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|  | AORN Greater Houston #4407 Meeting MinutesMay 9, 2017 |

# Attendees

Members: 38
Students: 4
Visitors: 16
Teleconference: 1

Total: 59

Total of 577 members in our chapter!

# Welcome

Nakeisha Archer

Thank you to all of the volunteers at the Leadership Symposium. Huge thank you to Darlene and Suzy. Great event! All Nurses are leaders! Thank you to those who participated!

Happy Nurses Week! AORN has great deals this week! $35 off join/renew. & buy 2 years get one free!

Cinnabon has freebies for nurses!

# 2017 AORN Nurses Week Challenge 1645 - 1655

 **Question #1:**

According to sentinel event data reviewed by The Joint Commission in 2016, the two types of most frequently reported sentinel events were:

 **Wrong-patient, wrong-site, wrong-procedure events, and unintended retention of a foreign body**

**Question #2:**

Hemoglobin A1C, or, “A1C,” is a blood test that measures a person’s average blood glucose level over the past three months. The A1C test result is given in percentages. What is a normal level?

 **Below5.7%**

**Question #3:**

Labetalol hydrochloride is a medication indicated for use for the management of:

 **hypertension.**

**Question #4:**

George, RN circulator, was interrupted during the surgical count while he and the scrub person were counting needles. To restart the surgical count after the interruption, George should:

 **recount the needles with the scrub person and then continue the remainder of the count**

**Question #5:**

An intervention to help prevent retained surgical items is for perioperative team members to:

 **Participate in team training.**

**Question #6:**

The AORN Guideline for Safe Use of Energy-Generating Devices, effective September 2016, combines two previous guidelines, the Guideline for Electrosurgery and the Guideline for:

 **LaserSafety.**

**Question #7:**

Energy-generating device cords, such as the electrosurgical hand piece cord, should be secured on the sterile drapes by the scrub person with:

 **plastic,non-piercingclamps.**

**Question #8:**

What type of trocar systems should be used for minimally invasive surgery procedures?

**Conductive**

**Question #9:**

During the preoperative team briefing, the surgeon states that she plans to use monopolar electrosurgery using a resectoscope for Mrs. Smith’s procedure—hysteroscopy and possible endometrial ablation. The RN circulator should anticipate using which of these distension fluids to distend the uterine cavity?

 **1.5%Glycine**

**Question #10:**

1.5% Glycine, 3% Sorbitol, or 5% Mannitol are examples of nonelectrolyte and low viscosity distension media. When there is excess absorption of these distension media, patients, especially those with comorbidities such as cardiovascular and renal dysfunction, may be at an increased risk for:

 **hyponatremia.**

# Business Meeting – 1655-1720

* Awards!
	+ AWARD FROM MEDICAL BRIDGES!
* Treasurer’s Report – Patricia Rodriguez - 1658
	+ Financial report - checking
	+ Started with $8,000
		- Deduct some expo funds
		- Add some paypal funds
		- Add AORN dues
		- End with almost $10,000!
		- Symposium was in May so it is not in this report
	+ Savings: $32,690
	+ Expo expenses
		- Delegate registration: $6790
		- AORN meeting room fee: $50
		- President’s Expenses: $1861
		- PE expenses: $1858
		- Total: $10,559.58
* Legislative Report – Joanne Oliver - 1702
	+ Midnight Monday May 8, 2017 was last time congress texas had chance to get bill out of chamber it started in
		- A bill originating in the Texas House or Senate must be passed out of that Chamber. If not, then the bill is declared dead. If it clears the floor, then it can proceed to the opposite chamber to begin the process of being heard in committee. This can go to the end of the current session.
	+ NLAC bills of interest
		- 9635 bills introduced – 2225 bills were completed – 210 house public health bills introduced, 158 senate health and human services bills introduced.
	+ BON SUNSET LEGISLATION – it went through to the senate
	+ APRN – plan to remove unnecessary barriers to practice for APRN’s (numerous bills involving practice authority, billing, prescribing, signing forms and documentation have been heard in committee. Progress has been made but no vote has gone to the floor).
	+ Mental Health HB14 – Allows State hospitals to prohibit license holder from carrying a handgun without written notice. ( This has passed a third reading on the House floor and will likely be voted on to go to the Senate)
	+ Nursing education HB 1212– would allow THECB to identify 3-5 applied science baccalaureate degrees that junior colleges may offer each biennium.
	+ SB 1505 – would add approximately $7 million to the Nursing Faculty Loan Repayment Program to provide incentive for nurses to accept faulty positions in nursing schools. New tax put in place on “little cigars”
	+ School nurses SB 196– If you have child in school and they have health disease that needs attention, they want to be able to notify parents if there isn’t a nurse on site & SB850 for requirement of spinal screening.
	+ Workplace advocacy HB 280 – grant for promoting and preventing workplace violence
	+ Child safety HB519– require children under 2 to be in rear facing car seats.
	+ Dental Hygienist SB430 – would allow dentists to delegate the admin of anesthetics and sedatives to dental hygienists.
	+ Public Health HB518 & SB 278 – companion bills that would create an offense for not putting a child under 2 in rear facing car seat.
	+ SB31 – no texting while driving
	+ Anesthesia Assistants HB2525 – would allow physician assistants and ANESTHESIA ASSISTANTS to be license with some delineation of responsibilities.
	+ Huge thank you to Patricia Rodriguez, Nakesiah Archer, Darlene Murdock, Ebony Mitchell, Deshon Burton-Essia for their assistance during this session!
* New chapter leaders 2017-2018
	+ PE: Ebony Mitchell
	+ Secretary: Falynn Chapman
	+ BOD: Fred Perry & Suzy Balin
	+ Nominating committee: Latoya Hamilton & Amanda Austin
	+ Will have installation ceremony next meeting!

# Education Session – 1720 - 1820 – Chad Flora BSN, RN CNOR

* The OR – The Messy Environment
	+ Surgical team member are exposed to percutaneous infectious materials (blood/bodily fluids) in as many as 50% of surgical procedures
	+ Blood to hand contact occurs in at least half of these exposures
* Why do you glove?
	+ Prevent gross contamination of healthcare workers
	+ Reduce risk of contamination of patients
* Gloves have evolved over more than 250 years – started with protecting HCP to protecting patient’s as well
	+ Started in Germany with sheep cecum
	+ Halsted: started with rubber gloves (went to Goodyear Tire)
	+ Bloodgood: noticed decrease infection when wearing gloves
* Glove perforations: The Stark Truth
	+ 1/10 chance of perforating single layer glove during low risk procedure – can range from 3-12%
* Common Culprits – nearly ¾ blood/bodily fluid exposures occur d/t percutaneous injury
* Increasing likelihood for perforations
	+ Bone vs soft tissue, emergency vs schedule, manual tissue retraction, restricted field, laparoscopic vs open, length of surgery, complexity of instrumentation, # of instruments used, role of healthcare personnel, human fatigue
* All surgical procedures have perforation risks
	+ Urological surgery has less, cardiac surgery is the most
		- Highest rates – ORTHO | TRAUMA | Thoracic
* Longer surgery = higher risk
	+ 70 min after initiation of operation
	+ Perforation risk increases 1.115 times every 10 min
* Failure rate of surgical gloves can vary by brand
	+ Impact of in use failure – increase risk of exposure to pathogens, cost and time
* 96% of perforations may go unrecognized
* 600,000-800,000 percutaneous injuries occur in US each year amounting to 500 million in direct medical costs – hospital pays for these injuries
	+ Despite high numbers, 99% surgeons have experienced needle stick, only half reported the injury – they thought it was actually part of their job
* Factors associated with percutaneous injury
	+ 16% of sharps occur during the passing of sharp instruments
* Nurses get injured the most
* Common locations of needle stick injuries – most occur in non dominant hand
	+ First is index finger and second is thumb third is forefinger of dominant
	+ No pass zones, blunt tip suture needles, alternatives for needles, hands free, double gloving, education
* Transmission of infection to healthcare workers
	+ Sharps injuries increase risk of both bacterial and viral cross infection
* Long term consequences – HEP B, HEP C, HIV
* How safe are your patients?
	+ Over half surgical procedures are contaminated at end of procedure – 42% not d/t patient’s flora
	+ 33% of devices that cause injuries come in contact with the patient after injury to healthcare worker
	+ 1/20 patients suffer from SSI
* Break in technique – Class 2 wound
* Increase SSi = decrease reimbursement
* Double gloving is most beneficial
* Amount of blood is decreased as a bloody needle penetrates both layers of gloves
	+ Same for amount of virus transfer
* Indicator gloves – slows punctures to outer glove to be more visually revealed when they occur
* Fewer than 1/3 of surgeons report using double gloving in >75% of cases
* Why are they not double gloving?
	+ Too tight
	+ Restriction of dexterity
	+ Habit of not using
	+ Impaired sensation of touch
	+ Uninformed about consequences of blood and body fluid contamination
* Takes 2 days to get used to double gloving
* Implementing double gloving
	+ Know barriers to change knowledge gaps, misperception of risks, concerns of decreased tactile sensation, lack of promotion by leadership, hospital/healthcare culture, availability and access to supplies
	+ Use a checklist! Multimodal approach to enhance and promote change!
* Encourage glove selection and choose the right glove!
* SUMMARY
	+ Glove perforations can lead to direct contact between healthcare workers ad patients resulting in transmission of infection
	+ Both healthcare workers and patients are at risk of detrimental effects that glove perforation can impose
	+ Double gloving protects both the healthcare provider and patient
	+ Double gloving is the simplest, most effective and cost beneficial method of reducing risk of infection
	+ Evidence supports the use of color indicator system for detecting perforations when double gloving
	+ YOU ARE EXPOSED, BARE, WITHOUT UNIVERSAL ADOPTION OF DOUBLE GLOVING

# Announcements & Events

* Medical Bridges! May 20 & July 15 | 9-12
* We are planning a CNOR review course
* National Time Out Day – June 14th
* WEBSITE & FACEBOOK!
* <https://aornhouston.nursingnetwork.com/>
* <https://www.facebook.com/AORN-of-Greater-Houston-1195489327131820/>

# Next meeting

June 13, 2017 @ 1600 @ Pavilion for Women Texas Children’s Hospital 4th floor rooms D&E