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Perioperative Nurse Week Begins Nov. 8

AORN Connections

Supplement to *AORN Journal*

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Fighting fire with preparation

PREVENTING FIRES IN THE OPERATING ROOM AND BEING READY IN THE EVENT THAT ONE OCCURS ARE EQUALLY IMPORTANT ASPECTS OF A GOOD FIRE SAFETY PROGRAM

By Kimberly Retzlaff
Associate Editor, *AORN Journal*

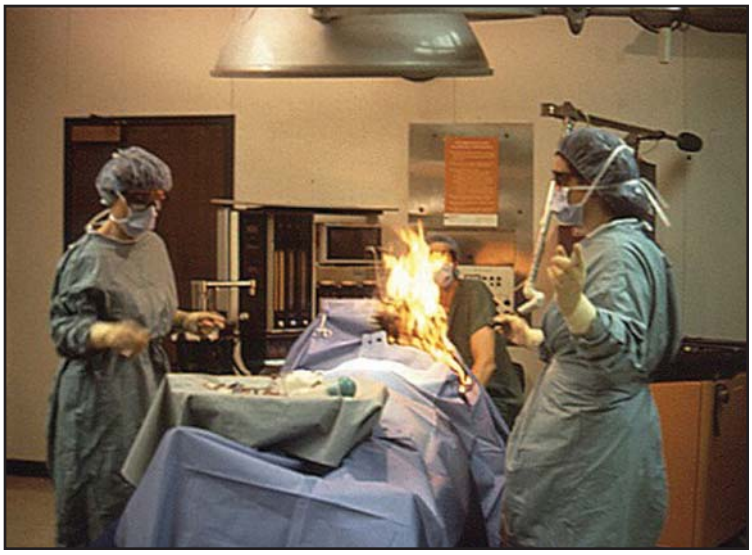
Fire safety is of the utmost importance in the surgical environment, in the interest of protecting patients and healthcare workers alike. The truth is that no surgical environment—including long-term, acute care and outpatient facilities—is invulnerable to fire risk. By arming healthcare personnel with knowledge and preparing them for the possibility of fire in the operating or procedural room, healthcare facilities can help prevent fires and reduce the risk of harm if one breaks out.

By the numbers

About 550 surgical fires occur in the United States each year, according to the most recent data from the ECRI Institute. This number was extrapolated from three years' worth of data from the Pennsylvania Patient Safety Reporting System (PA-PSRS).

These numbers represent the first ever hard data of surgical fire occurrence, according to Mark Bruley, a biomedical engineer and vice president for accident and forensic investigation at the ECRI Institute, who has been investigating surgical fires, teaching and publishing about them for more than 30 years.

About 95% of surgical fires are minor, Bruley added, but about 30 or so result in serious injury or disfigurement and one or two are also fatal.



FIRE IS AN ever-present risk in the surgical arena. Knowing how to respond in the event of a fire can be the difference between a minor flare-up and a serious adverse event. *Photo courtesy of the ECRI Institute. Used with permission.*

The new data from the PA-PSRS and the ECRI Institute prove what Bruley believed all along and reported to Claire Everson, RN, CNOR, CCAP, (former member of AORN board of directors) in 2005 when AORN released its Fire Safety Guidance Statement and Fire Safety Tool Kit: that surgical fires are underreported, and the previous estimates of 50 to 100 surgical fires per year were much lower than the actuality.

Changing oxygen use practices

Because of the increased risk of fire in oxygen-enriched environments, the ECRI Institute and

FIRE Continued on 8

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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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aorn.org/news

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

Learn more Find resources tailored to create good fire safety programs and to help prevent fires in the operating room.

Share your stories 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.

Listen to the Perioperative News Minute podcast at aorn.org/News/Podcast

NEWS & Advocacy

PATIENT SAFETY

ANA launches new Web site on patient safety

The American Nurses Association (ANA) launched a new Web site in September dedicated to safe patient handling.

The Website, which can be found at **www.safepatienthandling.org**, encourages RNs to submit stories about why safe patient handling is important to them, and also includes a form for writing to one's member of Congress about the potential hazards of heavy lifting.

Another form on the Web site allows nurses to enter friends' contact information as another means to spreading the message.

The ANA advocates the use of assistive lifting equipment and devices to reduce the risks associated with heavy lifting.

INFECTION PREVENTION

APIC mulls name change

The Association for Professionals in Infection Control and Epidemiology (APIC) has proposed changing its name to the Association for the Prevention of Infection.

In a frequently asked questions document for its members, APIC says the name change would better reflect the association's mission and purpose.

Though the name itself could change, the association plans on keeping the APIC acronym. The association says its constituency of 12,000 infection preventionists will continue to be its primary focus.

More information is available at **www.apic.org**.

HEALTH IT

AHA urges change to proposed meaningful use standards

The American Hospital Association (AHA) expressed concerns that recommendations proposed by the Health Information Technology Standards Committee would change the Health Insurance Portability and Accountability Act's privacy and security rules "in inappropriate and unworkable ways."

The AHA addressed the standards committee at a recent meeting.

Among its concerns, the AHA told the committee that "meaningful use" should primarily be defined by the ability of the IT system to help hospitals and doctors improve patient care. Yet, many of the proposed quality metrics do not meet this criterion.

The panel is one of two federal committees advising the Department of Health and Human Services on how to define "meaningful use" of electronic health records, which will determine which hospitals and physicians are eligible for more than $17 billion in health IT funding under the American Recovery and Reinvestment Act.

Advocacy Update

Chapter Advocacy Resources

AORN legislative advocacy is growing and is looking for more chapter involvement. To support chapters in developing this new capability, AORN Government Affairs has created a new online tool kit on the public policy Web pages specifically for chapters.

One of these resources is an "action steps" guide for chapter presidents to help them give direction to their members on how they can get more involved in advocacy.

Another resource for chapters is a public policy road map to guide chapter members through AORN's public policy Web pages. Through this road map, members can find model letters created by chapter presidents to their chapters on grassroots advocacy. The "chapter challenge" letter identifies tasks that the chapter members can do to support their state coordinator in legislative activities. The "executing the challenge" letter identifies the first goal as having 100% of the chapter signed up as grassroots members.

These new tools can help chapters increase awareness AORN's legislative priorities among members. Sign up for grassroots today and receive Government Affairs' monthly *AORN Advocacy Update* at **aorn.org/PublicPolicy.**

aorn.org/news

Find the latest legislative updates in *AORN Advocacy Update*.

AORN's first chapter in New York City is celebrating its 60th anniversary in October.

Celebrating 60 years as AORN's first chapter

By Matt Gunn
News Editor/Writer

More than six decades ago, when Edith D. Hall, RN, first organized a meeting between a handful of New York operating room managers and one head nurse, little did she know she was laying the groundwork for what would become the 42,000-member national association known today as AORN.

"Seventeen OR supervisors and one head nurse responded to that meeting and they very quickly decided there was benefit in getting together to support each other with problems and issues and all the concerns that OR nurses were having at that time," said Mary J. Emory, RN, a retired nurse who began her career at the same facility as Hall and several of the other founding nurses. "They decided an association would be formed and that they had to include all the staff nurses."

Though AORN's budget for its inaugural Congress in 1954 was little more than $200, its organizers found there was a need to foster the development and growth of perioperative nurses nationwide.

Drawing its roots to that first meeting, AORN Chapter 3304 is setting aside Oct. 10 to celebrate that history, as well as to continue educating its members in perioperative practice. The event, held at the New York Times Conference Center in Manhattan, is open to AORN members.

The celebration begins with brunch at 10 a.m., followed by a lecture on the Perioperative Code of Conduct from AORN Board of Directors Secretary Deborah Spratt, RN, BSN, MPA, CNOR, NEA-BC.

Current chapter president Veronica Daly, RN, BSN, CNOR, said she joined Chapter 3304 when she became an educator at St. Vincent's Hospital in Brooklyn. She was drawn to the chapter by the support she saw among its members, and their expertise.

"I found the group to be so welcoming, and I saw the member list and many of them were actually authors," Daly said.

Daly added the chapter's past president, Melinda Ediale, RN, MS, CNOR, began planning its 60th anniversary celebration last year.

"I always wish I were beginning again," said Emory, who served as chapter president in 1975. "I can't imagine what the challenges 60 years down the road will be. We are very proud to have been the charter chapter."

The Bylaws Committee would like to thank all members who participated in the recent Bylaws Survey, the results of which will be coming soon.

Bylaws survey results getting tallied

The Bylaws Committee would like to thank all who participated in the recent Bylaws Survey. The committee is currently compiling the results. The committee is also drafting new bylaws language based on these results and will present the proposed language during the House of Delegates at the March 2010 Congress in Denver.

The Bylaws Committee will create a Bylaws group on the new **ORNurseLink.org** (AORN's new social networking site), which will enable everyone to comment on the proposed language. This group will replace the old Bylaws Community of Practice established last year. The new bylaws language proposals will appear in the January issue of *AORN Journal* and on OR Nurse Link.

Read more news on the bylaws survey in *AORN Connections*.

FROM AORN Headquarters

Congress 2010 is closer than you might think. Held in AORN's home city of Denver, the 2010 Congress has its own Web site and a new virtual brochure set to roll out this month.

Congress 2010 gets its own Web site, e-brochure

The theme of Congress 2010 is "Reaching the Peak of Perioperative Practice: Safety, Quality, Collaboration."

It's closer than you might think.

Congress 2010 in Denver has its own Web site, and this year's brochure is set to roll out this month.

The new Congress micro-site, available at **AORNCongress.org,** streamlines how members can access information on AORN's big event. The new site has a similar look and feel to **aorn.org** but is focused on bringing all news and information about Congress into one, easy-to-use Internet destination. Leading up to and all the way through Congress, members and attendees will be able to use the site for registration, event information, *Congress News* and other event-related information.

Another new feature for Congress 2010 comes in the form of an electronic Congress registration brochure. Where in years past members received a printed brochure with registration form, the new virtual brochure is accessible online, easy to search and will provide up-to-date information on everything that's going on in Denver next March.

"It's more user friendly," said Tiffany Coleman, AORN event promotion specialist. "If you're trying to find a specific topic or event, the built-in search function will take you right to the information you need."

Look for the Congress registration brochure in October at **AORNCongress.org**.

From the Board

Anne Marie Herlehy

Anne Marie Herlehy, RN, MSN, CNOR

I have a routine with my 2½-year-old cousin, Colleen. She is not yet articulate enough to tell me she wants to play "surgery." So instead she motions to her stomach and grabs a little pillow to place under her head.

The impressive part is that she participates in the time-out process. She listens intently as I say her name aloud, along with her age and allergies, confirming my declarations with a "yes." After explaining the procedure, Colleen watches and giggles as I pretend to remove the "animals" from her belly. The "surgery" would not be complete without Colleen waiting for my mom to confirm the sponge count is correct, as I "close" her abdomen.

She will not let me deviate from the routine of the time-out in any way. This cute story may seem quirky. But we could take a lesson from the 2½-year-old. What is our resolve when acting as a patient advocate? Do we object to or even notice deviations from the routine? Each patient situation is unique, even when the same procedure is being performed. However, maintaining our resolve will help us uphold our standard as the patient's truest advocate.

aorn.org/news

Read more from Anne Marie Herlehy.

Scholarships support the nurses who make surgery safe

The AORN Foundation, the philanthropic arm of AORN, is pleased to announce the scholarship winners for the 2009-2010 academic year. In existence since 1991 as a 501(c)(3) charitable organization, the Foundation carries a successful tradition of advancing surgical patient safety by supporting nurses through its Scholarship Program. A total of 55 scholars have been named this year, with awards totaling more than $80,000. A list of this year's scholars can be viewed online at **aorn.org/foundation**.

Agnes Bologna, RN, MHA, CNOR, has a special understanding of the impact of the Foundation's Scholarship Program from her experience as a scholar, committee member and donor.

The scholar

"As a former scholar I believe education is a continual and ongoing process," Bologna said. "We learn daily. Sometimes this education is through life and work experiences, sometimes in a formal classroom setting or a structured university program. Being an AORN scholarship recipient is a great honor, and completing my master's degree has helped me tremendously in my role as clinical coordinator. It has also opened doors in the job market and provided me with many potential career opportunities so that I can explore and find the right fit for a career move."

Like Bologna, many scholarship recipients have experienced the success that comes with having the AORN Foundation as a strong partner in reaching their professional and educational goals. AORN Foundation scholarships are available to students just beginning a career in nursing, as well as to those with nursing experience ready to advance their education to the next level, be it in a baccalaureate, master's or doctorate program.

Awards vary in amount, but as Bologna can testify, "Any financial assistance is a blessing when pursuing or furthering your education."

The committee member

In addition to being a former scholar, and experiencing the impact these scholarships have on the lives of individuals working to advance their education, Bologna can also speak to the impact these scholarships have on the perioperative nursing profession as a whole. As a current member of the National AORN Scholarship Committee, Bologna explains that "AORN Foundation scholarships are awarded on criteria reflecting the values and purposes of the AORN organization. It is through this application process that people, values and purposes are matched. It is exciting and enlightening to examine the applications of potential scholarship recipients. Each individual submitting an application brings a passion for nursing, especially perioperative nursing, a thirst for education, a quest for excellence and a hope for tomorrow.

AORN FOUNDATION
Supporting the Nurses Who Make Surgery Safe

The donor

Finally, as a loyal donor to the AORN Foundation, Bologna speaks to the importance of supporting the Foundation's programs. "Scholarships provided by the Foundation are a commitment to the future of perioperative nursing. No donation is too small."

Because these programs are not covered by AORN membership dues, the Foundation relies on the generosity of individuals, chapters, state councils and corporations to ensure the continued funding of its scholarship program. Tomorrow's nurses are relying on you to make a donation today. As shared, your gift will make a difference in someone's life, and through their advancement, will improve the practice, image and future of perioperative nursing.

The Foundation would like to thank the **2009-2010 Scholarship Committee** for its time, efforts and commitment to serving in this role.

- Elizabeth L. Gentz, RN, BSN, CNOR - Chair
- Sandra L. Albright, RN, BSN, CNOR
- Agnes E. Bologna, RN, MHA, CNOR
- Nancy Fellows, RN, BA, MPA, CNOR
- David A. Wyatt, RN, BSN, MPH, CNOR - Board Liaison

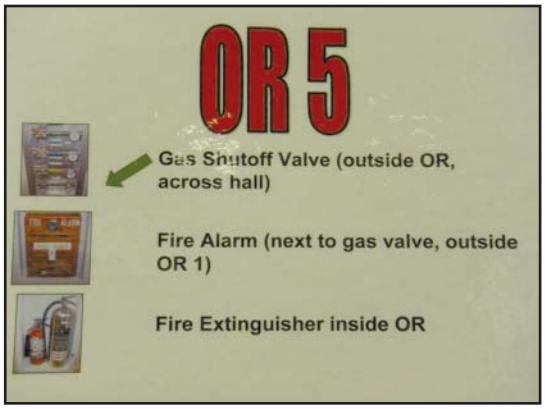
FIRE Continued from 1

the Anesthesia Patient Safety Foundation (APSF), supported by funding from the American Society of Anesthesiologists (ASA), have joined forces to promote significant changes to practices in the surgical environment this year.

"Open delivery of 100% oxygen is no longer recommended for surgery of the head, neck, face and upper chest with only a few limited exceptions," Bruley explained. "This is a major change in clinical practice that is being advised because oxygen enrichment is one of the greatest causes of medical fires historically."

The APSF is expected to officially roll out the new recommendations in a video produced by the ECRI Institute at the ASA's October meeting. The ECRI Institute also is updating its educational poster, Only You Can Prevent Surgical Fires, which is scheduled for release this October.

An oxygen-enriched environment is when the oxygen level in the air goes above 21%, which can be created when a patient is given oxygen through a nasal cannula or disposable mask. The flowing oxygen can build beneath the drapes, increasing the oxygen in the air and, therefore, the fuel for fire.



FIRE SAFETY SIGNS were enlarged as part of the improvements made to one facility's fire safety program. *Photo courtesy of University of Iowa Hospitals and Clinics.Used with permission.*

"The fundamental issue is that as long as a spontaneously breathing, sedated patient can maintain their blood oxygen saturation without extra oxygen, then giving them medical grade air is what is indicated—not 100% oxygen," Bruley added.

Awareness is key

Being aware of situations when oxygen levels are high enough to increase the risk of fire is imperative, particularly when other factors converge to increase that risk even more. Recognizing what's known as the fire triangle is key to fire prevention in the operating room, said Joan Blanchard, RN, MSS, CNOR, CIC, a perioperative nursing specialist in the AORN Center for Nursing Practice.

The fire triangle comprises the three elements that support combustion: an ignition source, an oxidizer and a fuel source. All of these things are present in the OR. Ignition sources include electrosurgical units and lasers, and the main oxidizers in the OR are oxygen and nitrous oxide. Fuel can be almost anything, including drapes, linens and alcohol-based prep agents.

"If a hospital or ambulatory surgery facility is using [alcohol-based skin preps], a really important part of the fire safety plan has to be on making sure those preps have been evaporated before the drapes are put on," said Victoria Steelman, PhD, RN, CNOR, FAAN, an advanced practice nurse at the University of Iowa Hospitals and Clinics, Iowa City, Iowa.

Steelman also said that any drapes or sheets that have prep solution on them be removed before the case starts, and that everyone discuss the fact that a flammable agent is being used.

"One of the best things the perioperative nursing staff can do is help encourage preoperative communication—essentially, a surgical fire 'Time Out'," Bruley said.

A fire safety Time Out can be as simple as asking if there are any special considerations for surgical fire for the patient, Bruley added. If the answer is yes, then the team can talk about how to minimize risk, such as the anesthesia professional and the surgeon discussing the temporary cessation of supplemental oxygen while the electrosurgical unit is being used.

Practice makes perfect

Participating in fire drills at their facility has helped increase staff member confidence in what to do during a fire, Steelman said. The practice also has resulted in improvements to the fire safety measures in their facility.

As many as 120 staff members from nursing, surgery, anesthesia, housekeeping and sterile supply participate in quarterly drills, said Rachel A. Hottel, RN, MSN, CNOR, an advanced practice nurse at the University of Iowa Hospitals and Clinics. They practice everything they would have to do in an actual fire during these drills: shutting off the oxygen in the operating room, locating saline or water on the field to douse a small fire, dialing the hospital operator and pulling the fire alarm. They also practice full-scale evacuations.

By holding regular fire drills and having staff members

actively participating, "It becomes almost second nature to the staff," Hottel explained.

Staff members at the Iowa facility also practice using fire extinguishers and are taught about the difference between carbon dioxide and water fire extinguishers. Water fire extinguishers cannot be used on electrical fires, for example.

Promoting fire safety

Nurses can promote fire drill participation at their facilities, and it helps to have a physician champion, Blanchard noted.

She also recommends the AORN Fire Safety Tool Kit to help raise fire safety awareness within health care facilities. The kit contains tools to help meet everyday practice needs, help with annual competencies for evacuation planning and fire drills, and raise awareness for communication and collaborative planning.

Other ways to promote fire safety knowledge are to have quizzes or host tours of the department, asking personnel to observe for fire safety issues such as doorways or hallways that are blocked with equipment, Blanchard added.

Ultimately, being aware of fire risk is the most important step to take in planning for and preventing fires.

"Feeling vulnerable is very important," Steelman said. "It can happen to you, it can happen in your OR or your OR suite. If you feel vulnerable, you're more willing to learn and be prepared."

Be sure to look at the Patient Safety First column in the October issue of *AORN Journal* for more on fire safety.

Additional resources

AORN Fire Safety Tool Kit: **aorn.org/PracticeResources/ToolKits/FireSafetyToolKit**

Pennsylvania Patient Safety Authority: **www.patientsafetyauthority.org**

Practice Advisory for the Prevention and Management of Operating Room Fires: **www.asahq.org/publicationsAndServices/orFiresPA.pdf**

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Perioperative Nurse Week, November 8 – 14
Safety, Quality, and Collaboration

AORN

Wanted: healthcare reform

PRESIDENT OBAMA ASKS FOR NURSING SUPPORT IN MAKING HEALTHCARE REFORM A REALITY

By Kimberly Retzlaff
Associate Editor, *AORN Journal*

President Barack Obama beseeched nurses to continue to show their support of healthcare reform during a Sept. 10 address to the American Nurses Association (ANA). During his address, Obama expressed his gratitude for the work nurses do in America and explained a few of his goals for improving health care in the United States, including making changes to the way insurance companies function and ensuring that all Americans have affordable health care.

"[President Obama] talked about the importance of nursing and the importance of nurses in patient care, and he made the case for his health policy initiatives," said Patricia C. Seifert, RN, MSN, CNOR, CRNFA, FAAN, editor-in-chief of the *AORN Journal*, who attended the meeting as an AORN representative with Paula Graling, RN, MSN, CNS, CNOR, a past president of AORN.

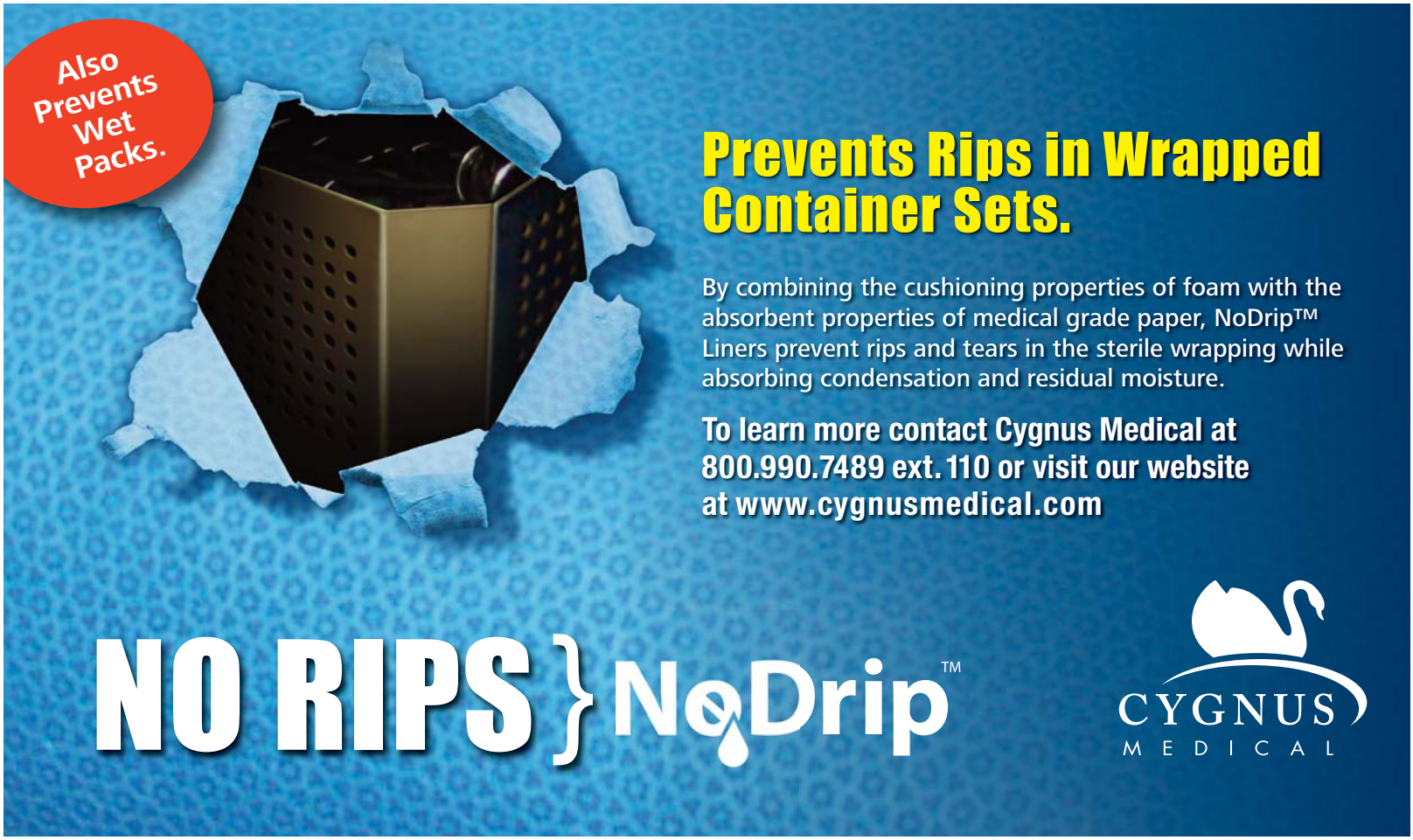
Nurses in America

To begin the address to the approximately 200 nurses in attendance in room 450 of the Eisenhower Executive Office Building in Washington, President Obama discussed his respect and appreciation for nurses.

"You're the bedrock of our medical profession," the president said, saying that because of this, nurses understand better than most how badly our country needs healthcare reform.

Ideas for insurance reform

"As nurses, every day we see first-hand the heart-breaking consequences of our nation's flawed system," said ANA Pres. Rebecca M. Patton, MSN, RN, CNOR, in a Sept. 10 news



release. "We see patients in danger when they can't access or afford the care they need. We hold a patient's hand when they learn that their health insurance coverage has been denied or cancelled."

An estimated 6 million people became uninsured during the past year alone, and those who do have health insurance often have to wonder if they will be covered in the event of serious illness, Obama said.

Getting involved

The president shared his hope that healthcare reform will allow all Americans to have quality, affordable health insurance this year, and he asked nurses to continue doing their part to make health reform a reality.

"Nurses represent a very unique set of skills that are going to be necessary for improving health care," Seifert said.

To get involved in the debate, nurses may choose to support the Obama Administration's proposal or someone else's, Seifert said. First and foremost, regardless of party affiliation, "perioperative nurses ought to be aware of the various bills and proposals," she added.

"Being informed is critical to making good decisions. The second thing is to support your colleagues in nursing, to articulate how you can improve patient care."

PAULA GRALING (LEFT) and Trish Seifert (right) visited the White House in September to hear President Obama speak to nurses about the health reform movement.

Additional Resources

AORN Advocacy Update:
www.aorn.org/publicpolicy

Transcript of Obama's address to the ANA:
http://www.whitehouse.gov/the_press_office/Remarks-by-the-President-on-Health-Insurance-Reform/

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Perioperative Nurse Week stands as a reminder for perioperative nurses to take time to reflect on the importance and value that are inherent in the profession.

Perioperative Nurse Week begins November 8

With November – and the end of 2009 – fast approaching, Perioperative Nurse Week stands as a reminder for perioperative nurses to take time to reflect on the importance and value that are inherent in the profession.

The theme of this year's Perioperative Nurse Week, Nov. 8-14, "Reaching the Peak of Perioperative Practice: Safety, Quality, Collaboration," is an ongoing message that carries through other AORN signature events, including Congress 2010 in Denver.

"Our theme is a call to action," said AORN president Patrick Voight, RN, BSN, MSA, CNOR. "I encourage you to identify and speak out on ways to further improve safety and quality in your facility and in support of the future of the perioperative nursing community. My hope is that through collaboration we continue advocating on behalf of safe patient care."

Originally celebrated on Nov. 14 as Perioperative Nurse Day, Perioperative Nurse Week's roots took hold in 1979, and the event was later extended to an entire week.

To find more information on Perioperative Nurse Week visit the **aorn.org** home page and click on the Perioperative Nurse Week logo. The Perioperative Nurse Week Web page includes a letter from Voight, a detailed history of the event, ideas to celebrate Perioperative Nurse Week, a Teddy Bear Hospital tool kit and a link to **aornpnw.com**, a storefront from which to purchase Perioperative Nurse Week gifts.

Find more information on Perioperative Nurse Week and how to support fellow nurses at **aorn.org/education/educationevents/perioperativenurseweek/**.

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57th Congress

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Breaking boundaries

WHETHER WORKING IN ACTIVE MILITARY, VETERANS AFFAIRS OR PUBLIC HEALTH NURSING, AORN'S FEDERAL NURSES SA IS WORKING TO FOSTER GREATER COMMUNICATION AND RESOURCE SHARING AMONG ALL FEDERAL NURSES

By Carina Stanton
Senior News Editor/Writer

Today the different specialties within federal nursing are working together more closely than ever, because patients injured in combat and cared for by active military nurses are often transferred to Veterans Affairs facilities. Also, Public Health Service nurses often work with active duty and Veterans Affairs (VA) nurses in humanitarian efforts, such as responses to hurricanes and other disasters. This increased collaboration among active duty, Veterans Affairs and Public Health service nurses requires coordinated communication by all federal nurses and a shared understanding for individual specialties within federal nursing, according to Tommy Stewart, MS, RN, NP, CNOR, retired Navy Nurse and Director of Clinical Programs for the Office of Medical Surgical Services for the Department of Veterans Affairs Central Offices in Washington.

Stewart co-chairs AORN's Federal Nurses Specialty Assembly (SA) and is working with other colleagues on the SA's coordinating council to get a better understanding for the practice issues and different needs of the more than 600 perioperative nurses who belong to the SA. Increased communication among their different specialties is one way all federal nurses can improve patient care, especially as the old days of working in silos is changing, Stewart said.

"We are all doing perioperative nursing, whether we are working stateside, on a ship or in a field hospital. Despite these varied work environments, we are all focused on how to provide the best possible perioperative care to the patients," he stressed.

Connecting with the care continuum

Within federal nursing, patients are cared for through a streamlined continuum of care that often requires active duty, veterans affairs and public health nurses to work together and clearly communicate as patients are transferred. This is especially true for patients injured on the battlefield, Stewart explained. "Most patients [injured on the battlefield] have undergone multiple surgeries by the time they get to the VA door, so having a clear understanding of each other's surgical specialties is not only valuable, it is critical to caring for the patient."

"As our military veterans return home, I feel it is critical that the standard of care is consistent across the continuum," said Patricia Woolson, RN, MSN, a perioperative nurse manager at the Veterans Affairs Maryland Healthcare System. She participates in several perioperative information exchanges so she can share information and learn about current best practices. She plans to join AORN's Federal Nurses SA so she can connect with her AORN federal nurse colleagues, especially her VA nurse colleagues. "VA nurses need to share information with each other in order to succeed," Woolson stressed.

Sharing knowledge

Marian Cioe, RN, agrees that sharing information and resources is very important among federal nurses, especially as she is seeing an increased volume of patients, including new veterans, as well as patients taking advantage of their VA benefits. Cioe is a Naval Reserve perioperative nurse who chose to spend the last leg of her career as a staff perioperative nurse at Jesse Brown Veterans Affairs Medical Center in Chicago.

Responding to needs

Cioe and Stewart are working with the SA to develop a needs assessment survey.

"We are trying to get members the resources they need, while helping them to understand how they can be actively involved and engaged with AORN," Stewart said.

To learn more about AORN's Federal Nurses SA, visit **aorn.org/Community/Specialty Assemblies**.

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Events

Watch for these upcoming events!

October 29-November 1: Fall Specialty Conference
Location: Orlando, Fla.
Provider: AORN
Program: This conference centers on two specialties in one location. The ambulatory conference addresses current ongoing issues that Ambulatory Surgery Centers face on a day-to-day basis. The educator conference will cover information on a variety of critical topics.
Information: www.aorn.org

November 5-7: 36th Annual Meeting and Conference
Location: Atlanta
Provider: American Academy of Nursing
Program: Attendees will be able to participate in a forum that identifies ways for improving the health and well-being of the public in this era of health system reform.
Information: www.aannet.org/i4a/pages/index.cfm?pageID=4018

November 8-14: Perioperative Nurse Week
Provider: AORN
Program: This year's theme—"Reaching the Peak of Perioperative Practice: Safety, Quality, Collaboration"—encourages health care professionals to identify and speak out on ways they might further improve safety, quality and collaboration in their facility and in support of the future of the perioperative nursing community.
Information: www.aorn.org

Did You Know ?

YOUR AORN ANNUAL DUES help support AORN clinical research, the research for recommended standards and best practices, and provide practice support and professional development opportunities.

AORN PARTNER PROGRAMS bring products and services to AORN members at a price that is often below retail. Exclusive deals on services like mobile phones and insurance are available to all members.

AORN GOVERNMENT AFFAIRS is the perioperative professional's voice in government at both the grassroots and national levels. AORN volunteers, state coordinators and lobbyists are working to give AORN a voice in public policy.

Members making a difference

Turning foul language into good deeds

Heidee Albano

In a way, Heidee Albano, RN, BSN, CNOR, took an old saying about making the most of a bad situation and made it her own. Instead of taking life's lemons and turning them into lemonade, Albano has taken her facility's swear words and turned them into. . . a cow.

More than a nurse at Beth Israel Deaconess Medical Center (BIDMC) in Boston, Albano also serves as her facility's "swear patrol." Collecting $0.25 for each no-good word since 2007, Albano was beginning to amass a pretty good collection for a future pizza party. That was, until she read a news article in the *Boston Globe* about a poor family in Haiti that was forced to sell its entire livelihood – two cows – in order to pay for treatment for their son's encephalocele and arachnoid cyst.

A physician at Children's Hospital Boston, through association with nonprofit group Partners In Health, worked to bring the child, Dumanel Luxama, to Boston in order to perform the surgery. Though the procedure was a success, Luxama's family was still forced to recover from the loss of its livestock. Touched by the story of Luxama and his family's sacrifice, Albano looked for any means she could to help.

"I asked permission to use the money from the swear jar and instead of a pizza party, to donate it toward a cow for the family," Albano said.

And the more staff at BIDMC heard about her efforts, the more honest they got.

"It used to be just me collecting money whenever I was around; no one wanted to do it for me," Albano said. "But then people started becoming more conscious, and were being honest about it. At the end of the day they might come and say 'here is a dollar for you, I had a rough day.'"

Several others, including a couple Haitian employees at BIDMC, simply donated to Albano's efforts. Today she is working with Partners In Health to see to it the Luxama family gets a new cow. Albano, who also led her facility's Katrina follow-up project, showed how little efforts can make a difference in other peoples' lives.

"She truly leads by example, teaching all of us at BIDMC that reaching out to others is not event related but continuous," said AORN President-Elect Charlotte Guglielmi, RN, BSN, MA, CNOR, who works with Albano at Beth Israel Deaconess Medical Center.

Albano sees the outcome of her swear patrol as something that will carry on and help others.

"I hope this is just the beginning," she said.