Change Challenge to Chance

Perioperative Nursing Scientific Meeting 2017 / 2018

7 January 2018, Crowne Plaza Hong Kong Kowloon East

Program Book

Organizer

Association of
Hong Kong Operating Room Nurses

PnSM 2017 / 2018 Meeting Secretariat

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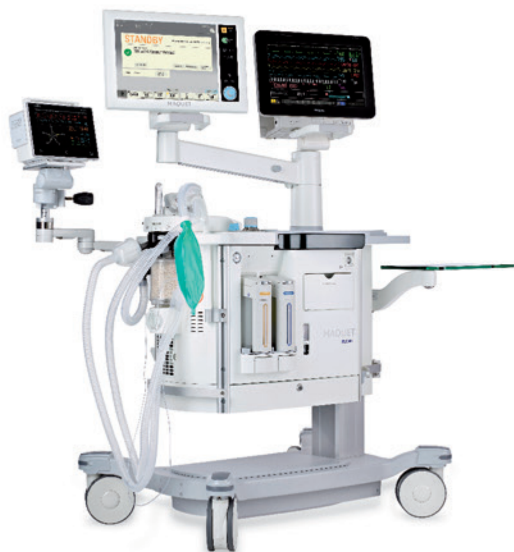

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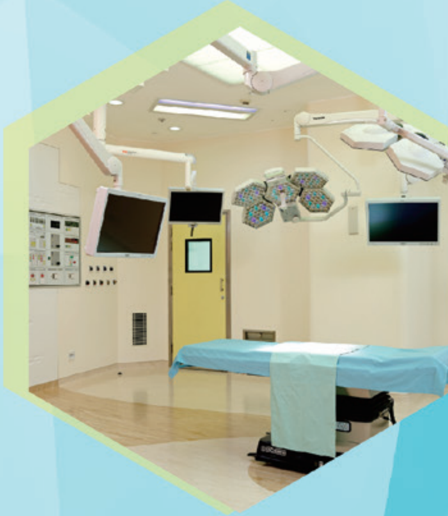

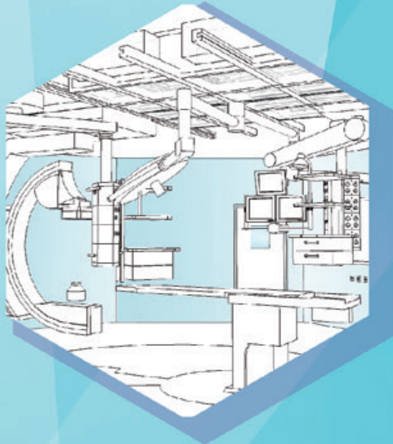
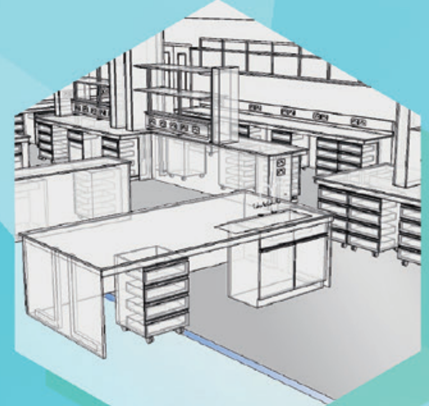

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Welcome Message

We are delighted to have this wonderful opportunity to share the joys, advances, and challenges of perioperative nursing with you in Hong Kong, for the 4th perioperative nursing scientific meeting, organized by the Association of Hong Kong Operating Room Nurses (HKORN). The meeting will provide you an opportunity to meet with perioperative nurses from different workplaces to discuss the issues that we face in daily practice.

Scrub nurses, circulating nurses, anaesthetic nurses, managers and department leaders are facing challenges everyday, this is an opportunity for us to share among ourselves and learn the experiences from each other to make a synergy effect.

We know that new friendships will be forged, old friendships will be renewed, memories will be made, spirits will be refreshed, and patient care will be enhanced by the experience. We look forward to seeing you and sharing this exciting time together with celebrating perioperative nursing.

Ms. Cindy YIP
Chairperson
Association of Hong Kong Operating Room Nurses (HKORN)

Welcome Message

On behalf of the Association of Hong Kong Operating Room Nurses (HKORN) and the organizing committee for this scientific meeting, welcome and thank you for joining our fourth Perioperative Nursing Scientific Meeting (PnSM 2017 / 2018).

And please also join us in celebrating the 25th anniversary of HKORN, our companion is promoting perioperative nursing practices.

To enhance our patient care in perioperative setting is a challenge. As leaders in this arena, how should we manage our challenges? Could we change our challenges to chances? I believe these are the questions we would like to have some answers.

Understanding the concerns of our perioperative counterparts, the organising committee continues its mission to invite renowned and experienced speakers to share the updates in advanced technology, perioperative clinical practices and issues related to theatre management.

We create a platform for colleagues to share their best practice via our free paper presentation, where our delegates could share their contributions in perioperative nursing either in the form of oral or poster presentations.

We provide our delegates with the updated information in recent advancement in equipment and consumables by having over 10 influential medical suppliers in having exhibition booths.

With our motto "Companion for your career development", here is our platform where we share, learn and contribute to the development of perioperative nursing together.

Last but not the least, allow me to take this opportunity to thank the organizing committee and our conference secretariat for their hard work and contributions that make this scientific meeting happen.

Wishing you a fruitful meeting!

Ms. Sylvia WONG
Chairperson
Organizing Committee for PnSM 2017 / 2018

Organizing Committee

Chairperson
Ms. WONG Y.W. Sylvia

Committee Members
Ms. CHAN Yiu Sin
Ms. CHUN Y.Y. Belinda
Ms. FUNG Man Yi
Ms. FUNG S.H. Jackie
Ms. KWONG P.S. Jodie
Mr. LO S.K. Barry
Ms. MA Man Shan
Ms. MOK Yi Tan
Ms. NG L.K. Monica
Ms. TSANG S.K. Cindy
Ms. TSANG M.K. Maggie
Ms. YIP S.P. Cindy

Oral and Poster Presentation Panel

Mr. CHAN Hin Cheong
Ms. MA Man Shan
Dr. POON Wai Kwong
Dr. TONG W.K. Danny
Ms. TSUNG P.K. Peggy
Ms. WONG Mei Chee

List of Moderators

Mr. CHAN Hin Cheong
Mr. CHIU H.F. Alick
Ms. FUNG Man Yi
Mr. LO S.K. Barry
Ms. MA Man Shan
Ms. NG L.K. Monica
Ms. YIP S.P. Cindy

(In alphabetical order)

List of Speakers

(In alphabetical order)

Dr. AU Yiu Kai
Consultant,
Department of Surgery,
Kwong Wah Hospital
(Hong Kong)

Ms. CHOI Wing Kam Terri
Advanced Practice Nurse,
Ambulatory Surgery Centre,
Tseung Kwan O Hospital
(Hong Kong)

Dr. DAS Subid Ranjan
Consultant,
Department of Cardiothoracic Anaesthesia,
Queen Mary Hospital
(Hong Kong)

Mrs. GULLEY Rosemary
Operating Theatre Nurse Clinical Consultant
(Hong Kong)

Prof. IU Ting Kwok, MH
Consultant Solicitor,
Kwok, Ng & Chan, Solicitors & Notaries
(Hong Kong)

Ms. LAI Yee Tak Joy
Project Manager,
MGI (Far East) Limited
(Hong Kong)

Ms. LAM Chi Wing Flori
Nurse Consultant- Pain Management,
Department of Anaesthesiology & OT Services,
Kwong Wah Hospital
(Hong Kong)

Mr. LEUNG Stephen
Country Manager,
Pfizer Corporation Hong Kong Ltd.
(Hong Kong)

Prof. LO Richard
Honorary Clinical Professor,
Department of Surgery,
The University of Hong Kong
(Hong Kong)

Dr. LUI Siu Fai
Clinical Professional Consultant,
Jockey Club School of Public Health and Primary Care,
The Chinese University of Hong Kong
(Hong Kong)

Prof. SOLOMKIN Joseph
Professor of Surgery Emeritus,
Department of Surgery,
University of Cincinnati College of Medicine
(USA)

Dr. STEELMAN Victoria
Associate Professor,
College of Nursing,
University of Iowa
(USA)

Dr. TONG Wah Kun Danny
Senior Manager (Nursing)/ Principal Nursing Officer,
Nursing Services Department,
Hospital Authority Head Office
(Hong Kong)

Mr. VIHERLAIHO Markku
Senior Charge Nurse Anaesthetics/Recovery,
Queen Elizabeth Hospital,
London
(UK)

Program

Perioperative Nursing Scientific Meeting on 7 January 2018, Sunday

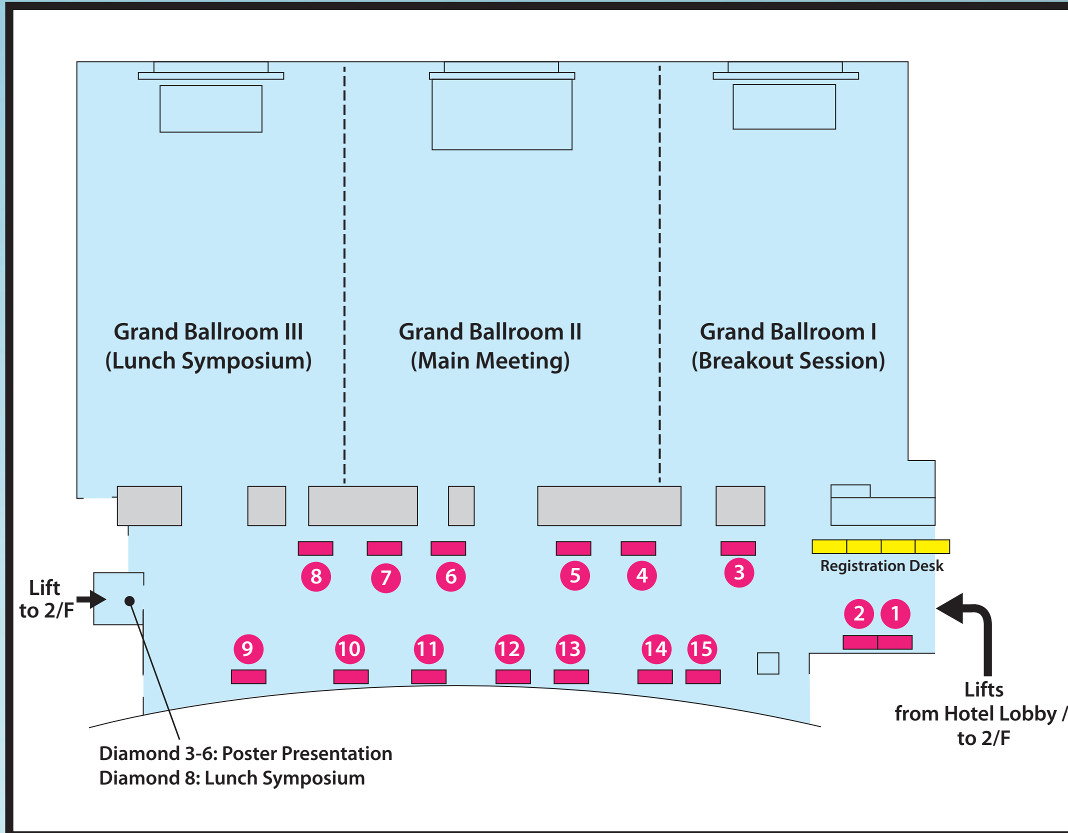
Venue: Grand Ballroom I-III, 1/F and Diamond 3-6 and 8, 2/F, Crowne Plaza Hong Kong Kowloon East
CNE Accreditation: 7 Points

<table>
<tr><th>Time</th><th colspan="2">Session</th></tr>
<tr><td>08:30 – 09:00</td><td colspan="2">Registration (Grand Ballroom Foyer)</td></tr>
<tr><td>09:00 – 09:30</td><td colspan="2">Opening Ceremony (Grand Ballroom II)</td></tr>
<tr><td></td><td colspan="2">Moderator: Ms. FUNG Man Yi</td></tr>
<tr><td>09:30 – 10:00</td><td colspan="2">(Grand Ballroom II)
Plenary Session 1 – Patient Safety 2018
Dr. STEELMAN Victoria</td></tr>
<tr><td>10:00 – 10:30</td><td colspan="2">(Grand Ballroom II)
Plenary Session 2 – Retained Instruments and Sentinel Events - Is It Time to Revisit Our Strategy?
Dr. DAS Subid Ranjan</td></tr>
<tr><td>10:30 – 11:00</td><td colspan="2">Poster Presentation (Diamond 3-6)
Health Care Industry Exhibition (Grand Ballroom Foyer)
Coffee and Tea</td></tr>
<tr><td></td><td>(Grand Ballroom I)
Concurrent Session 1 –
OR Quality and Risk Issues</td><td>(Grand Ballroom II)
Concurrent Session 2 –
OR Management</td></tr>
<tr><td></td><td>Moderator: Mr. CHIU H.F. Alick</td><td>Moderator: Ms. NG L.K. Monica</td></tr>
<tr><td>11:00 – 11:30</td><td>The Surgical Time Out/Checklist – Where Are We?
Prof. LO Richard</td><td>Retention Strategies in Workplace
Mr. LEUNG Stephen</td></tr>
<tr><td>11:30 – 12:00</td><td>Five-Stage Approach to Safe Surgery – Hong Kong Challenge
Mrs. GULLEY Rosemary</td><td>Perioperative Nurses as Emergent Mediators
Prof. IU Ting Kwok, MH</td></tr>
<tr><td>12:00 – 12:30</td><td>Theatre Design – Tips for End Users
Ms. LAI Yee Tak Joy</td><td>Surgery in Austere Conditions – How Can We Combat the Challenge with Limited Resources?
Dr. AU Yiu Kai</td></tr>
<tr><td>12:30 – 14:00</td><td colspan="2">Lunch Symposium (Grand Ballroom III & Diamond 8)
Sponsored by Olympus Hong Kong and China Limited
Simultaneous Video Show
WHO Global Guideline for Prevention of Surgical Site Infections
Prof. SOLOMKIN Joseph
Perioperative Care Collaboration's Role in Achieving the National Core Curriculum for Perioperative Nursing in UK
Mr. VIHERLAIHO Markku</td></tr>
<tr><td></td><td>(Grand Ballroom I)
Concurrent Session 3 – Clinical Updates</td><td>(Grand Ballroom II)
Concurrent Session 4 – Clinical Updates</td></tr>
<tr><td></td><td>Moderator: Mr. LO S.K. Barry</td><td>Moderator: Ms. YIP S.P. Cindy</td></tr>
<tr><td>14:00 – 14:30</td><td>Free Paper Presentation</td><td>Patient Optimization before Surgery – Nursing Perspective
Ms. CHOI Wing Kam Terri</td></tr>
<tr><td>14:30 – 15:00</td><td>Free Paper Presentation</td><td>Strategic Nursing Service to Optimize Pain Management in Hong Kong
Ms. LAM Chi Wing Flori</td></tr>
<tr><td></td><td colspan="2">Moderator: Ms. MA Man Shan</td></tr>
<tr><td>15:00 – 15:30</td><td colspan="2">(Grand Ballroom II)
Plenary Session 3 – Safety Culture – How Could We Make It Happen?
Dr. LUI Siu Fai</td></tr>
<tr><td>15:30 – 16:00</td><td colspan="2">Poster Presentation (Diamond 3-6)
Health Care Industry Exhibition (Grand Ballroom Foyer)
Coffee and Tea</td></tr>
<tr><td></td><td colspan="2">Moderator: Mr. CHAN Hin Cheong</td></tr>
<tr><td>16:00 – 16:30</td><td colspan="2">(Grand Ballroom II)
Plenary Session 4 - The Art of Managing the Development of Growing Perioperative Nurses Demand
Dr. TONG Wah Kun Danny</td></tr>
<tr><td>16:30 – 16:45</td><td colspan="2">Closing and Prize Presentation (Grand Ballroom II)</td></tr>
</table>

The program is subject to change without prior notice.

Floor Plan with Exhibition Information

7 January 2018, Sunday
Grand Ballroom I-III, 1/F, Crowne Plaza Hong Kong Kowloon East



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8	3M Hong Kong Limited
9	Schmidt BioMedTech (H.K.) Ltd.
10	Caster (HK) Medical Supplies Co., Ltd.
11	United Italian Corp. (H.K.) Ltd.
12	A.R. Medicom Inc. (Asia) Ltd.
13	Medtronic HK Medical Limited
14	Medpower Co. Ltd.
15	CellMark (H.K.) Ltd.

Speakers' Abstracts

Dr. STEELMAN Victoria
Associate Professor, College of Nursing, University of Iowa (USA)

Patient Safety 2018

Despite continued national and international efforts focusing on improving the quality and safety of healthcare, adverse events and near misses continue to occur at an alarming rate. Perioperative nurses have two choices: 1) accept the current state; or 2) make a difference.

Complacency is the greatest barrier to improving patient safety. It is much easier to do what we have always done and believe that it is good enough. We can pretend that errors won't happen to us. But, the reality is that we are human; and the errors continue to occur. It takes effort to implement, support, and sustain the practice changes required. We need to commit to this work every day in order to make a difference.

We can learn from a single event and fix the root cause; but the patient has already been injured. The processes involved in the event are complex and multifaceted. By focusing on a single event and a single cause, the corrective action is limited and the processes remain essentially the same. This bandage response results in similar errors with different causes continuing to occur.

There are better strategies to promote patient safety. First, by evaluating patient outcomes, we can identify our opportunities for improvement. Once these are identified, we can search for and implement evidence-based practices that can improve patient care and outcomes. An example of this is maintaining normothermia.

We can proactively look at the adverse events that have been reported from other hospitals, use this knowledge to heighten awareness, and allocate resources for prevention. We have used this approach to identify the top perioperative patient safety issues to address, including preventing surgical specimen errors.

We can also learn from proactively assessing the risks involved in our current processes of care, and redesigning these processes to prevent errors before they occur. One such type of risk assessment is a Healthcare Failure Mode and Effect Analysis. We have used this approach for describing why surgical sponges counts do not always prevent retained surgical sponges, and have made recommendations for change.

Each of us plays a key role in patient safety. And, it takes all of us working together to really make a difference. We must commit to patient safety as our highest priority every day, in order to improve patient care and give our patients the outcomes that they deserve.

Speakers' Abstracts

Dr. DAS Subid Ranjan
Consultant, Department of Cardiothoracic Anaesthesia, Queen Mary Hospital (Hong Kong)

Retained Instruments and Sentinel Events - Is It Time to Revisit Our Strategy?

Retained sponges, needles and instruments (RSI) continue to comprise a significant proportion of Sentinel Events within our practice. Despite all the efforts that have been made in enhancing our safety practices in Operating Theatres and other interventional areas, including the implementation of the WHO based Surgical Safety Checklist, this problem remains a perplexing issue that keeps raising its stubborn head year after year. However, it is by no means unique to Hong Kong; indeed, it is a challenge observed all over the world, including the most developed countries.

Retained material may have serious consequences for the patients; it is an indefensible medical error that may gravely implicate the health care personnel, the team and the institution, besides costing huge sums of money in terms of additional health care, litigation and compensation awards.

In recent years we have observed a change in trend. Rather than whole sponges, needles or instruments being retained, it is more often bits and pieces of instruments or other materials that are unknowingly left behind, becoming apparent only much later when a routine post-operative X-Ray is reviewed. Thus the focus may need to expand from mere "count" to also include "completeness".

It would appear that the established and standardized methods of counting and documentation may no longer be sufficient, and may indeed need to be aided by some novel and smarter methods of checking.

This talk aims at generating some discussion and thoughts amongst nursing experts on how to overcome this challenge more effectively in the future.

Speakers' Abstracts

Prof. LO Richard
Honorary Clinical Professor, Department of Surgery, The University of Hong Kong (Hong Kong)

The Surgical Time Out/Checklist- Where are We?

The "World Health Organization" (WHO) published the *WHO Surgical Safety Checklist and Implementation Manual* in 2008, in an attempt to improve surgical outcome and reduce surgical errors. In the last decade, it has been widely publicized and implemented worldwide.

The important points of the Manual are:
1. The team will operate on the correct patient at the correct site.
2. The team will use methods known to prevent harm from administration of anesthetics, while protecting the patient from pain.
3. The team will recognize and effectively prepare for life-threatening loss of airway or respiratory function.
4. The team will recognize and effectively prepare for risk of high blood loss.
5. The team will avoid inducing an allergic or adverse drug reaction for which the patient is known to be at significant risk.
6. The team will consistently use methods known to minimize the risk for surgical site infection.
7. The team will prevent inadvertent retention of instruments or sponges in surgical wounds.
8. The team will secure and accurately identify all surgical specimens.
9. The team will effectively communicate and exchange critical information for the safe conduct of the operation.
10. Hospitals and public health systems will establish routine surveillance of surgical capacity, volume and results.

This is a comprehensive list and a tall order. The checklist represents the most important portion and salient features of the Manual. For most hospitals, it is a good start, before embarking on more detailed endeavors.

A recent audit published in the British Journal of Surgery reported that the use of a surgical safety checklist was associated with a 38% lower risk of 30-day death after emergency "abdominal surgery"compared with the same operations performed at other hospitals that did not use a checklist.

We performed some local audits together with an informal one with New Zealand and Japan. Compliance in most hospitals audited is nearly 100%, but the extent and details of each hospital and the individual staff are unknown. Again, recognition of the importance of the Time-out/checklist is an important starting point. Periodic cycles of audit for continuous improvement is needed to further enhance patient safety in the Operating Theater.

Speakers' Abstracts

Mrs. GULLEY Rosemary
Operating Theatre Nurse Clinical Consultant
(Hong Kong)

Five-Stage Approach to Safe Surgery - Hong Kong Challenge

The 5-stage approach to safe surgery is like the cockpit check performed by the pilot and co-pilot before you fly off on your holidays in the airbus to lie on a warm sun filled beach.

You expect to get there safely having enjoyed the hospitality of the airline delivered by the crew.

This is the same expectation that all of our patients have when coming for surgery and there should never be an avoidable error in our operating theatres. The WHO predicted that half a million deaths related to surgery could be prevented each year with the implementation of their checklist. They also estimated that the number of operations performed each year is almost double the annual number of childbirths. Therefore, it is necessary to ensure that all possible safety measures are taken to provide patient safety.

The 5-stage approach encompasses the WHO surgical safety checklist and uses the team brief before a surgical list and a surgical debrief after the list. It can be used for individual patients if there is only one patient on the list.

It is important to use all of these steps meaningfully and not as a tick list that has to be performed.

The sign in, time out and sign out are now common place in Operating Theatres.

The team brief and debrief does not appear to be used consistently everywhere.

During my career in the OT I have found the most useful element to me and the nursing team is the team brief. I and the team in the OT have found out important information about patients and been able to offer information that is essential to the surgeon before the patient has been 'sent for' enabling the surgeon to have 'thinking time' to work out his course of action. Imparting this information before the patient arrives appears to decrease the surgeons stress levels as there is time to digest it.

Changing culture in the OT with surgeons and anesthetists who may not agree with this process is one of the biggest challenges facing the OT practitioner today.

I hope that my presentation will give you some insight into how 5 steps to safer surgery is best performed and give you the strength and courage to implement all steps in your department if they are not already in place.

Speakers' Abstracts

Ms. LAI Yee Tak Joy
Project Manager, MGI (Far East) Limited
(Hong Kong)

Theatre Design – Tips for End Users

Design the O.T. Rooms includes coordinating with end-user, engineering department, medical equipment venders to provide building services and associate builder's works, other trades of the works and the specialist works, in particular shall ensure fully compliance with all local and international standards, guidelines and code of practices to suit the operations and special functions of the Operating Room and the Requirement / Inspection from Department of Health, HKSAR.

We will introduce building element of Operating Rooms inclusive of internal wall as air tight shell finishing, flooring, false ceiling, doors, lighting system etc. in this presentation.

Speakers' Abstracts

Mr. LEUNG Stephen
Country Manager, Pfizer Corporation Hong Kong Ltd.
(Hong Kong)

Retention Strategies in Workplace

(To be presented during the Meeting)

Speakers' Abstracts

Prof. IU Ting Kwok, MH
Consultant Solicitor, Kwok, Ng & Chan, Solicitors & Notaries (Hong Kong)

Perioperative Nurses as Emergent Mediators

What is mediation?
Emergent Mediator Vs Contractual Mediator
Essential Skills for Perioperative Nurses
Mediation Skills for Perioperative Nurses
Perioperative Nurses as Emergent Mediators

Speakers' Abstracts

Dr. AU Yiu Kai
Consultant, Department of Surgery, Kwong Wah Hospital (Hong Kong)

Surgery in Austere Conditions – How Can We Combat the Challenge with Limited Resources?

The nature of warfare will create a particular epidemiology of the wounds.

The nature of weapons, protective body armour, and any delay in transport will affect the anatomical distribution of injuries and their severity.

War surgery primarily consists of emergency surgery, especially during early tactical field care.

War wounds are dirty and contaminated from the moment of injury.

Sophisticated techniques or reconstructive procedures have no place in acute care, except well after combat and in a distant referral hospital.

The lack of sophisticated diagnostic equipment rather than the surgeon's technical capabilities and expertise is often determines what can be done in the field.

"Do the Best for the Most" and not "Everything for Everyone"

This involves the most important change in professional mindset of the surgeons.

Triage decisions are amongst the most difficult in all medical practice, possibly creating ethical dilemmas.

War surgery requires logic of phased wound management.

The rapid turnover of medical personnel treating numerous patients at different points in a chain of casualty care creates a necessity for standard protocols.

Heroic surgery will never replace good surgery.

The care of numerous patients, treated in many locations by different surgeons, in austere conditions demands simplicity, security and speed of surgical procedures.

Phased wound care imposes standards and a systematic approach.

The best antibiotic is good surgery.

The quality of a war surgeon: Professionalism
Sound judgment
Adaptability

No place for heroic, sophisticated procedures.

(Abstracted from War Surgery, ICRC)

Speakers' Abstracts

Prof. SOLOMKIN Joseph
Professor of Surgery Emeritus, Department of Surgery, University of Cincinnati College of Medicine (USA)

WHO Global Guideline for Prevention of Surgical Site Infections

Surgical site infections (SSIs) are among the most preventable health-care-associated infections and are a substantial burden to health-care systems and service payers worldwide in terms of patient morbidity, mortality, and additional costs. SSI prevention is complex and requires the integration of a range of measures before, during, and after surgery. Given the burden of SSIs worldwide, the numerous gaps in evidence-based guidance, and the need for standardisation and a global approach, WHO decided to prioritise the development of evidence-based recommendations for the prevention of SSIs. The guidelines take into account the balance between benefits and harms, the evidence quality, cost and resource use implications, and patient values and preferences. On the basis of systematic literature reviews and expert consensus, we present 13 recommendations on preoperative preventive measures.

The key, recommendations for pre-operative care are:

- Preoperative bathing
- **Decolonization with mupirocin with or without CHG bodywash in nasal carriers of Staphylococcus aureus for cardiothoracic and orthopaedic surgery**
- Mechanical bowel preparation with the use of oral antibiotics for colorectal surgery
- **Hair removal**
- **Optimal timing for administration of SAP**
- **Surgical hand preparation**
- **Surgical site preparation**
- **Use of high fraction of inspired oxygen**
- *Maintaining normothermia*

Bold: Strong recommendations *Italic:* Well advised for additional benefits

The effect of properly timed and applied elements is considerable.
The next step in the distribution of these effective recommendations is suitable implementation techniques scaled to the facilities' personnel structure. Buy-in from executive, physician, nursing and other employee groups is critical for proper implementation. Recent work is focused on unit-based communication programs that invest all workers in the safest path for the patient. 1,2

References Cited
1. Allegranzi B, Bischoff P, de Jonge S, et al. New WHO recommendations on preoperative measures for surgical site infection prevention: an evidence-based global perspective. The Lancet Infectious diseases 2016;16:e276-e87.
2. Allegranzi B, Zayed B, Bischoff P, et al. New WHO recommendations on intraoperative and postoperative measures for surgical site infection prevention: an evidence-based global perspective. The Lancet Infectious diseases 2016;16:e288-e303.

Speakers' Abstracts

Mr. VIHERLAIHO Markku
Senior Charge Nurse Anaesthetics/Recovery, Queen Elizabeth Hospital, London (UK)

Perioperative Care Collaboration's Role in Achieving the National Core Curriculum for Perioperative Nursing in UK

This is a presentation for the need of Core Curriculum for Perioperative Nursing in UK. This is an explanation of the historical background into the speciality training in Theatres prior to Project 2000, when preregistration training for Nurses became University based.

Part of the presentation is about change management. It explains the path that we have had to take in UK to achieve the correction to the anomality of nurses working in theatres without speciality specific qualification.

How the Perioperative Care Collaborative (PCC) started, who belong to it, how it functions and what has it achieved previously. Also, how PCC fits into Clinical Governance and so supporting high quality patient care.

I will explain the academic pathways for the speciality training in anaesthetic, recovery and theatre specialities.

How the consensus for the National Curriculum was achieved and what do we need to do to make this change to happen.

Speakers' Abstracts

Ms. CHOI Wing Kam Terri
Advanced Practice Nurse, Ambulatory Surgery Centre, Tseung Kwan O Hospital (Hong Kong)

Patient Optimization before Surgery – Nursing Perspective

Optimization of patients' medical condition is the key to safe and efficient ambulatory surgery. It can promote postoperative outcome. Preoperative assessment is an initial crucial step for patient optimization. Nurses play an important role in a preoperative assessment team. In a nurse-led pre-anaesthetic assessment clinic, nurses are responsible for risk assessment and early identification of risk factors which minimize postoperative complications.

Time is one of the important concerns for preoperative assessment. The earlier the pre-anaesthetic assessment starts, the more time the patients have to optimize their condition before surgery. It helps to reduce the chance of delay or cancellation of operations due to medical condition not optimized. In order to achieve this goal, our centre has developed a walk-in nurse-led pre-anaesthetic assessment clinic. Pre-anaesthetic assessment can proceed once the patients decide to have their operations on the same day. As the frontline health care providers who provide pre-anaesthetic assessment to patient, it is significant for nurses to identify risk factors for patients as soon as possible and make appropriate referrals.

Risk assessment is another indispensable item in pre-anaesthetic assessment for patient optimization. An effective clinical scoring system should be applied in the risk assessment process. American Society of Anaesthesiologist (ASA) scoring system is widely adopted for classification of patients in pre-anaesthetic assessment. By collecting patients' biodata and interviewing patient for their past surgery and health medical history, regular medications, presence of acid reflux, exercise tolerance, smoking and drinking habits, airway assessment and investigation screening, patients will be categorized into different grades by the ASA scoring system. Perioperative care plan should be made for optimization of patients according to the risk assessment results.

Targeted investigations and making referrals for patients are of paramount importance for patient optimization. By using appropriate investigation results, nurses are able to assess and predict patients' anaesthetic risks and postoperative complications, mention potential anaesthetic risks to the patients and their relatives, and prepare care plans accordingly. Making referrals to relevant health care professionals also greatly contribute to patient optimization before surgery. For example, patient with newly found hypertension can be referred to general outpatient clinic and those with high anaesthetic risks are referred to Anaesthetists for further management.

Thorough but concise preoperative education can ensure patients to get well prepared for the operations. The purpose of preoperative education is to provide adequate information of preoperative preparation to patients. Sufficient psychosocial education and physical preparation can enormously reduce patients' anxiety and post-operative complications. As a result, postoperative outcome can be enhanced.

Speakers' Abstracts

Ms. LAM Chi Wing Flori

Nurse Consultant- Pain Management, Department of Anaesthesiology & OT Services, Kwong Wah Hospital (Hong Kong)

Strategic Nursing Service to Optimize Pain Management in Hong Kong

Pain is a complex and multifaceted problem. Pain, no matter in acute or chronic form, can change one's life. Pain management goes beyond the hospital settings and requires multidisciplinary care. An effective multidisciplinary teamwork approach is critical for optimizing the health care service delivery model to meet patients' and carers' needs.

Perioperative period is the continuum of patient care involving pre-, intra-, and postoperative phases of patient's journey. Perioperative care is increasingly important in facilitating day admission. The multidisciplinary team approach relies on mutual learning and understanding. The extended perioperative nursing care, is a paradigm shift in how operating theatre nurses can lead a more fulfilling role for patient care.

Chronic pain is a bio-psycho-social problem that is hard to defeat. It is a lengthy way to walk alongside chronic pain patients. Understanding their difficulties is important to accompany their journey. Involving patients and engaging their family in management and treatment is beneficial to the individuals' health outcomes and the whole medical system.

Effective pain management goes beyond simply using analgesics but demand a holistic approach to provide safe, practical and feasible in-hospital as well as outpatient care. In pain management strategy, Nurses are gatekeepers and hub coordinators in the multidisciplinary team to provide better pain management to our pain patients. Nurses have played a significant role as a healthcare provider and a patient advocate. Nurses have the potential to further maximize the science of resource utilization and optimize the art of efficient delivery patient care. To this end, nurses must be equipped with special skills and knowledge to deliver such care with empathy.

The following are the five key objectives for pain nurse services in the coming years.

1. To uphold and to engage the awareness of the nursing professionals
2. To enhance multidisciplinary pain management services across the continuum of hospital to community setting
3. To develop more options for patient care
4. To empower patients for self-care
5. To engage patients to support service improvements

Speakers' Abstracts

Dr. LUI Siu Fai
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Safety Culture – How Could We Make It Happen?

Patient Safety is a top concern for everyone, as unfortunately, adverse events occur not so infrequently, some with very serious or even fatal outcome. **"First Do No Harm"** while we provide care for our patients is of paramount importance, not only for our patients/family but also for us, the healthcare professionals and for the hospital. When an adverse event occurs, the patient/ family is harm (first victim), the staff is also harmed (second victim) and so is the hospital (third victim).

An adverse event can be prevented (albeit it is difficult and cannot be totally prevented). A key component to prevent adverse events is to establish a **"Safe Culture"** within the organization/ workplace, a culture being shared and adopted by everyone. **It is everyone's business** - from the top management to ensure "Safety" is a core value, middle management to develop and facilitate a "Safe" workplace, to all frontline staff to adopt a "Safe" culture and practice - **every time, everywhere**.

Staff engagement is a key component to promote and to ensure a "Safe" culture and practice. Everyone understands and feels the need to do so, not only for their patient but also for themselves (not to be the one making the error).

Three **key components of "Safe Culture"** are: (i) not to assume, (ii) ensure "correct" identification of patient, document, medication, etc. and (iii) Speak up culture (if in doubt, ask and discuss). Everyone has a right and a duty to do so.

Speakers' Abstracts

Dr. TONG Wah Kun Danny
Senior Manager (Nursing)/ Principal Nursing Officer, Nursing Services Department,
Hospital Authority Head Office
(Hong Kong)

The Art of Managing the Development of Growing Perioperative Nurses Demand

(To be presented during the Meeting)

Speakers' Abstracts

Ms. ANDERSON-MANZ Ellen
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Driving Changes in OR: From Guideline to Practice

The incidence of surgical site infections (SSIs) is recognized as a major issue in healthcare today. They are now one of the most common and costly healthcare-associated infection (HAIs), and they are also devastating for patients. In developed countries it is estimated that an SSI occurs in 2% to 5% of patients undergoing inpatient surgery. In the US SSIs represent 20% of all HAIs in hospitalized patients. Yet, it is estimated that up to 60% of SSIs may be preventable by use of evidence-based guidelines.

SSIs are complex biologic processes occurring within a framework of multiple variables, which makes the identification of individual causes problematic. Noting that microbial contamination of the surgical site is a necessary for the development of an SSI, the Centers for Disease Control and Prevention (CDC) outlined an SSI prevention risk formula based on the relationship of these variables: a) the dose of bacteria (bacteria in the wound), b) the virulence of the bacteria, and c) the resistance of the host (patient variables).

As OR nurses, the part of the formula that we can affect most is the dose of bacteria. The leading cause of SSIs is bacteria from the patient's own body. And for clean procedures, such as Total Joint Arthroplasties, it is bacteria from the patient's skin. This presentation will explore a bundle of practices that can be used to reduce the bacterial load of the skin and thus reduce the risk of surgical site infections. These include appropriate hair removal, preoperative bathing, surgical patient skin prep, and creating the sterile field on the patient.

With the goal of reducing surgical site infection, driving change requires a cross-functional team and buy-in from upper management. It is imperative to get a baseline of current practice. The team must also research current guidelines and search for new published studies. The cross-functional team must then determine what practice or practices will be adopted. Consensus must be reached. A detailed protocol will be written and then reviewed by stakeholders. Before implementing the protocol, thorough education must take place for staff, with follow-up education as needed. Once the new protocol is being used, audits should be done to ensure compliance with the protocol. More education may be needed.

The use of a systematic, multidisciplinary bundle that incorporates best practices to reduce the patient bacterial load will help reduce the risk of surgical site infections.

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(List according to abstract number)

Ab01 The Cross-disciplinary Intervention of Total Joint Replacement Surgeries
Mr. WONG Wing Tak, *United Christian Hospital*

Ab14 Perioperative Nursing Information System (PNIS)
Mr. TSANG Tsz Lun, *Tseung Kwan O Hospital*

Ab19 Rectifying and Reorganizing of Operating Theatre Equipment Assets
Ms. CHAN Yiu Sin, *Ruttonjee Hospital*

Ab20 Follow-up Phone Calls after Day Ambulatory Surgery
Ms. CHENG Kit Man, *Ruttonjee Hospital*

Ab22 One Stop Nurse-Led Discharge Program in Tseung Kwan O Hospital
Ms. SIN Ming Wai Simmy, *Ambulatory Surgery Center & Tseung Kwan O Hospital*

Ab23 Maintenance of Normothermia during Perioperative Care
Ms. CHIM Tsz Ling, *Pok Oi Hospital*

Free Paper Presentation

Poster Presentation:

(List according to abstract number)

Ab02 Strengthening Efficiency of Care Delivery - Preoperative Warming Patients in OR to Prevent of Perioperative Hypothermia before Received the Anaesthesia
Ms. HO Shui Ching, *United Christian Hospital*

Ab03 New Innovation System for Enhancing the Electronic Staff Overtime and Compensation Recording
Ms. YUEN Shuk Yee, *United Christian Hospital*

Ab04 Electronic PACU Record for Post-operative Patient Attendance and Discharge System
Ms. WONG Lai Ha, *United Christian Hospital*

Ab06 Development of Surgical Instrument Tracking System (SITs) in UCH for Flexible Endoscopes Tracking Function Enhances Patient Safety in Operating Room (OR)
Mr. HUI Fuk Hing, *United Christian Hospital*

Ab08 Does Application of Social Cognitive Theory Improve Learning Outcomes of Clinical Nurse Training of Different Departments?
Dr. WONG Man Chun, *United Christian Hospital*

Ab09 Central Reprocessing of Flexible Endoscopes (CR) in United Christian Hospital
Ms. TSE Mei Kam, *United Christian Hospital*

Ab10 A Prevention Programme to Reduce Sharp Injuries in Cardiac Operating Theatre
Ms. FUNG Man Yee, *Queen Mary Hospital*

Ab11 Newly Recruited Nurse Empowerment - An Anesthesia Training Programme in Cardiothoracic Operating Theatre
Ms. FUNG Man Yee, *Queen Mary Hospital*

Ab12 Laser Timeout to Reduce Risks of Laser Accidents and Enhance Patient and Staff Safety in PWH OT
Ms. WONG Wai Fan Michelle, *Prince of Wales Hospital*

Ab13 A Proactive Instruments Inspection and Reporting System to Enhance Perioperative Patient Safety
Ms. WONG Di Hei Joyce, *Prince of Wales Hospital*

Ab15 Decrease Re-autoclaving of Flexible Endoforceps
Ms. HO Wai Ling Rebecca, *Prince of Wales Hospital*

Ab18 Be Smart with Sharps Handling
Ms. LIN Shuk Fan, *Prince of Wales Hospital*

Ab21 Fire in Operating Theatre
Ms. GILL Jagroop Kaur, *Ruttonjee Hospital*

Ab24 The Implementation of Standardized Handover Approach, SWITCH, in the Perioperative Setting
Ms. YIU Sze Ming, *Queen Elizabeth Hospital*

Ab25 New Horizon in Perioperative Family Centered Care: Intraoperative Phone Call
Ms. LAW Ngai Wan, *Queen Elizabeth Hospital*

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