



2011 AORN Congress Review

By

AORN Richmond Delegates

Visit **AORN** Website for all the
News and Reviews!

<http://www.aorncongress.org/CongressNews2011>

2011-2012 AORN Leadership Election Results

- **PRESIDENT-ELECT**

Deborah G. Spratt, MPA, BSN, RN, CNOR, NEA-BC

- **TREASURER**

Anne Fairchild, MS, RN, CNOR

- **BOARD OF DIRECTORS**

Darin M. Prescott, MSN, MBA, RN-BC, CNOR, CASC

Victoria M. Steelman, PhD, RN, CNOR, FAAN

Martha D. Stratton, MSN, MHSA, RN, CNOR

Annette Wasielewski, BSN, RN, CNOR

- **NOMINATING AND LEADERSHIP DEVELOPMENT COMMITTEE**

Holly S. Ervine, BSN, RN, CNOR

Susan (Sue) Seitz, MSN, RN, CNS, CNOR

House of Delegates Report

- New this year, all eligible members had an opportunity to cast their vote for AORN leadership. Out of 39,943 eligible voters, 2,587 members cast their vote.
- Delegates voted on changes to AORN bylaws as outlined in the pre-congress journal.
- Delegates passed a motion that "AORN resolves to support the Institute of Medicine recommendation for the future of nursing:
 - 1. 80% of nurses are baccalaureate degree prepared by 2020.
 - 2. Double the numbers of doctorate prepared nurses by 2020.”

Forum Report

- **Universal Access** Task Force that had been appointed to create options to entice some of the more
 - Currently the framework includes six plans: a cafeteria plan for nonmembers;
 - a standard membership that includes options of premium packages aimed at novice leaders, managers, educators, and CNORs;
 - a ambulatory surgery center membership for up to 8 standard or associate members with a price based on the facility size;
 - a rural hospital membership that includes manager and educator premium packages;
 - a hospital package for nonmembers with option executive and facility premium packages; and
 - a large hospital standard member plan.
 - Attendees expressed concerned that the 3-month and trial memberships would undermine the smaller chapters struggling to recruit and retain members. The task force assured members that the intent is to bring members in and the contact info from the trial members would be used as marketing efforts with the chapters.
 - Additional questions and suggestions related to a plan for retired nurses; consideration for how lifelong members can benefit; and the inclusion of office-based surgery centers & nurses outside the traditional setting.
- **Specialty Assembly Update**
 - A plan to review specialty assembly accountability standards and performance with an eye to consolidating some of the groups and converting others to "common interest groups."
 - To maintain assembly status, groups must have a seated council, annual goals & submit reports to the Board.
 - Recommended that assemblies consolidate as follows: Cardiothoracic/Vascular/Endovascular; MIS/Lasers/Robotics/General surgery/Gynecology and Trauma/Orthopedic/Neurosurgery
- **Evidence Rating** Task Force:
 - The committee presented a method of rating the evidence to support AORN documents. Rating the evidence will assist in the discussions with other surgical team members who have questions about the level of evidence supporting recommended practices.
 - Documents will include one of six ratings:
 - recommended for practice,
 - likely to be effective,
 - benefits balanced with harm,
 - effectiveness not established,
 - effectiveness unlikely, or
 - not recommended for practice.
- **Bylaws Amendments**
 - The amendments that the House voted on later in the week were also presented.
- Congress Report by Bonnie Garretson, RN

March 20, 2011 - Opening Keynote

Erik Wahl – The Art of Vision



While watching a video about a man giving out “free hugs,” Erik Wahl painted a picture of the Statue of Liberty. He asked the audience how many knew how to draw. Not many raised their hands. He then asked how many would have raised their hands to this same question as a young child. Most raised their hands this time. He explained that drawing is a learned and practiced skill, like nursing. How do we bring back that creativity and imagination we had as children? He told us of a study that showed just the smell of a box of Crayola crayons can improve test scores and creativity.

Mr. Wahl’s next canvas was painted during a video of John Lennon’s “Imagine”. It was a portrait of John Lennon. Society has been taught to be primarily left-side brain thinkers. Everything is logical with only one possible answer. We can come up with new and innovative ideas when we start using our right-side brains and see things differently and from a new perspective. The financial crisis and the mentality that time is money has fueled the need to find these innovative new ideas and ways to do things. He said we should work smarter rather than just harder.

“Sometimes it pays to take risks, if you follow a trail of bread crumbs back to an unmet goal, you will find fear.” Fear paralyzes risk taking. Fear is an acronym for false evidence appearing real. Fear stands in the way of challenging thought processes and daring to think differently. All of us are capable of so much more.

He painted the final canvas with Peter Gabriel’s “In Your Eyes”, playing in the background. Wahl challenged us to “see what those around you see and have the courage to twist the landscape and think like no one has thought before”. He then flipped the canvas upside down and revealed a painting of Albert Einstein. Change your perspective and things can become clear.

Congress Report by Tamie Zobel

March 21, 2011 – General Session

Richard Satava - The Future of Surgery

The health care profession is the most resistant to technological changes, said Richard Satava, MD, FACS, in his General Session discussion on “The Future of Surgery.” He suggested that rather than resist, we allow new technological innovations to help us provide those services to patients.

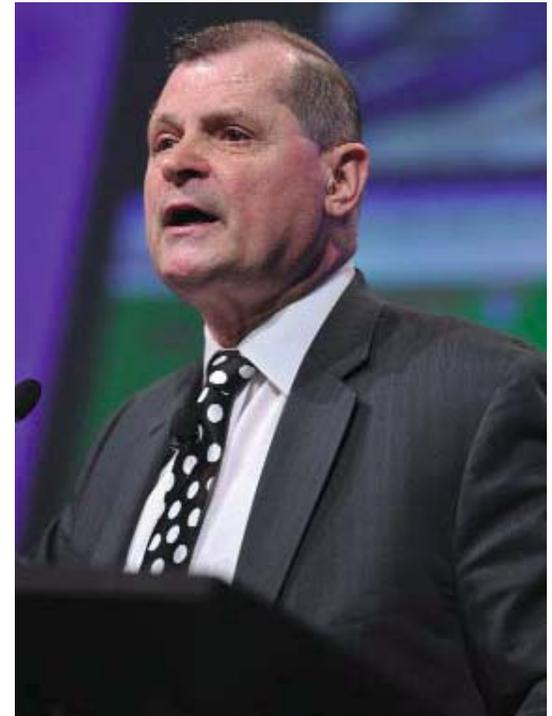
He discussed new technologies, including “Penelope 2,” a robotic incarnation of a perioperative scrub nurse. This skilled instrument-passing robot could be used in place of a scrub nurse to free up highly educated nurses to do what they do best, and what robots do less well – care for patients, he said. He described many new technologies that are currently in place in ORs across the United States, including robotic surgery, hybrid ORs and simulation suites.

Satava believes that all surgeons should be required to achieve 100% scores on their board certification and that resident training should include the use of simulation to improve a resident’s surgical skill. He asked the audience how comfortable they would be with a pilot who had only received a 90% score on his or her landing skills test, and then compared that to the resident who scores 90% on surgical skills and is allowed to care for patients. Interestingly, Satava stated that when most residents make a surgical mistake, they are unaware how it occurred or how to fix it; it is crucial that they become aware of this to improve their skill and improve outcomes for patients. Simulators, paired with an objective metric-tested curriculum, can help this occur.

We are on the cusp of tremendous change in health care. We need to be part of the change by asking questions and ensuring that the right direction is taken.

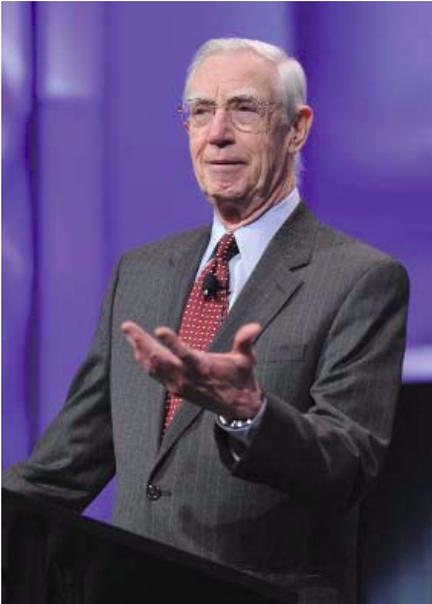
Respectfully Submitted,

Jean Watling



March 21, 2011 – Jerry G Peers Lectureship

Lucian Leape – Patient Safety: Making Progress



The lecturer, Dr Lucian Leape, is a Healthcare Policy Analyst focusing on patient safety. Dr Leape noted that today patients are not happy with their healthcare and that doctors and nurses tend to quit their profession earlier. His lecture consisted of three parts:

How did we get here?

Growth in specialization, new devices, new drugs and new technology lead to healthcare that is very complex and effective, but also very costly and potentially hazardous. The focus became more on disease treatment rather than the patient. Nurses became “FTE’s” instead of a person. In the 1990’s society began to change by becoming more empowered through technology.

Where do we need to go?

The “team approach” in providing comprehensive and economical healthcare; healthcare cannot be administered by the doctor alone. Dr Leape supports much of the current Healthcare reform, especially curtailing insurance company cancellations and lack of coverage. We need increased “Accountable Care Organizations” (rather than the stand alone hospital), standardization of care and patient engagement in their care.

How do we get there?

Experimenting – if it doesn’t work, change it! Focus on patient safety: “Errors are not caused by bad people, but by bad systems”. Use of safety checklists – the more providers have to do, the more errors can occur; need physician buy-in to standardize practices; need hospital CEO buy-in: workplace culture of respect – workplaces must respect, support and appreciate healthcare providers; teach teamwork, transparency- “talk about the issues”; stop punishing people for errors, instead, find out the cause and change the system; promote consumer engagement.

Thank you for allowing me to serve as your chapter delegate.

Sue Cheatham

March 22, 2011 – General Session

Strategic Success in a Dynamic Health Care World

Edward O’Neal

Edward O’Neil, PHD,MPA,FAAN says he wants nurses to play a key role in health care reform and become the leaders and change the paradigm. Nurses can change the paradigm of what’s possible in the health care area. For the last forty years nursing has been a fulfilling job with increased social status, independence and good income. Nurses have self definition, identity as well as prestige and meaning to their profession.

O’Neil said nurses should build core competencies while being innovative, adaptive and by training and mentoring our younger nurses. We have to “stop eating them,” instead guide them to succeed in the profession, at which time the audience responded by clapping to this comment.

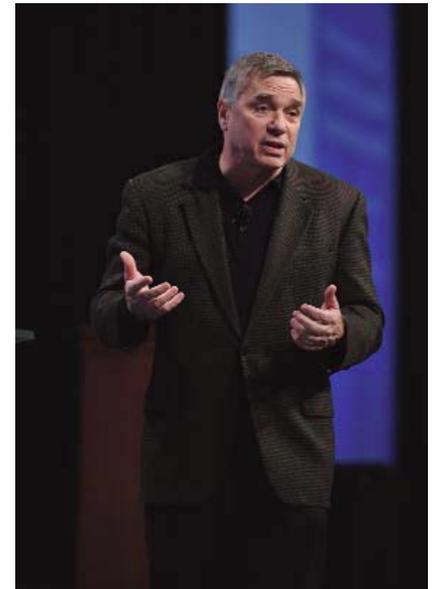
Some of the issues with the current health care system are listed below;

American health care system is 1/3 more expensive then the other most expensive systems. Variable of cost and quality – things will not get better because of money.

Demography- growing aging population. Epidemiology issues.

Health care reform needs to move in the right direction and choices will need to be made. Should we pay less for healthcare, ration healthcare or build a new chassis for the system. We can improve on what we currently have in the system, integrate and communicate with what already exists and must look and see the bigger landscape in order to level health care change.

Changes in care will include prevention and management of disease, competitive prices, consumer awareness and responsibility, team care approach and evidence based practice. Dr. O’Neil stressed that the nation, profession and patients need nurses to lead and work to change the paradigm in order to provide a better health care system for our patients.



March 23, 2011 – General Session

Perfectly Imperfect: A Life in Progress - Lee Woodruff



Lee's presentation talks about, Tom her husband, while covering the war in Iraq for ABC News suffered a traumatic brain injury from an explosive device on January 26, 2006. Tom was in a coma for more than 35 days and took more than 5 years to recover. During this period Lee learned to be grateful for the "small miracles."

Nurses often don't get to see how things turn out for patients, but I am here to say Thank You. Without you, we wouldn't be here, stated Lee Woodruff. The injury shattered his skull and propelled a rock into his neck. He was operated on and stabilized in a battlefield O.R. and then transported to Landstuhl, Germany. Lots of doctors need to buy personalities on eBay, she laughed," but it was the nurses who got us through." The nurses gave her husband dignity by talking to him and not about him and it was the nurse that gave her encouragement and hope throughout her entire experience. She encouraged all caregivers not to take hope away from families because that is sometimes all they have to get through the day.

In her book "Perfectly Imperfect: A Life in Progress" she discusses her depression and how the five years took its toll on her and their family. In closing, "Lee reminded the audience that big moments are easy to spot. The small moments of grace are harder to see, but perhaps more important.

Congress Report by Diane Evans

March 22, 2011 – Closing General Session

If You Can't Stand Up, Stand Out - Mile Schalappi

As a child, Mike was accidentally shot by his best friend. A .38 caliber bullet fired at point-blank range, slammed into his chest, clipped his lung, narrowly missed his heart and lodged in his spine, paralyzing him from the chest down. Mike had to deal with it. He still deals with it every day. The bullet was left in his spine. As he watched his legs atrophy, he never lost hope. With the help of doctors, nurses, therapists, etc., lots of doses of good attitude and five months of rehabilitation, he was on his way to where he is today.

Mike is an inspiration to all. Some of his take-away statements include:

- Power of the mind, heart and spirit - if you resist change, you will fail.
- Help other people feel comfortable in your world - put yourself out and get into their world.
- To get thru the pain - attach a meaning.
- Forgive others - forgive yourself .
- Attitude - position we take in life.
- We don't need fault or blame - take personal responsibility.
- Love, caring, compassion makes the world go around.
- Takers and givers make this world.

Mike's mother inspired him, "If You Can't Stand Up, "STAND OUT". He pursued his athletic inspirations, went to the Olympics and played wheelchair basketball. He won (2) Gold medals and (2) Bronze medals.

He challenges us. Now what is your problem? What do you have to deal with today or every day? Do you have something lodged in you - in your heart or mind that causes you pain and makes you feel paralyzed one way or another?

FIND YOUR BULLET - take a place in your life, take a positive position. Success is overcoming the person inside of you that wants to quit. Our minds are like parachutes, they only work when they are open. If there is a will, there is a way. The greater the obstacle, the more glory in overcoming it. Pain and suffering is inevitable, misery is optional. There is value in taking a stand for something worthwhile. This was an excellent session presented by an exceptional man.

Thank you for the opportunity to serve as your delegate to this year's congress.

Faye Hughes RN,CNOR



Your 2011 AORN Delegates



Thank you for allowing us to serve.