CANADIAN
# OPERATING ROOM
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## Sterilizing RMDs

## ORNAC's New ED

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# President's Message

*"Those who achieve excellence are not satisfied with average practice. In fact, those who achieve excellence are constantly challenging the attitudes of the group, and are advocating a new vision of what might be".*
- Betty Davis, keynote address, 1990 Registered Nurses Association of BC Awards Dinner.

Ten provincial representatives, three affiliate representatives, five executive members and the executive director were all invited to attend an ORNAC strategic planning session from August 27-29, 2010 in Ottawa, ON. The purpose of this meeting was to bring together experts in the field of perioperative nursing practice in order to work through a strategic planning process that included analysis, discussion, debate, and strategizing and planning for the future of ORNAC.

ORNAC invited representatives from across the country in order to ensure that critical issues from each province and affiliate group were addressed and that measures could be put into place to positively impact perioperative practice environments. This strategic planning process was aimed at advancing perioperative excellence, patient safety and the sustainability of ORNAC. Key themes emerged during the discussions, outcomes were defined, and a plan for moving forward was confirmed.

Reviews and refinements of draft versions of the strategic plan will be completed during the next few months with a final strategic plan being presented at the AGM being held during the national conference in May 2011.

The availability of leadership, motivation and support for perioperative nurses, in the highly pressurized environment of perioperative practice, is critical to the delivery of safe, effective patient care. The representatives agreed that ORNAC will continue to provide leadership in perioperative practice and patient safety and shall remain a strong unified voice for Canadian perioperative nursing.

The Oxford English Dictionary defines an advocate as "a person who publicly supports or recommends a particular cause or policy and a person who pleads a case on someone else's behalf".[1] As ORNAC advocates on behalf of the membership, perioperative nurses also serve in the role of patient advocates for patients undergoing sedation, anaesthesia and surgery. Nursing advocacy plays a critical role in keeping patients safe throughout their encounters with the health care system. Specifically, perioperative nurses play an instrumental role in establishing a relationship with the patient and serving as the patient's advocate when the patient can not act for himself or herself.

This statement is the foundation for the 2010 Perioperative Nurses' Week theme:
ASK – Know the procedure
CONNECT – Know the patient
ADVOCATE – Know when to speak out

I welcome your comments and can be reached at president@ORNAC.ca. Best wishes for your health and happiness in 2011 and remember to celebrate your "excellence".

**References**

1. Soanes, C., Hawker, S., & Elliott, J. (Eds.). (2005) *Paperback Oxford English Dictionary* (6th ed. pp.11) New York: Oxford University Press.

*Bonnie W. McLeod, RN, BScN, MN, CPN(C), is Clinical Nurse Educator - Perioperative, Fraser Health Authority, Ridge Meadows Hospital site, the ORNAC representative on the Canadian Patient Safety Institute, and the past Chair of the ORNAC Standards committee.*

# Mot de la president

*« Ceux qui atteignent l'excellence ne se satisfont pas de la pratique moyenne. En fait, ces derniers défient continuellement les positions du groupe et encouragent une nouvelle vision de l'éventualité .»*
- Betty Davis, discours principal, souper de distribution des prix 1990 de l'Association des infirmières et des infirmiers autorisé(e)s de la C.-B.

Dix représentants provinciaux, trois représentants affiliés, cinq membres exécutifs et la directrice générale ont tous été invités à participer à la séance de planification stratégique de l'AIISOC qui s'est tenue les 27-29 août 2010 à Ottawa, en Ontario. L'objectif de cette réunion était de rassembler des spécialistes dans le domaine de la pratique des soins périopératoires afin d'élaborer un processus de planification stratégique qui inclus des analyses, des discussions, des débats, l'élaboration de stratégies et la planification de l'avenir de l'AIISOC.

L'AIISOC avait invité des représentants d'à travers le pays dans le but de s'assurer que les questions cruciales provenant de chaque province et groupes affiliés soient abordées et que des mesures soient prises pour influer de manière positive les cadres de la pratique périopératoire. Ce processus de planification stratégique visait à faire progresser l'excellence en soins périopératoires, à améliorer la sécurité des patients et la durabilité de l'AIISOC. À la suite de discussions, des thèmes clés ont fait surface, des solutions ont été échafaudées et un plan pour aller de l'avant a été confirmé.

Les révisions et le perfectionnement des ébauches du plan stratégique seront complétés au cours des prochains mois pour qu'un plan stratégique final soit présenté durant l'AGA qui aura lieu lors de la conférence nationale en mai 2011.

Il est essentiel que du leadership, de la motivation et du soutien soient offerts aux infirmières et aux infirmiers en soins périopératoires qui œuvrent dans le cadre extrêmement contraignant qu'est la pratique des soins périopératoires afin que ces derniers puissent offrir des soins sécuritaires et efficaces à leurs patients. Les représentants ont convenus que l'AIISOC continuera à offrir du leadership dans le domaine des soins périopératoires et de la sécurité des patients et qu'elle poursuivra sa mission d'être la voix de la pratique en soins périopératoires au Canada.

Le Petit Robert définit le terme « défenseur » comme « une personne soutenant ou préconisant publiquement une cause ou une doctrine particulière et une personne chargée de soutenir les intérêts d'une partie, devant le tribunal ».[1] Étant donné que l'AIISOC se fait le défenseur de ses membres, les infirmières et les infirmiers en soins périopératoires jouent également le rôle de défenseur des patients sous sédation, anesthésie et chirurgie. La défense des droits en soins périopératoires joue un rôle critique pour assurer la sécurité des patients tout au cours de leur expérience au sein du système de soins de santé. Les infirmières et les infirmiers en soins périopératoires jouent plus particulièrement un rôle instrumental pour établir des liens avec les patients et servir à ces derniers de défenseurs lorsqu'ils ne peuvent agir pour eux-mêmes.

Le thème de la Semaine des infirmières et des infirmiers en soins périopératoires de 2010 repose sur l'énoncé suivant :

DEMANDER – Connaître la procédure
FAIRE DES LIENS – Connaître le patient
DÉFENDRE – Savoir quand parler en faveur du patient

J'apprécie vos commentaires que vous pouvez m'envoyer en m'écrivant à president@ORNAC.ca. Tous mes vœux de bonheur et de santé pour 2011 et n'oubliez pas de célébrer votre « excellence ».

Bonnie W. McLeod

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1. Robert, Paul, *Le nouveau petit Robert de la langue française,* Texte remanié et amplifié sous la direction de Rey-Debove, Josette et Alain Rey, Paris, Dictionnaires Le Robert, 1997, p. 563.

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# Editorial Contents

# ON NE PEUT PAS LE STÉRILISER ? QUE VOULEZ-VOUS DIRE ?
## Système de gestion des dispositifs médicaux à usage multiple

***Auteures :***

*Madame Anne Stephens IA, B.Sc.Inf., CSP(C), est coordonnatrice en soins aux patients des programmes de chirurgie générale, d'oncologie gynécologique, d'urologie et de robotique de l'University Health Network du Toronto General Hospital. Elle supervise également les programmes de greffes rénales, pancréatiques et hépatiques – à la fois les donneurs vivants et les décédés – en salle d'opération. Madame Stephens est membre du comité des dispositifs médicaux à usage multiple ainsi que des conseils d'unités de l'organisation en chirurgie générale, oncologie gynécologique, urologie et transplantation. Madame Stephens a joué un rôle crucial dans l'élaboration et le lancement du programme de robotique du Toronto General Hospital. Elle est actuellement membre de l'Association des infirmières et infirmiers autorisés de l'Ontario, de l'Association des infirmières et des infirmiers autorisés en soins périopératoires du Grand Toronto et de l'Association des infirmières et des infirmiers autorisés en soins périopératoires. On peut communiquer avec elle en lui écrivant à* ***Anne.Stephens@uhn.on.ca****.*

*Madame AnnMarie Assang est directrice du département de traitement central de l'University Health Network du Toronto General Hospital. Elle a obtenu son certificat en traitement aseptique et formation aux adultes du Centennial College en Ontario. Elle fait actuellement un baccalauréat en éducation à l'Université Brock et enseigne la partie clinique du cours de traitement aseptique au Centennial College. Madame Assang siège à différents conseils de l'UHN chargés de la qualité, tels les conseils sur la qualité des soins périopératoires, la sécurité des patients. Elle siège également au comité des dispositifs médicaux à usage multiple. Elle est actuellement membre du SEFPO et de l'IACHSMM et siège au comité consultatif du Centennial College pour le programme de traitement aseptique. On peut communiquer avec elle en lui écrivant à* ***Ann-Marie.Assang@uhn.on.ca.***

***Cet article s'inspire d'une présentation donnée lors de la conférence nationale de l'AIISOC de 2009 à St. John's, Terre-Neuve-et-Labrador.***

**RÉSUMÉ :**

Santé Canada recommande aux hôpitaux d'établir des mesures afin de veiller à ce que les dispositifs médicaux à usage multiple (DMUM) soient nettoyés, désinfectés et aseptisés conformément aux directives du fabricant. Pour les besoins de cet article, les dispositifs médicaux à usage multiple seront désignés par le terme DMUM et incluront toute l'instrumentation et les dispositifs que le département de traitement central (DTC) aseptise afin d'être réutilisés à l'hôpital.

La sécurité des patients en chirurgie repose sur le DTC. Les directives des fabricants quant à la décontamination et l'aseptisation des instruments chirurgicaux sont de la plus haute importance pour le personnel de salle d'opération et du DTC. En raison de directives nébuleuses, trop générales ou irréalisables, le besoin de définir ce que ces directives signifient dans un cadre institutionnel était primordial pour se conformer aux normes et offrir des soins sécuritaires aux patients tout en continuant à soutenir les progrès de la technologie chirurgicale.

Le but de cet article est de décrire les défis auxquels font face une organisation à sites multiples (The University Health Network) quant à la gestion de l'aseptisation des instruments chirurgicaux. L'élaboration des directives du système de gestion par le comité interprofessionnel du réseau, soit le comité des dispositifs médicaux à usage multiple y sera traité ainsi que l'information au sujet des éléments de cet outil qui sera accompagné d'images quant à son mode d'emploi. Les principaux avantages des directives du système de gestion, y compris la façon dont son utilisation a facilité la prise de décision transparente, la communication et la collaboration concernant les questions d'aseptisation sur les sites, y seront décrits.

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 2, p.133-134, Normes 8.1.1 et 8.2.2.





# WHAT DO YOU MEAN YOU CAN'T STERILIZE IT?
## The Reusable Medical Device Matrix

***Authors:***

*Anne Stephens RN, BScN, CPN(C), is Patient Care Coordinator, General Surgery GyneOncology, Urology, and the Robotic Program, University Health Network, Toronto General Hospital. She also oversees the kidney, pancreas and liver – both living related and cadaveric - Transplant programs in the operating room. Anne is a member of the Reusable Medical Device Committee as well as a member of the General Surgery, GyneOncology, Urology and Transplant Business Unit Committees. Anne was instrumental in developing and initiating the robotic program at Toronto General Hospital. She is currently a member of RNAO, ORNGT and AORN and can be reached at* ***Anne.Stephens@uhn.on.ca****.*

*AnnMarie Assang is the Central Processing Department Manager, University Health Network, Toronto General Hospital. She received her certificate in Sterile Processing and Adult Education from Centennial College in Ontario. She is currently working on her Bachelor of Education, through Brock University, and teaches the Clinical portion of the Sterile Processing course at Centennial College. AnnMarie sits on various UHN Quality Committees such as the Perioperative Quality and Patient Safety Committee as well as the Reusable Medical Device Committee. She is currently a member of the CSAO and IACHSMM association and sits on the Advisory Committee at Centennial College for the Sterile Processing Program. AnnMarie can be reached at* ***Ann-Marie.Assang@uhn.on.ca****.*

***This article is based on a presentation from the 2009 ORNAC National Conference in St. John's, NL.***

**ABSTRACT**

Health Canada recommends that hospitals should have procedures in place to ensure Reusable Medical Devices (RMD) are cleaned, disinfected and sterilized according to the manufacturer's instructions. For the purpose of this paper, reusable medical devices will be referred to as RMDs and include all instrumentation and devices that the Central Processing Department (CPD) resterilizes for use in the hospital.

Patient safety in surgery begins in CPD. Manufacturer recommendations for the decontamination and sterilization of surgical instrumentation are of utmost importance to Operating Room (OR) and CPD staff. With recommendations that are unclear, nonspecific or unattainable there was a need to define what it means institutionally to meet standards and provide safe patient care while continuing to support the advancement of surgical technology.

The purpose of this paper is to describe the challenges faced by one multisite organization (The University Health Network) in managing the sterilization of surgical instrumentation. The development of The Guidance Matrix by the network's inter-professional Reusable Medical Device (RMD) Committee, will be discussed along with information about the elements of this tool and an illustration of how it is used. The key benefits of The Guidance Matrix, including how its use has facilitated transparent decision-making, communication and collaboration regarding sterilization issues across the sites, will be described.

Sterilization processes in Central Processing Departments (CPD) include chemical indicators, dated load indicators, and tamperproof locks and filters. The lack of an indicator of sterilization can be a frustrating experience for an OR Nurse. But do we really understand the critical importance of all these indicators? The foundation of sterilizing reusable medical devices (RMDs) begins with proper processes, standards and subsequent scientific validation from the vendors. According to AORN, patient safety is vital and it begins with proper cleaning and processing of the surgical instruments. Surgical site infections can increase the length of stay and the cost of the patients' hospitalization, as well as increased risk, morbidity and even mortality.[1]

Today's patients are far more informed than they were in the past. They can gather information from the internet as well as from television, radio, and print media. This knowledge empowers the patient to expect that their healthcare providers are practicing due diligence. It is the ethical duty and responsibility of nurses to provide safe, competent care while protecting the rights of the patient and being accountable to the professional governing bodies. In other words, we are advocates for both our patients and the healthcare system.[2]

Using both new and innovative instruments in the OR was, in the past, as simple as a surgeon requesting an instrument, the perioperative nurse ordering the instrument and CPD processing it for use in the OR. That is no longer the case. With a wide range of more complex instrumentation and an increasing focus on sterilization strategies, healthcare facilities have had to adopt a more rigorous approach.

There are many challenges in the world of sterile processing. A common one, faced on a regular basis, is the provision of vague, inaccurate reprocessing recommendations from the medical device manufacturer. Canadian centres are not able to meet European standards for reprocessing. European cycles, often referred to as "Fractionated Steam Cycles", are different than the pre-vacuum steam cycles run in Canada.

**The University Health Network Approach**

How can an organization take on the responsibility of using an instrument that is designed to be sterilized in a completely different cycle than that which is recommended? In response to all challenges the UHN Reusable Medical Device (RMD) Committee (comprising three facilities – Toronto General, Princess Margaret and Toronto Western) recognized a need for clarity of guidelines relating to the purchasing of new equipment and the replacement of old instrumentation. Various challenges were being experienced in this area. Fine Statinsky clamps that had been, for years, sterilized for 4 minutes at 270° Celsius were now arriving with manufacturer recommendations to sterilize for 5 minutes at 270° Celsius.

While the addition of a minute might not seem like a huge factor, such variations in cycle times cause an impact on workflow, instrument availability and resources of CPD. The RMD Committee made the decision to request validation reports from the manufacturer in order to prove that the instrument/tray/medical device actually went through a process of testing to ensure the validity of the new recommendations. The committee discovered that some companies were not willing to share this information with the health care facility and continually stated that they were, "just follow hospital protocol". This generic answer provides no clarification as to the need for the change nor does it help reduce the concerns of health care facilities. At the end of the day, patient safety and organizational accountability are at stake, hence the need to explore best practice. In the end, we must be satisfied we are proceeding with the patient's best interest in mind.

The OR and CPD's at UHN base their respective practices on numerous standards (see Page 25). According to the Canadian Nurses Association (CNA) Code of Ethics nurses should take actions to prevent or minimize harm to the patient. Nurses should collaborate with other teams to reduce future risks.[3] One method of





achieving this goal is for perioperative nursing and central processing departments to work cohesively, and respectfully, when providing patient care.

University Health Network (UHN) was one of eight hospitals selected by the World Health Organization (WHO) to trial the new WHO Surgical Safety Checklist. The nurse, surgeon and anaesthetist utilized this checklist prior to each operation during 500 procedures. One of the several items specified on the checklist is clarification that all sterility indicators have been checked.

According to the Operating Room Nurses Association of Canada's (ORNAC) Beliefs and Professional Standards, it is the nurse's obligation to implement and maintain a safety and risk management program that protects the patient.[4] Despite this fact, UHN experienced several issues in trying to address sterilization of surgical instrumentation.

As one example, parameters were received from the vendor for a St. Mark's Retractor that the OR needed to purchase. The CPD Manager approved the parameters but, when the instrument arrived, the written information indicated a different set of parameters based on the European Sterilization guidelines. The manufacturer would not issue a letter indicating if the instrument could be sterilized safely using the UHN standard protocol nor would they accept the item as a return and provide reimbursement of the purchase price.

In response to this, and other, issues, frustrations and confusion around how to proceed when faced with difficult situations regarding sterilization, in addition to the challenges of conforming to new standards and best practices, the UHN Reusable Medical Device (RMD) Committee was created in 2004. This committee reports to the Surgical Program Quality of Care Committee (SPQCC) that is chaired by the Chief of Surgery and has membership comprising various members of the surgical services team including surgeons, managers and hospital administrators.

The RMD Committee is multi-site and interprofessional with membership including representatives from CPD, OR, Medical Engineering, Infection Control, Risk Management and the purchasing group. Each member brings a different expertise to the table in order to ensure the group is able to make fully informed decisions regarding what instrumentation will enter the healthcare facilities, what risk is associated with any purchasing decisions, and whether infection control issues might surface as a result of use.

The RMD Committee soon realized that a guidance tool was required to aid in decision making regarding equipment that was difficult to clean and sterilize.

A working group was formed, as a result, comprising members of the RMD Committee who represented Infection Prevention and Control (IPAC), Medical Engineering and CPD. This working group developed the Guidance Matrix document, in 2006, as a means of guiding future decisions relating to difficult instrumentation.

The Guidance Matrix (see Page 20-24) is a comprehensive document comprising three sections. It is now used by the RMD Committee to review all reusable medical devices in a structured fashion.

The first section (A) details background information on the instrument including required method of sterilization, length of suggested cycle, who wants it and for what purpose, and whether it is a new or a replacement device.

The second section (B) lists the mandatory Health Canada and Canadian Standards Association (CSA) requirements. These include accessibility to validation reports or sign off by a senior official from the vendor in lieu of this report, compliance with CSA guidelines and the medical device license number.

The third section (C) documents 37 weighted criteria, focused on challenges related to instrument construction (undercuts, ball and socket joints), cleaning, disassembly, and infection control. Each criterion has a fixed weight value that ranges from 0 to3, with 3 representing the greatest challenges. The fixed weight value was determined by assessing the impact of each criterion against patient safety, cleaning and sterilization practices and best practices. Each criterion has a fixed weight value (predetermined) and a rate value is assigned by the assessor to each criterion. A rate value is then assigned using a scale of 0 to2, with 2 representing the greatest challenge for sterilization. The score for each item is derived by multiplying the rate and the weight value.

An example of one criterion is "Unable to disassemble RMD". On the Guidance Matrix this status has a fixed weight value of 3 and would be considered very high risk in this criterion. After assessing the RMD, if the overall rate value of 2 is assigned, which represents a high risk or greatest challenge, the score for this particular area would be 3 x 2 = 6. At the end of the assessment the score column, for all the criteria, is totaled. A higher value will indicate a higher degree of difficulty, or challenges, in reprocessing the RMD. The maximum possible score on the Guidance Matrix is 150. The final score provides guidance to the RMD committee. When a device has a high matrix score (50 or greater) it is recommended that the device be brought to the SPQCC for further discussion.

Following the creation of this matrix, the RMD Committee re-examined the St Mark's Retractor mentioned earlier. It scored 21/150 on the Guidance Matrix and as a result the committee approved the instrument for use. This is one example of how the Matrix assisted in eliminating roadblocks in a collaborative manner. Given the multidisciplinary expertise of the members who sit on the RMD committee (Infection Control, Risk Management, Medical Engineering, CPD and OR) UHN feels confident that any low score that is derived from using the Guidance Matrix has been fully examined by the above professionals and a mutual decision is made to process the equipment or not.

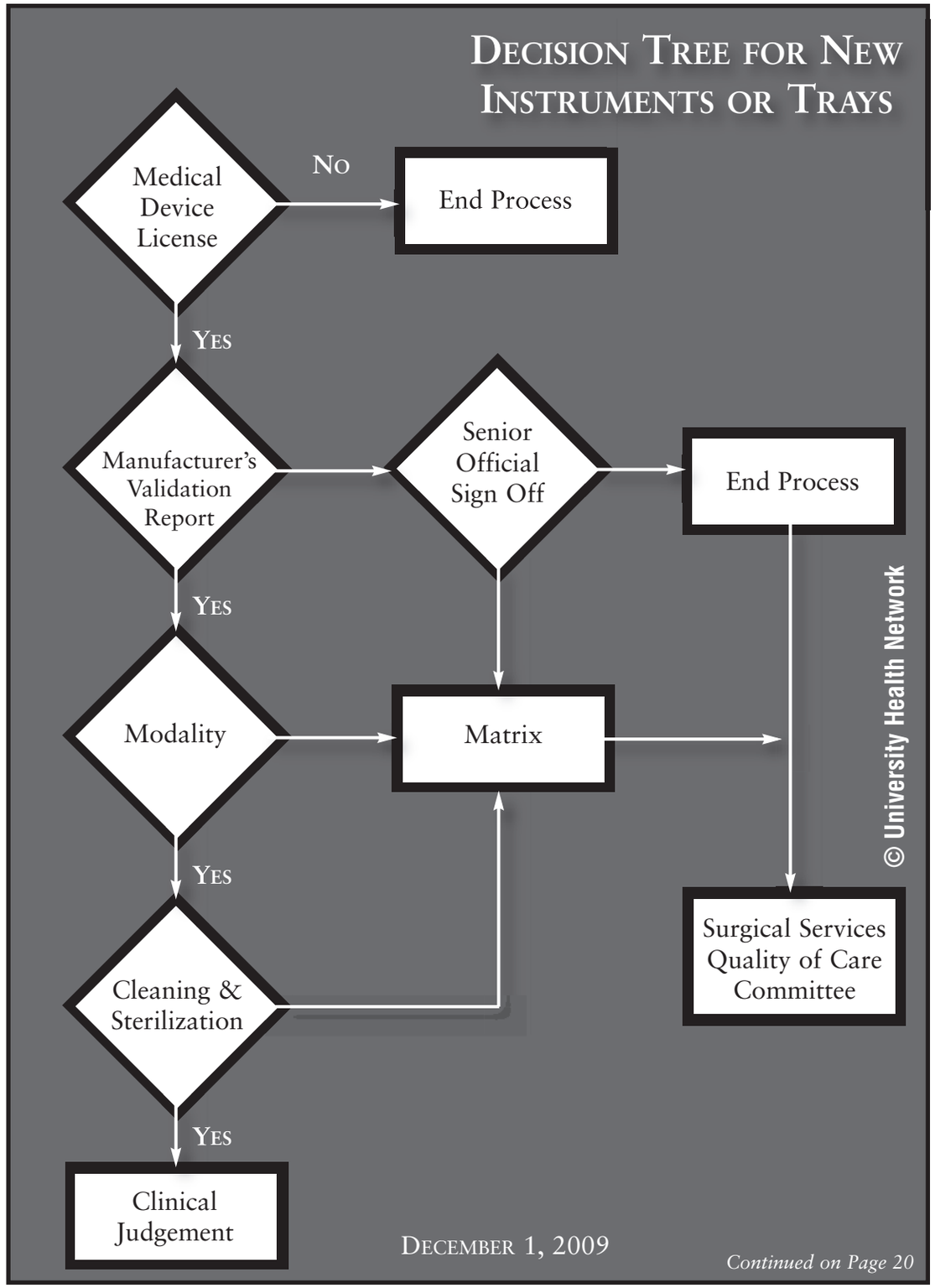
For instruments where there is a high score on the Guidance Matrix, the RMD committee brings the item forward to the SPQCC for review and discussion. The surgeon who requested the device is invited to participate in this review and outline how the item will be used, the volume of patients on which it will be used, and what the benefit of use.

As a result of this process, the UHN Reusable Medical Device Committee has experienced a stronger understanding of this area among all those dealing with RMDs. As there is more to the creation of a sterile instrument than merely wrapping it and putting it through the sterilizer, an understanding of the challenges has an impact on both the OR and CPD departments. Collaboration between OR and CPD can only improve understanding and increase respect between those from both areas. UHN believes that the RMD Committee and Matrix has helped improve this collaboration by providing a transparent decision-making process regarding sterilization issues. In conclusion, University Health Network has dealt with reprocessing challenges by implementing a structured and transparent process (the RMD Guidance Matrix). This process has helped guide a multidisciplinary team in decision-making regarding RMD purchasing decisions as they relate to sterilization issues. In a constantly changing environment, where innovation and improved technology are becoming more and more prevalent, it is important that organizations have structures and processes in place to support collaboration, consistent decision-making and patient safety.

ORNAC Standards pertaining to this article can be found in the Operating Room Nurses Association of Canada (ORNAC) (June 2009). Recommended Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice (9th edition). Section 2, pg 133/134, Standards 8.1.1 and 8.2.2.





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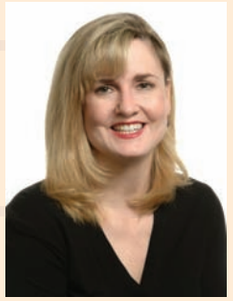
If you're interested in joining the CORNJ review panel, e-mail journal@ornac.ca for more information.



Operating Room Nurses Association of Canada (**ORNAC**) is pleased to announce the appointment of Catherine Harley as the Association's first Executive Director (ED). Harley, a registered nurse who specialized in wound management and studied post graduate business, will be responsible for planning and leadership in the areas of strategic direction, long-term sustainability, and national advocacy.

"*Harley is an industry professional with in-depth knowledge on volunteer driven associations and we look forward to her leadership in assisting ORNAC accomplish the strategic goals*," said Bonnie McLeod. "*ORNAC is committed to provide members with the tools necessary to help them succeed in patient safety, education, research, and setting high standards.*"

## Patient Safety a Mandate for ORNAC's First Executive Director



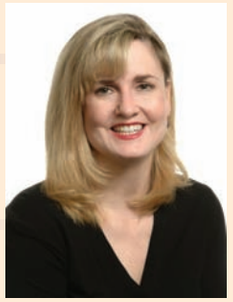
Prior to joining ORNAC, Harley served as the Executive Director for the Canadian Association for Enterostomal Therapy Nurses which she guided through a time of reorganization and transformation. In 1994 she co-founded, with Dr. R.G. Sibbald, the Canadian Symposium on Wound Management and, in the past, she has also worked on several marketing consulting projects in the global healthcare industry.

Officially formed in 1983, ORNAC is an Associate member of the Canadian Nurses Association (CNA) and the national voice for 12,000 perioperative registered nurses. The organization has a volunteer board of directors representing every province. ORNAC works to promote excellence by supporting the highest standards of operating room nursing practice and collaborates with Accreditation Canada, the Canadian Patient Safety Institute, and colleagues internationally. For further information please visit www.ORNAC.ca.

L'Association des infirmières et infirmiers de salles d'opération du Canada (**AIISOC**) est fière de vous annoncer l'affectation de Catherine Harley au poste de première directrice générale de l'Association. Spécialisée en traitement des plaies et possédant un diplôme d'études supérieures en administration, Harley, une infirmière autorisée, sera responsable de la planification et du leadership dans les domaines de l'orientation stratégique, de la durabilité à long terme et de la défense des droits à l'échelle nationale.

« *Harley est une professionnelle de l'industrie possédant une parfaite connaissance des associations bénévoles et nous sommes impatients de profiter de son leadership qui épaulera l'AIISOC à atteindre ses objectifs stratégiques,* » a expliqué Bonnie McLeod. « *L'AIISOC s'engage à fournir à ses membres les outils nécessaires pour les aider à assurer avec succès la sécurité de leurs patients, veiller à leur éducation, assurer la recherche et fixer des normes rigoureuses.* »

## La sécurité des patients : le mandat de la première directrice générale de l'AIISOC



Avant de se joindre à l'AIISOC, Harley a occupé le poste de directrice générale de l'Association canadienne des stomathérapeutes qu'elle a dirigée à travers une période de restructuration et de transformation. En 1994, elle a fondé, en association avec le Dr. R.G. Sibbald, le Symposium canadien du traitement des plaies et elle a aussi déjà travaillé sur différents projets de consultation en marketing dans l'industrie internationale des soins de santé.

Officiellement fondée en 1983, l'AIISOC est membre associé de l'Association des infirmières et infirmiers du Canada (AIIC) et se veut la voix de 12 000 infirmières et infirmiers en soins périopératoires à l'échelle nationale. L'organisation est formée d'un conseil d'administration bénévole représentant chaque province. L'AIISOC s'efforce de promouvoir l'excellence en préconisant des normes rigoureuses dans la pratique des soins en salles d'opération et collabore avec Agrément Canada, l'Institut canadien pour la sécurité des patients ainsi que des collègues à travers le monde. Pour de plus amples renseignements, veuillez consulter www.ORNAC.ca.

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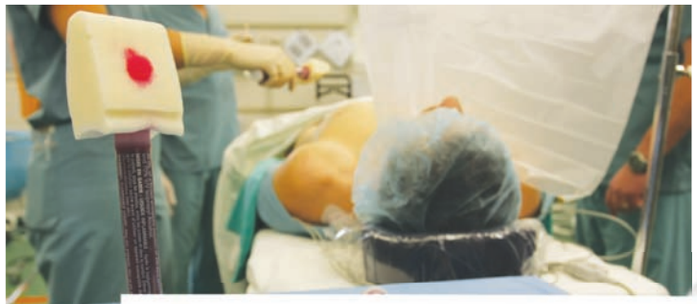

"Pre-operative skin cleaning with **Chlorhexidine-alcohol** better protects against infection than povidone-iodine"[1]
-New England Journal of Medicine, January 2010

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[1] Darouiche, R.O., Wall, M.J., & Kamal, M.F. et al. (2010). Chlorhexidine-Alcohol versus Povidone-Iodine for Surgical-Site Antisepsis. New England Journal of Medicine, 362, 18-26.

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# ORNAC in a Nutshell — Fall 2010

***Author:*** *Sue Styles, ORNAC Secretary*

- The ORNAC Executive & Board gathered for its semi-annual board meeting and general meeting in Toronto on November 6 and 7, 2010. ORNAC President Bonnie McLeod warmly welcomed all members and introduced new board members Loraine Best (BC), Bev Reach (AB), Carol Knudson (MB), Debbie Keough (NL) and Cindy Rutledge (proxy NS).

- President Bonnie McLeod also introduced and welcomed ORNAC's first Executive Director, Catherine Harley. Harley is an industry professional with in-depth knowledge of volunteer driven associations and we look forward to her leadership assisting ORNAC with accomplishing its strategic goals. In August 2010 Harley facilitated a strategic planning session with ORNAC executive members, provincial designates and Affiliate representatives. Development of the ORNAC strategic plan will be completed and voted on at the May 2011 ORNAC board/members meeting. Catherine Harley will be responsible for ORNAC sustainability and for operationalizing the strategic direction. She will work towards improving healthcare outcomes and patient safety by proactively championing ORNAC's vision and advancing perioperative care on behalf of perioperative registered nurses. ***See page 13 for more details.***

- Reports from the ORNAC executive highlight continuing and developing collaborations with Safer Healthcare Now/Canadian Patient Safety Institute, Canadian Nurses Association, Canadian Nursing Students Association, Canadian Medical Association, Canadian Anaesthesiologist Society, Accreditation Canada, Canadian Standards Association, the International Federation of Perioperative Nurses, and all provincial perioperative nursing organizations. All collaborative efforts are aimed at furthering the role of the perioperative nurse in teamwork and advocacy relating to the many facets of safe surgical/interventional patient care.

- The English and French 2009 ORNAC Standards, Guidelines and Position Statements for Perioperative Registered Nursing Practice (9th edition) are available. See **www.ORNAC.ca** or **www.shopcsa.ca**.

- The 2011 ORNAC National Conference *"Elevating the Field of Perioperative Nursing"* will be held in Regina, SK, May 8-13, 2011. On-line exhibitor registration and accommodation booking for delegates and exhibitors are now available at **www.ORNAC.ca**. On-line delegate registration will open at the end of January 2011 (upon completion of the annual membership database). Mark your calendars and make plans to attend!

- Perioperative registered nurses are encouraged to submit nominations/applications for ORNAC bursaries, grants and awards. There are many, many deserving individuals deserving in our workplaces. Visit **www.ORNAC.ca** for guidelines and criteria and consider nominating your colleagues for awards or applying for bursaries/grants.

- Perioperative nurses have abundant best practice knowledge/research to share. You are encouraged to share this knowledge by writing an article for Canadian Operating Room Nursing Journal (CORNJ). Visit **www.ORNAC.ca** (journal) to review the CORNJ editorial/author guidelines or to contact the ORNAC Editorial Committee Chair for assistance. Further to CORNJ, the editorial review panel terms of office are currently being reviewed. ORNAC welcomes your interest in serving as an editorial review panel member.

- Perioperative Nurses Week, November 8-14th, celebrated and acknowledged the practice of perioperative registered nursing across Canada. The 2010 Perioperative Nurses Week Proclamation and Poster focused on the vital role of the perioperative registered nurse in patient safety and patient advocacy with the themes of **ASK – Know the**

**procedure; CONNECT – Know the patient; ADVOCATE – Know when to speak out.**

ORNAC always welcomes comments, feedback and engagement on matters relating to perioperative nursing practice. To contact us, or for timely news/announcements about ORNAC activities, visit **www.AIISOC.ca**.

## AIISOC en bref – Automne 2010

***Auteure :*** *Sue Styles, secrétaire de l'AIISOC*

- Les membres exécutifs et les membres du conseil d'administration de l'AIISOC se sont réunis pour la réunion du conseil d'administration et l'assemblée générale semestrielle qui ont eu lieu à Toronto, le 6 et 7 novembre 2010. La présidente de l'AIISOC, Bonnie McLeod, a chaleureusement souhaité la bienvenue à tous les membres et membres exécutifs et a présenté les nouveaux membres du conseil, à savoir : Loraine Best (C.-B.), Bev Reach (AB), Carol Knudson (MB), Debbie Keough (T.-N.-L.) et Cindy Rutledge (représentante de la N.-É.).

- La présidente Bonnie McLeod a également présenté et souhaité la bienvenue à la première directrice générale de l'AIISOC, Catherine Harley. Harley est une professionnelle de l'industrie possédant une parfaite connaissance des associations bénévoles et nous sommes impatients de profiter de son leadership qui épaulera l'AIISOC à atteindre ses objectifs stratégiques. En août 2010, Harley a animé une séance de planification stratégique avec les membres exécutifs de l'AIISOC, les intervenants provinciaux et les représentants affiliés. Lors de la réunion du conseil d'administration de l'AIISOC de mai 2011, on aura terminé l'élaboration d'un plan stratégique pour l'AIISOC et les membres pourront précéder au vote. Catherine Harley sera responsable de la planification et du leadership dans les domaines de l'orientation stratégique et de la durabilité à long terme de l'AIISOC. Elle tâchera d'améliorer les résultats en soins de santé et sécurité des patients en défendant de manière proactive la vision de l'AIISOC et en faisant progresser les soins périopératoires au nom des infirmières et des infirmiers autorisé(e)s en soins périopératoires. ***Voir page 13 pour de plus amples renseignements.***

- Des rapports des membres exécutifs signalent que l'AIISOC continue à collaborer et à développer des collaborations avec Des soins de santé plus sécuritaires maintenant! affilié à l'Institut canadien pour la sécurité des patients, l'Association des infirmières et infirmiers du Canada, l'Association des étudiant(e)s infirmier(ère)s du Canada, l'Association médicale canadienne, la Société canadienne des anesthésiologistes, Agrément Canada, l'Association canadienne de normalisation, la International Federation of Perioperative Nurses et tous les organismes provinciaux en soins périopératoires. Tous ces efforts de collaboration visent à faire progresser le rôle des infirmières et des infirmiers en soins périopératoires dans les domaines du travail d'équipe et de la défense se rapportant aux divers aspects des soins chirurgicaux/interventionnels sécuritaires apportés aux patients.

- Les versions anglophone et francophone de la publication Normes, lignes directrices et énoncés de positions pour la pratique de soins infirmiers périopératoires autorisés (9e édition) 2009 de l'AIISOC sont disponibles. Visitez **www.AIISOC.ca** ou **www.shopcsa.ca**.

- La conférence nationale de l'AIISOC 2011 intitulée « *Améliorer le domaine des soins périopératoires* » se tiendra à Regina, en Saskatchewan du 8 au 13 mai 2011. L'inscription des exposants et les réservations pour l'hébergement des délégués et des exposants peuvent maintenant se faire en ligne à **www.AIISOC.ca**. L'inscription en ligne des délégués débutera à la fin de janvier 2011(après l'inscription annuelle des membres).Encerclez ces dates sur votre calendrier et organisez-vous pour y assister!

- Nous encourageons toutes les infirmières et tous les infirmiers en soins périopératoires à soumettre leur candidature/demande pour les bourses et les prix de l'AIISOC. Le travail d'un grand nombre de personnes mérite d'être reconnu. Consultez **www.AIISOC.ca** pour obtenir les directrices et les critères d'admissibilité. Songez à désigner vos collègues pour l'obtention de prix ou à faire une demande de bourse.

- Les infirmières et les infirmiers en soins périopératoires possèdent un nombre considérable de pratiques exemplaires à partager en connaissances et en recherche. Nous vous encourageons à partager vos connaissances en rédigeant un article pour la Revue de l'Association des infirmières et infirmiers de salle d'opération du Canada (RAIISOC). Visitez **www.AIISOC.ca** (onglet journal/revue) pour consulter les directives de la RAIISOC pour rédiger un article ou communiquez avec le président du comité de la rédaction de l'AIISOC pour obtenir de l'aide. De plus, le mandat du comité de révision de la RAIISOC est actuellement en révision. L'AIISOC vous invite à faire partie du comité de révision.

- La Semaine des infirmières et des infirmiers en soins périopératoires qui avait lieu du 8 au 14 novembre a célébré et reconnu la pratique des soins périopératoires autorisés à travers le Canada. Le communiqué et l'affiche de la Semaine des infirmières et des infirmiers en soins périopératoires 2010 mettaient l'accent sur le rôle essentiel des infirmières et des infirmiers en soins périopératoires quant à la sécurité des patients et la défense des patients par le biais des thèmes **DEMANDER – Connaître la procédure; FAIRE DES LIENS – Connaître le patient; et DÉFENDRE – Savoir quand parler en faveur du patient.**

À l'AIISOC, il nous fait plaisir de recevoir vos commentaires, votre rétroaction, vos annonces et vos questions concernant la pratique des soins périopératoires. Pour communiquer avec nous ou pour vous renseigner sur les nouvelles/les communiqués au sujet des activités de l'AIISOC, consultez **www.AIISOC.ca**.

### MEDLINE CANADA MENTORSHIP AWARD

The **Medline Canada Mentorship Award** was established in collaboration with ORNAC in recognition of the significant role mentorship plays in the perioperative environment. The award is presented at each ORNAC National Conference to the top 6 perioperative registered nurses who are recognized by their peers as outstanding mentors and role models. The award amount of **$6,000** will be divided equally between the six recipients.

For more information visit **www.ORNAC.ca**.

***Nomination deadline is January 15th, 2011.***

MEDLINE CANADA

### PRIX DE MENTORAT DE MEDLINE CANADA

Le **Prix de mentorat de Medline Canada** a été établi en collaboration avec l'AIISOC afin de reconnaître le rôle important que joue le mentorat dans le milieu périopératoire. Lors de chaque conférence nationale de l'AIISOC, le prix est décerné à six infirmier(ère)s autorisé(e)s périopératoires choisi(e)s par leurs pairs comme mentors et modèles de rôle extraordinaires. Le prix de **6 000 $** est partagé entre les six récipiendaires.

Pour de plus amples renseignements, veuillez visiter **www.AIISOC.ca**.

***La date limite des candidatures est le 15 janvier, 2011.***

MEDLINE CANADA

University Health Network

## Guidance Matrix for Re-usable Medical Device (RMD)

| | |
|---|---|
| Name of Assessor: _____ | Date: _____ |
| Name of Manufacturer: _____ | |
| Name of Reusable Medical Device (RMD): _____ | |

The purpose of this matrix is to assess a RMD that has not been validated to North American sterilization methods or parameters or fails to meet minimum validation requirements of a device to be used at UHN

Section A is general information regarding the RMD, and is not part of the decision matrix.

Section B lists the mandatory requirements. If any of the criteria in this section is not met, UHN will not reprocess the RMD.

Section C is a list of reprocessing challenges. This is a guide to identify the challenges associated with reprocessing the RMD. The RMD Committee will render an expert opinion.

Each criteria has been assigned a **weight value** based on the degree of challenges where 3 represents the highest challenge, 2 represents some challenges and 1 representing non-critical challenge.

The user assesses the RMD and assigns a rate (0, 1 or 2) corresponding to each criteria. The score is derived by multiplying the rate and the weight value (e.g an RMD that contains hard to reach areas that has a weight value of a 2 would be considered high risk and therefore would be rated a 2 for a weight value of a 4.)

A higher value will indicate the degree of difficulty or challenges in reprocessing the RMD. The maximum score on the decision matrix is 144.

| **Section A** | Required Information |
|---|---|
| **General Information** | |
| • Validation to follow | |
| • Heat sensitive – Sterrad or EO? | |
| • Default 270 deg F for 4 mins failed, outlier parameter supported with validation | |
| • Set can be reprocessed with longer cycles eg. validation for 8 mins, UHN reprocessed @ 10 mins | |
| • Set requires cycle times outside existing cycles eg. 40 mins | |
| • Options or alternatives? | |







University Health Network

Guidance Matrix for Re-usable Medical Device (RMD)

| | |
|---|---|
| • How often is it used? Frequency | |
| • Who wants it? Why is it needed? | |
| • Used for elective case? | |
| • Innovative procedure or instrument | |
| • Patient Impact (1 patient? 100 patients?) – clinical relevance | |

| **Section B** | Required Information |
|---|---|
| **Mandatory Requirements:** | |
| • Sign off by senior official (in lieu of validation report) | |
| • Compliance with CSA safety standards. | |
| • EN Fractionated steam validation and RMD contains lumens | |
| • Medical Device License # | |

| **Section C** | | | | |
|---|---|---|---|---|
| **Criteria** | **Rate** | **Weight Value** | **Score** | **Comments** |
| Rate Scale: 0 = No / No Challenges; 1 = Moderate Challenges; 2 = Yes / Greatest Challenges | | | | |
| • Is the validation report based upon an equivalence RMD set? | | 3 | | |
| • Is the validation based upon individual component / RMD | | 3 | | |
| • Is set validated to European (EN) pre-vacuum validation? | | 3 | | |
| • No biological indicator available for quality assurance | | 2 | | |
| • Was validation completed with one tray in sterilizer? | | 1 | | |

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## Guidance Matrix for Re-usable Medical Device (RMD)

| Validation for Cleaning | | | | |
|---|---|---|---|---|
| • General manual and automatic cleaning recommendations – no step by step instructions for multi-component RMD | | 3 | | |
| • Unable to disassemble RMD | | 3 | | |
| • RMD has closed ended lumens | | 3 | | |
| • RMD has retractable/sliding parts | | 3 | | |
| • RMD contains hard to reach areas eg. Undercuts | | 2 | | |
| • RMD has ball & socket design | | 1 | | |
| • Difficult to rinse materials eg. Plastics | | 1 | | |
| • RO water is required for rinsing for hand wash RMD | | 1 | | |
| **Criteria** | **Rate** | **Weight Value** | **Score** | **Comments** |
| Rate Scale: 0 = No/Not Applicable; 1 = Some Challenges; 2 = Yes / High Risk / Most challenging | | | | |
| | | | | |
| • Requires special cleaning aids/tools to clean effectively eg. cleaning adapters | | 1 | | |
| • Requires pre-cleaning in Operating Room | | 1 | | |
| | | | | |
| **Instrument Criteria** | | | | |
| • RMD used invasively | | 3 | | |
| • Special service considerations eg. calibration after 20 uses | | 2 | | |
| • Re-posble item (limited uses) / life | | 2 | | |
| • Wicking required eg. clips, bulldogs | | 1 | | |
| • Labour intensive preparation / set-up in CPD | | 1 | | |
| • Difficult lubrication process | | 1 | | |







University Health Network

Guidance Matrix for Re-usable Medical Device (RMD)

| • RMD contains threaded instruments | | 1 | | |
|---|---|---|---|---|
| | | | | |
| **Instrument Configuration** | | | | |
| • Instruments in closed position during sterilization | | 3 | | |
| • RMD contains springs and bearings | | 3 | | |
| • Improper layout of RMD (eg. Metal on metal – stacking) | | 3 | | |
| • No container provided by manufacturer (rigid container preferred) | | 2 | | |
| • No instrument holders to secure instrument in tray eg. grey telescope sheaths | | 1 | | |
| • high mass items (weight and size) | | 1 | | |
| • dissimilar materials/questionable i.e. metal and composite, wood or other (pheneol) | | 1 | | |
| | | | | |
| | | | | |
| **Criteria** | **Rate** | **Weight Value** | **Score** | **Comments** |
| Rate Scale: 0 = No/Not Applicable; 1 = Some Challenges; 2 = Yes / High Risk / Most challenging | | | | |
| | | | | |
| **Instrument Complexity** | | | | |
| • Implantable Device / RMD used directly on implantable device | | 3 | | |
| • Non take-apart multi-component | | 3 | | |
| • Custom built instrument | | 3 | | |
| • RMD contains blocked holes | | 3 | | |
| • Lumen diameter less than 3mm | | 2 | | |
| • Lumens with 90 degree bends | | 2 | | |

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University Health Network

## Guidance Matrix for Re-usable Medical Device (RMD)

| | | | | |
|---|---|---|---|---|
| • Lumens with more than 1 bend | | 2 | | |
| • Multi-layered tray/set greater than 25 lbs | | 1 | | |
| | | | | |
| Total Value (max. 150) | | | | |
| | | | | |
| **Conclusion of Matrix:** | | | | |
| ☐ Process | | | | |
| ☐ Process with conditions (ie. removal of challenging instrument) | | | | |
| ☐ Do not reprocess (⟶ RMD Committee) | | | | |
| RMD (Reusable Device Committee) Decision: | | | | |
| | | | | |
| RMD total value on Guidance Matrix scores 50 or greater: | | | | |
| ☐ Do not reprocess (⟶ SPQCC Committee) | | | | |
| SSQCC (Surgical Services Quality of Care Committee) Decision: | | | | |
| | | | | |

Assessor's Signature: _____ Date: _____

The Guidance Matrix was developed by the University Health Network's Reusable Medical Device Committee. Members include AnnMarie Assang (TGH Manager, Central Processing Department), Glen Frecker (TWH Supervisor, Medical Engineering), Marilyn Mah (TWH Manager, Central Processing Department), Karen Stockton (UHN Director, Infection Control).

Disclaimer

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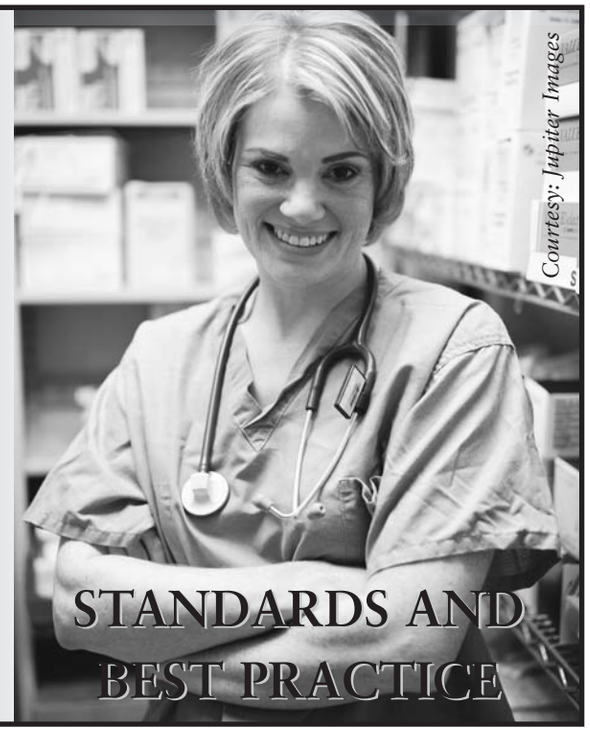
## STANDARDS USED TO GUIDE UHN:

- ACCREDITATION CANADA
- AORN
- CANADIAN NURSES ASSOCIATION
- CCSHA
- CNA CODE OF ETHICS
- CSA
- ORNAC
- PIDAC
- SAFER HEALTHCARE NOW!



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*L to R:*
***Bonnie McLeod**, President ORNAC,*
***Donna Watson** - Covidien educator,*
***Diane Gilmour** at the Covidien sponsored global perioperative summit in Denver (August 13, 2010).*

*Courtesy: Covidien Energy-Based Devices*



# UPCOMING EVENTS / ÉVÉNEMENTS SUIVANTS

For details visit www.ornac.ca

## PROVINCIAL & REGIONAL CONFERENCES

| | | |
|---|---|---|
| New Brunswick | Moncton, NB | April 2011 |
| Nova Scotia | Halifax, NS | June 3 & 4, 2011 |
| Saskatchewan | TBA | September 2011 |
| Newfoundland & Labrador | Corner Brook, NL | October 13-15, 2011 |
| Alberta | Red Deer, AB | October 19-22, 2011 |
| 25th Atlantic Conference | Charlottetown, PEI | September 26-29, 2012 |

## ORNAC CONFERENCES *www.ornac.ca*

| | | |
|---|---|---|
| **22nd National** | Regina, SK | May 8-13, 2011 |
| **23rd National** | Edmonton, AB | May 5-10, 2013 |

## INTERNATIONAL CONFERENCES

| | | |
|---|---|---|
| **AORN** (www.AORN.org) | Philadelphia, PA | March 19-24, 2011 |

## RELATED PROFESSIONS

| | | |
|---|---|---|
| **CAS** (www.cas.ca) | Toronto, ON | June 24-28, 2011 |

# S.T.O.P. for safety.

## It could be the difference between life and death.

**Wrong site surgery has recently moved into the number one position as the most frequently reported hospital error.**[1]

This is despite a conscientious effort to eliminate this problem before it occurs. What is needed is another layer of safety...something that will improve our chances of correcting the mistake before it happens.

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S.T.O.P. strip and sticker

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* Patent pending

MEDLINE CANADA

www.medline.ca