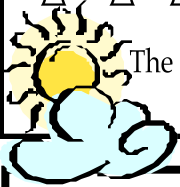
THE CUTTING EDGE



The newsletter for AORN (**A**ssociation of peri**O**perative **R**egistered **N**urses) of Alameda County, CA
June 2003

Reports from the 50th AORN Congress in Chicago, Part II

March 23-27, 2003 with 13,536 attendees and exhibitors

Enhancing Patient Safety Through Teamwork Solutions

By Sophie Taylor, Delegate and President

John Nance is a broadcast journalist, pilot, and an author of several books. He spoke to us at Congress about Human Factors, drawing on his experience in the aviation industry.

Human Factors is about dealing with the interpersonal skills that are implicated in a majority of accidents and incidents. Its purpose is to maximize the tremendous potential of our health care providers to effectively identify and manage human error and other threats to patient safety.

Human Factors principles were first applied to the aviation industry in conjunction with the University of Texas. An understanding of human limitations, the nature of error, and techniques that have been proven in aviation and elsewhere was developed for application in health care. This information can be used in the OR setting to more effectively deal with both errors and threats to patient safety. Human Factors does not replace current safety practices utilized in the perioperative setting, but serves as a supplement to those principles. The primary concept incorporates the utilization of briefings in the OR setting, similar to the preflight briefings discussed by John Nance.

View of Chicago and Lake Michigan from the John Hancock building. All photos in this issue by Mary Ritchie.

In order to make hospitals safer places for patients, we have to change our culture. Teamwork fails when there is no sense of community. A blame-free environment is a must in order to help create an atmosphere of responsible reporting. If providers are afraid of retribution and discipline, they are less likely to speak up when an error has occurred. It

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Enhancing Patient Safety

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is also important to report near misses (or near hits as John Nance calls them), as they are our opportunity for improvement.

John Nance emphasizes that everyone on a team must know each other's *name*, since you cannot have teamwork if you don't know who is on your team. Just like a flight crew is composed of different disciplines, so is the OR. We need to move the team in the same direction in order to be successful. This means that we actually have to talk to one another. In the OR, Human Factors programs aims at improving communication by doing an OR Briefing before each procedure. This involves getting the entire surgical team together. It is interactive (active vs. passive communication). All team members ask for, and provide input, and everyone knows each other's *name*.

Part of the culture in the aviation industry was that there were commanders instead of leaders. Blocking communication was part of this culture. Captain SkyGod retained all control, and whatever he said was the final word. This was the case in 1978, when a United Airlines DC-8 carrying 189 people crashed while attempting to land in Portland, OR. Immediately after lowering the landing gear on the approach to the airport, the pilots noticed that an indicator light had failed to light. The failure implied that one set of wheels and its support structure might collapse on landing, potentially causing a fire or otherwise leading to injuries. Instead of continuing the approach, the crew decided to circle in a holding pattern while they determined if the landing gear was indeed compromised. As the delay increased, the fuel became dangerously low. The captain, preoccupied with the light, failed to monitor the overall situation and ignored repeated warnings from the flight engineer about the dwindling fuel. By the time the captain reacted and tried to land, it was too late. All four engines quit, and the airplane crashed in a wooded area short of the runway, killing ten of the people on board. The accident investigation revealed that the only problem with the airplane was that the warning light had malfunctioned. Looking into this, and other accidents, the airline industry was shocked to realize that well-trained and technically proficient crews could crash because of failures of human interaction and communication. They also realized that there was no formal training or evaluation in these areas. It is important that we learn from these mistakes. This is how Human Factors training came into existence. When everyone is on the same page, we build community, while we increase patient safety. John Nance said that we need to worry about who is not talking to us. This person might have key information, but might feel intimidated to speak up.

Some final thoughts on John Nance's presentation:

- Standardization: minimizes variables and promotes higher levels of reliability.
- What is going to go wrong if you don't fix the underlying problem?
- Teamwork = the seamless ability to communicate.
- Don't be a victim of the system.

"The Cutting Edge"
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September 26 (October 2003 issue)
November 28 (December 2003 issue)
January 30 (February 2004 issue)
April 2 (April 2004 issue)
May 23 (June 2004 issue)

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Wanted!

The chapter desperately needs a new chairman for the Newsletter Committee. The current chairman lives in Southern California (and has for 3 years) and has been the chairman for ten long years. It's time for a change! Please volunteer! Everything is well organized and I'll give all the assistance or hands-off help you desire!

You will have free reign to do what you want with the newsletter and web site. It's a great opportunity! See my contact information to the left. **By the way - you'll accumulate enough points to be a funded delegate to Congress every year.**

Notes From a Delegate

By Donna Benotti, Delegate

It is a fabulous experience to see your organization at work. Attending Congress allows us the opportunity to speak to our organization's staff and leadership. I am always impressed by the commitment and dedication to perioperative nursing that they demonstrate. I marvel at the knowledge and expertise of many of the session speakers and I become excited by thinking of how I can apply what I have learned. I am impressed with the courage it takes to be a candidate for national office. I consider it a privilege to be able to participate in the selection of our leaders and I applaud all those who are willing to commit their time and talents to AORN. As I read the committee reports and listen to all that has been accomplished this past year, I am grateful to those who represent all of us at meetings with policy making organizations (AMA, AAMI, CDC, JCAHO), other nursing organizations (both domestic and international), and legislative and health development.

The power of AORN is only as strong as its membership. I was saddened to learn that national membership has dropped below the 40,000 mark. (Not surprising as our chapter membership is only 156 - down from 240+.) I wonder what our sphere of influence will be if membership numbers continue to drop.

Your delegates performed their responsibilities diligently, attending all candidate sessions, meetings of the House and Forum, our chapter's caucus, and of course, voting.

I want to thank the chapter membership for the opportunity to represent you at the 50th AORN Congress.

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Fun Facts

By Donna Benotti, Delegate

There were 60 posters sharing information on clinical improvements, innovations, and research studies.

Periop Workshop: The 2002 Congress had an outreach program for student nurses that gave them an overview of perioperative nursing and included a gowning and gloving skills lab. That year, there were 42 participants and 16 volunteers. This Congress had 200 participants and 42 volunteers!

AORN has developed a recruiting kit designed to attract students to a career in periop nursing. The National Committee on Education (NCE), with input from the Nurse Educator/Clinical Nurse Specialty Assembly, designed the Primer for Perioperative Education "Tool Kit" to promote inclusion of periop nursing in curricula. This is for AORN member use when contacting schools of nursing.

Using the new "key pads" to register their votes, delegates participated in an informal benchmarking survey. The results were as follows:

- 21% had a wrong site surgery in their facility in the past year.
- 97% have a site verification policy.
- 61% have had a medication error in their facility in the past year.
- 44% have had a retained item in their facility in the past year.
- 56% have zero to two vacant positions and 26% have three to four vacant positions.
- 46% have a 21-26 minute turnover in ortho.
- 33% use a "safety zone" in their facility.

Donna Benotti has the J&J Nurse Recruitment video which may be borrowed. Call Donna at 510-352-5064 (home), 510-869-6581 (work) or e-mail her at dbenotti@juno.com (home) or benottd@sutterhealth.org (work).

Monthly Chapter Meeting Minutes

By Donna Rodgers, Secretary

April 9, 2003

AORN of Alameda County
Monthly Chapter Meeting
Eden Medical Center, Conference Room
April 9, 2003

PROGRAM: "Free Tissue Transfer for Breast Reconstruction" was presented by Prasud Kilaru, MD.

CALL TO ORDER: The business meeting was called to order at 1925 by Vice President Donna Benotti.

CONGRESS REPORTS: Delegates shared their impressions of Congress. Patient safety in the OR was the main theme of Congress and will be reflected in the chapter's fall workshop as well. Two videos from Congress will be part of the presentation. Two delegates visited the surgical museum in Chicago. William Duffy is the new President-elect of National and there are several impressive candidates coming up in the ranks, so the future looks promising.

ANNOUNCEMENTS:

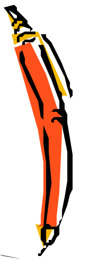
- Carol Hutchison will be presenting a program on minimally invasive total hips at next month's meeting on May 7.

- The Nominating Committee is still seeking candidates to run for office. See Evelyn Steen to volunteer.

- The next ORNCC meeting will be Saturday, May 17, at the Marriott Courtyard on Hegenberger Road in Oakland. The SF/Marin chapter is organizing it and CRNA issues will be addressed. We need a volunteer to attend because Pam Reuling will be unavailable.

TREASURER'S REPORT: A closing balance of $19,843.13 as of April 8, 2003 was documented by Treasurer Ann Ceasri.

ADJOURNMENT: The meeting was adjourned at 1942 by Donna Benotti.



May 7, 2003

AORN of Alameda County
Monthly Chapter Meeting
Eden Medical Center, Conference Room
May 7, 2003

CALL TO ORDER: The meeting was called to order at 1800 by President Sophie Taylor.

ANNOUNCEMENTS: Lobby Day in Washington, D.C. was attended by Clenia Yadao and five others from California. There was a total of 90 participants. The four main issues addressed were patient safety, scope of practice (RN in the OR), the nursing shortage, and RNFA reimbursement (HR 1388).

- Please submit committee reports to Donna Benotti one week prior to the monthly meeting for placement on the agenda.
- AORN of SF/Marin presents "Superman in Surgery: An Update on Spinal Cord Injuries," May 10, 2003, 0800-1500 for five contact hours. Contact Carrie Ewing at (650)558-8327 for details.
- AORN's annual Leadership Conference in Denver will be held in July.
- The June 4, 2003 Installation Dinner will be at Strizzi's Restaurant in San Leandro. May 28 is the deadline to make your reservation. Choose from salmon ($28), wood-grilled chicken ($26), and chicken pesto and pine nuts with fettucini ($21).

PRESENTATION: "Minimally Invasive Total Hip Replacement" was presented by Carol Hutchison, M.D.

TREASURER'S REPORT: A closing balance of $14,551.72 as of May 6, 2003 was reported by Treasurer Ann Ceasri.

CHAPTER ACTIVITY REPORTS:

NOMINATING COMMITTEE: Evelyn Steen reported there was not a complete slate of candidates for an election. Sophie Taylor asked for nominations from the floor and the following list of candidates evolved:

Nominating Committee: **Carol Falcon, Melody Hall**
Board of Directors: **Pam Reuling, June Fish**
Treasurer: **Ann Ceasri**
President-elect: none
President: **Denise Bickert**

The appointed members of the Tellers Committee are **Beth Mar, Clenia Yadao, and Pat Kubo.**

ANNOUNCEMENTS: There is an ORNCC meeting Saturday, May 17, 2003 in Oakland.

- There will be a short meeting when we adjourn for those who can help get our election ballots out ASAP.

ADJOURNMENT: The meeting was adjourned at 2008 by President Sophie Taylor.

To Err is Human: Improving Patient Safety

By Donna Benotti, Delegate

In keeping with the "Patient Safety First" theme of Congress, there were many sessions stressing the importance of safety and how to create an environment that supports system safety awareness and improvements. Patient safety is not about telling nurses to be more careful; it's about learning from mistakes so they won't happen again. Julianne Morath, RN, MS, CFO of Children's Hospital and Clinics in Minneapolis, MN presented this session. This presentation was about different models of patient safety.

Do No Harm

The perioperative environment is high-risk, complex, and failure is not an option. Nurses continually create a safe environment while advocating for our patients' needs, through risk awareness, reporting changes in patient's conditions, and functioning as part of a high performance team. The old adage, "First do no harm," assumes that the practitioner is infallible. Morath says we must create systems that "do no harm."

Create Systems

Risk of failure is inherent in the complex, high tech world of perioperative nursing. Risk is always emerging and is not always foreseeable. Systems must be created that would build several layers of defenses. These barriers, or safeguards, act as stop checks along the continuum of care. As patients pass through these "checkpoints," clinicians have the opportunity to verify patient specifics to ensure positive patient outcomes (e.g. when we verify patient identity, operative side/site). Each layer has vulnerability. For example, attempting to verify the identity of a comatose or non-English speaking patient, the patient who has bilateral pathology, or the doctor's office that schedules multiple procedures for multiple patients during the same phone conversation.

Swiss Cheese Holes

"Holes" in the barriers open and close. An example would be the unit nurse having two patients with the same name. S/he alerts the transporter to this fact and ensures the correct patient goes to surgery or s/he is off the unit when the transporter comes and the wrong patient goes to surgery. The nurse in the first scenario ensured closure of a "hole" that had opened.

In the "Swiss cheese" model, "holes" in four consecutive barriers that line up create an accident. We must anticipate the emerging holes and act to close them.

A "near miss" is an opportunity for learning and improvement. It is necessary for the workplace environment to have a culture that supports open communication and reporting of "near misses." Remember, it is the accumulation of minor events that weakens defenses. A staff that becomes complacent and thinks, "That will never happen to me" is an accident waiting to happen.

Blunt and Sharp Ends

The Blunt and Sharp End Model is the idea that the nurse is at the sharp end and management is at the blunt end. Decisions made at the blunt end may create problems for nurses at the sharp end. Patient safety in this model is bringing the sharp and blunt ends together through "reciprocal accountability." This model trusts that the caregiver will communicate concerns and that management, in a blameless culture, will listen and act. Both the front line and management own the system that affects patient care. Both have the responsibility to create a safe environment and prevent injury.

Blameless Culture

A necessary component of any safety system is a blameless culture that supports communication. Morath challenges leaders to ask these questions:

1. Is this a safe place to give and receive care?
2. Does our culture allow employees to tell the truth?

Leaders must declare their goal for safety is serious and a priority. We must learn about safety, use safety vocabulary, talk in terms of human factors and engineering that impact safety. Look for patterns. Engage physicians and staff. Develop focus groups. Fix what you can, tell others what you fixed, and find someone to fix what you cannot. Avoid the ABCs - do not accuse, blame, or criticize. Remember that a safety culture is a just culture. There needs to be peer review for ALL. Establish a blameless culture for reporting near misses and accidents so staff may learn from others' experiences.

Welcome!

Michelle Copeland
Kaiser

Lori Couzens
Alta Bates

Kathy Crummey
Alta Bates

Carol Falcon
ValleyCare

Success is a Journey; Not a Destination

By Evelyn Steen, Delegate

Donna Cardillo is an expert in career development for nurses and has a daily on-line advice column for nurses. She spoke to the members who attended AORN Congress about "Success is a Journey; Not a Destination."

"Where do you see yourself in five years?" is the question Donna asked the members. She felt most people only see a blank screen when they envision their future while many of us think we need a clear view of the future to move forward. According to Donna we just need to start.

We need to explore our options and move forward in a positive way in order to create a vision for the future. How do we do that? Donna suggests we start by conducting a self-assessment. We need to ask ourselves what we're good at. What do we enjoy doing? What are we interested in? What have we done? What do we need or want to work on?

Fear is a big factor that holds us back. Fear is always part of the equation when moving forward. To move beyond fear she suggests we work on getting positive and motivated. Start by keeping a positive journal, list your assists, and surround yourself with positive upbeat people. Set goals. A goal is a dream with a deadline. We need to have short term and long term goals. Writing these goals down makes it more likely we will act on them. We need to keep moving forward.

We need to take action in order to move forward. Get on committees, put ourselves out there so people will know who we are, become active in our professional associations, develop our skills, look for new opportunities, and work on our education.

The secret for success is preparing ourselves for future experiences. Work on writing and speaking skills. According to Donna, one of the best resources for information is the public library.

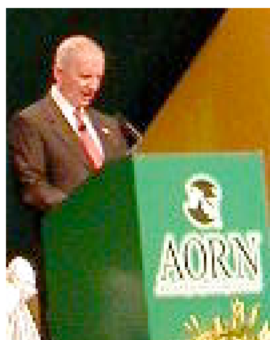
Network, network, network, and get ourselves out there to meet people. Donna suggested having business cards made, using the telephone and the Internet. Create a support system and develop a success team. Appearance does matter; first impressions make all the difference in the world.

"Whether you know where you are going or don't have a clue, the important thing is to take it one step at a time to get yourself out there," concluded Donna Cardillo. ☥

Ross Perot - You're a Reader!

By Mary Ritchie, Delegate

Ross Perot was the speaker for the General Session on March 23. Ross Perot is a talented man. He started Electronic Data Systems in 1956 with $1000 and it's now a multi-billion dollar business. Perot was instrumental in investigating prisoners of war in 1969-1972 with the subsequent release of many. He's the author of seven books. He ran for president. Why then did he have to read his presentation to us (with his head down)? There were two teleprompters available at the podium and he's an experienced speaker.



Were we so unimportant that he wrote a speech at the last minute and had no time to memorize it? It seemed that way!

The topic of the 40 minute speech (and 15 minute question and answer period) was health care. Perot said there are two million nurses and 500,000 physicians so, due to our numbers, nurses should lead the changes in our health care system. (He said doctors couldn't get organized for a two car funeral but apparently he thinks nurses can!). Perot said he was breaking the news to us first that Senator Orrin Hatch (R - Utah) and Senator Ron Wyden (D - Oregon) are about to introduce a new bill to reformulate health care delivery. Perot said Hatch and Wyden (via this new bill) are going to grassroots America (MDs, RNs, patients, insurance companies, pharmacists, and others) to formulate the blueprint for a new health care system. It will have multiple approaches to fit all small, medium, and large entities. Once there is a strong consensus, a new health care bill will be introduced. Perot said the goal is to get as much input as possible from all those affected - the health care teams, the insurers, etc. The war in Iraq delayed the introduction of the bill so Perot checked with Hatch to see if he could talk to us about it. Hatch said, "Absolutely!" Perot said there is to be no giant bureaucracy with this new health plan (I can't wait to see that!). He asked us to look at other countries with national health care - like Canada and Great Britain. They are great examples to prove health care should be kept away from the government and be kept private. He also said to look at the Veterans Administration (VA) hospitals and the Indian reservation hospitals as examples of government run health care. We don't want the government in charge of our health plan!

Perot was full of great sound

(con't on page 9)

A Natural Approach: Herbs for Stress and Anxiety

Presentation by Jane M. Murphy, RN, CS, MS, PNP
By Arleen Sakamoto, Herbal Reporter

In this fast-paced world, few people are not under some type of stress or anxiety in their daily routine. With herbal use on the rise, many consumers are looking to herbal remedies to help alleviate stress and anxiety.

St. John's Wort (SJW)

The Latin name Hypericum means "over an apparition," a reference to the belief that the herb was so obnoxious that evil spirits would depart the premises quickly upon taking a whiff.

SJW - the name has it's origins in Christian folklore. One belief held that the red spots on the leaves appeared during the anniversary of St. John's beheading and symbolized his blood.

For anxiety and nervousness, the Amish did not traditionally take it internally as a remedy for depression. Instead, they hung the herb over the barn door or house door to keep out witches and their spells.

In 2000, SJW was rated #2 in the U.S. and Europe as top herbs used (Drug Store News). HerbalGram reported $56 million in retail sales for this top selling herb in 2001. It has active constituents that exhibit strong antiviral activity against different flu viruses and herpes simplex virus types one and two. Oil based preparations of SJW have been historically recommended for the topical treatment of burns and wounds. Today, the most common use is for mild to moderate depression.

People with fair skin should avoid exposure to strong sunlight and sources of ultraviolet light when taking SJW. There are known drug interactions with certain antidepressants such as selective serotonin re-uptake inhibitors (Prozac, Zoloft) and tricyclics (imipramine, amitriptiline). It may reduce absorption and blood levels of drugs such as digoxin, cyclosporin, indivir, theophylline and warfarin. SJW would be one of the many herbals for perioperative nurses!to be aware of, concerning the possible consequences.

Other herbals listed and talked about for stress and anxiety were: chamomile, American ginseng, Asian ginseng, kava kava, passionflower,!and valerian.

Aromatherapy

Aromatherapy is the therapeutic use of essential oils, derived from plants. Nurses in the United Kingdom are insured by the Royal College of Nurses to use essential oils, topically and inhaled, for improved patient care, without a doctor's specific instruction. Aromatherapy is used by nurses in Australia, New Zealand, Canada, Germany and Switzerland. More than 30 states in the U.S. allow the use of some complementary therapies (including aromatherapy) as a part of holistic nursing care.

Aromatherapy can produce both psychological and physiological effects. The psychological effect of aroma can be rapid and may be relaxing or stimulating depending on the chemistry of the essential oils used. Jane Murphy listed the following essential oils for stress and anxiety: bergamont, jasmine, juniper, true lavender, lemon balm, orange blossom, and Ylang Ylang.

Various herbal teas in their packages were distributed amongst the lucky birth months announced. Then we had a fun exercise trying to determine different aromatic essential oils that were passed around.

References

Brown, D. J., (2000). Herbal Prescriptions for Health & Healing. Roseville, CA: Prima Publishing.
Buckle, J., (2002). Aromatherapy: What is it? HerbalGram, 57, 50-56.

The Picasso sculpture downtown - the symbol of Chicago

ValleyCare Health System is comprised of two state-of-the-art medical facilities, ValleyCare Medical Center in Pleasanton and Valley Memorial Hospital in Livermore. To mirror the exciting growth of our communities, we continue to expand. We are currently adding a new medical office building, ambulatory center and medically based fitness facility to our Livermore campus and expanding our Pleasanton campus. ValleyCare is a center of clinical and service excellence and the genuine care, comfort and dignity of our patients and employees is our highest commitment. That's the benefit of being an independent, not-for-profit community hospital and what distinguishes us from other organizations.

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Early Exploration of the Perioperative Patient-Focused Model's Health System Domain

By Kathie Shea, Delegate

Two perioperative nurses, working half a country apart, have begun work on the model's Health System domain. The other domains (Safety, Physiological Responses and Behavioral Responses: Family & Individual) have been thoroughly described in the second edition of the Perioperative Nursing Data Set.

The Health System domain is composed of the structural data elements and focuses on clinical processes and outcomes in our practice environment. The work conducted by Renae Battie (University of Washington Medical Center) and Annette Dopp (Evanston [IL] Hospital) involved integrating the PNDS language into the Performance Improvement (PI) process, specifically quality and performance indicators.

They began with a value compass composed of Clinical Outcomes, Operational Outcomes, Institutional Initiatives, and Financial Costs. Into these four areas, they place pertinent quality indicators. For example, under Clinical Outcomes, they listed indicators such as Skin Breakdown and Incorrect Count. Operational outcomes included OR Turnover and Case Delays. Financial Costs are such indices as supply cost/case and revenue/supply cost. The final area concerned Institutional Initiatives including Patient Safety and Nursing/Patient Satisfaction.

Their study, although ambitious, was small with surveys distributed to selected experts. The major problem, as I see it, is that they tried to link the patient outcomes from the three patient-focused domains to outcomes in the Health System domain. They found that the patient outcomes, in many cases, just didn't relate to the outcomes they had identified for the Health System. I think we might need to identify separate outcomes for this domain.

Our great friend **Susie Kleinbeck** was at the presentation to offer words of never-ending wisdom (and encouragement). It was good to see her and she extended greetings to her "California chapter."

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Ross Perot

(con't from page 6)

bites as usual. The core of the new bill is "Measure twice, cut once" meaning they plan to get all the input possible and refine the health care plan before presenting it. He called nurses the Paul Reveres of health care. He said the Clinton health care plan was a giant step toward socialism. Under that plan, MDs could have been imprisoned for life for causing bodily injury to a patient "One shoe can't fit all feet" refers to a health care plan that must be flexible so everyone can utilize it and benefit from it. City and rural hospitals, large and small hospitals all have different needs. "Understand the political system and make it work for our patients."

Some questions asked of Perot with his answers: "What do you think about older folks getting prescription medications in Canada due to lower prices?" His answer, "Gotta be fixed!" "How will nurses be chosen for the health care plan task force?" "Volunteers!" "How do we deal with the greed of the pharmaceutical and insurance companies?" "You must be the Texas Rangers!" All the sound bites and glib answers reminded me why I didn't vote for him and why I'm a Republican! ☤

What I Learned

By Mary Ritchie, Delegate

The session on March 24, "A Look at 50 Congresses: Energy, Education, Entertainment" by Laurie Glass and Ellen Murphy (a past president) was fabulous. They also wrote a book about the history of AORN (available at the AORN bookstore at www.aorn.org). It was very interesting and had a standing room only crowd. People were turned away due to lack of room.

A bit of advice if you attend Congress: the small Congress program has a list of each session room and the number of seats. The room for this session held only 345. I knew it'd be popular so I arrived early.

March 27 (at 0800) was "Everything You Ever Wanted to Know About Competency Assessment" in a room that held 120. I arrived early to vote for candidates (the voting booths were just down the hall from the room for this session) and stopped by the session room first to save a seat at 0745. When I returned (at 0750) after voting, people were being turned away. Arrive early (I was lucky to get a seat at 0745!) for desired sessions in small rooms! This session was fabulous and held my interest for the entire 90 minutes. Donna Wright, RN, MS was the presenter and can be reached at 800-728-7766. Her firm is Creative Health-Care Management in Minneapolis, MN. ☤

Over Fifty? Pay a Penalty!

By Sandy Kim, Congress Attendee

The airlines are now enforcing a fifty pound limit on luggage. When I went to Chicago, my luggage weighed 35 pounds empty. I did not know about the weight limit.

I wanted to tape a tube that I was going to send home. The manager at the Hyatt informed me that I could get packing tape at the business center at the hotel. I went into the business center and got the tape. But I also noticed that there was a sign that stated, "1-20 lbs. package $5, 20+ lbs. $10 charge. I could have sent some of my items home by UPS, Fed Ex, mail, etc. But the box would not be shipped until Monday. The shippers informed me that they had a scale. I asked if I could weigh my luggage. They said, "No problem, bring it down." So 25 minutes before the airport shuttle was to pick me up, I was weighing my luggage. One piece of luggage weighed 43 pound, but my larger luggage weighed 60 pounds! There I was with too much weight. What to do. **Maria Cam** and I repacked the larger luggage by removing some items from the lighter luggage and replacing heavier items into my lighter luggage. By the time we finished, one piece of luggage was 47 lbs. and the other was 51 lbs. When I got to the airport, the sky cap said, "You have done your homework." There was a sign that said luggage over 50 lbs. required a $25 penalty. I was sure glad I weighed my luggage at the hotel. Next time I travel I will surely ask to see if there is a scale in the hotel to weigh my luggage.

Editor's Note: **Sandy Kim** is the queen of procurement. Sandy's luggage was so heavy due to the accumulation of free gifts from exhibitors. Sandy and Maria are also superb and experienced packers due to their numerous international medical missions. ☨

This Congress, That Congress

By Sandy Kim, Congress Attendee

The 50th AORN Congress was held in Chicago March 23-27, 2003. This was the fourth Congress I have attended. The previous Congresses I have attended were San Francisco, New Orleans, and Anaheim. When I found out that Congress was going to be held in Chicago, I decided that I wanted to attend. But, I was not sure of the weather conditions. I thought it was going to be cold and windy. Chicago is known as the windy city. (Ed. Note: "windy city" refers to its politicians, not its weather.) To my surprise, it was cold (down to 40 degrees to high 30s) but not as cold as I thought. The wind chill factor did not play a part in the weather. It did rain a couple of days while we were in Chicago, but the rain was not as bad as here in California. The temperature did get up to 72 while we were in Chicago. When talking to the doorman, I found out people who live in Chicago can smell the rain coming and the temperature can change in a matter of a few hours. All in all, the city was clean, the people were friendly and the city had a lot of history. The architecture was magnificent. Everywhere you went each building was trying to outdo the other. The designs inside and out were educational. There were many sights to see such as the Sears Tower, the John Hancock Building, Water Place, Navy Pier, The Art Institute, the Aquarium, Michigan Avenue (to shop), and so on. There were people of all ages going to all the sights. My favorite site was Michigan Avenue and the Art Institute.

I did not feel the classes this year were as dynamic as in years past. In fact, at times, we were overflowing in attendance. We could not attend classes because of room size. In years past, we were allowed to sit on the floor or stand in the back. But this year neither of these could be done. I complained to AORN Headquarters regarding this situation. They then had repeat classes the following two days. The classes were not repeated as we have had in the past. This made it difficult to see lectures if you had two interesting classes. Most of the time I felt, either there was not an interesting class, then two or three interesting subjects scheduled at the same time. Usually, I get excited about a class and want to share information with my peers. This year I could not find that special class.

All in all, did I have a good time in Chicago - yes. Would I come back again - yes, with or without Congress. ☨

(L-R) Sandy Kim and Maria Cam at The Cheesecake Factory

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Course taught by AORN faculty: Mary Lamonte, RN,BSN,MPH,CNOR
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AORN of San Francisco & Marin chapter

AORN's Lobby Day

Ms. Yadao Goes to Washington

By Clenia Yadao

What a beautiful time to visit Washington, DC with the dogwoods and azaleas displaying their lovely multicolor flowers.

While in the city, I had several missions. One was to attend AORN's Lobby Day. The meeting was at the Grand Hyatt Hotel downtown so I had to take the metro from my friend's place in Virginia. There were 90 attendees plus the AORN staff and Board members. The first day's sessions were updates about legislative issues and the lobbying process. The 2003 priorities for AORN are:

• **Patient Safety.** AORN advocates for perioperative registered nurses to put patient safety first and that every surgical patient deserves a perioperative registered nurse. Keep the RN in the OR.

• **Direct Reimbursement Act for CRNFA.** The federal bill has been reintroduced by Rep. Mac Collins (R. GA) as HR 1388. As of May 5, there were five Congressmen/women who were cosponsoring the bill. AORN expected 51 to sign up after lobby Day.

• **Nurse Reinvestment Act.** This measure provides nursing scholarships and grants to health care facilities to help with the nursing shortage. This act was signed by President Bush in August 2002 but meaningful funding is urgently needed.

• **Scope of Practice:** AORN wants to ensure the supervisory presence of the professional registered nurse in the operating room. Everyone was encouraged to ask legislators, to write to the Center for Medicare and Medical Services (CMS), formerly HCFA, to recommend that the current rules concerning the RN circulator in the OR be maintained. All perioperative RNs are also encouraged to write letters to CMS and their legislators.

Off to the Hill!

The second day (May 6), after a continental breakfast and pep rally at the Grand Hyatt, we boarded the bus to Capitol Hill. We met with Rep. Mac Collins and then headed to our different assignments. I was assigned to Congresswoman Barbara Lee of Oakland. Someone from Castro Valley was scheduled to be with me but she did not show up. I had a conversation with Aysha House (Medicare staff). She informed me that Congresswoman Lee had signed up to co-

(con't on page 12)

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Coming in the August 2003 Newsletter

- Tributes to two recently retired perioperative RNs - **Dorothy Cronin** and **Barbara Burke.**
- Information about the September and October chapter meetings - and so much more!

(Check www.geocities.com/alamedacounty for the latest information)

Ms. Yadao Goes to Washington

(con't from page 11)

sponsor the bill that morning. I was pleased and extended my appreciation on behalf of perioperative RNs. Because no one was assigned to Rep. Pete Stark (D. CA 13th district), I volunteered to visit his office without an appointment. Pete Stark is a member of the Ways and Means Committee (allocates funding). One of Stark's colleagues, Neil Kirschner, was very accommodating and listened to the issues I presented. All six California attendees (including me) presented our issues and concerns to Elizabeth Pharm (Senator Barbara Boxer's Medicare staff). Pharm said she would relay our concerns to the senator. She also assured us the senator is very interested in health care issues.

I found the two day experience enlightening and challenging. We need to protect our profession for the future and it's imperative that we become politically active.

My other mission in Washington was to visit the Memorial for All Women in Service which is located at the foot of Arlington Cemetery. The construction of the memorial is still underway but the technology is in place. One click on the computer and the name and photo of Dorothy Helen Kurtyak Cronin, RN, CNOR appeared. I was able to print all the information and I presented a copy to Dorothy on Mother's Day.

I read a book recently by Mary Higgins Clark about the Martha and George Washington love story ("Mount Vernon Love Story: A Novel of George and Martha Washington"). So one beautiful sunny day, a friend and I drove to Mount Vernon where the romance started. It sits on a small hill above the Potomac River. The house, gardens, and panoramic view are spectacular.

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