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AORN Connections

Supplement to *AORN Journal*

YOUR SOURCE FOR PERIOPERATIVE NEWS • JULY/AUGUST 2009 • VOLUME 7, NO. 7/8

Safety by design

PERIOPERATIVE NURSES CAN SHARE THEIR PRACTICE KNOWLEDGE TO INFORM OR DESIGN THAT MAXIMIZES EFFICIENCY AND PATIENT SAFETY

By Carina Stanton
Senior News Editor/Writer

While the down economy has delayed some new healthcare construction projects across the country, perioperative nurses are still playing a critical role in the successful planning and development of current and future healthcare construction projects that include perioperative areas.

Surgical facilities are often the most costly areas to build in a healthcare facility, so working with perioperative nurses to understand daily practice and clinical practicalities is critical to creating a successfully built perioperative environment, according to Ramona Conner, RN, MSN, CNOR, manager of standards and recommended practices in AORN's Center for Nursing Practice.

"As we all look for ways to optimize efficiency and reduce unnecessary financial output, it is more critical than ever that nurses and other users in healthcare facilities are part of the team to help make certain that no wasteful errors in design are made, because facilities can't afford a redo, especially in surgical areas," Conner said.

Design in action

Leading a design project often means wearing many hats, said Janet Remizowski, RN, BSN, MSHA, clinical director of the University of Rochester Surgery Center in Rochester, N.Y., which is slated for opening in early August. Remizowski has been involved in each step of the facility's



PROVIDING THE PERIOPERATIVE PERSPECTIVE ON DESIGN. Vicky Petalas (right), a certified central service supervisor, reviews plans with Ralph DiTucci, owner of the University of Rochester Surgery Center in Rochester, N.Y., as they stand in what will be a sterile processing area in the new facility.

Source: Janet Remizowski

construction, from design review, to equipment planning, construction, and now staff education and facility set-up.

She said planning processes for all aspects of patient care is the primary focus in healthcare design, especially in an ambulatory surgery center where different steps of perioperative care often happen in the same space.

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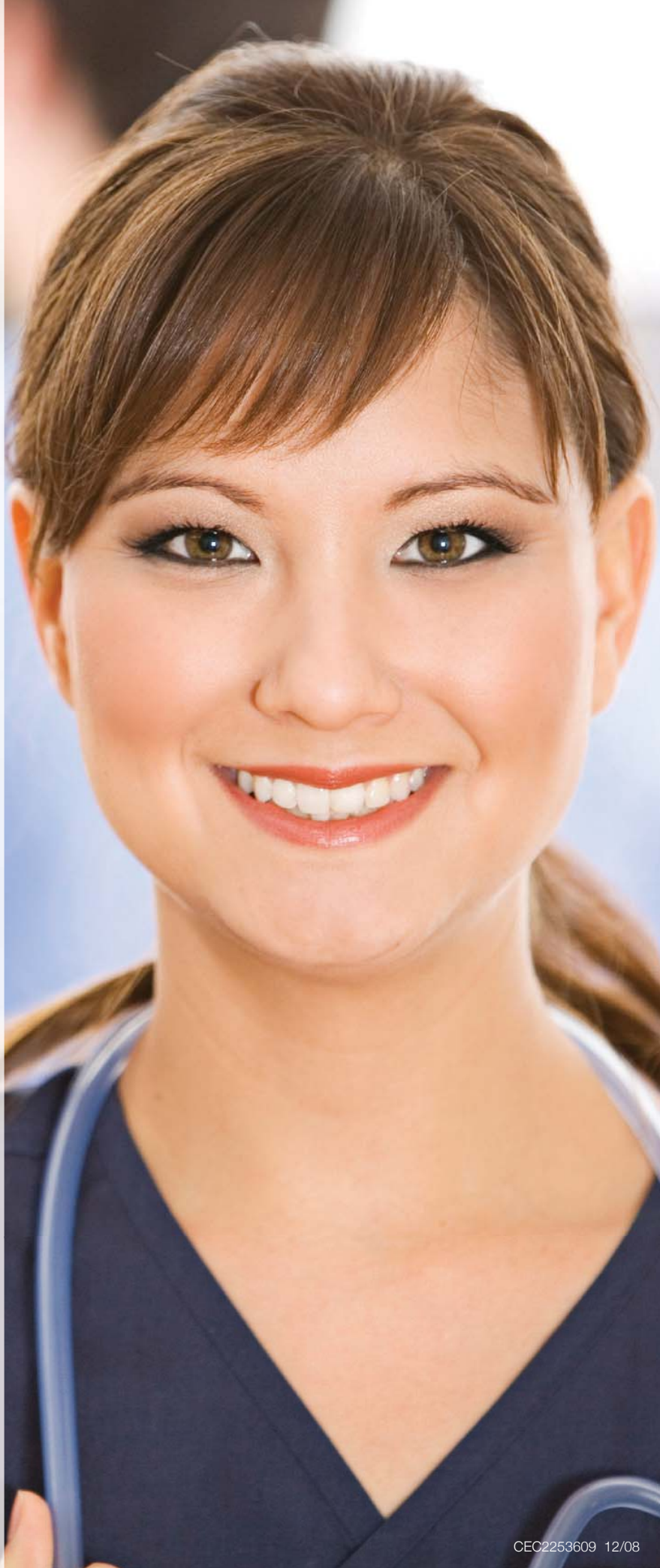
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AORN Connections

AORN Connections offers an authoritative perspective on perioperative practice issues and advocacy positions and spotlights noteworthy members, partners and association activities.

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Perioperative educator Nancy Blasko says human resources are any healthcare facility's greatest asset. She encourages continuing education so perioperative staff can stay current with emerging technologies and evidence-based practice.16

aorn.org/news

Visit AORN Connections online to read more in-depth coverage of the stories in this issue.



Learn more Read about the experiences of perioperative professionals involved in healthcare design and find the resources they access to stay current with design requirements and trends.

Weigh in How often do you make correct decisions with 100% confidence in your practice? Participate in an online poll to share your answers and to learn how others respond.

Share your story AORN is seeking stories from members that highlight experiences, challenges and innovations that have shaped your professional practice and helped you to provide improved safe patient care.

NEWS & Advocacy

RECALL

FDA alerts patients to Medtronic pacemaker recall

The U.S. Food and Drug Administration (FDA) and Medtronic, Inc., recently notified healthcare professionals and patients of a Class I recall of Medtronic Kappa Series 600/700/900 and Sigma Series 100/200/300 pacemakers due to a failure of the devices to pace the heart.

Patients with malfunctioning pacemakers may experience a return of symptoms associated with abnormal heart rate, such as fainting or lightheadedness. In rare cases, pacemaker-dependent patients may experience serious injury or death. These devices may fail due to a separation of wires that connect the electronic circuit to other pacemaker components, such as the battery.

Most of the pacemakers affected by this recall have been implanted in patients for five years or longer. To determine if a pacemaker is part of this recall, contact Medtronic at 800-505-4636. Read the June 11 press release about this recall at www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm165853.htm.

GREEN PRACTICES

WHO urges hospitals to join climate change battle

The health sector's use of electricity in the United States adds over \$600 million per year in direct health costs and more than \$500 million in indirect

costs, according to findings from the World Health Organization (WHO) reported by *Reuters*.

While the push to make healthcare facilities more "green" is not new, these study findings indicate the need for hospitals to actively participate in the fight against climate change.

"The health sector can contribute a lot to reduce the carbon footprint because the health sector in many countries is the second most important user and energy consumption is very high," said Maria Neira, MD, director of the WHO's department of public health and environment, during a news briefing in May.

The WHO report includes recommendations to help healthcare facilities become more ecologically responsible, such as using alternative forms of energy like solar panels and wind turbines. Installing energy-efficient light bulbs, buying organic food from local suppliers and making ambulances more environmentally friendly can also make a difference, the WHO said. Read about the WHO report at www.reuters.com/article/GCA-GreenBusiness/idUSTRE54L47G20090522.

EMPLOYMENT

Recession eases nursing shortage

While the United States continues to deal with hardships resulting from the nation's deep recession, there is at least one positive result to the economic



Advocacy Update

AORN steps up advocacy efforts for ambulatory surgery centers

In regulations that took effect last month, the federal government is increasing its oversight of ambulatory surgery centers. As a result, AORN is reaching out to members to ensure they are aware of new guidelines and to provide assistance in complying.

The Centers for Medicare & Medicaid Services (CMS) has finalized new regulations for outpatient care, enacting a newly robust set of conditions that ASCs must meet in order to qualify for payment eligibility under the Medicare program. The final outpatient prospective payment system rule, which took effect May 18, calls for increased oversight of ASCs. Specifically, the final rule calls for more stringent surveys for ASCs, including tighter monitoring of infection control guidelines.

Under the American Recovery and Reinvestment Act, CMS has new money at its disposal to direct to states for the purpose of hiring new surveyors to monitor ASCs. The conditions of coverage apply to those ASCs that are not already accredited by The Joint Commission or the Accreditation Association for Ambulatory Health Care; accredited ASCs automatically qualify for the Medicare program.

aorn.org/news

Read the full story and find the latest legislative updates in *AORN Advocacy Update*.

downturn—it's knocking out the nursing shortage.

Nearly a quarter-million nurses entered the work force in 2007-2008, an 18% surge that was the largest two-year increase in at least three decades, according to a *Wall Street Journal* report on a new study authored by researchers from Vanderbilt University's school of nursing in Nashville, Tenn., the Congressional Budget Office in Washington and Dartmouth College in Hanover, N.H.

The study found that many nurses who had left the field have re-entered the work force to compensate for a spouse's lost income or health benefits and about half the increase in the

nursing workforce in 2007-2008 came from nurses over the age of 50.

Study authors cautioned that long-term projections still indicate that the nursing shortage will widen over the next decade as the economy improves and the current, aging workforce retires.

Find the study abstract in the journal, *Health Affairs*, by visiting content.healthaffairs.org/cgi/content/abstract/hlthaff.28.4.w620v1.

CORRECTION

In the June 2009 cover story in *AORN Connections* titled "Dangerous savings," incorrect

page numbers were cited for AORN's Recommended Practices for Prevention of Transmissible Infections in the Perioperative Practice Setting, in the *Perioperative Standards and Recommended Practices, 2009 edition*.

The correct page numbers for Recommended Practices for Prevention of Transmissible Infections in the Perioperative Practice Setting are pages 475-486, not pages 619-630 as misstated in the original article.

This correction has been made to the online version of the news story, which can be found at aorn.org/News/June2009News/Savings.

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FROM AORN Headquarters

Know what you know about perioperative best practices

Perioperative nurses know that there is little time, when caring for a patient, to think twice about their knowledge to provide care that meets AORN standards and recommended practices. But a new tool offered by AORN can help perioperative professionals test their confidence in this knowledge to help them respond quickly and be confident and knowledgeable about the important information they need to know to provide optimal patient care.

Through AORN's new Confidence-Based Learning tool, perioperative nurses can test how confident they are in their knowledge of information in AORN's recommended practices through testing modules, including Reducing Radiological Exposure in the Perioperative Practice Setting, Safe Environment of Care, Positioning the Patient in the Perioperative Practice Setting, Sterilization in the Perioperative Practice Setting, Preoperative Patient Skin Antisepsis, High Level Disinfection, and Preventing Unplanned Perioperative Hypothermia.

In ordinary multiple choice tests, those tested are rewarded for guessing correctly, but AORN's Confidence-Based Learning modules eliminate the guessing element by testing one's confidence level as well as whether the correct response is selected. Each testing module asks a series of questions about content in one of AORN's recommended practices, and the questions are posed in a way to determine confidence in the knowledge.

"Confidence-Based Learning provides a new way for perioperative professionals to better understand how they can improve their knowledge. It also gives organizations a way to understand their employees' level of knowledge, before costly mistakes are made on the job," said Susan Bakewell, MS, RN-BC, director of AORN's Center for Perioperative education. "Knowledge quality is the best predictor of a person's potential performance."

Confidence-Based Learning modules offer continuing education credit and are available for individuals or facilities.

Learn more

Confidence-Based Learning modules can be purchased individually or as packaged sets. To learn more and to purchase the Confidence-Based Learning modules, visit aorn.org/CBL.

How often do you make correct decisions with 100% confidence?

- A. All of the time
- B. Most of the time
- C. Some of the time
- D. I don't know

Visit aorn.org/News to read the story, weigh in and see how other readers respond.

From the Board



Victoria Steelman

Promoting a culture of safety

On June 17th, we recognized National Time Out Day. This annual event raises awareness of the importance of perioperative patient safety and provides members of the surgical team an opportunity to collaborate and make a conscious commitment to safety initiatives, including The Joint Commission's Universal Protocol.

We all agree that medical errors should never occur. However, wrong patient/procedure/site surgery continues to be a problem.

AORN resources are available to refine processes used for prevention of wrong site surgery, including an updated Correct Site Surgery Tool kit. Additionally, the World Health Organization's safe surgical checklist is designed to reduce the number of surgical deaths around the world.

We can work together to reinforce safety practices and cultivate a culture of patient safety.

Victoria M. Steelman,
PhD, RN, CNOR, FAAN
AORN Board of Directors

aorn.org/news

Read Victoria Steelman's full column with additional resources and tools to promote a culture of safety at your facility.

Specialty Assemblies support AORN Foundation fundraising activities

The AORN Foundation is hosting the first annual Specialty Assembly Fundraising Challenge, which will run from July 1 through Dec. 31, 2009. The Specialty Assembly with the largest percentage of its membership participating in this challenge through making a donation to the Foundation will be eligible for a drawing for one free individual registration to the 2010 Congress in Denver.

To participate in this challenge, make a donation to the Foundation and note the Specialty Assembly you belong to in the memo line of your check. If you make your donation online by visiting <https://www.aorn.org/applications/pages/donations.aspx>, please note your Specialty Assembly in Line 2 of the address form.

This fundraising challenge is designed to meet the requests of many AORN specialty assemblies that want to conduct a fundraising activity for the AORN Foundation as part of the initiatives they were asked to choose from and complete this year.

Members can contact Colette Palmer in the AORN Foundation (cpalmer@aorn.org) or Debbie Robichaud Stephen (drobichaud@aorn.org) in AORN Member Services with any questions about the Foundation's first annual Specialty Assembly Fundraising Challenge.

To learn more about the Foundation, visit aorn.org/AORNFoundation.

Start planning for AORN Fall Specialty Conference

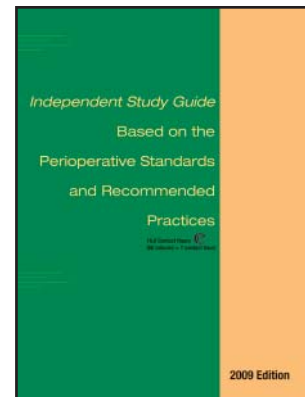
In June, registration opened for AORN's Fall Specialty Conference, Oct. 29 – Nov. 1, 2009, in Orlando, Fla. The meeting will be in one location but will feature two conferences, one for ambulatory and one for educators.

The ambulatory conference will address issues that ambulatory surgery centers (ASC) face on a day-to-day basis, including infection control, risk and quality management, preop, sterilization and high-level disinfection practices. The educator conference will provide information on current and on-going topics, including developing competencies and generational differences in teaching.

Two \$450 scholarships are available for this meeting provided by the Competency & Credentialing Institute. For more information on the scholarships, visit aorn.org/AornFoundation. To learn more and to register for AORN's Fall Specialty Conference, visit aorn.org/Education/Events.

Featured Reading

Independent Study Guide



Author: AORN

Published: 2009

This publication, based on the *Perioperative Standards and Recommended Practices, 2009 Edition*, contains a series of 250 multiple-choice questions with 16.6 contact hours available upon completion of the study. This resource can be used to prepare for the CNOR exam or to test a practitioner or student's knowledge of AORN's standards and recommended practices.

To purchase this and other books, visit aorn.bookstore.org.

"Efficiency is critical. Often we walk through scenarios to determine how a situation may play out," she said. "The scenarios we practice are patient flow to make sure that the constructed space will promote efficient traffic flow from admission to discharge." Remizowski said efficiency is an important focus in an ambulatory setting because there are not as many hand-offs to different staff in comparison to those in inpatient setting.

"Don't forget the essential component of adequate planning for sterile processing within a facility's design," stressed Deb Spratt, RN, BSN, MPA, CNOR, NEA-BC, clinical director of perioperative services at the University of Rochester Medical Center's Highland Hospital in Rochester, N.Y., and secretary of AORN's board of directors. Spratt works with Remizowski and advises on both the free standing and in-patient sides of healthcare design. As part of this collaboration, she works with the New York State Department of Health on the practical applications of the American

Society of Healthcare Engineering *Guidelines for Design and Construction of Health Care Facilities*, published by the American Institute of Architects (AIA).

Spratt and Remizowski encourage collaboration with vendors, who can often provide three-dimensional depictions of scenarios in the perioperative setting to help plan the most efficient design. Remizowski also said that for ambulatory surgery centers, it is valuable to collaborate with vendors and in-patient facility staff to get group purchasing discounts on equipment.

"The key to successful healthcare design is strong communication and collaboration among the design team and users, so there is a clear understanding of needs, expectations, space usage and every step of the patient care process in the new facility," Remizowski said.

Bridging the gap

When planning a new construction project or a redesign, nurses can serve as valuable liaisons between architects, vendors and other members of the design team to ensure that the realities of everyday practice are realized in the design.

"We speak the same language as the healthcare facility leaders. We can help bridge the gap to help designers understand what nurses and other surgical staff will need and how they will be moving in the design space," said Robin Allen, RN, BS, CNOR, a former perioperative director who currently is a medical equipment planner for the medical technology group that is part of HKS, Inc., an architectural firm in Dallas, Texas that specializes in healthcare design.

Allen and other members of HKS' medical technology group ideally become involved in design projects during the schematic design process, because equipment like C-arms, booms, imaging machines and other large pieces of equipment need to be planned as the project is designed.

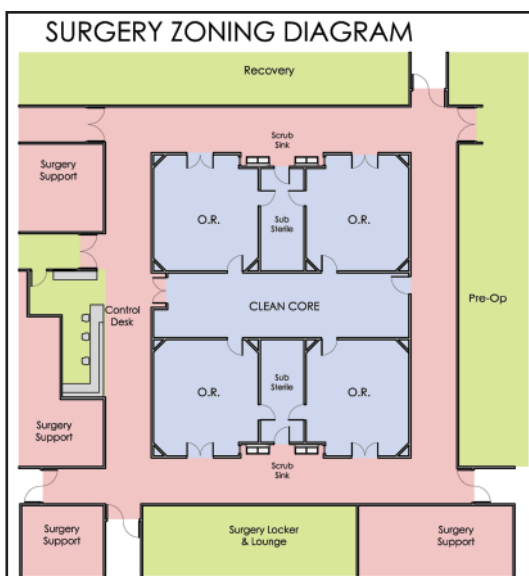
A collaborative design team

Allen emphasized the need for staff members of design teams to be open-minded to new ways of doing things and resist trying to have the newly built environment mirror the previous space, because that is what people are used to.

"Members of healthcare facility design teams must be able to think futuristically and outside of the box, while also having a clear understanding of the regulations, recommended practices and building guidelines required to build safe and efficient healthcare environments," said Terry Ritchey, RN, BSN, MBA, vice president at HKS. Ritchey formerly served as chief nursing officer at Parker Adventist Hospital in Parker, Colo. Today she leads the Clinical Solutions and Research group for HKS.

"Nurses can serve in many different roles on healthcare design projects, whether the facility is planning new construction, renovation or simply wanting to optimize operational efficiencies in their current facility," Ritchey said.

"It is important to identify and eliminate operational inefficiencies and outline ideal operations and workflows before design begins," she explained. "This thoughtful planning helps owners make the best use of their capital and human resources."



THIS SURGERY ZONING diagram shows a clean core design concept combined with a sub-sterile design concept. The blue area is restricted, the pink area is semi-restricted and the green area is unrestricted. Source: HKS, Inc.

The Clinical Solutions and Research group Ritchey works with at HKS includes clinicians and experts in healthcare architectural design and medical planning. "We also focus on patient and peer-to-peer visibility to enhance safety," Ritchey said. "Patient safety is at the root of everything we do."

Understanding safe design

Within OR design, careful planning of the restricted, semi-restricted and unrestricted zones is a critical element to ensure infection control, efficiency and safety. That's why HKS works closely with perioperative experts like AORN's Conner and the American Institute of Architects to understand and translate the need for the specific functions of the OR areas that must be located appropriately.

"The challenge in designing any OR is to place these zones in a way that promotes good traffic flow for patients, staff, vendors and other visitors, while maintaining infection control, and adhering to all safety standards and recommended practices," Conner stressed.

One key source that anyone working on healthcare design should be familiar with is the *Guidelines for Design and Construction of Health Care Facilities*, published by the American Institute of Architects.

The updated guidelines will be published by the American Society of Healthcare Engineering in 2010.

The guidelines outline the construction requirements for healthcare design and construc-

tion. States adopt all or part of the guidelines as building code regulations. In some cases, there may be more stringent requirements, so all individuals involved with healthcare design should be familiar with state building regulations, Conner stressed.

Additionally, articles on healthcare design and design management can be found through the Center for Healthcare Design (www.healthdesign.org), *AORN Journal*, *OR Manager*, *Outpatient Surgery Magazine*, and the *Journal of Nurse Administration*.

AORN Journal is currently seeking manuscripts on healthcare design. To share article ideas and to receive more information about writing a manuscript for *AORN Journal*, send an e-mail to aornjournal@aorn.org.



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For a free demonstration and to learn more, visit aorn.org/CBL

AORN is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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LEADERSHIP

On track to develop AORN's future leaders

One of the most talked about items on the agenda for the 2009 House of Delegates at Congress in March were the bylaws proposals suggested for the Nominating Committee. Though not all the proposals passed, a few changes were made, including the name change to the Nominating and Leadership Development Committee (NLDC).

AORN Connections recently sat down with the members of the NLDC to learn what AORN can expect from them in the months ahead.

AORN Connections: What is new with the Nominating Committee this year?

Donna Ford (chair): Our new name, the Nominating and Leadership Development Committee, reflects our role in leadership development as well as our role in developing the ballot for national elections. We're continuing to refine the

electronic candidate application process—this year only two documents need to be printed, signed and sent to AORN Headquarters. Along with IT support at headquarters, we're planning to have an easier to use electronic application ready for use by nominees when they submit their applications next year.

AORN Connections: What sort of things do you have planned to improve Leadership Development?

Karen Moser: The NLDC hit the ground running in order to improve leadership development by presenting an educational webinar titled "Everything You Ever Wanted to Know About Being an AORN Candidate." We are also looking into having an online forum through AORN's Community of Practice for candidates to communicate with the NLDC. Finally, we hope to have a Town Hall meeting at Leadership and at Congress to discuss how we can continue to improve leadership development in our association.

AORN Connections: How has the candidate process changed recently?

Callie Craig: The biggest change in the process is that we no longer use a point system to select our ballot. In the past, potential candidates earned points based on their years of service and on how many positions they had held. The NLDC realized that just because candidates

scored the most "points" did not mean they were the most qualified for the positions. Therefore, the NLDC developed skill sets that define the required skills for each elected position. Candidates are now asked to turn in a resume, along with the online candidate application.

AORN Connections: Can you describe how the ballot is created?

Kevin Metzger: Each year we start with a clean slate when assessing all the members who have submitted an application. We go into deliberations with the mindset that members will be chosen because they are the right "fit" for the needs of the association at the time.

After discussing each applicant's strengths and weaknesses, we decide if the applicant is a viable candidate and determine what office they're best qualified to run for. Some things that are always on our minds during deliberations are the integrity and the motivation of the individuals. We believe no ballot is perfect, but each summer we create the best ballot for the association.

AORN Connections: Besides the new Web site page and webinar, are there other resources available to help members?

Maureen Pennington: When I found out I was being considered as a potential candidate at the national level, I immedi-



MEMBERS OF THE 2009-2010 Nominating Leadership Development Committee. From left, Kevin Metzger, Callie Craig, Susan K. Banschbach, Donna Ford, Karen Moser and Maureen Pennington.

ately went to AORN's bylaws to learn about the responsibilities of each office and I searched AORN's Web site for any information I could find on the nomination process. One of the best things I did when I needed advice on the nomination process is go to a friend in my local chapter who has held various national level positions and she gave me a wealth of information, as well as the support I needed when I decided to accept the nomination.

AORN Connections: As a past president and board member, can you comment on the value of having a mentor in this process?

Sue Banschbach (Advisor):

Identifying a mentor during this process has great value in various ways.

First, it provides a safe environment to look objectively at your strengths and growth opportunities before you are judged on them in the election. Second, it serves as a support system to get you through when things seem a bit overwhelming. Next, it is a great lesson in networking, a skill that is requisite once you are elected. You must learn to move beyond your comfort zone to represent the needs of others, and what better way than to network? Lastly, you will learn the skills you need to "pay it forward" for those who come after

you, thus preserving the future for perioperative nurses.

AORN Connections: Is there anything else to share with the members?

Donna Ford: We would really like to meet and talk with members at the Leadership Conference in July. We'll be at the open house at AORN Headquarters, and we'll have a booth at the Leadership Conference itself. Members can send me an e-mail (ford.donna@outdrs.net) if they have questions or suggestions for improvement. I will share these comments with the committee. We want to learn from members how they feel we can improve leadership development.

Comply with AORN Guidelines for Comprehensive Weekly Testing with ProFormance™ Washer Test Kits



New guidelines from AORN call for weekly testing of the automated instrument washer (*Recommended Practices for Cleaning and Care of Surgical Instruments and Powered Equipment, Section XXII.a*). Healthmark's *Weekly Washer Test Kits* are the comprehensive solution. These kits include tests to measure water temperature, water quality, cleaning efficiency, and directly test residual soil left on instruments, all parameters cited by the AORN as crucial for the routine testing of instrument reprocessing.

The FDA, AAMI, and other standards bodies recommend that any simulated-use testing be done with a surrogate device that closely approximates the actual types of soils the instrument is exposed to in clinical use. Further, the surrogate device should be made of the same type of material as the instrument it represents. The TOSI™ is just such a device: dried blood soil on a stainless coupon is directly analogous to dried blood on a stainless steel surgical instrument. To learn more about all of our ProFormance™ monitoring products, visit www.PROFORMANCE-TEST.com.



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Specialty Assemblies

Sterile Processing/Materials Management SA

Staying current on sterilization standards

The American National Standards Institute (ANSI) and the Association for the Advancement of Medical Instrumentation's (AAMI) *Comprehensive Guide to Steam Sterilization and Sterility Assurance in the Healthcare Setting, ST:79:2006/AI:2008* (commonly known as ST:79) is considered the authoritative guide for any healthcare professional involved in sterilization and sterile processing. ST:79 standards are frequently referenced in AORN's standards and recommended practices, and AORN leaders are actively involved in the development, continued updating and shared understanding of ST:79 standards.

Why? Because sterilization impacts so much of a perioperative nurses' daily practice, according to Cynthia Spry, RN, MA, MSN, CNOR, an infection control consultant, former AORN president and current co-chair of the AAMI workgroup for the ST:79 guideline. Her fellow co-chair on the ST:79 workgroup is Ramona Conner, RN, MSN, CNOR, manager of AORN's standards and recommended practices.

Understanding the current ST:79

ST:79 was released by AAMI to provide practitioners information within a consolidated text that combines five standards.

Last year amendments to ST:79 were released in the ST:79/AI:2008 document. Over the

past several months, AAMI has hosted webinars to introduce and reinforce the ST:79/AI:2008 standards to a large audience and to provide a forum for listeners to ask questions of several experts, including Spry and other AORN members, such as Rose Seavey, RN, BS, MBA, CNOR, ACSP. Seavey is a member of AORN's board of directors and has been actively involved in the coordinating council for AORN's Sterile Processing/Materials Management Specialty Assembly (SP/MM SA) from its inception.

Staying current

Seavey's current work with the ST:79 workgroup includes educating perioperative nurses and central sterile practitioners about current standards and safety practices, including awareness of ST:79 standards.

She led the recent AAMI ST:79/AI:2008 webinar on decontamination, which outlines how the guideline addresses this issue. Seavey encourages perioperative staff to access the ST:79 webinar series and present one section at a time as an in-service.

Sharing knowledge

Nyla "Skee" Japp, RN, PhD, CSPDM, chair-elect of the Sterile Processing/Materials Management SA, stays actively involved in the SA so she can be better informed with knowledge to present to others in the field of sterile processing. She encourages all of her perioperative

colleagues involved in any way with sterile processing to also be involved in the SP/MM SA.

Find more information about AAMI's ST:79 standards at www.aami.org.

To stay current with new developments in perioperative sterilization, visit this SA's online community of practice at communities.aorn.org/COP.

Joint Commission updates position on steam sterilization

The Joint Commission will now be looking more broadly at all of the critical processes included in sterilization when interpreting standards and surveying facilities, including processes for flash sterilization.

Users should refer to AORN and AAMI recommended practices for comprehensive guidance on the complete sterilization process, including AORN's Recommended Practices for Sterilization in the Perioperative Practice Setting in *Perioperative Standards and Recommended Practices*, 2009 ed., pages 650-653) and the ANSI/AAMI ST-79 2006/AI:2008 *Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities* (2008 ed., pages 43-79 and 116).

To read The Joint Commission's updated position on steam sterilization, visit www.jointcommission.org/Library/WhatsNew/steam_sterilization.htm.

Plastic and Reconstructive Surgery SA

A unique relationship with the patient

Preoperative care is an important part of the care process for all perioperative nursing specialties, but for many nurses working in plastics and reconstructive surgery, preoperative assessment involves a unique relationship with the patient.

“The preoperative aspect of care is different for us, because, beyond verifying patient information, discussing the procedure and answering questions, we often serve to educate the patient and counsel them as they make the decision to get elective plastic or reconstructive surgery,” says Linda Savage, RN, BS, CNOR, clinical staff nurse for Kreegel Aesthetic Surgery in Fort Myers, Fla., and co-chair of AORN’s Plastic and Reconstructive Surgery Specialty Assembly (SA).

In her practice, which is primarily office-based, Savage serves as the primary consultant for patients. “The decision to get plastic or reconstructive surgery can be very emotional for the patient, and it is my job to educate the patient about the procedure and also to discern why the patient is seeking the procedure to understand what outcomes they are expecting,” she explains.

During this consultation Savage also discusses skin care, dietary and medication precautions and preparations for postoperative care, to ensure the

patient has a full understanding of what to expect before and after surgery.

While interaction with patients undergoing plastic and reconstructive surgery in a hospital setting differs from office-based surgery, close interaction with the patient, both preoperatively and postoperatively is still important, says Deanna “Dee” Schoenly, RN, CNOR, staff nurse and service leader in plastic and reconstructive surgery at Milford Regional Medical Center in Milford, Mass., and co-chair of AORN’s Plastic and Reconstructive Surgery SA.

Schoenly works in a small community hospital 30 minutes outside of Boston, primarily as service leader in plastic and reconstructive surgery.

“Once the patients reach me, they have made their decision to get the surgery, but my interaction with them is essential because there is still anxiety about the procedure, even if it is elective surgery. And patients may be dealing with additional emotional hurdles if they are getting reconstructive surgery, such as those patients who have had mastectomies and seek the reconstructive surgery to feel like a whole person again,” Schoenly says.

Both Savage and Schoenly agree that perioperative nurses working in plastic and reconstructive surgery need to edu-

cate themselves about all aspects of a surgical procedure, including skin care, diet, medication interactions and postoperative care. These are just a few of the important issues essential to providing optimal care to plastic and reconstructive surgical patients.

Focus on education

To stay current in her practice, Savage regularly taps into resources through the American Society of Plastic Surgical Nurses (<https://www.aspsn.org/>) to attain education and contact colleagues with questions.

This education involves not only knowledge related to surgical care, but also knowledge that can help a plastic/reconstructive surgical patient to achieve optimal outcomes.

Giving back

Savage hopes that more members of the Plastic and Reconstructive Surgery SA will make use of the SA’s online community of practice to share their knowledge, challenges and resources they have found to advance their practice. “Plastic surgical nursing is unique, and to gain that knowledge and the skills needed to address our patients as a whole, physically and psychologically, we need to depend on each other to share that knowledge.”

To participate in the SA’s online community of practice visit [communities/aorn.org/COP](https://www.aorn.org/COP).

Specialty Assemblies

Rural and Small Hospitals SA

Connecting small and rural hospitals

Despite the fact that small and rural hospitals across the United States vary in patient demographics and locations, these facilities share a number of common challenges and practice issues.

These commonalities make AORN's Rural and Small Hospital Specialty Assembly (SA) a valuable resource for members as a forum to share innovations and best practices and help to serve as a base for nurses across the country to stand together, says Angela Blankinship, RN, director of surgery at San Luis

Valley Regional Medical Center in Alamosa, Colo., and the SA's new chair.

After participating in the Rural and Small Hospital SA update meeting at AORN's Congress in Chicago last March, Blankinship discovered that she shares these challenges with her colleagues across the country also working in rural and small hospitals.

"Communication and having another person who understands exactly what your work day is like is priceless. This assembly provides a place

for companionship, but more importantly, it provides an opportunity to share resources," she stresses.

Blankinship also thinks the SA could be an excellent group to discuss the need for changes that can impact all rural and small hospitals.

To learn more about the SA and to share experiences and resources with SA members, visit the Rural and Small Hospital Specialty Assembly's Online Community of Practice at communities.aorn.org/COP.

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Events

Watch for these upcoming events!

August 6-7: Implementing the National Patient Safety Goals

Location: San Antonio

Provider: The Joint Commission

Program: Participate in discussion focused on patient safety principles, data collection and analysis, and practices for improving systems related to the national patient safety goals.

Information: <http://www.jcrinc.com/common/PDFs/fpdfs/DEP/2009/NPSGFinal.pdf>

August 8-12: 76th AANA Annual Meeting

Location: San Diego

Provider: American Association of Nurse Anesthetists

Program: Enhance personal and professional development by interacting with peers and others in anesthesia and allied professions.

Information: <http://www.aana.com>

August 30-September 1: Executive Symposium

Location: Napa Valley, Calif.

Provider: Council on Surgical & Perioperative Safety

Program: Learn how to improve efficiency and impact quality, the significance of trust at every level, and more.

Information: <http://www.aorn.org/Education/EducationEvents/Conferences/ExecutiveSymposium/>

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MEMBERS MAKING A DIFFERENCE

Sharing a passion for knowledge



Nancy Blasko

education on a daily basis.

Blasko leads the OR nursing fellowship program for the Inova Learning Network, the educational arm for the Inova Health System in Virginia. The fellowship program she leads offers a blend of didactic, clinical and online education to nurses

working at the facility who seek specialty education.

Working in the OR for more than 30 years, Blasko says she was fortunate to have been mentored by strong, knowledgeable leaders, though not all perioperative nurses are so lucky. That's why she made the decision to become a perioperative educator.

"Human resources are any healthcare facility's most valuable asset, so existing staff should be well educated,"

Blasko says. "If you don't have that commitment to education, you don't have a staff that grows and is knowledgeable in current, evidence-based practice that is necessary to provide safe, quality care for patients."

"The beauty of our specialty is that you come to work to learn something new every day. Even after 30 years I am still learning. You have to constantly strive to learn and be open to new technologies and you have to share your passion for this knowledge with others."