smoke;
- examples of "no smoking" (ie, no smoke plume) reminder signs to display throughout the OR;
- a sample policy on smoke evacuation;
- a competency skills checklist for smoke evacuation practices; and
- links to vendors that sell smoke evacuation equipment, devices, and supplies.

Lectures on surgical smoke hazards at the 2008, 2009, and 2010 AORN Congresses also highlighted key areas that nurses must fully understand to promote smoke evacuation compliance (eg, recommended practices, research findings). AORN continues to recommend the evacuation of all surgical smoke to help ensure a safe workplace for all surgical team members and patients.

Education also must extend to the physician community. Information about surgical smoke hazards and reasons for compliance with smoke evacuation recommendations can become a topic of discussion between nurses and physicians. These conversations can be used to garner physician support for nurses who strive to comply with smoke evacuation recommendations. Physicians need to understand that even though they are only present in the OR on specific days, perioperative nurses are exposed to surgical smoke on a daily basis. This is one reason some perioperative nurses have become passionate about controlling exposure to this hazard.

Physicians must be educated on the documented hazards of smoke

inhalation and be provided with research references to validate these findings. Many physicians need to see evidence before they are willing to change surgical practices. It is important to convey to surgeons that nurses in my study indicated that physicians represent a barrier to the implementation of effective smoke evacuation practices. Educational activities must challenge the negative attitudes or behaviors that some physicians demonstrate regarding surgical smoke evacuation. Many physicians need to be convinced that their procedure cards must include smoke evacuation devices for procedures that create surgical smoke. Nursing leaders usually have positive relationships with physicians and can provide compelling evidence through research studies that surgical smoke is hazardous and must be evacuated. Physicians need to be reminded that this is a workplace safety issue more than a patient safety concern.

### Positive Perceptions About the Attributes of Smoke Evacuation Recommendations

In my study, nurses were asked to answer questions about their perceptions of the attributes of surgical smoke recommendations. Results showed that if a nurse had positive perceptions about these attributes, then he or she was more apt to comply with smoke evacuation recommendations. These attributes, as described in the following text, offer more understanding about why nurses evacuate surgical smoke; thus, these indicators can be incorporated into education and training programs.

- When nurses can observe the relative advantage of using smoke evacuation methods, they are more apt to comply with recommendations.
- Demonstrations of the ease of smoke evacuation device use can show nurses that smoke evacuation practices are compatible with the duties of a perioperative nurse and that smoke evacuation fits easily into the workflow of a nurse.

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## SURGICAL SMOKE (cont.)

- If smoke evacuator use is demonstrated, nurses can observe how smoke evacuation devices effectively remove the particulate matter and toxic gases from the air.

Testimonials provided by perioperative nurses with respiratory conditions associated with smoke exposure also can be used to powerfully illustrate the negative consequences of smoke inhalation. This, in turn, can help to convince nurses of the need to evacuate all surgical smoke.

### Ease of Understanding and Implementing Smoke Evacuation Recommendations

If smoke evacuation policies are easy to understand and implement, then nurses are more apt to comply with them. Policies involving smoke evacuation must be reviewed annually and updated to ensure compliance is possible. AORN recommended practices for

electrosurgery,<sup>13</sup> laser safety,<sup>14</sup> a safe environment of care,<sup>15</sup> and minimally invasive surgery<sup>16</sup> describe the appropriate use of smoke evacuation devices and can be used as models for the creation of smoke evacuation policies. Smoke evacuation policies must be communicated to the surgical staff members and physicians but, most importantly, the policy must be simple and easy to follow. A smoke evacuation policy should state that smoke evacuation devices or equipment must be listed on all surgeon procedure cards for procedures that produce any surgical smoke, no matter how large or small. Compliance with smoke evacuation policies should be monitored and consequences enforced if the policies are not being followed.

### Organizational Characteristics

I found that organizational characteristics of facilities where perioperative nurses are more apt to

comply with smoke evacuation recommendations include larger facilities with multiple specialties, urban facilities, freestanding surgery centers, and academic settings. Therefore, these facilities can be used as models for others that continue to struggle with smoke evacuation compliance. For example, smaller facilities with fewer specialties, rural in facilities, hospital-based ORs (as compared with freestanding surgical centers), and military or government hospitals (as compared with academic settings) are less likely to evacuate plume. Educational programs in these facilities should be offered that focus on promoting smoke evacuation compliance. Educational sessions on surgical smoke can be accessed via the Internet in hospitals, especially in rural facilities that may not be able to afford the cost of sending their nurses to outside conferences.

SURGICAL SMOKE cont. on Page #35

# Introducing the NEW ORNAC Mission, Vision, and Values



## ORNAC MISSION

The Operating Room Nurses Association of Canada (ORNAC) is an organization of Perioperative Registered Nurses and Associates dedicated to the:

- Promotion and advancement of excellence in the provision of safe perioperative care for patients;
- Professional growth, competence and personal enhancement of the ORNAC membership; and
- Progression of perioperative professional practice at a regional, provincial, national & international level.

## ORNAC VISION

The Operating Room Nurses Association of Canada (ORNAC) is the leader in perioperative practice and patient safety through a strong, unified national association that enhances and advances the practice of Perioperative Registered Nurses and Associates.  
(Short version of vision statement: The leader in perioperative practice and patient safety)

## ORNAC CORE VALUES

Promotion of Perioperative Excellence:

- **Leadership:** We work together professionally to promote and advance our specialty.
- **Knowledge:** We recognize and are committed to education, research, and Perioperative Practice Standards as essential components guiding our practice;
- **Competency:** We advocate for all perioperative registered nurses to become certified through CNA;
- **Continuous Quality:** We strive to achieve excellence in perioperative practice and activities influencing our association; and
- **Collaborative Partnerships**
  - o **Respect:** We recognize the worth, quality, diversity, and importance of each other and the patients we care for.
  - o **Diversity:** We collaborate with nurses within our specialty, related organizations/agencies, and other disciplines that impact our practice

## MISSION DE L'AISOC



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L'Association des infirmières et des infirmiers de salles d'opération du Canada (AISOC) est un organisme d'infirmières et d'infirmiers autorisés en soins périopératoires et d'associés se consacrant :

- À la promotion et à l'avancement de l'excellence quant à la distribution de soins périopératoires sécuritaires à nos patients;
- À l'amélioration des compétences tant sur le plan professionnel que personnel; et
- À la progression de la pratique professionnelle des soins périopératoires à l'échelle régionale, provinciale, nationale et internationale.

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L'AISOC est le chef de file infirmier dans le domaine de la pratique des soins périopératoires et de la sécurité des patients grâce à une association nationale solide et unie qui améliore et fait progresser la pratique des infirmières et des infirmiers autorisés en soins périopératoires et des associés.

(Version courte de notre énoncé de vision : Le chef de file infirmier en pratique de soins périopératoires et de sécurité des patients)

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Operating Room Nurses Association of Canada (ORNAC) extends its congratulations to the candidates who were successful in obtaining their Canadian Nurses Association (CNA) Certification in Perioperative Nursing.

In April 2011, there were 133 candidates who successfully obtained the CNA Certification credential in perioperative nursing. There were, in addition, 189 candidates in perioperative nursing who successfully renewed their credentials. This number represents 58% of nurses who were due to renew the credential in this specialty (189/323). The overall renewal rate for nurses in all CNA Certification Programs has been 60% over the last several years. The Operating Room Nurses Association of Canada encourages all members to maintain this national nursing credential as it demonstrates a commitment to nursing excellence and continuing competence.

L'Association des infirmières et infirmiers de salles d'opération du Canada (AIISOC) tient à féliciter les candidates et candidats ayant réussi à obtenir leur certification en soins périopératoires de l'Association des infirmières et infirmiers du Canada (AIIC).

En avril 2011, 133 candidates et candidats ont réussi à obtenir leur certification en soins périopératoires de l'AIIC. En outre, 189 candidates et candidats de plus ont renouvelé avec succès leur titre de compétences en soins périopératoires. Ce qui représente 58 % des infirmières et des infirmiers dont le titre de compétences dans cette spécialité venait à échéance (189/323). Le taux de renouvellement total chez les infirmières et les infirmiers pour l'ensemble des programmes de l'AIIC a été de 60 % au cours des dernières années. L'Association des infirmières et infirmiers de salles d'opération du Canada encourage tous ses membres à maintenir à jour cette certification nationale, car elle démontre un engagement envers l'excellence des soins infirmiers et des compétences permanentes.

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The deadline for submission is April 1, 2012. Submission details are available on the website.



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International Federation of Perioperative Nurses

# SPOTLIGHT ON ORNAC MEMBERS

## PERIOPERATIVE NURSES: A VITAL PART OF THE OPERATING ROOM

### AN INTERVIEW WITH MARLENE HILL, RN



By: Catherine Harley, RN, eMBA, Executive Director, ORNAC



Marlene Hill, RN is a Perioperative Registered Nurse who lives in Hampton, PEI. She works in the operating room at the Queen Elizabeth Hospital in Charlottetown, PEI. Marlene served as the President of ORNPEI from 1991-1993 and as the President of ORNAC from 1999-2001. She also served on several ORNAC Committees such as the Finance Committee, Standards Committee, and By-laws Committee making a strong contribution to perioperative nursing in Canada.

**Question: How long have you worked in the operating room and what is your current role?**

I was a Perioperative Registered Nurse from 1983 – 2009 working full-time and then part-time for many years. Our OR suite provides general surgery, OB/GYN, vascular (excluding heart), ENT, and eye surgery. Since 2009 I have worked in the Pre-Surgery Unit (a part of the OR suite) teaching patients and their families about their upcoming surgeries, providing assessments, and answering any questions they may have. Because of the close proximity to the OR, and my knowledge of the environment, I am able to obtain additional supplies or seek an anaesthetist/surgeon’s advice as required. My first ‘love’ is OR nursing but my move to Pre-Surgery requires less physical activity, no call and less stress. I plan to retire in 2013.

**Question: What was it that first attracted you to this specialty?**

As a nursing student (3 year diploma program in Moncton, NB) I spent 3 months working in the OR and recognized that it took a special kind of individual to be an OR nurse. I liked the fast pace and the many learning opportunities it provided.

**Question: How has your role in the OR changed over the years?**

My role has evolved in that I have had to become very computer knowledgeable, always be adaptable to change (as change is never-ending) and to be an active partner in the decision-making. I have always found it easier to help change things rather than to wait until the changes were made! Technology is changing so rapidly that is essential to continually keep abreast of current information and trends and to increase knowledge and maintain quality nursing skills. This is also true with the change in specialized procedures (ie laparoscopic surgeries).

When I first started in the OR many patients did not wish to know any details of their surgery as they trusted their physician completely. Today, patients want to be educated in what their surgery entails.

**Question: What value do Registered Nurses bring to the Interprofessional OR Teams?**

They bring effective and efficient leadership skills, good communication skills, great organizational skills, high-quality assessment skills, the ability to trouble-shoot (providing a ‘plan B’ that will work as well), and they

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## SPOTLIGHT ON ORNAC MEMBERS (cont.)

AN INTERVIEW WITH MARLENE HILL, RN IN PEI

My hope and prayer is for the Perioperative Registered Nurse to remain a vital part of the OR and that she/he still be considered key to a patient's safe and successful surgical experience.

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maintain a good rapport with physicians, administration, other disciplines and areas in the hospital.

I believe that the public has a great deal of respect for the registered nurse. With shrinking healthcare budgets the RN has been replaced with lower-skilled LPNs... and LPNs are being replaced by Resident Care Workers. This has caused tension between the groups and added additional stress to the already high-stress area of the OR. Yes others can perform some of the tasks previously done by RNs BUT we still have a high level of professional abilities and knowledge, skills, and judgement that enable the delivery of safe, quality patient care – and remember, we are also always patient advocates.

**Question: What continuing education has supported your journey?**

Perioperative CNA Certification. I also continue to read nursing journals, attend conferences, and participate in other learning opportunities such as in-service sessions. I remain a member of ORNAC through ORNPEI.

**Question: Who do you consider to be your key "mentor"?**

Gloria Stephens, Past President of ORNAC, displayed many fine qualities as a leader, organizer, listener, and perioperative educator. She always put the patient first and had/has integrity. She was instrumental in the publishing of the first ORNAC Standards.

**Question: How did you become interested in ORNAC and what motivated you to become involved?**

ORNPEI was electing a new president elect in 1989. I wanted to make a contribution to Perioperative Registered Nursing and believed this was a good way to do so. I also like to travel and love OR nursing and decided, with family input, to combine my two interests and let my name stand for the ORNAC position.

**Question: What do you see in the future for Perioperative Registered Nurses?**

There is a great need for us to act as a 'go-between' by providing a patient's family with updates on his/her progress/condition during the surgical experience and again in the PACU (Post Anaesthetic Care Unit). This is necessary for short surgeries as well as longer ones. Families have fears and anxieties that can be reduced with adequate and simple explanations given in a caring manner.

My hope and prayer is for the Perioperative Registered Nurse to remain a vital part of the OR and that she/he still be considered key to a patient's safe and successful surgical experience. My concern is that the future role of the Perioperative Registered Nurse may be removed from the OR and that would be detrimental to quality patient care and I would consider it very much a regression, not a progression, as it would involve losing the valuable, specialized knowledge, skills and judgement that RNs bring to the Operating Room. ✨

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## ORNAC BURSARIES, GRANTS, AND AWARDS

Nominations for the following are being accepted until January 15<sup>th</sup>, 2013:

*3M Canadian Infection Prevention Champion Award*

*Gloria Stephens Award for Excellence as an Educator of Perioperative Nursing*

*Isabelle Adams Award for Excellence in Perioperative Nursing*

*Lorne Flower Memorial Award*

*Muriel Shewchuk Leadership Award*

**Grant Application Deadline:**

*Cardinal Health Research Grant* -- Letters of Intent are required by November 15<sup>th</sup>, 2012 and the Grant Application deadline is March 15<sup>th</sup>, 2013

**Bursary Submission Deadline:**

*ORNAC/Johnson & Johnson Medical Products Bursary for OR Nurses* – Submission deadline is January 15<sup>th</sup>, 2013.



For Award & Bursary details visit [www.ORNAC.ca](http://www.ORNAC.ca) and click on Bursaries, Grants, & Awards

# PNEC PERSPECTIVE

## PLANNING FOR CHANGE

**Author:** *Tracie A. Scott, RN, BScN, MSN/ED, CPN(C)* is President of the Perioperative Nurse Educators of Canada (PNEC), a member of ORNAO, and an Affiliate Member of the ORNAC Board. She can be reached at [tracie.sc@gmail.com](mailto:tracie.sc@gmail.com) or for more information about PNEC, an affiliate member of ORNAC, visit [www.ORNAC.ca](http://www.ORNAC.ca) and choose Education, Nurse Educators.



Change is difficult. This is the reality whether it is a change in the route to work due to a road closure or a change in employment. Change is, inevitably, a meaningful part of life and cannot, and should not, be avoided. While change is unpredictable and can make some uncomfortable, it also creates opportunity and excitement.

Perioperative nurses are familiar with change. Change is, in fact, one area that makes perioperative nurses shine. Each patient brings unpredictability to even the most routine case. The work day can change without warning. It is in this

experts in the provision of safe patient care and having the experts at the helm is what allows for good decisions that lead to positive patient outcomes. Patients depend on it. This type of change is often what attracts, and retains, the nursing workforce in the operating rooms.

Although many nurses plan the entire work day, ensuring each case has the correct supplies and instruments for the patients entrusting us with their care, the priority “A” case that comes through the doors, from the emergency department, cannot be

travelling on for years. Not every perioperative nurse will understand the reason for every change and may be more focused on the changes that affect him or her -- but in the end we hope all perioperative nurses will be able to see that the care path of perioperative nursing in Canada needs to change for the betterment of the entire group. Our provinces, and their provincial perioperative nursing membership, will shift their thinking, their stride, and their collective direction to ensure that change is supporting our perioperative family to the best outcome. The nurses will rally

As a result of this latest change we will continue to shine for years to come.  
Operating rooms depend on it. Perioperative nurses depend on it.  
Patients depend on it.

environment of change and unpredictability where perioperative nurses thrive and excel. With each day the routine once again becomes unknown. Any laparoscopic procedure can suddenly become an open laparotomy, forcing a shift in thinking, a change in stride, and a focus in a new direction to ensure that change is supporting the patient to the best outcome. Perioperative nurses quickly rally the resources required, perform a surgical count, shut down minimally invasive surgical equipment, and carry on with nursing documentation. Sometimes the change is ongoing throughout a surgical procedure and the challenge is to stay one step ahead of the unknown and be prepared for whatever may come. Perioperative nurses are the

avoided or planned for. The comfortable, well planned, and predictable path that was being travelled will suddenly change. Sometimes patients do not understand the implications and these changes are perceived a lack of focus on their care but perioperative nurses know the need to change one patient’s care path was made for the betterment of the entire group of patients.

As ORNAC continues its strategic planning and restructuring process, perioperative nurses will experience change. With this change comes unpredictability. Not every step will be comfortable nor will every step be on the previous, predictable path that perioperative nursing has been

the resources required and continue to thrive while change is ongoing. We will do this because our health care world is changing on an ongoing basis, and we are trying to keep one step ahead of the unknown to be prepared for whatever comes our way. Having the experts available to share knowledge and provide information will be a requirement and these experts will assist in leading perioperative nursing into a sustainable future within Canada. Perioperative nurses are familiar with change, and we shine every day in a changing environment. As a result of this latest change we will continue to shine for years to come. Operating rooms depend on it. Perioperative nurses depend on it. Patients depend on it. 🌱

# POINT DE VUE D'ESPC

## PLANIFIER LE CHANGEMENT

**Auteure :** *Tracie A. Scott, IA, B.Sc.Inf., M.Sc.Inf./ens. inf., CSP(C) est présidente d'Éducatrices en soins périopératoires du Canada (ESPC), membre de l'ORNAO et membre affilié du conseil d'administration de l'AIISOC. Vous pouvez communiquer avec elle en lui écrivant à l'adresse : [tracie.sc@gmail.com](mailto:tracie.sc@gmail.com) ou pour obtenir de plus amples renseignements sur ESPC, membre affilié de l'AIISOC, visitez : [www.AIISOC.ca](http://www.AIISOC.ca) et sélectionnez l'onglet Éducation/Infirmières enseignantes (Nurse Educators).*



**I**l est difficile de s'adapter à des changements, que ce soit un changement de trajet pour aller au travail ou un changement d'emploi. Les changements sont, inévitablement, un élément significatif de la vie et ne peuvent et ne doivent pas être évités. Bien que les changements soient imprévisibles et puissent rendre mal à l'aise certaines personnes, ils font également naître des occasions et de l'enthousiasme.

Les infirmières et les infirmiers en soins périopératoires connaissent bien le changement. Le changement est en fait un domaine dans lequel brillent les infirmières et les infirmiers en soins périopératoires. Chaque patient apporte son lot d'imprévisibilité, même les cas les plus routiniers. La journée de travail peut alors changer sans avertissement. C'est donc dans cet environnement de changement et d'imprévisibilité que prospèrent et excellent les infirmières et les infirmiers en soins périopératoires. Chaque jour, la routine relève donc plus de la surprise. Une intervention laparoscopique peut tout à coup devenir une laparotomie ouverte, obligeant ainsi à repenser la façon de faire, à changer de rythme et à prendre une nouvelle direction afin de s'assurer que le changement appuie le patient pour que ce dernier obtienne les meilleurs résultats possible. Les infirmières et les infirmiers en soins périopératoires rassemblent rapidement les ressources nécessaires, effectuent un décompte chirurgical, arrêtent le matériel chirurgical à effraction minimale et poursuivent la documentation du processus de soins.

Parfois, le changement est continu au cours d'une intervention chirurgicale et le défi consiste à avoir une longueur d'avance sur l'inconnu, tout en étant préparé à ce qui pourrait survenir. Les infirmières et les infirmiers en soins périopératoires sont les experts en distribution de soins sécuritaires aux patients et le fait de les avoir à la barre permet de prendre les bonnes décisions menant à des résultats positifs pour les patients. Les patients en dépendent. D'ailleurs, ce type de changements est souvent ce qui attire et maintient les effectifs infirmiers dans les salles d'opération.

Même si de nombreuses infirmières planifient toute leur journée de travail, s'assurant que les fournitures et les instruments adéquats sont assignés à chaque cas de patients qui nous confient leurs soins, le cas de priorité « A » qui arrive du service de l'urgence, ne peut être évité ni planifié. Tout à coup, le cours paisible, bien planifié et prévisible que nous avons adopté change. Parfois, les patients ne comprennent pas les implications et perçoivent ces changements comme un manque d'attention envers les soins auxquels ils ont droit, mais les infirmières et les infirmiers en soins périopératoires savent que les changements apportés aux soins d'un patient sont nécessaires pour l'amélioration des soins de tout le groupe de patients.

À mesure que l'AIISOC continue sa planification stratégique et son processus de restructuration, les infirmières et les infirmiers en soins périopératoires feront

À la suite de ce dernier changement, nous continuerons de briller pour les années à venir. Les salles d'opération en dépendent, les infirmières et les infirmiers en soins périopératoires en dépendent et les patients en dépendent.



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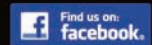
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## POINT DE VUE D'ESPC (cont.)

face à des changements, qui à leur tour amèneront de l'imprévisibilité. Les différentes étapes ne seront pas toutes confortables et elles n'emprunteront pas toutes le même cours prévisible suivi depuis des années par les soins périopératoires. Les infirmières et les infirmiers en soins périopératoires ne comprendront pas tous les raisons de chaque changement et il se peut qu'ils mettent davantage l'accent sur les changements qui les touchent, mais, en définitive, nous espérons que tous les infirmières et les infirmiers en soins périopératoires pourront voir que le cheminement des soins périopératoires au Canada a besoin de changer pour l'amélioration de tout le groupe. Nos provinces et leurs membres provinciaux en soins périopératoires devront repenser leur façon de faire, changer leur rythme et prendre une nouvelle direction afin de s'assurer que le changement appuie notre famille périopératoire pour obtenir les meilleurs résultats. Les

infirmières et les infirmiers rassembleront les ressources nécessaires et continueront de prospérer au cours des changements. Nous le ferons parce que le monde des soins de santé est en constante évolution, et que nous essayons de conserver une longueur d'avance sur l'inconnu tout en étant préparés à ce qui pourrait survenir. Il sera nécessaire que les experts soient disponibles pour partager leurs connaissances et fournir l'information requise et ces experts aideront à diriger les soins périopératoires vers un avenir durable au sein du Canada. Les infirmières et les infirmiers en soins périopératoires connaissent bien le changement et c'est en fait un domaine dans lequel ils brillent tous les jours. À la suite de ce dernier changement, nous continuerons de briller pour les années à venir. Les salles d'opération en dépendent, les infirmières et les infirmiers en soins périopératoires en dépendent et les patients en dépendent. ✿

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# SO YOU THINK YOU CAN WRITE!

(Of course you can!)

**Author:** Pat Piaskowski, RN, HBScN, CIC, is the Network Coordinator for Public Health Ontario, Northwestern Ontario Infection Control Network and the Clinical Editor of *Canadian Journal of Infection Control*.



Publication of research, studies and case reports are essential to advance knowledge and improve practices! Publishing provides an excellent opportunity to share research, studies and experiences in Canada and around the world.

Potential authors may wonder whether their research or works are potential candidates for publication. Some of these potential authors may have previously submitted abstracts to a conference. Some may have conducted reviews, studies or research or have interesting cases to share. Although the raw materials for an article are often already in these abstracts or other records of research, studies or case experience it may appear to be a challenge to move to the next step – publishing!

The process of preparing a paper for publication follows a few key steps:

1. Determine the “message” to be conveyed by the article. In other words, is this information of value to readers? Does it bring new and/or important information to the field? Is it important to improving health care? Does it expand current knowledge?
2. Review the information for authors for the publication (Editor’s Note: for ORNAC Journal these can be found at <http://www.ornac.ca/journal/guidelines.phtml>).
3. Identify the authors and affiliations for each author as well as identifying any potential conflicts of interest. All authors should have made substantial contributions to the work.
4. Organize data and supporting materials including references under the key article headings as applicable:
  - Title page. The title should reflect the message that is to be conveyed. Remember the article is indexed by the title. Authors and affiliations are included here.
  - Abstract. This briefly summarizes the “why”, “how” and “what” as well as conclusion(s) of the articles.
  - Introduction. This includes background, a summary of the literature and the “why”. The section should end with your research question.
  - Methods . This is the “how”. There should be enough detail included for the reader to be able to repeat the research or project.
  - Results . This is the “what”. Data from this section may be presented in tables and figures which

graphically depict the results found.

- Discussion. This elaborates on the analysis of results and provides interpretation. The discussion can include how the results relate to the original research question and other publications in the field
  - Conclusions. This is the product of the methods, results and discussion. It is important to ensure that the original intent of the article (the “message”) is consistent with the conclusions.
  - References. The references are included in the last section of the article and are numbered in order of the appearance of the reference in the body of the article and follow the Editorial Guideline requirements. Within the body references are identified by a number and immediately follow the material that is referenced.
5. Start writing: using the above headings as a guide to organize the article.
  6. Review the first draft: Is the right information in the right section as in 4 above? Is it clear? Are acronyms or unusual terms defined? Is there information missing or too much information? Does the discussion reflect the results? Do the conclusions flow from the discussion? Are references noted as required and reflected in the reference list?
  7. Prepare a second draft: Have someone else in the area or workplace review the article and provide review comments. A colleague who has already had an article published may be helpful!
  8. Once the final draft is prepared check again to ensure that the manuscript and submission guidelines have been followed. Spell check and grammar check the article
  9. Submit article for review!

After the article is submitted, the Editor in chief sends the article for review to member(s) of the editorial review board. After at least six to eight weeks the decision on accepting the article for publication and any needed editorial changes are returned to author. Once the changes are made the article is reviewed by the Editor in chief and if the changes address the required changes, the article is placed in queue for publication in a future issue. Timeline to publication can be at least one year. Prior to publication the author will receive a final for review.

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This article originally appeared on page 162 of the Fall 2011 issue of *Canadian Journal of Infection Control* (CJIC). It has been modified from the original in order to better suit the ORNAC Journal readership and is reprinted with permission of the author and the publisher (Craig Kelman & Associates). 🍁

# ALORS, VOUS PENSEZ POUVOIR ÉCRIRE!

(Bien sûr que vous le pouvez!)

**Auteure :** Pat Piaskowski, IA, B.Sc.Sc.Inf., agrée en prévention des infections, est la coordonnatrice du réseau pour les services de santé publique de l'Ontario, le réseau de prévention des infections du nord-ouest de l'Ontario et la rédactrice clinique de la revue *Canadian Journal of Infection Control*.



Déterminez le « message » à être transmis par l'article. En d'autres mots, est-ce que cette information est pertinente aux lecteurs?

La publication de recherches, d'études et d'exposés de cas est essentielle pour l'avancement des connaissances et l'amélioration des pratiques! Elle vous fournit une excellente occasion de partager vos recherches, vos études et vos expériences au Canada et partout au monde.

Les auteurs pourraient se demander si leurs recherches ou leur travail sont des candidats potentiels à la publication. Certains de ces auteurs pourraient avoir auparavant soumis des résumés à une conférence. Certains d'entre eux pourraient avoir effectué des rapports, des études ou des recherches ou pourraient avoir des cas intéressants à partager. Même si la matière première pour un article se trouve souvent dans ces résumés ou dans d'autres registres de recherches, d'études ou d'exposés de cas, passer à la prochaine étape — la publication — pourrait leur sembler être un défi!

Il existe quelques étapes clés pour préparer la publication d'un article :

1. Déterminez le « message » à être transmis par l'article. En d'autres mots, est-ce que cette information est pertinente aux lecteurs? Est-ce qu'elle apporte des renseignements nouveaux et/ou importants au domaine en question? Est-ce important pour améliorer les soins de santé? Est-ce que cela enrichit les connaissances actuelles?
2. Révisez les renseignements pour les auteurs quant à la publication (Remarque de la rédactrice : pour la revue de l'AIISOC, vous les trouverez à <http://www.ornac.ca/journal/guidelinesFR.phtml>).
3. Identifiez les auteurs et les affiliations de chaque auteur ainsi que tout conflit d'intérêts possible. Tous les auteurs doivent avoir apporté une contribution considérable au travail.
4. Organisez les données et la documentation de soutien, y compris les références sous l'en-tête de l'article principal, le cas échéant :
  - Page de titre. Le titre doit refléter le message à transmettre. N'oubliez pas que les articles sont classés par titre. Les auteurs et leurs affiliations sont inclus dans cette partie.
  - Résumé. Cette partie résume brièvement le « pourquoi » et le « comment » de la recherche, explique en quoi elle consiste et présente les conclusions.
  - Introduction. Cette partie donne le contexte, présente un résumé de la documentation et explique le « pourquoi » de la recherche. Elle doit se terminer par l'exposé de votre question de recherche.
  - Méthodes. Cette partie explique le « comment » de la recherche. Elle doit comporter assez de détails pour que le lecteur puisse répéter la recherche ou le projet.
  - Résultats. Cette partie explique en quoi la recherche consiste et ses données peuvent être présentées sous forme de tableaux et de chiffres qui décrivent de manière graphique les résultats obtenus.
  - Discussion. Cette partie explique les détails de l'analyse des résultats et fournit une interprétation. La partie discussion peut inclure comment les résultats se



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### ALORS, VOUS PENSEZ POUVOIR ECRIRE! (cont.)


rapportent à la question de recherche originale et aux autres publications du domaine en question.

- Conclusions. Cette partie est le produit des méthodes, des résultats et de la discussion. Il est important de vous assurer que l'intention originale de l'article (le « message ») est cohérente avec les conclusions.
  - Références. Les références sont incluses dans la dernière partie de l'article et sont indiquées dans l'ordre où elles sont apparues dans l'article et suivent les exigences concernant les lignes directrices de la rédaction. Dans le corps de l'article, les références sont identifiées par un chiffre qui se rapporte à la documentation utilisée.
5. Commencez à écrire en vous servant des en-têtes ci-dessus pour organiser votre article.
  6. Réviser votre brouillon : Est-ce que l'information est située dans les bonnes sections, tel que décrit ci-dessus? Est-elle claire? Les acronymes ou les termes inusités sont-ils définis? Est-ce qu'il manque de l'information ou y en a-t-il trop? La discussion reflète-t-elle les résultats? Est-ce que les conclusions ressortent de la discussion? Est-ce que les références sont indiquées en bas de page et sont-elles

indiquées dans la liste des références?

7. Préparez un deuxième brouillon : Demandez à quelqu'un d'autre du même domaine que vous ou de votre milieu de travail de réviser votre article et de le critiquer. Un collègue dont l'article a déjà été publié pourrait être très avisé!
8. Une fois que vous avez préparé votre dernier brouillon, vérifiez encore afin de vous assurer que le manuscrit et les lignes directrices pour la soumission ont été respectés. Vérifiez l'orthographe et la grammaire dans votre article.
9. Soumettez votre article!

Après la soumission de votre article, la rédactrice fait parvenir l'article aux membres du comité de rédaction. Après au moins six à huit semaines, vous obtiendrez la décision prise par le comité quant à la publication de votre article et si des changements y ont été apportés. Une fois les changements apportés, l'article est révisé par la rédactrice en chef et si les changements apportés sont appropriés, l'article est mis en attente de publication pour le prochain numéro. Il peut s'écouler au moins un an avant que votre article ne soit publié. L'auteur recevra son manuscrit final avant la publication pour qu'il le révise.

Cet article a déjà été publié en page 162 du numéro Automne 2011 de la revue *Canadian Journal of Infection Control* (CJIC). Il a été modifié pour mieux correspondre au lectorat de la Revue de l'AIISOC et il est réimprimé avec l'autorisation de l'auteure et de la maison d'édition (Craig Kelman & Associates). 

# UPCOMING EVENTS / PROCHAINS ÉVÉNEMENTS

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Perioperative Nurses Week is  
November 11-17, 2012

## PROVINCIAL & REGIONAL CONFERENCES

British Columbia	Nanaimo, BC	April 25 - 28, 2012
New Brunswick	Fredericton, NB	April 27 & 28, 2012
Nova Scotia	Antigonish, NS	June 1 & 2, 2012
Ontario	Toronto, ON	June 17 - 20, 2012
25 <sup>th</sup> Atlantic Conference	Charlottetown, PEI	September 26 - 28, 2012
Alberta	Red Deer, AB	October 24 - 27, 2012
Quebec	Quebec City, QC	Oct 31 - Nov 2, 2012
Newfoundland	St. John's, NL	2012

## ORNAC CONFERENCES [www.ORNAC.ca](http://www.ORNAC.ca)

23 <sup>rd</sup> ORNAC National & IFPN Conference	Ottawa, ON	April 21 - 25, 2013
24 <sup>th</sup> National Conference	Edmonton, AB	May 2015

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Strong leadership support is a key indicator to compliance with smoke evacuation recommendations.

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Vendors who distribute smoke evacuation equipment and supplies can easily target less-compliant settings to help encourage compliance with smoke evacuation recommendations. The identified key indicators for compliance with smoke evacuation recommendations provide valuable information for the industry representative who markets and sells smoke evacuation devices. Industry representatives can focus on providing education and copies of research studies, study guides, and presentation materials to customers who may not understand the hazards of surgical smoke and compliance issues.

The results of my study also offer valuable information to smoke evacuation companies that strive to continually advance and enhance smoke evacuation systems. As the study findings reveal, the availability of smoke evacuators and their noise level are both barriers to the implementation of smoke evacuation recommendations. Vendors of smoke evacuation devices promote their products at conferences, through advertisements in the AORN Journal and other sources, and during evaluations and trials. Equipment demonstrations help encourage the use of smoke evacuation devices as the surgical team observes the ease of use and the effectiveness of removing the odor and visible smoke produced during surgical procedures. Smoke evacuators are now designed to produce minimal amounts of noise. The surgical team can use automatic sensors or foot switches that immediately activate and deactivate the smoke evacuator when plume is created to decrease the amount of continual noise generated in the OR. The motor in the smoke evacuator must be strong enough and responsive enough to provide immediate suction power so that no particulate matter escapes capture. Manufacturers continue to encourage compliance by providing smoke evacuation technology that is easy to use and effective in plume capture.

### Greater Interconnectedness

The importance of creating and fostering a solid system of interconnectedness (ie,

the degree to which there are linkages through interpersonal networks) must be promoted because nurses practicing in facilities with increased interconnectedness are more apt to comply with smoke evacuation recommendations. Administrators must realize that formal and informal interpersonal networks in a health care facility are extremely important to the success of a smoke evacuation program. Word travels fast when a strong collaborative network exists in a facility. When the workplace environment is considered unsafe, this interpersonal network can carry the message quickly to the top administrators to inform them that problems may exist. Greater attention to controlling and addressing these concerns may be fostered in a more interconnected workplace.

The basis of a strongly interconnected system is teamwork. I used survey questions in my study to ask nurses a variety of questions about collaborative activities that promote interconnectedness. Results indicated that increased interconnectedness exists when nurses and physicians plan together; openly communicate; share decision-making responsibilities; and cooperate, coordinate, and collaborate when decisions about smoke evacuation practices are being made. Nurses' reports of being satisfied with the process by which decisions are made about smoke evacuation practices are associated with greater interconnectedness in their organizations; thus, these nurses are more apt to comply with smoke evacuation recommendations. These different attributes can be considered when trying to increase compliance with smoke evacuation recommendations.

### Strong Leadership Support

Strong leadership support is a key indicator to compliance with smoke evacuation recommendations. Managers must realize that the leaders in the surgical department should enthusiastically support any activities that promote compliance with smoke evacuation recommendations so that

Surgical smoke will continue to exist in surgical suites if appropriate smoke evacuation practices are not used.

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staff members will be encouraged to evacuate plume. Leaders must show a keen interest in making sure the workplace environment is safe for the surgical team by making smoke evacuation devices available and by mandating their use through policy enforcement. Key activities to promote smoke evacuation can be provided by:

- conducting educational activities,
- posting “no smoking” (ie, no smoke plume) signs throughout the surgical environment,
- creating smoke evacuation policies and enforcing them,
- collaborating with physicians,
- imposing consequences for noncompliance, and
- making smoke evacuation equipment and supplies readily accessible.

Nurses can design and implement algorithms of practice that incorporate surgical smoke evacuation for all procedures that produce plume. Nurses use algorithms as a basis for the sequence of actions needed to effectively solve a problem. For example, the sequence of actions to address surgical smoke involves the nurse gaining knowledge about smoke hazards. Knowledge of these hazards helps the nurse create a policy addressing the smoke evacuation practices and appropriate equipment needed for each procedure that creates smoke plume. The nurse ensures that the proper smoke evacuation equipment and supplies are available, educates the surgical team on their use, and then monitors compliance with the written smoke evacuation policy.

### Respiratory Problems

The results of my study revealed that perioperative nurses have twice the incidence of some respiratory problems compared with the general population. Nurses’ respiratory problems may be linked to the cumulative inhalation of surgical smoke contaminants. Results indicated that nurses who reported respiratory conditions were usually more alert to the need to evacuate surgical smoke and comply with smoke

evacuation recommendations. Nurses must be reminded that respiratory symptoms may be exacerbated by continual exposure to plume, so smoke must be evacuated to provide clean air in the workplace. Testimonial accounts by nurses with respiratory problems can be a very significant and powerful part of an educational program that promotes smoke evacuation. Nurses with respiratory conditions are beginning to realize that the continual inhalation of surgical smoke may be the origin of these problems and also may aggravate these conditions.

### CONCLUSION

Surgical smoke will continue to exist in surgical suites if appropriate smoke evacuation practices are not used. Perioperative nurses exposed to surgical smoke will continue to be at high risk for the development of respiratory problems if this hazard is not addressed appropriately. No longer should the nurse be treated like the canary that served as the biological indicator of poor air quality in a coal mine. Mandates for smoke evacuation should be made before increased health problems appear in perioperative personnel.

The results of my study reflect key indicators associated with compliance with surgical smoke evacuation recommendations. This valuable information can be used to guide the path of educational programs, practices, and attitudes toward compliance with smoke evacuation recommendations, but there is a long way to go before surgical practices and mindsets about the need for smoke evacuation are consistent. The results of my study represent just one more piece in the puzzle of compliance with smoke evacuation recommendations; however, the identified key indicators provide a map to begin the pursuit of compliance.

In 2005, Erin Andersen posed a powerful question, “In hindsight, will health care professionals be embarrassed about their cavalier attitudes toward surgical smoke as they once were with cigarette smoke?”<sup>17</sup>(p103) The outcomes of my

study indicate that compliance with smoke evacuation recommendations is lacking and comprehensive education about surgical smoke hazards is needed. Until perioperative professionals become passionate about the evacuation of all surgical smoke, this hazard will continue to exist in the surgical environment and also in our lungs.

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**Editor's note:** This article provides implications for practice from Dr Ball's research on smoke evacuation compliance, which was supported by a research grant from the AORN Foundation. A more comprehensive article on her research can be accessed at <http://www.aornjournal.org/>.

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ORNAC Standards pertaining to this article can be found in the Operating Room Nurses Association of Canada (ORNAC) (May 2011). Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice (10th edition), Section 3, p. 226 Standard (s) 4.1.1.



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