
NEWSLETTER



PLEASE VISIT AORN.ORG, the COVID-19 current practice update practice.

Hello OR Nurses,

Who would have thought that we would be in the middle of global pandemic research project, using current evidenced based care practices, identification of gaps, sample size analysis, and data collection. Everyday we are given a vast amount of information to make sense of, it can be just overwhelming. Depending on what station you watching or are listening too, we are either slowing down the spread of this virus or we are bracing for the worst from this virus.

John C Maxwell, an international recognized leadership expert, and author of “Make Today Count” writes that “the secret of your success is determined by your daily agenda.” Some of our daily routines have suffered in the mixed of this pandemic we are in. Creating a purposeful daily agenda is one way to keep ourselves mentally, physically and spiritually cool during these high anxiety uncertain days ahead. Maxwell,J,C. (2004). *Make Today Count*. New York: Center Street Hachette Book Group.

Be Safe Be Strong Stay Strong.

April Meeting,

The general monthly meeting on April 13, 2020 has been cancelled at the

Baptist School of Health Professions
8400 Datapoint Drive,
San Antonio, TX 78229

Not to worry if you looking for CEU's the Virtual Expo opening on May 1, 2020 with have CEU's.

AORN's Virtual Surgical EXPO



**Please sign up! Registration is now open.
THIS A FREE EXPO FOR CURRENT MEMBERS.**

**AORN WILL BE HOSTING A SILENT AUCTION!!!!
THIS EVENT WILL ALSO BE VIRTUAL!**

2020 AORN Foundation ONLINE Silent Auction!!

Will open on May 1st at 12 pm MST, and
Will close on May 11th at 12 pm MST.

More information to come on the bidding process.

RON HUNSUCKER is our industry representative. He has an extensive history in Sterile Processing, and is a great vendor for his products. Just as nurses are facing challenges with the Coronavirus in the Operating Rooms, your Central Sterile departments are facing them as well. This interdepartmental ancillary team, is very important in daily operations. Understanding their obstacles can help us all be safe in caring for our surgical patients. Look for educational invites to learn about how they are staying safe.

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David Taylor, Chapter 4409 Past President has written for OR Management, a timely article on current events

MARCH 30, 2020

Positive Steps Perioperative Leaders Can Take to Address COVID-19

By David Taylor, MSN, RN, CNOR

Today's health care systems are in uncharted waters in relation to the novel coronavirus causing COVID-19. This rapidly evolving infectious disease outbreak is spreading at an unprecedented rate, leaving health care organizations overwhelmed and scrambling to keep up with the demands of affected patients. In the United States, there are an estimated 2.8 hospital beds per 1,000 patients and 160,000 ventilators.¹ However, will it be enough as the nation continues to see increasing numbers of sick patients?

In an article published in *The New York Times* (March 17, 2020), Harvard researchers concluded that hospitals throughout the country will run out of beds. This analysis will depend largely on how fast this virus spreads and who will be hit hardest. Although the prediction is not exact and reflects the worst-case scenario, it does show that if 40% of adults contract the virus in the next 12 months, hospitals would not have the capacity to care for them.²

What about rural hospitals that have closed? Who will serve those communities during this pandemic? If they could be reopened, who would staff them? The crisis in rural areas could have a profound impact on our nation. The shortfall of beds, qualified staff and much-needed equipment makes the closure of rural hospitals a component of this problem that will prove disastrous.

According to the World Health Organization, COVID-19 belongs to a large family of viruses that can cause a variety of illnesses ranging from the common cold to more severe diseases, such as severe acute respiratory syndrome (SARS), which spread globally in 2003-2004, and Middle East respiratory syndrome (MERS), affecting thousands in that region in 2013-2014. Both were relatively mild compared with the influenza outbreak of 1957, when the number of deaths reached 1.1 million globally with 116,000 deaths in the United States contributing to that number.³ In 2009, the (H1N1)pdm09 influenza emerged in the United States, killing about 12,000 people, and then quickly spread around the world affecting nearly 61 million. The CDC estimated that the global death toll from April 2009 to April 2010 was in the hundreds of thousands.⁴

Regardless of where COVID-19 leads us, it deserves our full attention now. As the outbreak continues to evolve, the CDC is closely monitoring its continued spread across the country and modifying its approach. Hospitals are assessing their preparedness daily or actively responding to an ever-changing situation. On March 14, the U.S. Surgeon General, Jerome Adams, MD, asked hospitals and health care systems to seriously consider stopping all elective procedures during this crisis as concerns of spreading COVID-19 to health care workers become a reality.⁵ This message was reinforced on March 18, when Seema Verma, MPH, a White House coronavirus task force member, recommended canceling all nonessential elective surgery including dental procedures as a way to expand the health care capacity nationally.⁶

Hospital and health-system leaders should take this advice and stop performing elective surgery procedures and refocus their attention on the hardest-hit areas. Nurses, technicians and service personnel of the OR can be reallocated to other areas of the hospital to provide support and even expand services. Doing executive leadership walkabouts will help leaders understand what's going on in real time in their organization and will allow the reallocation of resources as needed.

This change will give staff remaining in the OR a unique opportunity to perform all tasks that are often overlooked or pushed off because of the high-paced demands of surgical services. Begin by performing a deep cleaning of your department and terminally clean every room in your department. Take an inventory of your supplies, removing outdated items, and clean the shelving and cabinetry housing those supplies. Next, inspect all of your equipment, clean as needed, and take this opportunity to repair equipment that has been overlooked or put in a far-off corner. If elective surgery at your facility has been curtailed, perioperative leaders should take this opportunity to meet one-on-one with their staff. It's an opportunity to engage with your staff and let them know they are valued. This will also let you review job descriptions with them and ensure your team has the required skills to perform the various specialties your OR performs. Everyone who works for you knows what is expected of them, but this time will allow leaders to reset what those expectations and responsibilities are.

Giving your team some undivided attention will allow you to engage them in different ways. Lastly, take advantage of this time to catch up on education. Whether it be Health Stream; renewing CPR, ACLS or PALS; or providing in-services and hands-on training, your investment in your team will allow them to feel a sense of ownership about their role and the organization.

No one knows what the impact will be as a result of this pandemic or the numbers of people who will be affected in the coming weeks and months. The importance of this crisis will set leaders apart from those who just manage tasks. Leaders anticipate needs and strategically plan for them, not react to them. A focused approach will enable you to move forward quickly.

Efficient Instrument Sterilization:

If OR and central sterile processing staff across the country happen to contract the virus, how will hospitals be able to perform surgery when it becomes urgent or emergent? One answer is preoperative leaders can look to vendors to help amplify the staff they do have during these trying times. SteriCUBE is doing just that. According to Maryellen Keenan and Michele Mauzerall, the “SteriCUBE System is an incredibly efficient and safe way of sterilizing and delivering all the surgical instruments required for a single patient surgery, eliminating multiple steps both in the central sterile processing and OR workflows.” Ms. Mauzerall went on to say that it has allowed staff from both departments to spend needed time on other tasks, freeing them up to focus more on the patient. Ms. Keenan described one hospital in Olympia, Wash., that recently acquired the SteriCUBE technology and reported they were able to handle an unexpected spike in surgeries despite being short-staffed. They also said they were achieving other efficiencies, too: Not having to use blue wrapper or containers on all those trays saved the hospital money and increased their efficiencies.

David L. Taylor, MSN, RN, CNOR, is an independent hospital and ambulatory surgery center consultant and principal of Resolute Advisory Group LLC, in San Antonio. You can email Mr. Taylor at David@ResoluteAdvisoryGroup.com.

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Take Care and See you soon!