Welcome to the final edition of connect for 2018. It’s been a busy year for us all and cannot believe that the man in the red suit will be coming down our chimneys for another year very soon! We have had a great year of educational events, interesting and inspiring presentations as well as ACORN holding their National Conference here in SA. The SAPNA committee is hard at work already planning for event in 2019 so keep a look out for notification via email and via the website. You can also follow us now on Instagram (search for saperioperative).

As I mentioned at the recent Professional Development Retreat in Berri, if you have been thinking about how you could be a part of SAPNA and contribute to perioperative education in SA there are a few options you can choose. One is as a SAPNA Champion for your workplace. The champions are SAPNA’s first port of call to disseminate information to our members and non-members through their place of work. We provide you with the resources to set up a SAPNA notice board to assist in advertising our educational events. The other way is to become a SAPNA Committee member. The committee is made up of a diverse group of public and private volunteer perioperative nurses. The committee not only plan and implement educational events but also discuss and shape the perioperative environment (along with ACORN) in South Australia. The committee meet monthly on a Monday evening. I strongly advise you to consider this option and if you wish to nominate please head to the website and download a nomination form. The more the merrier!!

Finally, I wish you all a very safe and happy festive season. For those of you taking a break during this time enjoy, relax and recharge. For those of you working take time out to enjoy the season with your colleagues and thank you for caring for our perioperative patients during this time. I am very excited about SAPNA’s plans for 2019 and look forward to seeing you all again soon.

Merry Christmas
Darren Gray
President – SAPNA

Important Dates for 2019

15th February 2019  Perioperative Patient Blood Management Symposium Herston, Qld
6th – 10th April 2019  AORN Surgical Conference Nashville
2nd May 2019  ACORN QLD Inaugural state conference Townsville
16th-19th May 2019  9th EORNA Conference Netherlands

See the SAPNA website for other dates
Professional Development Retreat – Berri 26th & 27th October 2018

A most interesting education program of speakers and events, held at the Berri Hotel, was enjoyed by approximately 60 SAPNA members.
The weekend was generously supported by our 15 trade partners and began with multiple product workshops on Friday afternoon. The evening provided opportunity for networking between country and city colleagues while enjoying the fruits of the vine from 2 local wineries and light refreshment.
Saturday’s program covered the topics of communication and questioning in the workplace, Bariatric Anaesthesia, trauma and illicit drug sequelae in rural environs. The science of cardiac output and haemodynamics stretched our grey matter. We were enlightened by the development of Nurse Endoscopists and close to us all a presentation on self-care and mindfulness for nurses.
The Annual General Meeting was held with reports presented and accepted, election of SAPNA executive and committee members for the period ahead. Membership milestones were acknowledged and an invitation for members to participate in the SAPNA committee was extended.
The completed feedback forms from delegates, indicated the program was greatly valued.
SAPNA PDR 2018 concluded with dinner at the Berri Hotel where we were delighted with the impromptu performance by the Onkaparinga Pipe Band.
Heather Crosby
St Andrews Hospital

Change of practice.

Living with a debilitating throat condition can take a major toll on someone’s wellbeing, the ENT Unit at Flinders Medical Centre is running a new ambulatory clinic which sees patients treated and heading home within 30 minutes. This is the very first public ambulatory clinic in South Australia. ENT specialist Theo Athanasiadis and ENT Nurse Practitioner Tracey Nicholls developed a business case for the ambulatory clinic, with the vision of treating patients that are not considered urgent but who face ongoing throat/voice issues, and who often wait long periods of time on theatre lists. These non-urgent patients only require a local anaesthetic rather than a general anaesthetic. General anaesthetic requires the patient to spend a longer period of time in hospital, in pre-admission and recovering prior to discharge.

This ENT ambulatory clinic is designed to treat patients that are in need of vocal cord injections, laser procedures or dilations. It streamlines their care immensely, because instead of coming at 7am and going through the entire process of prepping for minor surgery, having treatment, and then recovering, they go home almost immediately. That’s almost a 17 hour difference for patients who don’t need to be in hospital for 24 hours or more.

The cost of theatre for this cohort of patients was a factor to implementing the ambulatory clinic, saving in excess of $3000 per patient, but the main focus was to streamline the care for patients who have ongoing treatment and who would much prefer to spend their time recovering at home rather than in hospital. Setting up required a room dedicated to these procedures which was fitted out to be a laser proof room, with all clinical staff undergoing laser training.
There are so many benefits in implementing this ambulatory clinic. It’s more convenient for patients, we’re freeing up valuable space in the hospital and operating room for those who need it most urgently, not to mention the cost saving benefit for the health care budget.

Tracey Nicholls

Journal article review: Back to Basics: Orthopaedic Positioning


Synopsis
The number of hip, knee and shoulder replacement and spinal fusion surgery has increased as the population has aged and will increase further as the baby boomers age. Therefore with the increase in surgery, perioperative nurses will be exposed to more orthopaedic surgery and positioning these patients. Patient positioning requires teamwork from the nursing staff, medical staff and allied health workers to ensure the patient remains safe and free from injury. (The article refers to the AORN guideline; refer to the ACORN guideline, Safe positioning in the Perioperative Environment)

The article lists the goals of patient positioning and staff responsibilities.

Each position, supine, Fowler (sitting or beach chair), hemi-lithotomy, lateral, and prone positions are discussed, outlining the possible complications eg pressure area, nerve injury, haemodynamic issues etc. and how to position the patient safely, diagrams are provided to illustrate this. The author also makes recommendations to assist in preventing patient injury.

Though the article is discussing orthopaedic positioning, the information can be related to other surgical disciplines.

New Calvary Hospital – Excellence in Perioperative Services

Calvary Wakefield Hospital has been providing quality healthcare to the Adelaide community for more than 130 years. In mid-2019, this iconic facility will transition into South Australia’s largest new private hospital located on the corner of Angas and Pulteney streets in Adelaide’s CBD.

The new facility will feature 344 single, en-suite inpatient rooms, a level 3 ICU, 16 operating theatres, 4 procedure rooms, 2 cardiac catheterisation labs and a state-of-the-art hybrid operating theatre. In addition, the hospital will feature the only 24/7 private emergency department, as well as a range of rehabilitation services.

Calvary Adelaide Hospital will specialise in a range of surgical specialties including neurosurgery, orthopaedics, general surgery, cardiac and thoracic surgery, oral and maxillofacial surgery, bariatric and ophthalmology.

Ongoing partnerships with the three major universities based in Adelaide, our Perioperative Department supports nursing and medical students to build on their learning and gain valuable clinical skills within an acute surgical setting.

In addition, we support up to twelve new graduate nurses a year to develop their post-graduate perioperative skills in a supportive environment.

To further support the development of our perioperative nursing workforce, we have developed two practice programs aimed at supporting overseas trained nurses to transition into meeting Australian College of Operating Room Nurses’ standards, and a program to support experienced nurses who wish to gain a perioperative knowledge
and skill set. We also have a track record of supporting experienced perioperative RNs whose registration may have lapsed, due to family responsibilities, to return to their home in the perioperative department. With the exciting transition to the new Calvary Adelaide Hospital in mid-2019, we will focus on continuing to provide the best possible support and clinical expertise to our existing Visiting Medical Officers and their patients, as well as building vascular, ENT and skull-based surgeries. Our state of the art perioperative department has been designed with the patient at the centre of everything we do, as well as effective and efficient flow through the various areas of the department. Spanning two whole floors our patients and staff will benefit from a functionally-designed day of surgery admissions area to further support the patient journey. Level 3 is dedicated to day surgery and procedural suites, including a dedicated respiratory suite, whilst Level 4 is home to 11 major acute operating rooms, 2 cath labs and a hybrid theatre.

To support the increase in surgical activity, we have designed and built a modern and technologically advanced CSSD which features the newest technology in sterilising equipment.

Our team is excited by the opportunity to be part of the design and building of this new facility and look forward to working with our staff and clinicians, now and into the future. For more information or to discuss opportunities at Calvary Adelaide Hospital, please email CAH.Recruitment@calvarycare.org.au

Endotherapeautics sponsored Education Day Report held on 8th December 2018 at Adelaide University.

The jeopardy education session held on Saturday morning 8th December was attended by 28 people. There were 3 teams, the purple, green and blue. There was vigorous button pushing, laughter and groans as people tried to think of the answers, and trying to be the first team to answer the question. It was down to the last question to decide the winner, the Purple People Periops team won. Congratulations to the team and all the participants for making the morning enjoyable.

Thank you to Fiona’s husband for making the scones for morning tea.

Useful websites

http://www.medlineuniversity.com
Credit provided on completion of courses-pain assessment and management, understanding diabetes, consideration for preoperative hair removal, VTE prevention etc. Also has a leadership section- team building, creating a mentorship program.

http://www.getbodysmart.com
basic anatomy and physiology –skeletal, muscular, muscle physiology, nervous, circulatory, respiratory urinary and system quizzes.

Facebook and Instagram
https://www.facebook.com/sapna.org.au/ SAPNA is now available on Facebook
https://www.instagram.com/saperioperative/ SAPNA is now on Instagram
SAPNA Committee

Over the last few years SAPNA’s membership has grown considerably, so we are on the lookout for members who are ready to step up to Committee service.

It’s not just about learning how the educational and conferencing events are organised, it’s also about our Committee needing the skills and fresh ideas that come along with new Committee members. We need a diverse Committee that represents our membership – demographically and by way of skills and experience.

Committee members enjoy a special camaraderie that comes with working together to achieve a range of objectives.

We have a particularly busy couple of years ahead, so if you can commit, we’d like to hear from you. Download the nomination from the SAPNA Website: https://www.sapna.org.au/user-pages/nominate-for-the-committee/ or contact SAPNA President Darren Gray.

If you just can’t commit to monthly meetings, why not just let the Committee know that you are willing to help out for particular projects or events?

Profile: Tracey Nicholls

Previous position prior to commencing nursing

Always been a nurse!!!! From a wee tacker I had to look after my mother as she had a debilitating illness so from the age of 8 (may be earlier) I cared for her ...I was always going to be a nurse.

Training:

Well as it happened, I picked up a hitchhiker many years ago. She was working at Julia Farr Centre but back then it was known as the Home for Incurables (HFI). Although an unfortunate name, the land and I believe, substantial funding for the hospital, was left to the government by a man who stated in his will that the hospital that was to be built upon the land, be called that for a certain period of time.

I was waiting to commence my RN training (TQEH) so in the meantime I started there as a nurse assistant and decided to stay to complete my Enrolled Nurse training, finishing in 1975.

Work History

From HFI, I left and headed to St Andrew’s Private hospital. Being an EN back in those days meant you were permanent on the ward. We were able to administer medications, including IV drugs, do complicated dressing and catheterisations. I am happy to see the amount of responsibility is slowly returning to this very important tier of nursing today. I did, during this time at St Andrews, apply to do my RN training; only to be met with a very firm “you will never make the grade” from the then head of education. Feeling very rejected at this comment I applied and was accepted to do my Psychiatric certificate at Glenside. I remained there for 7 years until my husband accepted a transfer to Melbourne. So I resigned and headed off to Victoria.

Commencing work with a nursing agency, it wasn’t until on one shift, at a particular hospital, I was not even able to give a patient a panadol, I felt it was time to apply to do my RN training once again. I commenced my degree at Deakin University, Burswood campus, working 3 part time jobs to support myself. A rehabilitation hospital (afternoon shifts during the week, night duty on the weekends at a nursing home, and then a couple of cleaning jobs, and studying. Whew how did I ever manage that? Any way I had to as my marriage had broken down and there was no other way to support myself.

On completion, I did my post graduate year and returned home to Adelaide. I applied for a job in theatres at the TQEH and was accepted. That was the beginning of a 24-year history of being a perioperative nurse. The last 20 of those dedicated to ENT. During those years I have been the president of the ENT nurses group for 11 years, won several...
awards including a premier’s scholarship, allowing me to travel overseas to observe Nurse Practitioner clinics’ in the USA and UK. Achieving my Nurse Practitioner (NP) Masters 2009 and endorsement in 2010, I commenced as the ENT NP Head and Neck Cancer coordinator at Flinders Medical Centre 3 years ago. During this time I have been able to set up an Ambulatory clinic for patients suffering from spasmodic dysphonia (difficulty in voicing) clinic to allow a timely treatment for these patient’s instead of waiting long periods of time for vocal fold injections to improve their quality of life. We also offer creation of laryngeal fistulas to allow the insertion of Voice Prosthesis, laser treatment to Vocal cords, and oesophageal dilations.

Primarily my role is to offer one on one support for our newly diagnosis head and neck cancer patients. I am able to follow these patients through from diagnosis, assisting at their surgery and adjunct treatment. Caring for their PEG tubes, tracheostomies, laryngectomies, complex wound management, as either an inpatient or outpatient, discharge planning and follow up care.

The last two years I have run an ORAL HEALTH check awareness day to celebrate the International World Head and Neck Cancer Awareness Day on July 27th in which we have screened over 500 people.

I have also started a Head and Neck cancer support group, which we hold at the cancer council on the last Tuesday of the month for patients and families.

I continue to present nationally and internationally and have served on the SAPNA committee and ACORN and CoNNMO (Coalition of National Nursing & Midwifery Organisations) boards, as well as numerous state level committees.

I remain incredibly passionate for the ongoing welfare and support of this cohort of cancer patients that are left with ever lasting effects of surgery and radiation therapy, creating difficulties in the ability to talk, socialise, eat, swallow and just allowing participation in the simple things of life, we all take for granted.

Don’t ignore a lump in the neck, white or red sores in your mouth that remain for longer than 3 weeks, persistent tonsillitis, explained weight loss, night sweats, soreness in the back of your throat, mouth, neck see your GP.

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Interesting Information

Collaboration between Australia and the USA has led to identification of variants in 4 genes that cause cleft lip and palate.

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Thank you

Thank you to Jo Perry for organising and assisting with the rooms for the education sessions over the year. Thank you to the Adelaide University for allowing us to utilize the venue.

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Perioperative courses

2019 brings redesigned perioperative nursing courses which align with the latest standards and identified education needs of nurses who work in this specialty. New topics such as perioperative pharmacology relevant to clinical practice will enable students to excel at an advanced level in this field. For more information on the Graduate Diploma (Perioperative Nursing) please visit:

SOME HOW TO’s for the SAPNA website.

This is a good time to cover off on some HOW TO’s for members:

How to Log in as a member: go to www.sapna.org.au This puts you at the home page and you will find information available to all visitors. To log in to member information and registering for events, click the green login button at the top left of screen, or open the Membership menu drop-down, and select member login (bottom of the list).

Passwords: if you can’t remember your password, don’t have one as yet, or wish to change it to something more user-friendly, log in with your Username and click on Lost Your Password? You will be sent an email on how to register or reset it.

How to Renew Your Membership Online: go to www.sapna.org.au and Log In. Go to the Membership menu drop-down menu and click on Renew Your membership. Update your information and when you get to the bottom, select the PayPal option – EVEN IF YOU ARE PAYING BY CREDIT CARD. When the PayPal payment page appears, select PayPal account if you wish, or just the Pay by credit card option below. You will still need to provide your name and email address so that PayPal can send your receipt.

How to RSVP for an Education Session: There’s no need to log in as a member, but you will need to put in your SAPNA member number. This is on your SAPNA Member Card (newer members will receive their cards soon), and was on your last renewal certificate/receipt. BUT! If you don’t have your member number – don’t stress. Contact secretariat@sapna.org.au and we’ll register for you – or advise your member number – or both

How to Register for the Conference: Login as a member then go to the Conferences & Events menu dropdown. Click on 2019 SAPNA State Conference. On this page, you can go straight to online registration or download the registration brochure – which also contains the printable form for those who prefer the offline method of registering and payment.

How to see who’s Supporting SAPNA: Once again, no need to log in. We have a Trade Partners menu drop-down o that our members can see who is supporting our events.

SAPNA: PO Box 323 Lyndoch SA 5351  Website: www.sapna.org.au
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Conference and Exhibiting Enquiries: sapnaconference@sapna.org.au
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