



Perioperative Nurses Association of Queensland Inc

ADVANCING PERIOPERATIVE NURSING

Northern Branch Conference Report Townsville, 17—19 July 2009

.....by Kara Biggin

The weekend of July 17-19 saw the PNAQ Northern Branch hold their "Positive outcomes from unexpected incidents – Lessons learned in the operating theatre" themed conference in Townsville. Friday started with an evening trade display, followed by a black and white racing themed dinner dance to coincide with the V8 super car spectacular which Townsville hosted for the first time the weekend before.

After a fun filled night enjoyed by all, Saturday marked the business end of the conference. The first day's line-up featured six speakers who covered various topics related to the conference theme. First was guest speaker John Chate RN, who works for the Queensland Government Rescue Chopper. John

gave the audience an insight into the duties and structure of the rescue chopper, which includes medical rescue, fire fighting and search and rescue. Using examples from his experience John explored how to identify risk factors in our workplace that can cause or develop into problems. He also highlighted the importance of teamwork in working towards identifying potential problems and developing prevention strategies.

The second speaker was Dr Arthur Vartis, who compared crisis management in the operating theatre with the aviation industry and flight crash investigations. Firstly, Dr Vartis outlined the similarities between aviation and theatre environments. For example, both fields

are staffed with highly trained and skilled individuals in a small environment. He went on to explain, how despite having a group of highly skilled individuals in an environment things can still go wrong due to the group behavior. Poor communication and group dynamics, such as leadership gradients are two major aspects of crisis development. Dr Vartis used the Swiss Cheese model of crisis development and how a series of events or errors combine to result in a catastrophic event. He explained latent and active errors and how latent errors are not a problem individually, but when combined crises or problems occur. Active errors are those major determining factors that bring the latent errors together to form a crisis situation.

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www.pnaq.net.au

August 2009

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2009 PNAQ Awards nominations now open — closing 5pm, 28 August 2009

Awards Categories

PERIOPERATIVE
TEAMWORK

EXCELLENCE IN
PERIOPERATIVE
NURSING

'NOVICE' AWARD

New nomination option for 2009!!
Nominating a colleague is now SO easy,
A FEW MINUTES ONLINE AND IT IS DONE!!

.....no fancy printing.....no postage.....
.....no disadvantage if you haven't got the time to make it pretty.....

For details and to submit your nomination go to www.pnaq.net.au

If you would prefer to have a hard copy of the nomination form

email pnaq@pnaq.net.au or phone 0409 876 363

Hard copy nominations can be lodged by
post GPO Box 2518 BRISBANE QLD 4001
or fax 07 3260 5402

Northern Branch Conference Report cont.

.....by Kara Biggin

After a brief morning tea and trade display the third speaker was Dr Mike Hooper. Dr Hooper spoke of the nature of accidents and Laplace’s theories in relation to the nature of accidents. He also spoke of the cause and blame of accidents and the differences between the two. Blame is very easily used when accidents occur rather than looking at the cause or series of causes of an accident. Dr Hooper outlined how incidents or accidents have both unpredictability and order at the same time. This is similar to the Swiss Cheese Model, in that the order of a series of causes aligning produce an unpredictable accident as a result.

Tikki Baker- Peterson spoke on the topic of latex allergy and the increasing incidence in health care workers due to high exposure to natural rubber latex proteins, particularly in our gloves. Tikki enlightened us on the origin of latex and the most common products we use that contain latex. She also went on to explain the requirements for a latex allergy case in theatre, such as removing all latex products from the theatre and induction bays, giving the theatre a complete wash and leaving it to rest for three hours minimum. It was pointed out that in emergency situations this resting period cannot occur. Having a latex allergy kit available in the theatre suite would make this process easier or even a designated latex free theatre.

After lunch and trade display the final two speakers presented their talks. First was Dr Chen Wu who spoke on malignant hyperthermia. Dr Wu gave a definition of malignant hyperthermia, some predisposing factors, such as genetics and informed the audience of the incidence of malignant hyperthermia being 1:5000 of the population. Signs and symptoms, diagnosis, pathophysiology and treatment requirements were also discussed. This was followed by a case history presentation of a patient receiving an osteotomy. Dr Wu went through the process of problem identification and treatment and how the crisis was managed. Management of malignant hyperthermia at the Mater Health Services Hospital in Townsville is done via a card system. This ensures everyone has set tasks to complete as part of the crisis management; this is because there are so many tasks that need to be completed in such a short space of time that this card system allows for their effective completion in order to provide adequate management when dealing with the crisis.

The final speaker was Kristy-Lee Taylor, a novice RN in the operating theatres. After a brief introduction into her experience within operating theatres, Kristy-Lee spoke of the importance of mentoring and teaching novice nurses within our field, especially due to the lack of exposure of the operating theatre by student nurses during training.

Overall the conference was a well organised, informative and enjoyable weekend. I can’t wait for the next one to be held by the Northern branch in three years time.

Kara Biggin

RN Mater Health Services
Townsville Operating Theatres

**Northern Branch Conference — Dinner
Guests
Friday 17 July 2009**



Margaret Hogg - Lifehealthcare
Rep (L), Anne Oswald -
Far Northern Branch



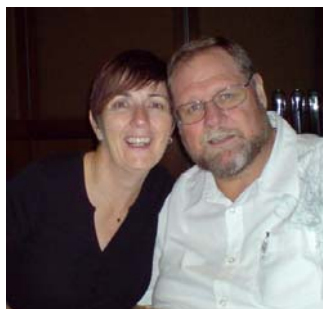
Conference Organising Team —
Meghan Kelly, Gayle
Whitburn, Melanie Barton



The gorgeous
Northern Branch girls



Kate Rodgers & Chris Wells -
Sunshine Coast Branch



Jo & John Voogt -
Far Northern Branch

**BRANCH
COMMITTEES'**

PLEASE NOTE;

**Your 2009
Branch
Presidents'
Reports**

**are due to be
submitted by
15 September .**

**Via email at
pnag@pnag.net.au
for inclusion in the
2009 PNAQ Inc
Annual Report**

Jenny's Letter

.....by PNAQ President Jennifer Ashton

Welcome to the August 2009 inaugural edition of the PNAQs e-newsletter. We are excited to be bringing this to you in an electronic format. Sincere thanks to the hardworking members, whose efforts in website development and coordination over a long period, have made this possible. In particular, thanks go to Kathleen Collins, Ailsa Gillet and family and most recently, Kim Carr. All their background volunteer work on the website has made this Green initiative possible. Kim has often commented on how much she has learnt since undertaking the Website Coordinators role. The current Executive have certainly enjoyed contributing in a small way to her journey as we have assisted in developing processes which ensure integrity of the content and privacy for our members.

We are so fortunate to reap the benefits of PNAQ membership for under \$100. I was recently invited to join an organisation and was directed to their professionally constructed website. You won't be surprised to hear that the annual membership was over \$300 and attendance at a one day master class was \$1500. Their main selling point was the opportunity to network with other like-minded people. As nurses we have been networking with each other all our professional lives.

Our recent education session was held at Redlands Hospital. It was free to members and for that we even had a surprise international guest speaker, Deb Gardener, kindly sponsored and flown from Sydney especially for the presentation by 3M. Other speakers included Gail Brodrick, David Wheatley and Warren Lucas. Thank you to the staff from Redlands who backed up from overnight call to attend. Members came from Bunda-

berg, Nambour, Ipswich and Brisbane and surrounds. Edwina Conroy does a great job getting us together on these days. Please note the following changes to the Calendar of Events – August 22 will be held at Mater Health Services and be "All things Laparoscopic" and September 12 will be held at Wesley Hospital and be "All things Neuro". These changes have been necessary due to speaker and venue availability and we apologise for any inconvenience.

Our **Calendar of Events** also lists the various meetings held by State Branch and there have been recent requests for information on the purpose of these get-togethers. The **General Meeting** is currently held in conjunction with the Education Session and is open to any member from any Branch. Agenda items can be posted via pnaq@pnaq.net.au and minutes are posted on the website. The **Management/Executive Meeting** is for State Branch Office Holders and is held monthly in Brisbane. Members of the various committees also attend. Voting rights are outlined in the Constitution. Any mail/email requests sent are discussed and actioned at that time. Information provided at the General Meeting reflects discussions from the Management/Executive Meetings. The **Strategic Meeting** is open to State Branch Office Holders, Representatives from Branches and Life Members to set the overall annual direction of the PNAQ. In 2009, meetings were held in January and again in May. The **Country Liaison Meetings** are usually held in conjunction with annual PNAQ Conference and at the Northern Conference.

Please note the following points which are discussed at nearly every meeting we attend and don't hesitate to contact us if you need any assistance or clarification:

- **Branch Reports:** we need to include completed reports in the State Branch Report prepared for the Annual General Meeting in early October so please ensure that they are sent by **13 September 2009** to pnaq@pnaq.net.au

- **Awards Nominations:** we have selected a fantastic panel to judge the awards so please ensure we have lots of nominations. If you are thinking of nominating someone, don't delay.

- **Posters & Photos:** these are needed for State Conference and are a great team building opportunity especially in busy times.

- **Nominations for State Branch Positions:** positions available are President Elect/Country Liaison, Secretary, Newsletter Editor, Education Chair, Research Chair and Web Page Coordinator. Additionally, we have a new subcommittee for Archiving.

Agenda Items for Annual General Meeting: should you have something you wish to raise, please send via pnaq@pnaq.net.au

Thanks to Vicki Livett and Kim Carr for representing State at the Northern Branch Conference held in Townsville on 17 and 18 July 2009. Reports filtering back from Company Representatives have been extremely positive and I look forward to reading the conference reports. Congratulations to the Northern Branch on their success.

Do email us and let us know what you think of the newsletter format and content. All feedback is most welcome. I know the photos will be much crisper and I hope you enjoy them as much as we enjoy bringing them to you. As you can see...it is a great time to be a Perioperative Nurse.

PNAQ Poster Competition

Highlight your 'CSI- Clinical Scene Investigation' in a poster.

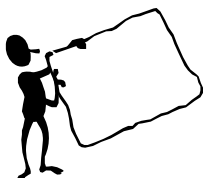
Create a poster summarising the key concepts to be displayed for judging at the PNAQ State Conference, October 8-10, 2009.

Poster Size: A0 or A1

To be judged by Conference Delegates.

Start creating your poster, there's a great prize to be won.

Enquiries to Horatio or Gil



Retention of Throat Packs in Surgery

.....By PNAQ Education Officer, Edwina Conroy

Recently I was involved in a discussion on inadvertently retained items after surgery. It prompted me to look at how many incidents had been reported in Australia. To find out I went to the Australian Institute of Health and Welfare website: - www.aihw.gov.au This website contains the official statistics for all sorts of health topics including sentinel events. At the moment statistics are only available from 2004-2005 where there were 27 incidents of retained items (nationwide), over which half were due to policy and procedure not being followed. The NPSA (National Patient Safety Council) www.npsa.nhs.uk in the UK cites seven steps that everyone should take to improve patient safety. They are:-

- Step 1 - Build a safety culture
- Step 2 - Lead and support your staff
- Step 3 - Integrate your risk management activity
- Step 4 - Promote reporting
- Step 5 - Involve and communicate with patients and the public
- Step 6 - Learn and share safety lessons
- Step 7 - Implement solutions to prevent harm

Step one (building a safety culture) is arguably one step that has become far more active in the past few years with the formation of the Queensland Health Patient Safety Centre in 2005 whose aim is to work with clinicians and managers to lead patient safety improvement across Queensland Health.

If you are a member of the Discussion group OR Nurses Downunder you would have seen the discussion of late regarding whose responsibility is it for throat packs. ACORN (2008, S3, 1.3.1, p3of 13) states "Anaesthetists are responsible for pharyngeal packs placed in the patient prior to or during an operation. It shall be clearly understood that this matter is not the instrument nurse's responsibility."

A study earlier this year in the UK on oral surgical practices with regard to retention of throat packs showed:-

- nine per cent of respondents did not use throat packs, and only 39 per cent always used them;
- the anaesthetist usually placed (82 per cent), but less frequently removed (34 per cent), the throat pack;
- 22 per cent of respondents were aware of incidents involving retention of throat packs in the previous five years;
- 29 per cent used the method of 'swab

count' to ensure removal of the throat pack.

The study found reasons given for retention of the throat pack included:-

- surgeon stating that the pack had been removed when it clearly had not been removed (5);
- 'change' of anaesthetist during the operation (5);
- throat pack 'forgotten' by the whole surgical team (4);
- anaesthetist unfamiliar with head and neck surgery (3);
- additional packs placed during the procedure (2);
- unexpected rapid recovery (2).

MDA National (Aust) Journal, Autumn 2007, in a discussion on reported incidents identified a number of strategies that have been proposed in current literature to prevent retention of throat packs, including:-

- labeling the forehead of the patient;
- attaching a label at the end of the tracheal tube;
- fixing the pack onto the tracheal tube at a predetermined site; and
- recording the pack as part of the count sheet.

The journal argues, "Alertness to the danger to the airway and a protocol for handling surgical packs, including throat packs, by theatre staff, the surgical team and the anaesthetist are critically important for prevention of similar mishaps."

Similar actions have been recommended by the NPSA in the UK where the involvement of **all** team members in the checking of insertion and removal of throat packs will result in safer outcomes for the patient.

Edwina Conroy

2008 - 2009 Management & Committee Support Roles

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PNAQ Photo Competition

Create a photo or photos themed 'CSI- Clinical Scene Investigation'

Let your imagination run wild!

Photo/s to be displayed for judging at the
PNAQ State Conference, October 8-10, 2009.

To be judged by Conference Delegates on the following criteria;

Aesthetics/ appearance of photo

Creativity of photo

Statement of photographer

Appropriate to the theme

Minimum size 10 x 8 (25cm x 20cm)



Get snapping, there's a great prize to be won.

Enquiries to Horatio or Gil