MORNA GAUZETTE

November **2013**

President's Corner

As you are reading this letter, September is here and fall activities are starting up again. This is always a period of transition, getting back into the swing of things after summer slating and vacations. This year will be a period of transition for MORNA as well. ORNAC has restructured and procedures have changed that affect all of us. Registration will be online starting in January. This fall we will be adjusting our bylaws to coincide with the new procedures and dates as well as making language changes.

We are welcoming a new Treasurer Wendy Rogers from Childrens' Hospital who is replacing Gladys Zinnick who filled that role for many years and was a great resource. I wish her much health and happiness in her retirement.

This year we are also welcoming a new Educational Coordinator, Graciana Medeiros who is replacing Karen Warcimaga, who also did a great job for us.

We are very fortunate that Iris Mac Millan is continuing in her Secretary position. She does a wonderful job communicating with everyone. Her computer skills, organization and energy are a wonderful combination. Karen Sagness remains in her role as President -Elect and is a great person to bounce ideas off of.

We have a lot to be proud of this past year. We overcame our challenges with meeting venues and are trying a few new things this year until the CRNM Building is available again. We had a very successful Spring Workshop at The Victoria Inn in March and quite a few members were able to attend the ORNAC National Conference in Ottawa. Our educational sessions at monthly meetings were well attended and well received.

On behalf of the Executive I would like to welcome back returning members and encourage new nurses to join us. I hope to see many of you in the coming months.

Sincerely

Monica Palmquist

Morna President







2013-2014 EXECUTIVE

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MORNA AGM



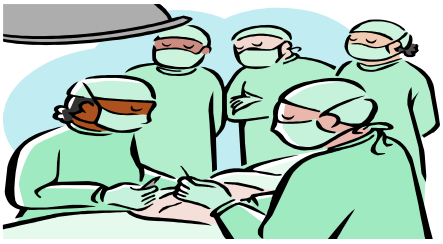
DINNER & BUSINESS Meeting was held on May 24th, 2013 and we are please to welcome Wendy Rodgers as our new Treasurer , while Graciana Medeiros has taken on the role of our Educational Coordinator. This will once again be two exciting years with many changes in the fall, with Ornac registations on-line- which is still in the works, instead of provincial registrations.

We will surely miss you Gladys Zinnick as Treasurer during the last 10 years, for always keeping our budget within our guidelines, our books balanced, and our funding organized and available to those members who wished to attend educational sessions. You have been a foundation and valued resource to each of your members whom you have assisted. We know you are only a phone call away!!!

Karen Warcimaga has finished her 2 year term as Educational Coordinator, and is stepping down at this time. Once again Karen you have inspired us with your Spring Workshop Themes- and Guest Speakers who were relevant to "Keeping it Green In the OR" then "Communication Whose Job is it Anyways?"







There are many benefits to taking on a position with the executive and hospital representatives, as you get to network with peers, share ideas, meet new members, share current issues, provide support and ideas for each of our members with common goals directed to patient and staff advocacy. The educational sessions are always well attended, extremely interesting and relevant to our roles.

ADVANCES IN SURGICAL SITE INFECTION

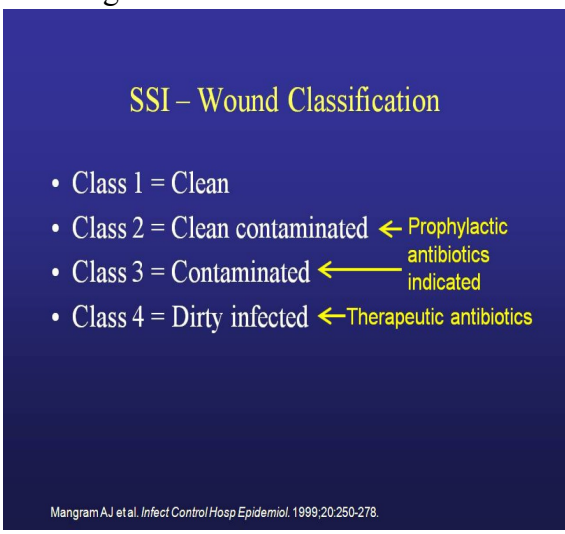
Speaker: Maureen Spencer, RN, M.Ed, CIC (USA)

Maureen's talk was sponsored by J&J and was given at a breakfast session on Wednesday, April 24th. She indicated the following:

A patient with a surgical site infection (SSI) is:

- 5 times more likely to be re-admitted to hospital
- 2 times more likely to spend time in critical care, and
- 2 times more likely to die.

The mortality risk for a patient who becomes infected with MRSA is 12 times higher.



Risks to patients who undergo surgery for orthopaedic implants include:

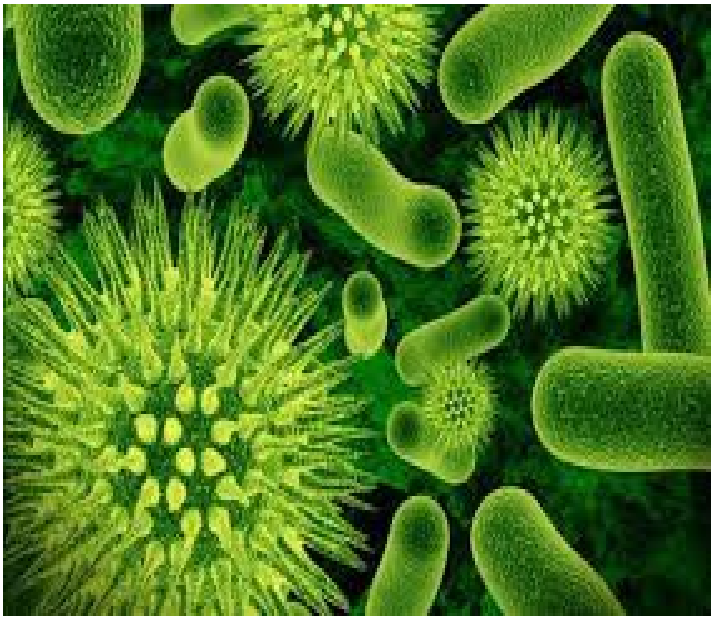
- Hip or knee aspiration
- Irrigation or debridement
- Insertion of antibiotic spacers
- Future revisions
- Long term IV antibiotic therapy, and
- Future worry about their joint

These negative outcomes associated with a SSI can be devastating to the patient and to the surgeon.

Maureen presented the concept of a **7 'S' Bundle** to prevent SSI:

- Safety – Is the OR safe?
- Screening – Are you screening for risk factors and the presence of MRSA?
- Showers – Is the patient showering the night before and the morning of surgery?
- Skin preparation – Are alcohol-based antiseptics being utilized?
- Solutions – Is the wound being irrigated prior to closure to remove exogenous contaminants?
- Sutures – Are antimicrobial sutures being utilized?
- Skin closure – Is the incision sealed with an antimicrobial dressing?

Providing a safe OR involves:
Traffic control to limit the number of personnel in a room
Appropriate air-handling systems
Clipping (not shaving) hair, warming the patient, oxygenation, Foley catheters in and out in 48 hours
Good between-case and terminal cleaning practices
Instrument cleaning and sterilization
Supply storage including clean supply bins
Surgical technique and handling of tissue



Common organisms associated with SSI includes:

- *Staphylococcus aureus* – 30%
- *Coagulase negative staphylococcus* – 14%
- *Enterococci* – 11%
- *E coli* – 10%
- *Pseudomonas* – 4%

Risk factors which increase risk for SSI include diabetes, obesity, pre-existing infection and sub-optimal nutrition. Antimicrobial prophylaxis should be infused within 60 minutes before the incision or within 60 minutes before a tourniquet is inflated. Shaving increases the risk for a SSI. Maureen spoke about a type of hair clipper available that provides a vacuum to removes cut hair as it clips.

She indicated that skull caps are not appropriate surgical attire as they collect sweat. Skull caps should be covered with a bouffant. Personal items such as stethescopes when worn around the neck, become highly contaminated with droplets from our mouths as we speak and 'spray'. Jewellery worn in the OR has been cultured and was shown to be contaminated with gram negative bacilli.

Screening for risk factors associated with ARO is very valuable because:

- Prior room occupancy by a patient with an ARO increases the risk to the next patient by 2-4 times
- Organisms may survive on a surface for up to one year
- One study demonstrated that patients who were decolonized preoperatively with 5 days of mupirocin and CHG washes before surgery had a 60% lower *staphylococcus aureus* SSI rate than the placebo group
    - Preadmission cultures provide an opportunity to teat patients with MRSA prior to surgery (Spencer, *Journal of Bone and Joint Surgery*)
    - Screening may be done with rapid read-out technology which provides a one hour read-out (rather than 3 lab days)

AORN recommends the use of contact precautions which has demonstrated a 60% reduction in MSSA infections and a 50% reduction in MRSA infections

The CDC (1999) Guideline for Prevention of Surgical Site Infection is being revised this year.

The recommendation for skin prep solutions will be for CHG and iodine with alcohol.
Iodophors are inactivated by blood and mucous and have minimal residual action. In contrast the effect of CHG lasts for days on the skin.
Maureen promoted the use of antimicrobial sutures, which she estimated would be about a 1% increase in an OR budget. The use of antimicrobial sutures has been shown to reduce SSI infections by 45%. A meta-analysis shows a statistically-significant reduction in infection.
A new CHG irrigation solution with a 0.05% CHG concentration is safe for use on mucous membranes. For more information go to www.irrisept.com After irrigating for one minute, and following up with a saline irrigation, the antimicrobial effect has been shown to last for 2 weeks.
Stapling into sebaceous glands pushes organisms deeper into the tissue.
Maureen promoted the use of a derma-bond product for incision sealing. Topical adhesives provide 7 days of wound-healing strength in one minute. The patient can also shower immediately.
One study which compared staple to suture use in orthopaedic hip surgery demonstrated that the infection rate was 4 times greater with staples versus suture use.

Submission to the MORNA Gauzette from Joan Porteous.
Thank you for the funding opportunity to attend the ORNAC International Alliance for Perioperative Best practice in Ottawa.

MORNA Membership Information

1. **Active Membership is $75.00 as of June 1, 2013 till December 31, 2014 (this is an 18 month registration fee)**
2. **Deadline for membership is Dec 31, 2013**
3. **Send completed application form and fees (cheques payable to MORNA) to:**

MORNA Treasurer
Wendy Rodgers BN
OR- Childrens Hospital
820 William Ave.
Winnipeg, MB.
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Important notice re Canadian Operating Room Nursing Journal (CORNJ) subscriptions Please ensure that MORNA has your correct & current address. These addresses are submitted at the beginning of each year to Clockwork. If the journal is considered undeliverable, the cover is ripped off and the journal is discarded by Canada Post. The cover is then delivered back to the publisher with a C.O.D. charge of $0.65 for each cover. ORNAC pays for all returned journals decreasing final profits. Any changes of address also need to be submitted as soon as possible to prevent any delays in subsequent mailings. Subscription problem inquiries should be directed to the MORNA executive, not directly to Clockwork/CORNJ.***Your change of address can be done directly on the ORNAC website. Go to http://www.ornac.ca, then journals, select subscriptions. The change of address window can be found here.

MORNA

Manitoba **O**perating **R**oom **N**urses **A**ssociation

2013-2014 Executive

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Standing Committee Chairpersons

Communications Committee & Newsletter Iris MacMillan, Graciana Medeiros, Karen Sagness, Monica Palmquist (Ex-Officio)

Constitution & By-Laws Committee Leah Restall, Monica Palmquist (Ex-Officio)

Education Committee Graciana Medeiros

Nominations Leah Restall

MORNA

MANITOBA OPERATING ROOM NURSES ASSOCIATION
2014 SPRING WORKSHOP
SAVE THE DATE

SATURDAY, MARCH 15TH, 2014

0730-1600 HRS
VICTORIA INN AND CONFERENCE CENTER
1808 WELLINGTON AVENUE
WINNIPEG, MB.

REGISTATION INCLUDES CONTINENTAL BREAKFAST, NUTRITION BREAK AND LUNCH

SPECIAL ROOM RATES AVAILABLE FOR OUT OF TOWN PARTICIPANT

WATCH FOR AGENDA AND REGISTRATION FORM

REGISTRATION DEADLINE—MARCH 10, 2014

HOPE TO SEE YOU THERE!!!



THE SECRET TO PERIOPERATIVE NURSING EXCELLENCE:
Take Care of Yourself First

By Kay Ball Kball@aol.com

April 25, 2013

Excellence in perioperative nursing is a product of scholarship, evidence-based practices, and dedicated service but cannot be achieved without focusing on your own wellness.
Many times Nurses are so concerned about their patients that their own health can suffer. This results in decreased productivity, poor health, and unhappiness. Nurses must learn to prioritize the importance of maintaining a healthy body, healthy mind/soul, healthy family, healthy society and healthy finances. Kay, presented lifestyle changes and activities needed to achieve good health, wellness and balance in perioperative excellence.

We as perioperative nurses are Anonymous in our work, Famous in our failures.
"Architects of new nursing"
Excellence is:

- Quest for safe care
- Advocacy
- Collaboration

Excellence is not an act, it is a Habit!

10 Top Secrets to Excellence

10. See the potential of others – mentoring, nurses are made not born; be a good listener; see the potential in students and invest your time and clinical expertise.
1. Be a Risk taker
1. Innovation and creativity
7. Thrives in chaos; stress …expect the unexpected – inaccurate instructions, interruptions, lack of resources, multi tasking
   Gossip – is an oral health disease
   Effects of stress – speeds up aging process, zaps vitality
6. Self - motivated – scholarship, advancement of technical skills, advancement is your responsibility

Visionary – always see glass is full

4. Team Player – herding cats
3. Curious – engage in research, question process
2. Be Passionate every day - indulge in the things you truly love
1. Be Balanced
   Family, circle of friends, colleagues
   Prioritize to achieve "until person"
   Who takes care of you? Take care of yourself first!
   Health status – lifestyle trends
   Aging – effects of aging
   OBESITY-focus on prevention & wellness
   Wellness industry – Has become a way of life



Water, nutrition, and exercise tools available eg. Choosemyplate.gov

Healthy foods – Have extra fluids while eating, eat slowly, have fish x 2 week
Body/Mind/soul
Family
Society
Finances
Shopping – outside aisles
Education
Spiritual Being



Skin care, use sunscreen

Exercise:

- Endurance 4 – 7 d/w
- Flexibility 4 – 7 d/w
- Strength 2 – 4 d/w

Rest/sleep – adequate
Under 6.5 hours of sleep – insulin deprived

Self breast exam
Colonoscopy

I am thankful for……list all the things you are thankful/grateful for.

Would you recommend your lifestyle to your patients?



Laugh often and celebrate!

Respectfully Submitted by:

Lesia Yasinski R.N.B.N., M.S.A.
Manager of Nursing Initiatives
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Teambuilding in the OR and SPD: Ways to Improve Productivity, Performance and Job Satisfaction

Debra Sprat, Manager of Sterile Processing Canandaigua, NY
Dspratt@rochester.rr.com

The presentation discussed the importance of having good relationships between the Operating Room OR and Sterile Processing Department called MDR medical device reprocessing department in Winnipeg.

Collaboration between departments is essential; appreciating and sharing the expertise of both departments. Consider things like:
OR Culture – very diverse
Past experiences
Standards have steadily increased in the past several years……ignorance is no excuse or defense
Major hours spent on extended cycles & instruments processing by FDA & others
The OR is high tech, fast paced environment
Values & ethics must not be forgotten

An OR is an OR, issues & challenges are the same.

Eg Cleaning dental & endoscopy equipment has raised its ugly head in the OR, OR part of the problem. There is a need to work in collaboration to reach solutions.

Today's Central Services Sterile Reprocessing Department called MDR in Winnipeg requires:
Departmental policies & procedures based on Canadian Standards Association CSA
Educated employees
Education, training, certification, Standard Operating Procedures SOP, competencies, Instructions for Use IFU's
Loaner equipment can be problematic
Adequate space
Enough instrumentation
Adequate budget
Appropriate supplies
Up-to-date equipment
Continuing education
No distractions
Super human employees



Human factors issue: Bring personal life to work
Instruments keep coming: workload issues
Best practices not followed
Loaner policies

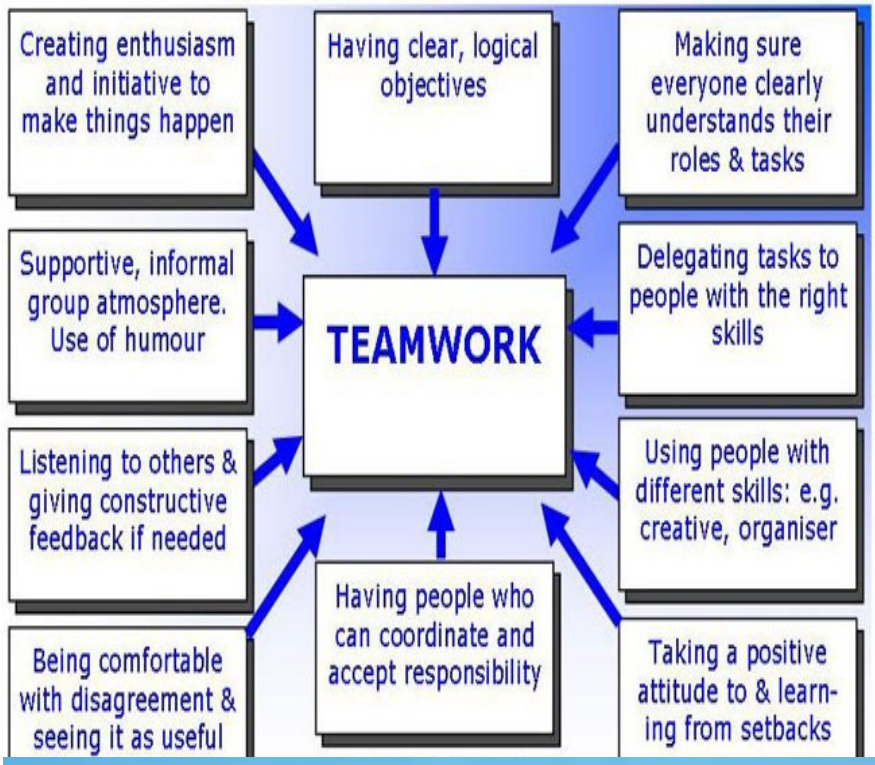
Teams are a group of people working together to accomplish a set of goals.

OR team environment & caring for each surgical patient is a team sport.

OR hierarchy gets in the way.
Central Sterile Department is a critical part of team
Common goals
Dependent on each other – interdependence

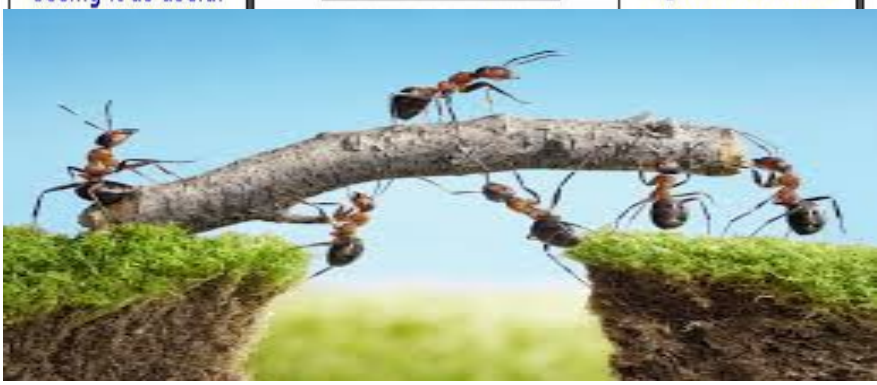
Cooperation/Collaboration
Coordination of efforts
Shared language

Task focus:
formal – what do we do
informal – how we do it



<u>Value of Teams</u>
Improved quality; production & service
Greater Flexibility
Faster response to technology
Job satisfaction
Better response to employee values
Ability to train & attract best people

<u>Team Results</u>
Increased productivity
Increased communication
Do the work that ordinary people can not



Takes 17 years to change culture

<u>Stages of Development of Team</u>
Forming
Storming
Norming
Performing
Transforming

"Never doubt that a small group of thoughtful committed people that makes a change in the world. Indeed it is the only thing that ever has." *Margaret Meed*

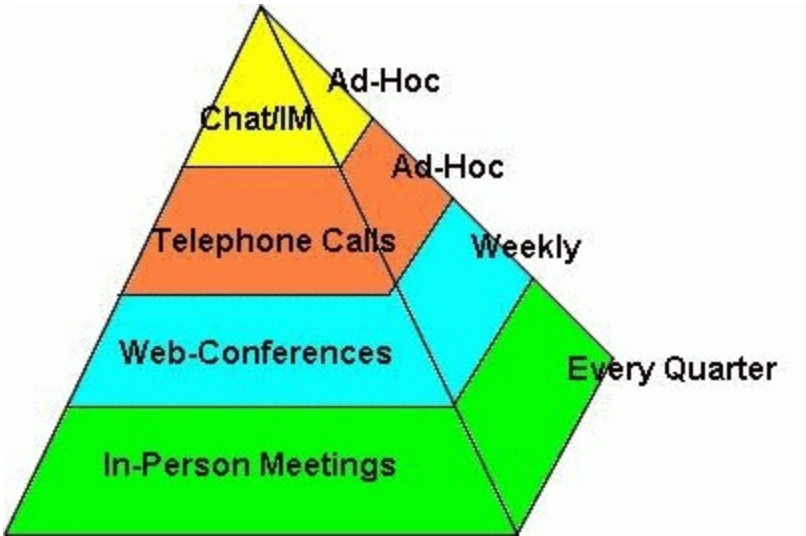


<u>Communication</u>
Commuis (common)
Unionis (union)

<u>Why</u>
Give and receive information
To provide for understanding
To set a plan

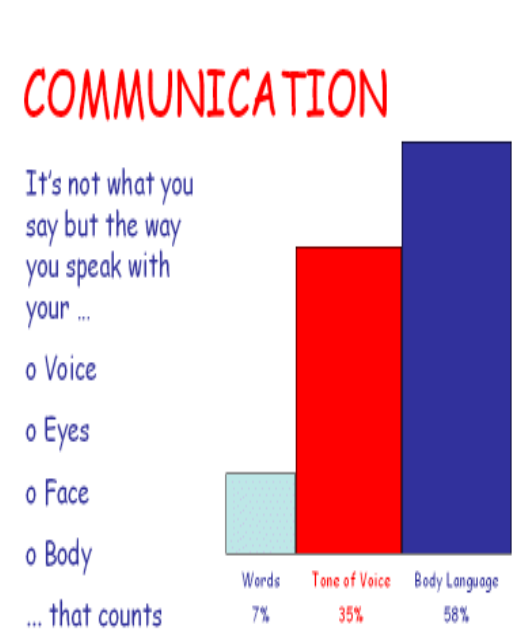
<u>What is Communication?</u>
Visual 55%
Vocal 38%
Verbal 7%

<u>Communication also includes:</u>



- Perception
- Tone of voice & inflection
- Semantics & choice of words
- Emotions



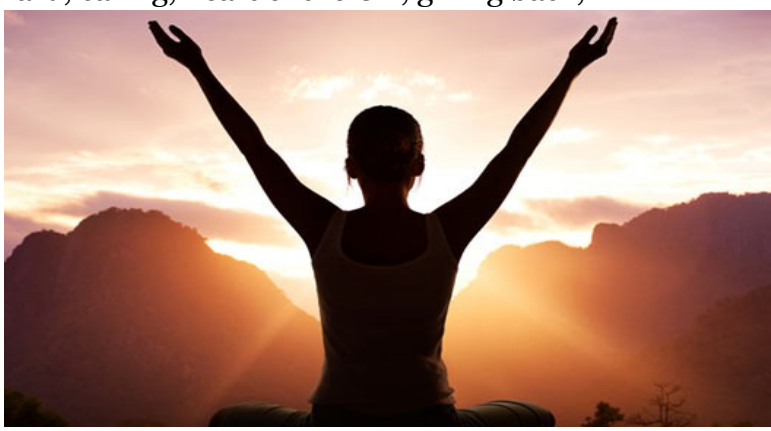


Pitfalls

- Advice giving
- Making others wrong
- Defensiveness
- Judging the other person
- Patronizing
- Giving false reassurances
- Blaming others – takes 5 times to drill down

Benefits of Communication
Leads to greater influence
Team is more productive
Higher level of competency
Accomplishes a great deal
Promotes safety
Approach each interaction as though other person has no knowledge
Share your thoughts and feelings – be self-revealing
Use casual conversation– Presented in a way that can be received
If an issue – speak as if it was your issue
Suspend judgment
Be sensitive to others
Listen between responses
Slow down & seek data
Be patient
Suspend your own beliefs
Diversity
Seek First to understand then to be understood

Collaboration, Diversity, Culture/civility, going forward, caring, heart of the OR, giving back, organizational affiliations.



- Clarify ideas
- Examine true purpose
- Consider the settin g
- Consider your nonverbal ques
- Communicate change
- Follow up
- Be sure your actions match your words

Conflict
Stress and anonymity are 2 factors in perioperative environment that promotes unavailability.
Team members must learn early to be civil and respectful
Play well in the sandbox
Simulation training can be helpful
Positive Attitude is the difference in conflict

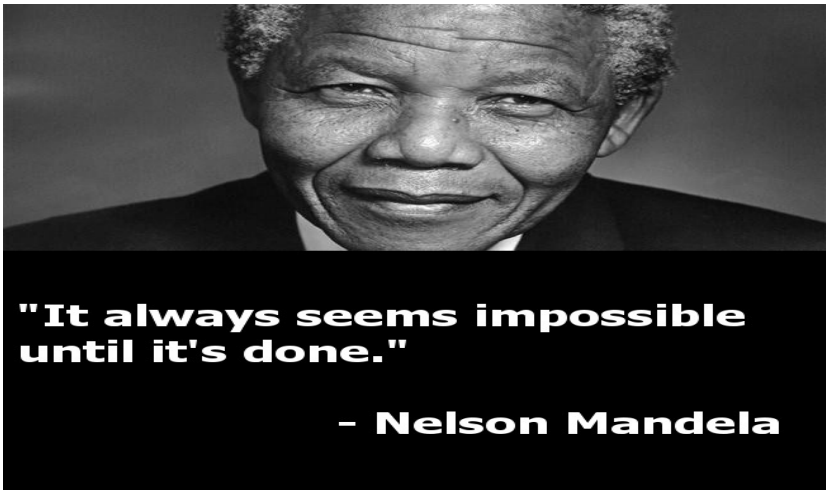
Conflict Resolution – avoiding, accommodating, competing, compromise & collaboration (supports a balance of power)

Expand the pie, identify best alternatives to negotiate

Diagnose the problem, analyze the options, identify various approaches, and choose actions; evaluate the progress and try again.

Leadership is to:

2. Inspire the vision
3. Model the way
4. Challenge the process
5. Enable Others to act
6. Encourage the heart
7. Be patient advocates
8. Advocates for professional colleagues



Respectfully Submitted by:
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CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Certified Perioperative Nurse Canada

CNA CERTIFICATION/RECERTIFICATION

Consider becoming certified in your specialty as a perioperative nurse – CPN(C). The deadline for applications to write in 2012 is usually in November 2012, so check out the website and plan now to write in 2012. The deadline for certification renewal application for 2012 will be around the same time (Nov. 2012).

You must have completed 3900 hours in your specialty prior to applying. Applications are accepted from Sept 1, of each year to ~mid Oct/Nov. Visit www.ornac.ca and www.cna-aiic.ca for more information. MORNA has funding available for active members, $150.00 toward certification or recertification fees. This is separate from the educational funding and does not influence the amount of educational funding available to you. There are other sources of funding available follow the financial assistance link under obtaining certification on the CNA website.

The fee schedule is available on the CNA website noted above. Click on **Become Certified!** on the left hand side of the home page.

MORNA Meeting Dates 2013 – 2014

Date	Day of Week	Event	Host	Location
Sept 19, 2013	Thursday	MORNA Annual Wine and Cheese	Victoria Hospital	St. Boniface Education Parlor Rm N1037
13-10-21	Monday	Business and Education Meeting	St. Boniface & Misericordia	Seven Oaks Auditorium
13-11-26	Tues	Business and Education Meeting	Concordia & Womens'	Seven Oaks Auditorium
14-01-21	Tues	Business and Education Meeting	HSC & Childrens	Seven Oaks Auditorium
14-02-24	Mon	Business and Education Meeting	Grace & PanAm	CRNM Building Pembina Hwy
14-03-15	Saturday	MORNA Spring Workship	MORNA	VICTORIA INN
14-04-28	Mon	Business and Education Meeting	Seven Oaks & Selkirk	CRNM Building Pembina Hwy
14-05-22	Thurs	MORNA Annual Dinner	MORNA AGM	Norwood Hotel

*Check back for any changes in dates/location and for more info about the workshop

MORNA Spring Workshop

March 15, 2014	Saturday	MORNA Saturday workshop	Details to follow	Victoria Inn 1808 Wellington Ave. Wpg., Mb

MORNA Membership

Category	Fees	Send to
Active Membership ORNAC- registration- will take provincially this fall till further notice.	$75.00- July 1, 2013 till -Dec 1st,2014 (18 months)	Wendy Rodgers c/o OR Childrens' Hospital 820 William Ave Winnipeg MB R3A 1R9
Associate Member	$20.00	
Affiliate Member	$25.00	
Honorary	complimentary	