

The Dissector

Journal of the Perioperative Nurses College
of the New Zealand Nurses Organisation

December 2022, Volume 50, Number 3

2022 PNC CONFERENCE



ACPAN CONFERENCE

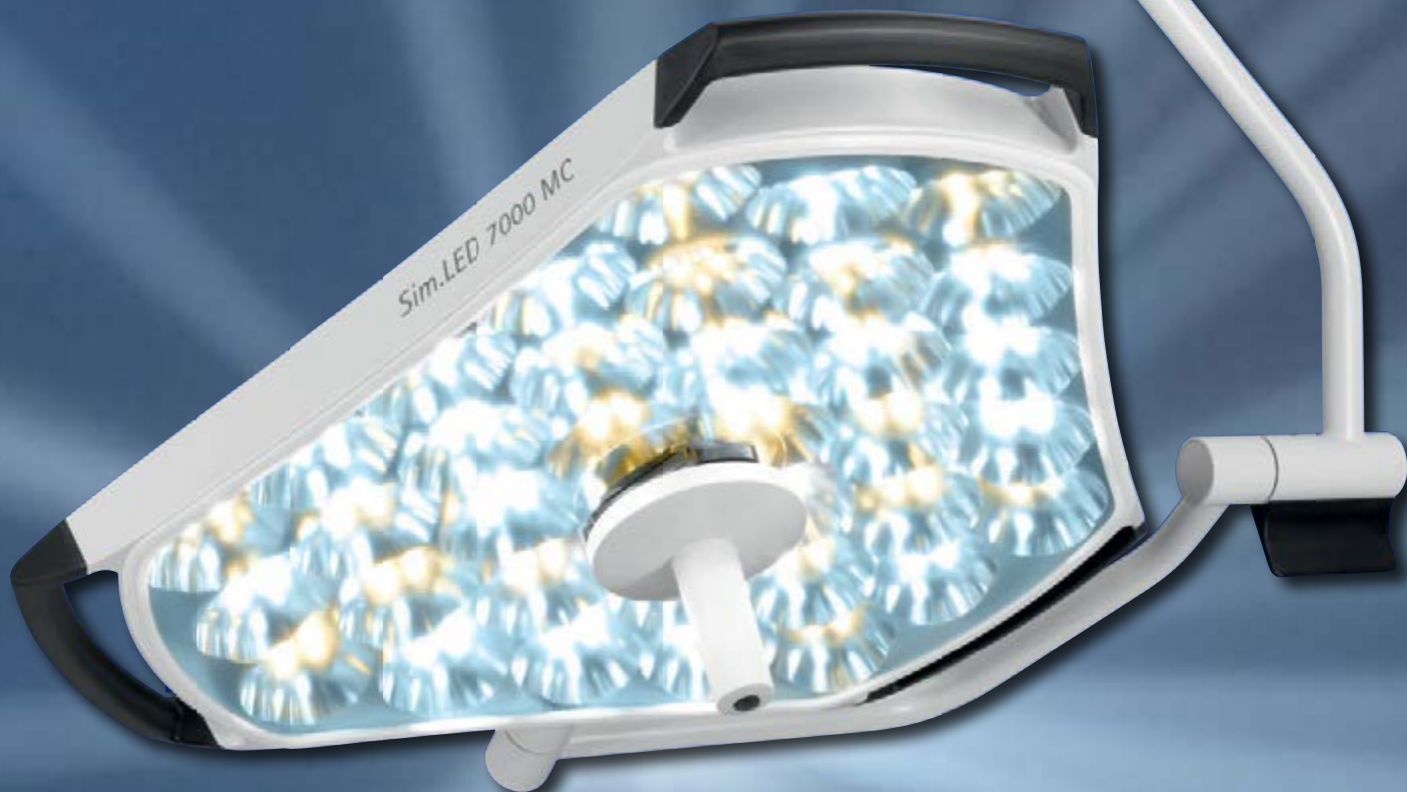
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The Dissector

The official Journal of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNCNZNO).

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Fantastic to finally enjoy our conference in Christchurch

Tēnā koutou katoa. Welcome to the final issue of *The Dissector* for 2022. Congratulations to the newly amalgamated Canterbury/West Coast/Nelson/Marlborough conference organising committee for a well-planned and successful conference.

It was wonderful to travel to beautiful Christchurch and see how much repair and new building the city has done since the devastating 2010-2011 earthquakes. The conference was conveniently located at St Margaret's College in Merivale, easy walking distance to Hagley Park with the beautiful botanical gardens. The theme 'From Strength to Strength', was apt and was reflected throughout the presentations.

Keynote speaker Nigel Latta kicked off the conference with a great presentation on resilience/wellbeing. Nigel, trained as a clinical psychologist, is now an author, television presenter and highly sought-after speaker. His recommendations for resilience were presented in the form of three (old) ideas, which he told us were all very simple, though he clarified that doing them consistently was not simple! I particularly liked his idea that 'culture eats strategy for breakfast', referring to how important teamwork is and the simple things we can do to help to have a good day. He suggested that leaders 'model vulnerability' (e.g., allowing people to ask questions and being honest if you don't know the answer) and having a 'default' state of being kind and helping people, which is certainly something I will make an effort to do from now on. He's right – these are 'simple' ideas, but if we can do these consistently it will make our workplaces a great environment to be in, especially while life continues to be pretty stressful as we recover from the last three years.

This issue of *The Dissector* provides a summary of the 2022 PNC conference presentations, along with this year's Committee reports to the Annual General Meeting, held as part of the conference. Sue Claridge and Robyn (Bobby) Guy have provided their reflections on the journey it took them to host a conference, from initial planning in 2008, through the setbacks and cancellations, including the various themes and plans. It is clear that the committee demonstrated tenacity and determination, as well as going from strength to strength.

Mercy Ships

Sharon Walls from Mercy Ships provides an article about perioperative nurse Jude Quijano's



experience volunteering aboard the Africa Mercy® in Senegal. Jude's account includes a heart-warming story about life-transforming orthopaedic reconstructive surgery for a young girl. Also included in this issue is a report from the recent Australian College of PeriAnaesthesia Nurses (ACPAN) conference in Adelaide. PACU Charge Nurse Eby Eapen Mathew and Nurse Educator Amber Cox discuss what they learned from both the workshop day and conference day.

Thank you Juliet

Our Chair for the last three years, Juliet Asbury, has stepped down. Incoming Chair Cassandra Raj has provided her 'thank-you' that she read to Juliet at the end of the conference. I would like to add my personal thanks to Juliet for her quiet and kind yet strong and clear leadership during the uncertainty of the last few years. We may not have seen everything that Juliet did behind the scenes, but it is clear she consistently provided a voice for perioperative nursing. There is probably no better example than the implementation of the popular webinars, ensuring our educational needs were provided for when we were unable to gather or meet face-to-face.

Wishing you all a safe and happy festive season and hoping you get a chance to stop, refresh and recharge your batteries. We look forward to hearing from you in the new year with your ideas for articles.

Noho ora mai

Bron Taylor, Chief Editor

The DISSECTOR



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The Editorial Committee of *The Dissector* welcomes articles, reports, book reviews, letters to the editor, exemplars, case study experiences, research papers/projects, theatre regional news etc. Please send your ideas to: dissector.editor@gmail.com

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History and the value of our Perioperative Nurses College



Wow wow wow! Chair of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC NZNO). A true privilege to be nominated and presented with this valuable and worthy position to steer the PNC ship. I have watched Ali Fraser, Leigh Anderson, Fiona Unaç and others including Juliet Asbery all navigate various seas, some of them calm with strong currents and more recently natural events and pandemics to weather. All of them have come through supporting and improving the

practice of New Zealand Perioperative Nursing.

I start off my first Table Talk reflecting on our history and the value of our Perioperative Nurses College. If we do not acknowledge what came before us and how that has influenced us, we could repeat a path well-travelled which may cloud our future.

The Perioperative Nurses College (PNC) originated in Wellington in 1969, under a different name: Wellington Theatre Nurses Group. This quickly became recognised as a special interest group with the New Zealand Nurses Association. Their desire for a forum to discuss issues unique to operating theatres has morphed into well organised conferences, regional study days, research awards and, more recently, online webinars. This movement from Wellington spread to Auckland in 1972 and by 1986 a National Committee was elected with Districts around New Zealand which are now the eight regions we belong to today.

Along with the creation of the Theatre Nurses Group, a journal was produced as a means of keeping in touch with theatre nurses and increasing communication between the regions. This journal is today expressing and publishing the celebrations of perioperative nurses research and practice. *The Dissector* and its Editorial Committee work hard all year to deliver quarterly journals that focus on your practice, proudly publishing perioperative research by nurses for nurses and promoting new products.

The Dissector has kept its name since its inception in 1974 and is “a journal that is only as good as its members” as founding editor Pam Marley observed. That should strike a note with all readers. If you want professional content that is relevant and up to date, you must partake in the delivery of that content. Therefore, I challenge perioperative nurses of New Zealand to puff your knowledgeable chest out, preen your skills and share your local triumphs’ with *The Dissector*, encouraging your colleagues to rise up and improve their practice, patient outcomes and become essential in the perioperative workplace.

Becoming a valuable workforce is a topical undercurrent that I touched on; you may read this in my farewell to Juliet Asbery elsewhere in *The Dissector*. Currently, NZNO has a campaign ‘Maranga Mai – Rise up’ (New Zealand Nurses Organisation 2022). Perioperative nurses must be on board and support this. We must ‘rise up’ and ensure perioperative nursing maintains its value in the operating space. We, all together, must demonstrate to hospital leaders and managers that nurses are essential to the patient, the team and the quality of care delivered to patients. To replace a proven and well-established nursing workforce in the perioperative space with a new, non-nursing workforce would put patients at risk of harm and add more stress to an already stretched healthcare team. Your National Committee is committed to work hard in this space nationally and internationally for you.

Perioperative nursing care is provided in a variety of settings by nurses throughout the perioperative continuum. You and I can strengthen our belonging, our value and purpose by utilising the New Zealand Perioperative Nursing Knowledge and Skills Framework (Perioperative Nurses College, 2016) in our day-to-day practice. It is a great document that lays the foundation for us to Maranga Mai. It covers both RN and EN levels of practice as well as professional development models, including speciality and advanced knowledge for the perioperative nurse. It is a framework you can use to assist development of your local guidelines and documents. This is a valuable working document that again was created by nurses for nurses.

You may see where I’m going with my first Table Talk — that is to recognise that we have perfect timing here and now in the ever-changing climate to show how we are leading perioperative practice. Show us your value, your belonging and how you are maintaining safe practice in your workplace. Demonstrate to the new health authorities how perioperative practice is essential to nursing, essential to patients and essential to Aotearoa New Zealand.

Finally, I’d like to give thanks to the wonderful and successful 47th PNC Conference organising committee. This was a true example of collaboration, achievement and essential networking that promotes us as perioperative nurses.

We have a challenging and busy time ahead of us and I am excited to be a part of this strong and committed group

Nga Mihi

Cassandra Raj, Chair, Perioperative Nurses College

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Perioperative Nurses College^{NZNO} 2022 Awards & Winners

Eight annual awards were presented at the 2022 annual general meeting of the Perioperative Nurses College in Christchurch on October 1. The PNC Education Award was withheld as there were no nominations.

PNC Best Article

(\$1000) Sponsored by Hawke's Bay Region.

Winner: Rangi Blackmoore-Tufi (Auckland/Northland) for her article titled *A safe environment for Māori patients starts with a safe environment for Māori nurses*, Vol 50 (1), June 2022

The Editorial Committee agreed that this outstanding and brave reflection demonstrated the shortcomings of Tauīwi nurses' poor understanding of what cultural safety really means. We were all very moved by Rangi's evocative and honest writing. As a companion piece for the article *Culturally Safe Care in the Aotearoa Perioperative Environment* (Vol 50 (1), June 2022), it helps us understand why this is essential learning for all staff. This article also generated the first letter to the editor in five years.

MEDSPEC Novice Writers Award

(\$750) sponsored by MEDSPEC.

Winner: Amanda Lindsay (Canterbury/West Coast/Nelson Marlborough) for her article *Perioperative Management of Colorectal Adenocarcinoma*, Vol 49 (4), March 2022

Two of Amanda's articles were nominated for Best Article by a First Time Writer to *The Dissector*. The Editorial Committee was very impressed by the quality of her writing, which balanced a scholarly focus with readability. The Committee felt that this article was relevant to all aspects of the patient's perioperative journey and will be an excellent resource for departments.

Dallas Jessiman Award

(\$500.00). Sponsored by the Perioperative Nurses College^{NZNO}.

Winner: Heather Bridle (Waikato)

This is awarded to a perioperative nurse who is a member of the College attending the College annual conference for the first time. It is drawn by ballot at the annual conference Annual General Meeting. We look forward to seeing Heather's resume of the educational benefits of the conference programme, which is to be published in *The Dissector Journal*.

Catherine Logan Memorial Fund Award

(\$500.00). Sponsored by the Perioperative Nurses College^{NZNO}.

Winner: Jerewin Mendoza (New Plymouth). The Catherine Logan Memorial Fund award is awarded to a Perioperative Nursing College member who is undertaking postgraduate study with a perioperative focus. We look forward to seeing Jerewin's article published in *The Dissector journal* on completion of his paper.

Christina 'Tina' Ackland Memorial Education Award

(\$1000.00). Sponsored by OBEX MEDICAL

Winner: Johanna McCamish (Auckland/Northland)

The 'Tina' Ackland Memorial Education Award acknowledges an individual Perioperative Nurses College (PNC) member for their outstanding service to the perioperative community.

Debbie Booth Travel Award

(\$1500.00) Sponsored by OBEX MEDICAL.

Winner: Bron Taylor (Auckland/Northland) for her Free Paper presentation *Research Report: Nurse Staffing in the Operating Rooms*, based on her Masters thesis. This award is awarded to the best



Left to right: Rangi Blackmoore-Tufi (left) with Dissector editor Bron Taylor after winning the Best Article Award for 2022. Heather Bridle (left) was presented with the Dallas Jessiman Award for 2022 by incoming PNC Chair Cassandra Raj. The Christina Ackland Award was won by former College Chair Johanna McCamish. Here Gillian Martin (left) accepts the award from sponsor Shirleyann Gray of OBEX Medical. Inset: Johanna McCamish

perioperative practice focused paper presented at the Free Paper Session at the PNC Conference.

Debbie Booth 'Runner-up' Award

(\$500.00). Sponsored by BOSTON SCIENTIFIC.

Winner: Sarah Eton (Dunedin) for her presentation *PITStoP: Improving Transition in Care of the Surgical Patient*.

This is awarded to the runner-up best perioperative practice focused paper presented at the Free Paper Session at the PNC Conference.

Services to Perioperative Nurses College ^{NZNO}

(Paid Membership & Journal Subscription as a Life Member) Sponsored by Perioperative Nurses College ^{NZNO}.

Winner: Sue Claridge

This award enables the Perioperative Nurses College (PNC) to acknowledge the contribution of individual members to the work of the College at a national level. The nominee must be a current or past PNC member who has/ had a commitment to PNC and who has made a superior contribution to the national work of PNC. Contribution could be made in any area of PNC activities at a national and/or international level.

Paul Duke Trade Stand Award

(Paul Duke Cup).

Winner: Global Medics

This award is judged on how companies exhibiting at the PNC National Conference best incorporate the theme of the conference. ■



Amanda Lindsay won the MEDSPEC Novice Writers Award.



Left: Bron Taylor (left) was presented with the Debbie Booth Travel Award by John McBride of OBEX Medical. Right: Jan-Marie Wilson, PNC Awards Portfolio Coordinator (left) presents Sarah Eton with the Debbie Booth 'Runner-up' Award sponsored by Boston Scientific.



Left: Sue Claridge (left) was awarded Life Membership of the College by outgoing Chair Juliet Asbery. Right: Juliet Asbery (left) with Global Medics' Ronnie Stanners who received the Paul Duke Award on behalf of Global Medics.





The following reports were presented at the 49th Annual General Meeting of the Perioperative Nurses College of the New Zealand Nurses Organisation (PNC^{NZNO}), held on Saturday October 1, 2022 in Christchurch

Perioperative Nurses College ^{NZNO}

CHAIRPERSON'S ANNUAL REPORT 2020-21

presented at AGM October 1, 2022

It is with pleasure that I present the Chairpersons report for 2021-2022. This will be my final report as I pass this role onto my inspiring colleague and vice chair for the last 12 months, Cassandra Raj.

When I started my tenure as Chair at the end of 2019, it was a very different world. Within one month, we had the White Island disaster – which had a huge impact on perioperative nursing. We then had the first appearance of COVID-19 in New Zealand in March 2020. Any plans that I had for the PNC went by the wayside. I am sure you can all relate to this in your own personal and professional lives.

Throughout this period, as a National Committee, we have persevered to maintain some semblance of normality and I thank the whole team for the time and effort that they have dedicated to the profession of perioperative nursing. I would like to highlight their achievements over the last year.

The Dissector:

This team has continued to persevere throughout lockdowns and restrictions to write, support and deliver our journal to the PNC membership. This is no small task. I would like to encourage you all to submit articles for publication. Share your ideas, experiences and innovations that highlight the importance of nursing care throughout the perioperative continuum. The editorial team do an excellent job. However, they need your articles to sustain the Journal.

The Professional Practice Committee:

This team is the dedicated workhorse of National Committee. Under the leadership of Gillian Martin, they continue to review and update our documents and standards. Again, this team has a large remit: please consider volunteering to assist on this committee. These standards are a reflection of our professional standards as perioperative nurses. We need to ensure that our website and resources reflect that.

The Regions:

As you will see from our remits and subjects for discussion, some regions are struggling to maintain member interest and participation. I believe this is a combination of fatigue and loss of face to face opportunities due to COVID. I am hosting an open forum at Conference and I am looking forward to listening to your views and thoughts on how to move forward as a college and how to grow our numbers.

Webinars:

We have now hosted several Webinars. These were developed by National Committee as a way forward in a world where face to face meetings are not always possible. Each Region is asked to host one

session each year. We ask for primarily nurse speakers. These sessions are free, they are available to view live or online and offer our members an opportunity to gain CNE hours. Feedback has been good to date; we hope to continue this as a way of supporting our members, promoting excellence in nursing and raising the profile of the PNC.

National Committee:

National Committee has held several Zoom meetings and one face-to-face meeting over the last 12 months. We have contributed to discussions on and made contributions to several guidelines/submissions-including (but not limited to):

- PS09-Safe sedation
- Facilitated a research programme into operating theatre nurses wellbeing
- Responded to members requests for advice on perioperative standards, guidelines and professional practice issues
- Established a free Webinar platform for the PNC
- Made a Stakeholder Submission to the Australian Medical Council Review of the Australian and New Zealand College of Anaesthetists (ANZCA).

I would like to thank National Committee for all their support and work throughout this time.

International Collaboration:

We continue to have a presence on the International Federation of Perioperative Nurses and the International Collaboration of Peri Anaesthesia Nurses. We are on the editorial board of ACORN which is the journal of the Australian College of Perioperative Nurses. Pathways have started to open to revive relationships with our Australian and ASIORNA Colleagues.

Conference:

We have finally made it! The Christchurch Conference organising committee need to be congratulated for their perseverance and immense efforts in getting us all to a National Conference — our first since 2019!

I am looking forward to feedback from you all at our AGM on the path moving forward as a college and particularly our Conferences. In a COVID world, we need to ensure that we remain fit for purpose. How can the PNC, as a professional body, continue to provide our members with their professional and educational support?

Best wishes to all

Juliet Asbery

Chair, Perioperative Nurses College of New Zealand (NZNO)



The Dissector annual report

It is with pleasure that I present the annual report of *The Dissector* Editorial Committee. I wish to thank Gillian Martin (National Committee representative), Shona Matthews, Catherine Freebairn and Rebecca Porton-Whitworth for their support and input throughout the year. Unfortunately, Devika Cook and Annie Du Plessis both resigned from the Editorial Committee due to personal reasons. Olivia Bradshaw (née Taylncich) has recently joined us. There continues to be two vacancies on the Committee. We look forward to expressions of interest from other Perioperative Nurses College members, particularly those with an operating room or post anaesthetic care background.

The Committee has had two meetings via Zoom this year and are looking forward to having face-to-face meetings at this year's conference. As usual we have communicated by email and through the use of Dropbox.

Indexing and Binding

The Committee continues to look forward to the indexing of the 2006 -2017 bound journals being completed. Progress on this has now been stalled for more than two years.

Content

With the conference being deferred again in 2021, sourcing articles has been very difficult, so a particularly big thank you to members who have supported *The Dissector* by providing copy. The quality of articles provided has been very high this year. We have managed to publish a clinical article in most issues. We have tried to include both medical imaging and post anaesthesia care unit related articles, however content has not always been available.

Our March issue offered a variety of topics including a reflection on setting up a COVID-19 vaccination centre, a review of the literature on the perioperative management of patients with colorectal adenocarcinoma, an audit on the impact of the increasing demand on radiology nursing resources in Hawkes Bay, and a history of *The Dissector*.

The June issue had a recruitment and retention theme. Featured articles included two opinion pieces on sustaining and developing our workforce, two articles with cultural safety messages, a research report on the features of an effective orientation programme for novice operating room nurses and a clinical article about the physiological impact of perioperative anaphylaxis.

The incentive to publish payment continues to see College members benefit from writing. We have had a request to reprint an original *Dissector* article.

Circulation

The latest circulation data for *The Dissector* includes: 536 members and 33 life members. In addition, the journal is mailed to advertising and public relations agencies (14), tertiary and nurse training institutions (22), hospital and medical libraries (13), NZNO offices (12), international perioperative nurses (43), general nursing (45), infection control nurses (9), midwives (74), non-member subscriptions (35), Government departments and District Health Boards (46), New Zealand Defence Forces (7), theatre managers (160), medical company representatives (229) and complementary copies (16). This made a total of 1294 for the June 2022 issue.

Incentive to Publish

Payment of the Incentive to Publish continues to be awarded to College members who contribute articles to our journal and receive a very worthwhile \$200 bonus. In the past 12 months nine authors have received a total of \$1800 from this incentive.

The scheme was instigated in 2009 by then chief editor Editor Kathryn Fraser with the support of Advantage Publishing. PNC provides \$100 and Advantage Publishing provides matching funds.

It is essential to ensure ongoing generation of original articles as this assists PNC in meeting our professional obligation of maintaining our College status. *The Dissector* publishes articles with a strong focus on education, research within perioperative nursing, evidence-based practice and news items of special interest.

Awards 2022

Two awards for contributing authors will be presented at the 2022 College AGM; *The Dissector* First-Time Writer Award worth \$750 and sponsored by MEDSPEC and *The Dissector* Best Article published Award in *The Dissector*, \$1000 sponsored by the Hawkes Bay PNC Region Committee.

Dissector online

The *Dissector* continues to be available to a wide international audience through which the College benefits as being the voice of perioperative nursing within New Zealand. This exposure ensures articles published in *The Dissector* will also be available to NZNO members as a PDF download, and will include a citation, abstract and full text. Access to the articles published since 2011 is available through:

- Gale: Academic OneFile – 2011 onwards
- Gale: Nursing Resource Center – 2011 onwards
- Gale: Nursing and Allied Health Collection – 2011 onwards
- Gale: Health Reference Center Academic – 2011 onwards
- Ebsco: CINAHL Complete – 2012 onwards
- Proquest: Nursing and Allied Health – 2013 onwards

It is a measure of the journal's standing within the international perioperative nursing field that these international sites sought out *The Dissector* for content.

NZNO members can also access *The Dissector* electronically in the Academic OneFile database via the NZNO website.

Future Plans

The December issue will include conference reports and awards recognition.

The Committee welcomes more articles featuring clinical practice, quality and/or innovation initiatives, case studies or other articles of interest to members. We would also appreciate any ideas for themes and articles. The committee is always willing to assist so please contact one of us with your ideas. Regular feedback from PNC Regions on their activities will continue to be actively pursued.

Thank you once again to Michael Esdaile and his team at Advantage Publishing for their support and valuable sponsorship of the journal and membership.

Bron Taylor
Chief Editor, *The Dissector*

Membership Portfolio Report

It is much pleasure that I present the annual PNC membership report for 2021/2022.

Of note, Perioperative Nurses College members remain highly experienced and are 'mature' in years. Most PNC members continue to work in the operating theatre, but we are also attracting other specialties such as post anaesthetic care unit (PACU) and medical imaging nurses.

PNC nurses undertaking post graduate study is increasing. Let us hope this trend continues.

Pleasingly we have attracted an increase in members this membership year with 578 joining PNC, compared to 511 the previous year. This is a good trend, but I still think back to the days of having in excess of 700 members! The challenge to attract nurses to PNC remains, not only in keeping our current membership engaged but also to attract new members to the College.

Experience

Looking at our membership for the 2021-22 year, 28.7 per cent of members are in the 50-59 years age group, with 24.8 per cent in the 60-69-years bracket. The third biggest age group are those in the 40-49-years group (21 per cent), marginally ahead of the 30-39-years-olds who comprise 17.6 per cent of College membership.

College members are highly experienced: 64 per cent have 10 or more years in nursing, with an astounding 22.7 per cent recording 30-39 years' experience.

Diversity

By ethnicity, the largest cohort identifies as NZ-European (76.9 per cent) with those identifying as Filipino the second biggest group at 10.6 per cent (up from 5.8 per cent in 2020-21). Those identifying as Indian represent 3.9 per cent of the membership while those identifying as Māori make up 3 per cent of members.

Members of 'Other' ethnicity represent 12.3 per cent of College membership, and what a diverse group we are: we have members from Africa,

Australia, Britain, Japan, France, Germany, Korea, Malaysia, the Netherlands, Russia, Thailand, South Africa, Serbia, Sri Lanka and Vietnam.

Canterbury-West Coast still leads

Once again, the largest Region was Canterbury-West Coast with 24.6 per cent of total membership (22.5 per cent in 2020-21). Auckland-Northland was next at 23.1 per cent (19.7 per cent 2020-21), then Wellington (17.8 per cent) while Central North Island represented 13 per cent of the membership.

Wellington Region also had the biggest growth: membership increasing by 38 per cent. If every other Region was able to do that, our total membership would be back to pre-Covid levels.

Any College member who would like the detail breakdown of the membership, which space does not allow us to publish here, please contact me: sarahjeton@gmail.com

Lastly, I thank NZNO and Rob Hawker for their assistance in maintaining the membership database.

Thank you.

Sarah Eton (Otago) PNC Membership Coordinator

Submissions & Crate Weight Report

There have been no new submissions to report on, to date, this year.

Crate Weights

There are currently some developments unfolding with regards to crate weights. However, until this information is finalised and has documentation to support it, I am unable to give further details. Once everything is finalised there will be an article written for *The Dissector*.

Surgical Smoke Plume

I have had correspondence with Penny Smalley, the Director of Education and Regulatory Affairs for the International Council on Surgical Plume (ISCP). They have now been joined by the Association of Perioperative Practice (AfPP-UK) among others and recently conducted a survey. That survey clearly demonstrated the need for national educational criteria, policy, and legislation.

In Australia, the Operating Theatre Association of New South Wales (OTA NSW) has published a position statement, and Work Health & Safety in NSW is in the process of finalising a second edition of their state guidelines. Victoria and Western Australia also have similar guidance, and are working towards national consensus.

In the European Union (EU), there are several alliances building awareness across all of Europe, and the European Operating Rooms Nurses Association (EORNA) is striving towards unified policy amongst its member countries.

In Asia, some countries are moving towards stronger policy and more education for all surgical team members and have begun to collaborate more frequently on these issues.

Things are moving more slowly in the USA due to their regulatory process and laborious rule making procedures and although there are nine states that have passed legislation, it can be years before they can be made law.

Penny Smalley is happy to do a presentation for PNC members and is willing to have it available on our Webinar platform, to be accessed at a later date.

The report on the survey, as well as the position statement, from the AfPP, is available for those interested. Email: Nadine.harrissmith@stgeorges.org.nz for a copy.

Nadine Harrison-Smith, Submissions & Crate Weight co-ordinator and PNC representative for Canterbury/West Coast/Nelson/Marlborough Region

Website Report

The Perioperative Nurses College webpage continues to provide new and relevant content and acts as a valuable resource to the Perioperative College membership.

The website provides a direct link to the USA's Association of periOperative Registered Nurses (AORN) standards and recommended practices, and also links to the Australian College of Perioperative Nurses *Journal of Perioperative Nursing*. There are also links and information about: International Council on Surgical Plume (ICSP), Medical Imaging Nurses New Zealand (MINNZ), the 7kg Crate Weight Project, Registered Nurse Assistant to the Anaesthetist, and the International Federation of Perioperative Nurses (AFPP).

This allows the PNC membership to access research-based information encompassing patient care, education, safety standards, and professional development opportunities. It all so provides opportunities to apply for awards for study, education and professional development. Education events occurring regionally, nationally and internationally are also advertised.

*Sandra Smith, Southland Regional Delegate
& PNC Website Coordinator*

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PNC Conference 2022

From Strength to Strength

After a series of delays quite beyond the control of the organising committee, the 47th annual conference of the Perioperative College of the New Zealand Nurses Organisation (PNC ^{NZNO}) was held in Christchurch from September 29 to October 1, 2022.

The conference theme was 'From Strength to Strength', which focused on looking forward in both personal growth and knowledge. This appropriate theme also reflected the tenacity and resilience of the Canterbury/West Coast/Nelson/Marlborough Conference Committee who must be congratulated for a well organised and successful conference. An overview of the presentations is provided for those members who were unable to attend.

PNC Free Paper Session and Debbie Booth Memorial Award

The Thursday afternoon Debbie Booth free-paper session sponsored by Obex Medical and Boston Scientific provided a glimpse into some interesting and highly relevant research and study conducted by members.

Sarah Eaton discussed some of the findings of her Masters research study into the transition in care of the post-surgical patient, in particular the challenges involved in perioperative nurse handover. The literature on perioperative handover suggests that a protected handover pause improves patient safety. Sarah presented the introduction of PITStop (Patient, Information, Time Stop (and listen) which has been successfully implemented at Mercy Hospital Dunedin. The hand-over tool is used to guide uninterrupted verbal handover from the anaesthetist and the theatre nurse to the PACU nurse.

Gillian Martin presented an outline of an online course entitled 'Perioperative Medicine in Action', provided by UCL (University College London). The course seeks to optimize the care of high-risk surgical patients using a multidisciplinary approach. It encompasses disciplines such as anaesthetics, surgery, nursing, elderly care, physiotherapy, and healthcare management.

Johanna McCamish gave a 'shout-out' to the skills of the PACU nurses and what makes them special. She reviewed the role and their specific attributes that support a patient through the perioperative journey while highlighting the importance of the nurse's assessment, critical thinking and patient oversight skills in ensuring patients safely regain consciousness. The ability to communicate information effectively is also critical.

Bron Taylor presented a snapshot of the findings of her Masters' research, identifying key factors senior perioperative nurses consider when making decisions about operating room (OR) staffing in Aotearoa. Results generated from the study indicated that 'safety' encompasses every aspect of the individualised care perioperative nurses provide. Decision-making around OR safe nurse staffing is complex, with safe patient care linked to appropriate nurse staffing allocations and encompassing an appropriate skill-mix for the specific patient acuity and case complexity. Bron argued that the traditional 'numbers' approach to OR nurse staff is questionable.

Open forum for delegates

Following the Free Paper session, a National Committee and Delegate Open Forum was held. This innovation was dedicated to inform members



Debbie Booth free-paper speakers, from left, Sarah Eaton, Gillian Martin, Johanna McCamish and Bron Taylor



Left to right: The trade stands were formally opened by Tony Boyce from platinum sponsor REM Systems. Dr Sally Langley gave an account of her pathway to becoming President of the Royal Australasian College of Surgeons. Dr Jeremy Simcock presented the findings of his quantitative research study.

of National Committee's future plans, perioperative initiatives and education planning. The open forum for discussion sparked animated conversations throughout the auditorium.

As usual, a welcome reception with refreshments and canapes followed, along with the opening of the trade stands by Tony Boyce from REM Systems. It is important to recognise and thank the sponsors, especially platinum sponsor REM Systems and silver sponsors Essity, Medtronic and Stryker.

On Friday morning, Master of Ceremonies Pio Terei launched the opening session to the 300 delegates who had arrived. Setting the scene, Pio acknowledged the diversity of attendees and reflected on his own cultural heritages prior to supporting a whakatuheratanga (opening ceremony) lead by Ruru Nako Hona.

KEYNOTE SPEAKERS

Nigel Latta - Resilience/Wellbeing

Nigel Latta, in his unique inimitable style, talked about resilience and wellbeing in the first keynote address on Friday morning. He had attendees relaxed and amused with his views on the health system, albeit sometimes provocative and even confrontational. Nigel even cited the events of a recent personal healthcare experience to attendees. He then reflected on the 'Covid' lifestyle we all have suffered through. Nigel highlighted the need to "choose our response to survive, focus on the stuff you can control, build culture" and finally "don't watch the news" as it's mostly negative. He pointed out the importance of teamwork, citing "everything of any worth is done as a team". Kindness and helping



Left to right: Friday's opening speaker Nigel Latta, Master of Ceremonies Pio Terei, Ruru Hona who welcomed delegates to Christchurch, and second keynote speaker Anah Aikman.

others should be the default state, all words we have heard many times before, but maybe more important than ever in 2022 as we go forward in our lives and workplaces.

Anah Aikman - Creating cultural transformation

'I belong therefore I am'.

Anah Aikman stepped up to the podium and through life experiences she told her story of being a registered nurse. She advised us to "be present and listen to others", "honour those who came before" and "role model" value-based relationships. Anah also described the importance of pepeha to show our connections. She advocated "leadership from the heart", believing that old lessons in a digital world create futures, "be curious, have a purpose". Her words on the 'whariki mat' and working with those on the fringes resonated with many attendees.

Anah spoke of her 45-year long journey from a personal and nursing paradigm. She is now in the process of completing post-graduate studies.

Stress in the Operating theatre

On Friday afternoon Dr Jeremy Simcock presented the findings of his quantitative research study which explored the origins and effects of stress in the OR through interviews with surgeons, trainees, nurses and anaesthetists from elective surgical teams. In a perioperative world that often has teams working in a 'shared endeavour' Dr Simcock argued 'that we learn by participation and further that learning is a social activity'. Relationships and particularly trust in the shared OR environment are important. Acute stress was commonly experienced but variable. The individual's experience depended on an assessment of demands and resources available. The interaction between communication, task focus and relationships between team members was critical to maintain either a positive or negative stress environment. This was both an enlightening and informative presentation.

Pathway to becoming President...

Dr Sally Langley gave an inspiring and very personal account of her pathway to her current position as the President of the Royal Australasian College of Surgeons. In the final keynote address on Friday, she described herself as being personally 'allergic to arrogance' and stressed the importance to her of 'sharing and fairness'. As an examiner, she has a passion for 'supporting newbies', and is seeking greater cultural diversity in the college membership.

Clinical handover: OT to PACU nurse

On Saturday morning, Sarah Eaton outlined her Master's research study which aimed to identify current practice in handover from the theatre

nurse to the post anaesthetic care nurse in New Zealand. A quantitative research design was used to collect data on the opinion, observations and experience of nurses in surgical hospitals throughout the country. A major recommendation from the study was for a formal 'handover pause' to be instigated in the post anaesthetic care unit, so all the health professionals involved in handover can actively engage in the communication process.

Sarah's Thursday free-paper presentation on PITStop also covered this topic. Face-to-face verbal handover in combination with a written framework of documentation is recommended. Education on how to conduct effective nurse to nurse handover is required.

Percutaneous treatment of spinal metastatic disease 2021 – the changing paradigm

Dr Mark Coates followed Sarah Eaton and gave a succinct presentation on the percutaneous treatment of spinal metastatic disease. Due to chemotherapy advances, people are living much longer with cancer and spinal metastatic disease is a more significant issue. The previous paradigm was one of radiology, oncology or surgery.

Dr Coates explained that the percutaneous ablative techniques have changed the management and treatment of the spinal disease. He outlined the procedure options of radiology, immunology and cryotherapy for the various bone and soft tissue sarcoma and myelomas in presenting patients.

Dr Coates facilitated the first multidisciplinary team (MDT) set up with local spinal surgeons in the Canterbury region to manage spinal tumours and spinal metastatic disease.

The Status and Rights of Islamic rules in Perioperative Care to the Muslim Patient

Immediately after Saturday's morning tea, Ibrahim Abdelhalim gave an informative and helpful presentation, bearing in mind that one in four patients will identify with the Islam religion or as being Muslim.

Ibrahim covered Islam as a way of life, its meaning, pillars of faith, family and the rights of women, food and healthcare treatments for caring for a Muslim patient. He concluded that it is important for the perioperative nurse to have knowledge and training to assist them in working with Muslim patients and their families before, during and after surgery. Ibrahim provided attendees with a copy of his presentation with an attached glossary of terms.

Living Life unlimited

Korrin Barrett's story is astonishing. In the final conference keynote address, she described her life journey from a challenging childhood marred by family violence to working in the Australian mining industry and then quadruple limb amputation after surviving a major sepsis.

Korrin was the deteriorating patient with a five per cent chance of survival. But survive she did, aided by her previously high level of fitness and obvious determination, drive and her and her partner's sense of humour. Despite the humorous anecdotes throughout her presentation, Korrin showed her dedication in working with the medical industry to ensure resources are provided to avoid her situation happening to other people. She is passionate about raising sepsis awareness and for helping others on similar journeys. She works with TASKA Prosthetics and Staros Crisis groups.

After 223 days in hospital, Korrin came home and whilst dependent on her partner and family, she began working on self-empowerment and reducing her disability, enabling her to get back to work. Remarkably her employer had kept her job open for her and was prepared to make all of the site modifications required for her return.

'If it doesn't challenge you, it won't change you.' F DeVito

Korrin's presentation 'Living Life unlimited' received a standing ovation from attendees. Korrin's passion for life not only inspired us, it triggered each attendee in the final session of the conference to reaffirm that we can go from Strength to Strength in our chosen career.

CONCURRENT SESSIONS INTERVENTIONAL RADIOLOGY STREAM

Trans-catheter aortic valve implantation

Murray Hart, Clinical Nurse Specialist in Cardiology at Christchurch Hospital, provided an excellent update on trans-catheter aortic valve implantation (TAVI). Optimal outcomes post TAVI are based on selecting the most appropriate patients for the procedure. He explained the growing awareness of the importance of frailty as a determinant of patient outcomes. The presence of frailty at an advanced age means a TAVI is less likely to improve quality of life or mortality. Serum albumin is an important marker of frailty.

Continued on page 18.



Some of the 300 delegates on hand for the formal welcoming ceremony.

Improving patient outcomes with surgical humidification



DURING SURGERY

- Reduces the incidence of peri-operative hypothermia
- May improve local tissue oxygenation^{#Δ}
- May improve local tissue perfusion^{#Δ}
- Deflects particles^{§Δ}

POST SURGERY

- Improves end of surgery core body temperature
- Reduces local peritoneal inflammation
- Reduces SSI[«]
- Reduces time in recovery[«]

LONG TERM

- May reduce adhesion formation^Δ
- May reduce tumour burden^{«Δ}
- May reduce tumour metastasis^{«Δ}

*« in laparoscopic surgery; # in open surgery;
Δ as demonstrated in an animal model;
§ as demonstrated in a wound model.*

Reduction in economic costs

Murray emphasised the importance of pre-procedure patient/whanau education and setting expectations is key to promoting best outcomes such as the expectation of discharge the day after the procedure.

Patient outcomes have improved in Christchurch through a combination of cardiologist experience, improved valve design and the procedure becoming more minimally invasive. Procedures are now typically done under conscious sedation, no central venous line or urinary catheter, three to four-hour CCU stay only and discharge the following day. Murray's excellent presentation drew on a number of key phrases: select the best, less is best, expect the best, and be the best you can be as a nurse and follow your passion. Murray has clearly done this.

His final catch phrase was 'the best is yet to come' explaining that the technology now exists for the mitral valve, despite its more complex anatomy, to be replaced by a percutaneous approach though this technology is not yet available in New Zealand.

Ultrasound guided cannulation

Peter Ouden discussed the introduction of a vascular access clinical pathway lead by the Radiology Department at Christchurch hospital. The intent of the clinical pathway is to lead to intentional selection of the best vascular access device for the patient, specific to the individual diagnosis, treatment plan, current medical condition and the patient's vessel health.

A Vessel Health and Preservation (VHP) programme incorporates evidence-based practices focused on timely, intentional, proactive device selection, implemented within 24 hours of admission. Peter outlined the negative impact multiple failed attempts at IV cannulation have on the patient, the risk of medical complications and the psychological trauma and phobias that may result from multiple failed attempts. Early identification of patients with difficult IV access (DIVA) allows the use of ultrasound guidance to insert IV cannula which is now gold standard

and a service offered by Radiology either in the department or at the patient's bedside.

Advanced tunnelling of CICC's

Steve Cotterell, a senior staff nurse in Radiology at Christchurch Hospital, has been inserting Peripherally Inserted Central Catheters (PICCs) for more than 20 years in adults, then neonates and children.

He discussed some of the potential problems with PICCS such as tip migration, now largely overcome by new securement devices, infection and thrombus development. He then outlined the nurse-led practice of tunnelling central venous access devices (CVAD) and discussed the necessity for starting the service and the credentialing process.

Steve and another nurse now insert both tunnelled PICCs and Chest Inserted Central Catheters (CICC) and he briefly outlined the tunnelling technique. Tunnelled catheters offer other options where vascular access options are limited, especially in severe burns or trauma, or where patients have had multiple previous vascular access procedures.

Uterine fibroids: treatment options

Karen Prendiville discussed the symptoms caused by uterine fibroids including lower abdominal pain, heavy vaginal bleeding, chronic anaemia, discomfort, pressure and bulk symptoms and their negative impact upon quality of life. Treatment options include total abdominal or vaginal hysterectomy, myomectomy and the lesser-known procedure of uterine fibroid embolization (UFE).

Uterine Fibroid Embolization is an option that should be discussed with the patient using a multidisciplinary team approach, involving the obstetrics and gynaecology (O&G) team, Interventional Radiologist and nurse specialist. Assessment includes ultrasound and magnetic resonance imaging (MRI) along with clinical assessment.

The patient is preadmitted to a surgical ward under the O&G team. The procedure is done in Angiography using fluoroscopic guidance and a femoral artery approach. Embolization is then introduced via catheter to

Crate light 2023!

Crate Weight Update from Christchurch Conference October 2022

As hosts of the much-anticipated PNC Conference, we had the ideal opportunity to continue promoting the unresolved health and safety issue — heavy surgical instrument sets, particularly in intraoperative orthopaedic and neuro sub specialities (i.e. the 'Crate Weight Issue').

This took the form of a booth in the trade area to share and promote information on this problem. It was well supported by conference attendees on both Friday and Saturday. The booth was used to promote the upcoming 2023 change from NSSA around the standards that New Zealand sterilising departments adhere to. A lot of attendees were unaware of the guidelines around maximum crate weights, so the following is a brief history.

The booth showcased two relevant PNC posters on the topic. The first poster discussed the 2014 study conducted in Canterbury theatres, combined with a literature review of the topic, which led to PNC benchmarking 7kg loan crate / tray weight limit.

The poster illustrates the hidden risk the very heavy surgical tray / crate poses for staff in our settings; in particular when combined with repetitive

lifting and twisting to use, handle and store it.

The second poster offered practical working improvements, from routinely 'end labelling' of all crates, to the routine use of 'HEAVY' stickers, or different coloured single use wraps to alert staff that the tray is particularly heavy.

Attendee Feedback

Plastic Sliders: Nearly all attendees reported their workplaces used plastic slider trays under trays to ease the movement of the item towards the lifter on a shelf. Great job!

End Labelling: Theatre storage is always at a premium. No hospital reported the luxury of not needing to 'stack' sterile surgical crates/trays at times. However, it was a shame to hear, after all this time, there are still hospitals around New Zealand that continue to label the top of the set, so if it has another tray sitting on it, nurses have to lift this off before they can confirm what the bottom tray actually is. Changing to labelling one end of the set (which is then stored with this end facing out) eliminates the need for this unnecessary lift as it is easy to see what is stacked where.



Interventional Radiology Stream speakers Steve Cotterell and Karen Prendiville



Ibrahim Abdelhalim: one in four patients will identify with the Islam religion or as being Muslim. Pictured here with Meg Agnew from the organising committee.

Several attendees discussed initiating a trial of 'end labelling' in their units after understanding the obvious advantage.

Heavy Stickers: The booth also included the Guess The Weight challenge to try and emphasise the issue of the smaller looking crate actually being the *risky heavy lift* as opposed to the bulky large crate which actually weighed less! It was interesting to hear that nurses working in specialities other than orthopaedics and neuro were not so familiar with this issue. Some nurses were very interested in taking back the recommendation of HEAVY stickers to their Sterile Services departments to alert staff to particular risks.

Suggestions and Discussion:

- Some attendee suggestions included fining companies per heavy (over 7kg) loan tray;
- Generally speaking, attendees saw the responsibility for the issue as lying with the surgical companies and were frustrated with their general lack of compliance;
- One attendee reported that their hospital had just purchased new sterilisation tray /crate systems that weighed over 4kg — without any instruments! They attributed this problem to ignorance of the issue by the decision maker. Sadly, this occurred even though there are many lightweight crate/tray options in the Australasian market.

Background on Crate Weight

The Australasian College for Infection Prevention and Control (ACIPC) is a key professional body to advise New Zealand and Australian Theatre Sterile Service Departments. This advice includes the provision of industry guidelines and standards to adhere to, in particular standards around

block off or embolise blood supply to the fibroid(s). Initial transfer to PACU is required followed by overnight stay in the surgical ward. Pain typically peaks at four hours post procedure and post embolization syndrome. Nausea, vomiting and pain may occur for up to 48 hours. The patient is reviewed the next morning and if satisfactory, discharged home with phone contact by the nurse specialist at one week and six weeks.

An MRI scan is done at 6-12 months and a quality-of-life survey conducted. Uterine fibroid embolization offers minimally invasive treatment of uterine fibroids with preservation of the uterus and ovaries. It has a quicker recovery time, is cost effective, and has a positive impact on a patient's quality of life.

Ischaemic Stroke Service

Gillian Martin discussed the history of ischaemic stroke treatment including current practice, how the stroke service came into existence at Auckland DHB (now Te Whatu Ora, Te Toka Tumai, Auckland). The national stroke clot retrieval service programme has an immense impact on healthcare in New Zealand. There are only three centres for stroke treatment nationally and the continual professional development of staff impacts on the patients who suffer an ischaemic stroke, their treatment, care and recovery.

PERIOPERATIVE STREAMS

Critical Incident Peer Response Team (CIPT)

This is a welfare intervention for full theatre teams. Neroli Harrison-Katene outlined the use of a CIPR team at Waikato Hospital, which has been used in OR for years. This has provided psychological support to staff members in OR services and delivery suite involved in 20 critical incidents to date. Neroli provided three key learning points:

- It is unpredictable what events are "critical incidents" for people and which members of the team will be affected;

reprocessing of reusable medical devices. Of relevance to PNC this includes surgical instrument sets.

Impending Changes

In recent years New Zealand Standards AS/NZ 4187:2014 (with two amendments) and AS/NZS 4815:2006 underpin NZ Sterile Service practice. However, in the near future, there is a new Australasian standard that will both inform and direct both countries Sterile Service practices. AS 5369:2021 is still going through discussion of the public comments. There is no date at this stage and it is not anticipated that it will be published until 2023. On page 79G of this new standard it states "When configuring Reusable Medical Devices (RMDs) into sets they should weigh up to 5 kg and not exceed 7kg".

This is good news for all New Zealand staff manually handling the consistently heavy orthopaedic and neuro surgical instrument sets. It supports the work undertaken by the PNC Canterbury Region working party on this topic. More importantly, it allows speciality leaders to continue to reference this issue to the latest industry standard from 2023 onwards and slowly and steadily demand and enforce change from the surgical companies around this health and safety manual handling risk.

Spread the word and discuss this in your workplace; can YOU make any improvements?

I will keep you posted as this Standard is released for NZ wide adoption.

Robyn (Bobby) Guy / (ex) Orthopaedic Intraoperative Clinical Nurse Specialist (CNS), Burwood Hospital, robyn.guy@cdhb.health.nz

- Having the full team is important for sharing of information/ knowledge/understanding, and this helps immeasurably with the emotional response;
- Culture change within OR by having this intervention available; a reminder that we are valued by our colleagues and management is resilience building.

The emphasis was on staff welfare and not to scrutinise staff involved. Held between shifts it was a safe place to help individuals and teams to cope with the effects of the event and support staff wellness.

Charity begins at home

Averill Williamson gave a report on the Charity Hospital, Christchurch which has been offering surgical services to Cantabrians since 2007. Their patient community are those unable to access Government funded care and who do not have financial resources for private care. Averill spoke on the reason the hospital was started, outlined the types of surgeries carried out there and the referral processes for an individual who wishes to access the service.

The hospital relies on the generosity of the people of Canterbury who donate their time and money so the hospital can provide free care. In her conclusion Averill updated the attendees on the building of a Charity Hospital in Southland and also the extension of Canterbury services to include surgical, endoscopy, dental and counselling options.

Components of Job satisfaction for nurses, with a focus on Generation Y

Gabrielle Alchin reported on her recent post-graduate research on job satisfaction factors as applied to the different generations. Stressing the importance of recruitment and retention with 15 per cent of all nurses over 65-years of age, Gabrielle suggested it is in our best interests to foster and retain the Gen Y nurses to help cover the predicted future global shortage of nine million nurses.

Three themes and nine sub themes relating to job satisfaction were identified:

- Challenging practice environments encompasses concerns around heavy workload, challenging scheduling and availability of professional opportunities;
- Positive relationships which relate to beneficial and supportive relationships with peers and supervisors and a connection with the nursing profession;
- Feelings of contribution, value and safety within the workplace, which describes the importance of feeling supported, recognised and appreciated as a nurse.

Gabrielle concluded that despite some specific examples of differences between generations in regard to job satisfaction, there are

significantly more similarities, demonstrating that retention strategies may not need to be targeted.

Canterbury supportive perioperative learning environment

A combined presentation from Sarah Gibbon and Lorna Davies focused on the collaboration between Canterbury District Health Board and the Ara Institute of Canterbury to create a supportive perioperative nursing learning continuum from the students' Dedicated Education Unit model to the new graduates' Enrolled Nurse Support into Practice programme especially at Burwood operating theatres. With nursing shortages potentially becoming worse in the next decade, this collaboration is working well to support enrolled nurses' transition into the perioperative environment.

Allergy and Anaphylaxis

Dr Kim Phillips' presentation summarised the management of anaphylaxis in the hospital environment. In addition, she covered the post crisis work up and investigation of anaphylaxis patients.

New graduate nurse operational capability

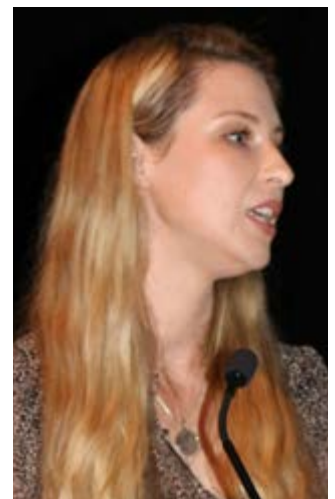
Christina Mason presented her masters research reviewing new graduate nurses' (NGN) experiences within the first years of employment to establish operational capability. The research aimed to determine the timeframes that NGNs achieve competence and confidence at performing core and speciality skills related to scrubbing, circulating and leadership within the Operating Theatre.

Thirty-nine nursing entry to practice (NetP) programme registered nurses were surveyed via a descriptive survey collecting quantitative data. The results showed that the NGN acquired basic and intermediate scrub and circulating skills across several specialties within the first year of practice. The number of specialties increased in the second year of practice and further accomplishment of complex skills could be seen in a minimum of one speciality. New graduate nurses also undertook basic leadership roles early within their first year of practice.

Christina's research concluded that new graduate nurses became competent and confident within the first year of employment in basic and intermediate surgery, with increasing confidence in complexity in the second year of practice.

Working in Chaos

Rebecca Porton-Whitworth presented a reflection from a perioperative clinical nurse specialist on the many challenges faced by the perioperative team in managing and caring for the mass casualties from the Christchurch Mosque shootings on March 15, 2019. She addressed the mass casualty response by Christchurch Hospital, the flow of patients through the operating theatre, patient identification, forensic specimen



Perioperative Streams speakers, from left, Averill Williamson, Isabel Jamieson, Jerald Ugdooracion and Gabrielle Alchin.



Clockwise from above left: Simon Rodwell and Silvana Harding on the Ansell stand. Sarah O'Dell demonstrates one of the Evolutis arthroplasty products. Lesley Michael was kept busy on the Jackson Allison stand. Sandy Tuck (left) was delighted to win a bottle of Pommery champagne from Schulke New Zealand's Anna Page, and Bron Taylor, busy on The Dissector stand.



collection and response by different members of the perioperative team including sterile services and operating theatre assistants. She incorporated the importance of communication and staff wellbeing. The second part of her presentation looked at working in chaos and the stress and challenges that are faced during a mass casualty event.

Each incident poses different challenges and injuries and we can learn through debriefing and sharing of information which can be incorporated into future planning. She addressed the effects of terrorism on the healthcare community and the aftermath. There are several key phases to recognise by the medical team in their response following a terrorist incident:

Phase 1: Chaos; Phase 2 Casualty receiving phase; Phase 3: Consolidation; Phase 4: Definitive Care; Phase 5: Rehabilitation; Phase 6: Staff support.

Transitioning into the NZ workforce

Jerald Ugdoracion discussed his personal experience of transitioning into a new healthcare system. In order to bridge the shortage of nurses in New Zealand, we are relying on migrant labour from internationally qualified nurses making up 27 per cent of our workforce. The biggest proportion of these nurses (28 per cent) come from the Philippines.

Jerald addressed the struggles and conflicts internationally qualified nurses undergo in their transition, which includes social factors, communication styles, marginalisation and discrimination, assertiveness and cultural displacement. He highlighted the cultural differences between the Philippines and New Zealand with the hope that Filipino nurses will be better understood and supported in their journey towards becoming New Zealand nurses.

Kaiāwhina nurse - what's in a name?

Carmel Appleby outlined how the adoption and use of the title 'Kaiāwhina

nurses' has influenced the way they deliver care in the OR she works in.

Kaiāwhina means helper, assistant, contributor or advocate. The unpredictable and busy nature of OR today can often cause nurses to lose sight of the holistic needs of our patients and become task-orientated. The Kaiāwhina role provides patients with a singular nurse who is solely dedicated to overseeing all aspects of their care to ensure the patients' needs are met accordingly.

The Kaiāwhina will be their nurse until handover to the PACU nurse. Because most care delivered to Māori patients is by non-Māori nurses, the Kaiāwhina role is now being used to develop cultural competence by supporting nurses to use the Te Whare Tapa Whā model of care. Carmel shared her own experience of 'prayers before surgery' whilst in the role and walking alongside nurses who are learning the role. Carmel emphasised that they are all dedicated to overseeing aspects of a patient in their care to ensure all the patients' needs are met.

In conclusion she noted that Kaiāwhina causes nurses to pause and think of what and how they deliver their care. Because the name is different, it helps them to be mindful and intentional and nurses are reporting they are making meaningful connections with their patients.

Generation Z RNs' views towards nursing

Dr Isabel Jamieson reported on research on experiences of nurses during the Covid-19 pandemic. Her aim was to explore the views of Generation Z registered nurses toward nursing, work and career.

In a nationwide online survey, all NZNO registered nurses born between 1991 and 1999 were asked to tell of their experiences, both professional and personal, during the COVID-19 pandemic.

From the free text responses, Generation Z nurses spoke of a pleasant working environment versus a chaotic workplace, high stress levels, fear of the unknown a negative impact on their personal lives and a daunting

time versus a fulfilling time as emerging themes.

Generation Z nurses spoke of adverse effects such as hospitals being closed, stock issues, staff and isolation issues. Isabel concluded by emphasising the value of having strategies for wellbeing, supervision and mentoring.

PERIANAESTHESIA STREAM

Paediatric PACU problems

Dr David Linscott, a specialised anaesthetist with an interest in anaesthesia for children, focused on paediatric PACU problems, including aspects of pain management, communication and language around pain management with children and families. For example, during anaesthetic induction of children, he suggested only having the single voice of the anaesthetist with the child and parent and having a distraction like a video or favourite book to help develop an interactive relationship with them.

He also suggested that negative sensory experiences of patients can be minimised by avoiding negatively-associated words such as 'pain'. For example assessing the patient's level of *comfort* as opposed to their level of *pain*.

Dr Linscott discussed critical events, PEWS (Paediatric Early Warning Score) and post-operative monitoring, anxiety and post-operative delirium in children. The PEWS score is a part of the clinical observation's nurses undertake during nursing assessment. This refers to all infants, children and young children.

Pain Management in PACU

Johanna McCamish's presentation was on Pain management in PACU. Johanna discussed how patients worry about many things throughout their perioperative journey, of which pain is the main one.

Her presentation covered a brief overview of pain assessment and treatments that can be used to reduce pain while in PACU and how imperative it is to have a good understanding of acute pain and its management in the perioperative unit.

Waikato DHB Cyber Attack

Neroli Harrison-Katene, Angela Bhandal, and Carmel Appleby presented on the problems they faced when the Waikato District Health Board had a crippling cyber-attack and ransom demand in May 2021. They gave the inside story of what it was like for the staff with no access to

any information and how hard it was to bring everything together when patients who had had appointments kept turning up.

Personal phones were relied on and the Teams App became a necessary form of communication.

The presenters described how good networking was practiced; staff acted as 'hunter-gatherers' to locate patients; contact phone numbers were lost; nothing could be plugged into the hospital systems; and at some point, cow bells were used when the emergency bells didn't work!

It is hard to appreciate how deep the disruption to all forms of communication went, though the presenters managed to convey this to some extent with a clever video showcasing some of the many frustrations experienced by both staff and patients on a daily basis.

This was a very interesting and enlightening talk which highlighted how we take everything for granted with the press of a button on a computer.

High flow nasal oxygen and CPAP

Amanda O'Connor discussed how it is not uncommon for patients to be respiratory compromised in the post-operative environment. In some patients, this can be caused by or lead to postoperative pulmonary complications (PPC).

PPC result from a multitude of factors such as ventilatory, surgical, anaesthetic, and patient factors.

One of the key causes of PPCs is atelectasis which is a widely accepted



Above: Fisher & Paykel Healthcare's Luda Kozlova (left) with Bettina Marenzi, Karen Hall and Kathryn Fraser. Below: the challenge winners.



occurrence in the perioperative environment. High flow nasal cannula (HFNC) and continuous positive airway pressure (CPAP) are tools which can be utilised to provide respiratory support throughout the perioperative journey, especially for patients who are high-risk.

By intervening early in PACU with high flow oxygen to reduce the work of breathing, postoperative pulmonary complications can be avoided. There was an emphasis on this taking place in the immediate post op period, for example bariatric patients being extubated onto CPAP.

Opioid substitution programme

James Marshall, a senior Psychiatric registrar, and Laura Bates, a trained Mental Health Nurse, provided practical and clear information to assist nurses working in the perioperative environment to better meet the needs of people with opioid dependence.

In their presentation, 'patients who are on an opioid substitution treatment programme', Marshall and Bates discussed the specific considerations for patients in the perioperative setting, medications used to treat opioid dependence and some of the common challenges arising from the management of opioid substitution treatment in the hospital setting, including consideration of systemic and individual factors from staff and patients.

Marshall and Bates concluded by giving suggestions on how to implement changes in the practice setting to improve patient outcomes for this population. The presenters stressed there is always someone available especially in Canterbury to call for advice on the management of these patients.

Each centre has its own contacts.



Left: Boulcott Hospital's Karen Hall (right) catches up with 3M's Ginene Scott (centre) and Rebecca Carter-Wardell. Right: Global Medics had a stand-out display which saw the company win the Paul Duke Award for the first time.

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The Christchurch Marathon...

By Sue Claridge & Bobby Guy

Delivering the 2022 PNC Conference in Christchurch had the organising committee on a long journey that started in 2009 and went from strength to strength, each member becoming more and more confident that 2022 would go ahead, despite numerous setbacks.

A huge thank to everyone who helped us get the 2022 PNC Conference across the line. Many of you may not know the background to the longest standing PNC conference committee ever. It's a bit of a novel, but here goes...

2009:

Canterbury was booked on the PNC conference calendar to host the national Perioperative Conference for 2011. Ensuring dates and venues for around 200-250 attendees requires any committee to start planning at least two years in advance. A group of keen youngish Canterbury theatre nurses volunteered to join the upcoming Conference Committee. Early meetings began.

Eventually, dates were confirmed as June 30 to July 2, 2011 (earlier than usual to avoid conflict with the 2011 Rugby World Cup).

With many of the team truly passionate about rugby, the conference theme was appropriate - *'Pause *Touch *Engage'*. (We still have the pen produced for a give-away at the conference!). Planning went ahead, with enthusiasm and many companies booked to attend — it was going to be great.

February 22, 2011:

At 12:51pm (lunchtime) a 6.3 magnitude earthquake struck Christchurch. Civil defence declared a Category 3 emergency, the highest possible for



a regional disaster. It caused extensive damage to homes, infrastructure and buildings. We struggled with burst water mains, flooding, liquefaction and power outages. The Port of Lyttleton was damaged, and many roads cracked. Schools were closed; the Christchurch airport remained open only for emergencies. In the first 24 hours, 185 people had died and 6659 more suffered major injuries. More than 10,000 homes needed rebuilding and 3500 had to be demolished.

At the time the earthquake struck, the venue we had booked, the Christchurch Convention Centre, was holding the Annual Scientific Meeting for the Urological Society of Australia and New Zealand.

It was later discovered the Convention Centre had sustained structural damage and had to be demolished. Not only that, but many of the hotels surrounding the Convention Centre were also damaged.

With so many other conferences scheduled for the Christchurch Convention Centre scrambling to find new homes, the Christchurch conference organising committee was in a difficult position. Finding an alternate venue proved an impossibility so the heart-breaking decision



The 2022 PNC Conference Committee, left to right, back row: Bobby Guy, Sue Claridge, Nadine Harrison-Smith, Marilyn Casey and Meg Agnew. Front row: Vanessa Bacaltos (Convener), Sarah Elley, Robyn Strachan and Gill Cowlshaw.

THE PEOPLE BEHIND THE CONFERENCE

2011 Conference Planning Committee: Sue Claridge, Jackie Liddy, Debra Chapman, Miranda Pope, Robyn Bisset, Sarah Chidgey and Doryan Mahalm.

2020 Conference Planning Committee: Di Darley (Convenor), Robyn Strachan, Sarah Elley, Sue Claridge, Karen Sword, Marilyn Casey, Ali Perry, Gill Cowlshaw, Meg Agnew, Bobby Guy, Dee Cassels, Isabel Jamieson and Carol Boyd (since deceased).

2022 Conference Committee: Vanessa Bacaltos (Convenor), Robyn Strachan, Sarah Elley, Marilyn Casey, Meg Agnew, Nadine Harrison-Smith, Gill Cowlshaw, Bobby Guy, Sue Claridge.

The Conference Team, PO Box 20051, Christchurch 8543. T: 03 359 2600 | M: 027 303 8703 | e: joanne@conferenceteam.co.nz | www.conferenceteam.co.nz

A huge thank you to Joanne and Chris for helping us get the 2022 PNC Christchurch conference across the line.



Joanne Reddock and Marg Craig from The Conference Team.

was made and the 2011 conference was cancelled (see report in *The Dissector*, March 2011, Vol. 38, No. 4, p8).

Moving ahead, National Committee encouraged the Canterbury-West Coast Region to try again for 2020. And so, with a largely new organising committee, planning started over. Another theme, '20/20 Vision', was embraced, another pen, a new venue, new speakers, new and amalgamated medical companies re-contacted and re-invited to come back to Christchurch. Little did the committee know what was coming!

October 2019

After a few false hopes, at last it was our turn on the PNC conference calendar, again. More meetings. Four of the original 2011 Conference Committee were still hanging in there. Fortunately, with some minor coercing, some young keen nurses joined the group. We had a bit of a plan - with '20/20 Vision' as the theme. For the dinner idea we looked back 100 years to the 1920s and planned an Art Deco swinging 1920s party. We arranged a 'flapper dance' type Challenge and the dates were set to be October 8 to 10, 2020.

February 2020

The COVID-19 pandemic reached New Zealand and the first cases that went on to spread around the country would railroad the conference yet again. On March 19, 2020, the New Zealand government banned indoor gatherings of more than 100 people, then the borders were closed to all but New Zealand citizens and permanent residents returning home. Three days later the government introduced the four-tiered Alert Level system to help combat the spread of COVID-19, the nation initially at Alert Level 2.

At 11:59pm on March 25, 2020, New Zealand moved to Alert Level 4, and the entire nation went into self-isolation. A State of National Emergency was declared at 12:21pm and we began what turned into a six-week State of National Emergency. That turned into an ever-changing declaration of varying Alert Levels which was to last through to December 2, 2021 when all of New Zealand moved to the COVID-19 Protection Framework, also known as the "traffic lights system," at 11:59pm.

With these ever-changing closures affecting the country all through 2020, there was uncertainty over holding events with groups of people from around the country. Once again, the Christchurch conference organising committee was in turmoil - should we try to hold the conference or postpone it? A postponement was the option chosen. The committee would try again in 2021.

We sadly swapped ideas of pearls and boas for secondment, long hours and PPE training, 'scanning in' and masks!

2021:

Another try and even more meetings... '20/20 Vision' was out and 'Strength to Strength' became the new catch phrase, reflecting our tenacity. We thought a theme around 21st birthdays could link nicely to 2021, i.e. wear what you might have worn at your/a 21st ... and party like it was!! We planned a sneaky "pub quiz" Challenge around the number 21, but continual COVID-19 lockdowns and 'gathering' limits stopped that. The PNC Conference in Christchurch was again postponed, this time to 2022 but in the turmoil, the conference committee lost a key contributor when our chairperson, Di Darley, retired at the end of 2021. Thankyou Di for leading the groundwork for so long.

2022:

It was back-to-back meetings, with fresh dates and new leadership. Vanessa Bacaltos became our new Convenor and hit the ground running and has not looked back! We had the usual conference issues, shrinking budget, rising costs, changing dates and finding replacement sponsors

REAL LIFE – SO MUCH BETTER THAN 'ZOOM'

I have always loved reading and words presented in person by the speakers at the 2022 conference left me wanting more. Three days was not enough! Yes, Skype, Zoom, Teams etc. maybe all right, but words in real life are so much more inspirational and valuable when we can connect with the speakers.

I cannot stress how so many of the 2022 conference speakers gave us hope for the future of not only perioperative nursing, but in our day-to-day lives, through their **words** and stories, simply amazing....

After waiting so many years for this conference to begin, it was a real pleasure to sit and listen to the **words** from the first speaker to the very last, who received a standing ovation for sharing her story.

Sue Claridge

and speakers at short notice but after dealing with “the Quake”, then COVID-19, this was “pips” to the now seasoned organising committee. ‘Strength to Strength’ as a theme rolled over nicely and continued to reflect our resilience. Our speakers shared inspiring stories of their strengths. For the committee it felt like the end of the longest marathon.

But why a Bridesmaid dinner challenge? Apparently the phrase “Always a Bridesmaid, Never a Bride” originated in an old music tune which had the line “Why Am I Always a Bridesmaid?” The mouthwash brand Listerine became responsible for the phrase’s widespread use in a television advertisement. We chose it as our conference dinner theme as it referenced our fourth attempt to host this conference for you. At last we got to be “the Bride”! Obviously, from the photos, it proved a positive theme and led into The Challenge nicely — i.e. design a bridesmaid dress using the consumables provided in the wedding present box. We got some GORGEOUS results!

If you’ve been a bridesmaid more than three times; that was us! Don’t worry. According to folklore, you can reverse the curse. The first way is to catch the bride’s bouquet. So obviously we rounded it off with a bridesmaid scrum and a ‘bouquet’ catching Challenge. We used unique handmade flowers made for us by retired EN, Shirley Rogers, a member of the original 2009-2010 organising committee.

So, the motto of this long tale is... plan, plan and plan again. Plus had our secret weapons; Joanne and Marg from The Conference Team. They

advised us to take Conference insurance way back at the very beginning — pre-2010, which protected our original NZNO conference seeding money. So, a huge thanks to these two hard working professionals. More than 10 years later, we finally got it across the line. They could definitely be theatre nurses!

It is safe to relate that everyone on the conference committee had their own hurdles to overcome throughout the nearly 10 years it took. We all became more confident and more successful whilst organising the longest planning of a conference ever. Each one of them went from Strength to Strength seeing their plans culminate in the successful delivery of the 2022 PNC National Conference.

When the doors opened at St Margaret’s College at 1pm on September 29, it had been 22 years since Christchurch last hosted a PNC National Conference. Who would have known just how prophetic the theme chosen for that November 2000 conference would be: “*Challenges in the New Millenium.*”

We have been challenged all right! But in September 2022 perioperative nurses again came together in the Garden City to celebrate their passion for nursing. Thank you all for supporting the event.

Lastly, congratulations to the marvellous ‘new’ team members who stepped up without prior knowledge or even in some instances having never ever attended a PNC National Conference before. You are well set to lead the next one as the old girls will be gone! Great job! ■

A strong voice for perioperative nurses

As the incoming Chair of the Perioperative Nurses College, I must thank Juliet Asbery for steering the ship of Perioperative Nurses College throughout multiple major events and providing steadfast commitment not only to National Committee members, but to you as delegates and PNC Members. Juliet is a quiet advocate with a strong voice that is particularly persistent.

To give you an insight into how Juliet has guided us through the last several years, I need to mention the following. She organised White Island Crisis supplies, relief and gifts following the volcanic eruption and offered perioperative support as Chair of PNC. She was also integral to the response to the Covid pandemic and perioperative practice. She consulted with the New Zealand Chief of Nursing and government bodies regarding patient care during lockdowns, elective waiting lists as they were reduced (and still are) and perioperative concerns regarding disparity across the regions and the lack of PPE distribution and nursing support.

Juliet was also instrumental in the collaboration of the current free online New Zealand webinars for all perioperative nurses presented on the My Health Hub platform. This delivery of digital education via webinars is about engaging with our members and non-members to provide back to basic education and specialty knowledge by perioperative nurse’s for perioperative nurses.

I also need to mention Juliet’s passion for education and the ongoing building of knowledge and expertise in perioperative care. Juliet has advocated for registered nurses in the operating theatre space tirelessly ensuring that the value of the registered nurse in the operating theatre space is retained. This work included compiling submissions and education for the New Zealand and Australian College of Anaesthetists for the Surgical and Anaesthetic Pathways.

This is a major and valuable portfolio that I will be inheriting and I look forward to continuing the fight that Juliet has sustained

throughout her term as College Chair. I will miss Juliet’s laughter at the table and more importantly, as I said before, her patient and persistent ability to get the right actions actioned.

Thank you Juliet. I have some worthy and big shoes to fill.

Cassandra Raj



Outgoing PNC Chair Juliet Asbery (left) with Cassandra Raj.

ACPAN Conference: two days in Adelaide

By Eby Eapen Mathew & Amber Cox

The National Conference of Australian College of PeriAnaesthesia Nurses (ACPAN) was held in Adelaide on October 21-22, 2022 at the Adelaide Oval, South Australia. The conference involved a workshop day and a conference day.

The workshop day was made up of five one-hour sessions which covered cell salvage, capnography monitoring in the Post Anaesthesia Care Unit (PACU), cricothyroidotomy and management of the difficult airway, nasal high flow and breath assessment.

Workshops

The workshops were led by the representatives of five medical companies. The representative from Medtronic gave a demonstration of the Medtronic cell saver machine. It was an eye-opener for many delegates to realise that packed red cells cost more than \$1000 when we consider the direct and indirect cost — one of the many reasons to preserve red blood cells. The presenter did an exceptional job of explaining how cell-saver machines work. As a PACU nurse I have only seen and heard of this machine but it was valuable to understand its functions.

The workshop on end tidal CO₂ (EtCO₂) monitoring), also from Medtronic, touched on some of the sentinel events that resulted in fatal outcomes for patients due to respiratory failure, where the EtCO₂ monitoring would have helped identify hypoventilation leading to patient harm. The discussion after the session highlighted the fact that even though the benefits of EtCO₂ monitoring are well documented and known, implementation is still lagging. Educational resources required to bring this technology into the ward setting was also identified as a challenge to implementing capnography monitoring more often.

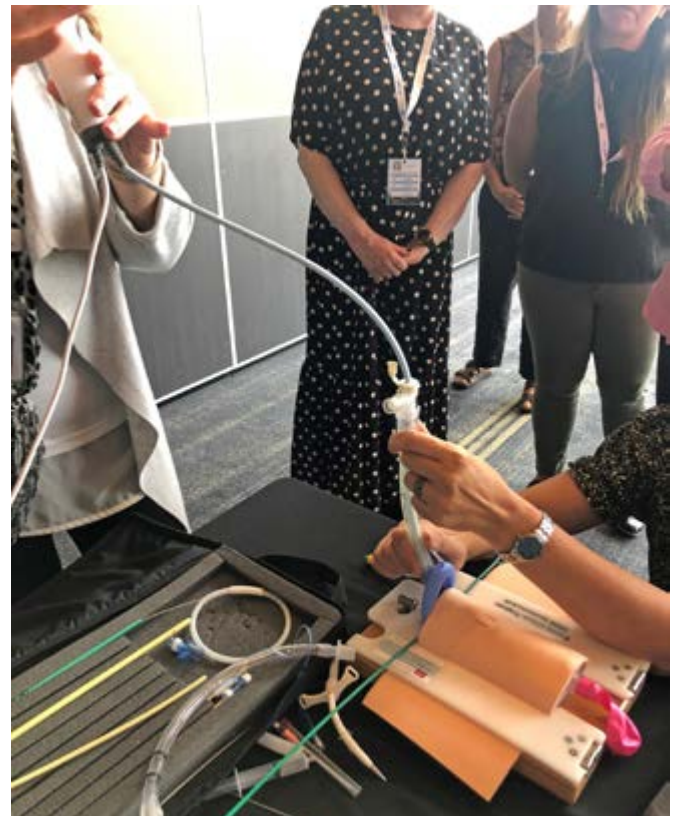
A representative from Cook Airways demonstrated their latest difficult airway equipment and the delegates appreciated the opportunity to practice with them on a manikin.

Fisher and Paykel representatives presented a session on nasal high flow oxygen which highlighted the benefits of high flow therapy. They demonstrated the equipment used for pre-oxygenation and intubation as well as the latest generation of Airvo system (AIRVO3) used pre and post-operatively.

Kevin Holliday from Cardinal Health did an impactful presentation titled 'Assess the breath'. Kevin emphasised the importance of basic nursing skills like counting the respiratory rate for a full minute, and using critical thinking skills in patient assessments, rather than completely relying on colour-coded observation charts.

Culture shifts

The second day started off with a welcome speech by ACPAN President



ACPAN airway workshop.

Fiona Newman, followed by a short presentation by the platinum sponsor of the conference – Drug Waste international. This company has an innovative solution for responsible and compliant disposal of drug waste, currently being used in hospitals around Australia and in New Zealand. Details are on www.drugwaste.com.au

The keynote address was delivered by Dr Melanie Murray, a senior lecturer at Murdoch University, who has also held various nursing and senior nursing roles previously. In her talk 'Leadership, workforce and Culture', Dr Murray highlighted how the nursing workforce — from Baby-Boomers through Gen X, Gen Y and the current Gen Z — has had culture shifts from live-to-work to work-to-live, to work-for-purpose, to a politicised, global mind set, respectively. Dr Murray emphasised how nursing leadership should adapt to the changing culture of the workforce and called upon nursing leaders to be transformational leaders.

24-hour wards

Karina Kendall, Nurse Unit Manager from Adelaide gave a presentation on a new patient flow system developed and implemented in their hospital. It is named Advanced Recovery Room Care. Like many PACUs throughout Australia and New Zealand, they had the issue of patients having prolonged stay in PACU because they were too unwell to go to the ward, but not unwell enough for ICU admission. They created a new 24-hour ward, initially staffed by PACU nurses, but they later recruited ICU/HDU/Surgical nurses as well.

The patients would undergo a specific scoring system pre-operatively and if they scored above a certain level they would be booked for this ward to be cared for overnight post-operatively. They differed from HDU as the model of care was designed for specific post-operative care led by the surgeons and anaesthetists.

Culturally sensitive care

Sylvia Reynolds, Aboriginal Nurse Practitioner, gave a presentation on how important it is to provide culturally sensitive peri-anaesthesia care to Aboriginals and Torres Straight Islanders to achieve equitable health outcomes. This session enabled the participants to reflect on their knowledge and responsibility to proactively learn and provide culturally sensitive care, utilising all available resources. The discussions after this session touched upon how New Zealand is pushing hard with mandatory competencies for health professionals as well as the recent health system restructuring to form the Māori Health Authority and how we can learn from each other.

Decision making...

Fiona Newman, President of ACPAN, a perioperative nurse educator and coordinator of metropolitan, regional and rural perioperative nursing courses for Queensland Health, Metro South, located at the Princess Alexandra Hospital took a session on 'Decision making - Trauma Anaesthesia Nurse Team'.

The session had an interactive questionnaire using Slido, giving delegates an opportunity to do an exercise on prioritising tasks/equipment when they have limited information from an ambulance or an external service provider. Fiona took us through various decision-making models and theories which affect our practice. The session was helpful for the delegate, irrespective of their practice area, as decision making is a part of our everyday role.

Student led simulation

Yvette Salmon from Royal Adelaide university took a session on how they trialled student led simulation. The students were grouped and given different tasks of simulation such as organisers, participants etc. Organisers had to write up the simulation plan and discuss it with the simulation coordinator. The trial was successful, and the students reported being more comfortable and also displayed and developed leadership skills by leading the simulations.

Dr Cameron Main, an anaesthetist from the Royal Adelaide hospital



demonstrated the mechanical cardiopulmonary resuscitation (CPR) device. He explained the importance and benefits of using it especially in interventional cardiology where there is very little room for staff to perform CPR.

Testify or certify

Stacey Hall, one of the senior perioperative nurses from John Hunter Hospital, New South Wales, an ACPAN fellow and Professional Development Director of ACPAN, took a session titled 'Testify or Certify'. It began with interactive voting on some questions on the profession, scope and practice of peri-anaesthesia nurses and it appeared that the majority of the delegates saw the need for certification.

Stacey presented the clear guidelines from ACPAN for anaesthesia and recovery nurse certification, as well as clinical and professional fellowship pathways with ACPAN. She also mentioned that the certification will be a mandatory requirement for Australian anaesthesia/PACU nurses very soon.

The conference ended with a cocktail event with delicious food and drinks giving ample opportunities for networking.

About ACPAN

The Australian College of Perianaesthesia Nurses vision is to promote and advocate for peri-anaesthesia nursing professional practice through the development of statements, practice standards, education curriculums, certification, fellowship and the affirmation of ACPAN accredited education providers. Membership is open to registered nurses working in the peri-anaesthesia domain in New Zealand. For more information and membership details go to <https://acpan.edu.au>.

About the Authors

Eby Eapen Mathew is the Charge Nurse Manager for PACU on Level 4 Operating Rooms, Te Toka Tumai Auckland. Eby has over 14 years of nursing experience in New Zealand, including both the public and private sectors. Eby's interests include leadership, workforce development, and health inequities.

Amber Cox is Nurse Educator, Perioperative Services at Te Whatu Ora Wairarapa. She has over 22-years' experience in peri anaesthesia nursing with a passion for teaching new to peri anaesthesia care. Amber currently serves on the Wellington Region PNC National Committee.

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New face at Jackson Allison

Lesley Michael is a new face at Jackson Allison Medical & Surgical, having joined the team earlier in the year. Her smiling face graced the Jackson Allison stand at September's PNC Conference in Christchurch alongside Alison Oakley and Aaron-Paul Swales.

Lesley's role is Surgical Product Specialist (Auckland/North).

She has a clinical background, having been an operating department practitioner and anaesthetic technician before transitioning to sales. Lesley has a passion for helping clinicians improve patient outcomes.

"I am so happy to be a valued member of the Jackson Allison sales team," she says. "My surgical portfolio includes DeRoyal, Fairmont, Pennine, Reda and Kai. Their products are used extensively in the theatre environment, outpatient settings and interventional units. These include surgical instruments, sharps containers, proctoscopes, suction/irrigation devices, equipment covers, and angiographic accessories for interventional units," Lesley adds.

"Jackson Allison is proud to supply only quality products to increase clinical efficiency. Jackson Allison also represents ConMed Buffalo Smoke Evacuation Systems. With more than 30 years committed to surgical smoke management, Conmed Buffalo has the most extensive portfolio of products to reduce surgical plume on the market today. We have models suitable for major surgeries in busy operating departments to smaller dermatology clinics. ConMed Buffalo also has the lowest profile smoke evacuation pencils, which are ergonomically designed for function and quality."

Lesley is currently studying for a Postgraduate Diploma in Business from the University of Auckland and has previously worked in Interventional Cardiology/Radiology.

You may contact Lesley (email): **lesley.michael@jackson-allison.co.nz** or telephone: **027 180 04111**.

"Please do not hesitate to contact me should you want to discuss your theatre options with me," Lesley adds.



Bamford celebrates 70th with new building

W M Bamford & Co Ltd. has celebrated 70-years in business with the opening of a new building.

Bamford is a third-generation medical supplier for New Zealand healthcare. Historically the family and the business have been based in the Hutt Valley. In 1952, grandfather William Bamford saw a need to supply gauze rolls to hospitals after World War II. As a believer in taking opportunities, he did it simply by doing what needed to be done. This is still at the heart of what the Bamford team does.

In 1978, Alaister Bamford took over what his father started and with Kiwi can-do and common-sense attitudes, formed genuine partnerships with innovation brands, he grew the company into what it is today.

Since 2011, Alex Bamford has streamlined New Zealand's medical needs with the innovations of global suppliers. Knowing the customers' needs, asking and then answering, is what will always sets Bamfords' apart.

The Hutt Valley is their heritage and is why they've invested in a brand-new building. From Cuba Street originally, to across the road on Victoria Street, and now around the corner to Wakefield Street, is where they've cared for the needs of New Zealanders since the 1950s. The new high-tech building accommodates the warehouse, providing room for growth,

as well as offices and meeting rooms for the team.

The Bamford team looks forward to continuing understanding your needs and delivering on them from their new streamlined office and warehouse while maintaining strong supplier relationships and service to the New Zealand market.



Bamford has celebrated its 70th anniversary in New Zealand healthcare with the opening of a new building in Wakefield Street, Lower Hutt.

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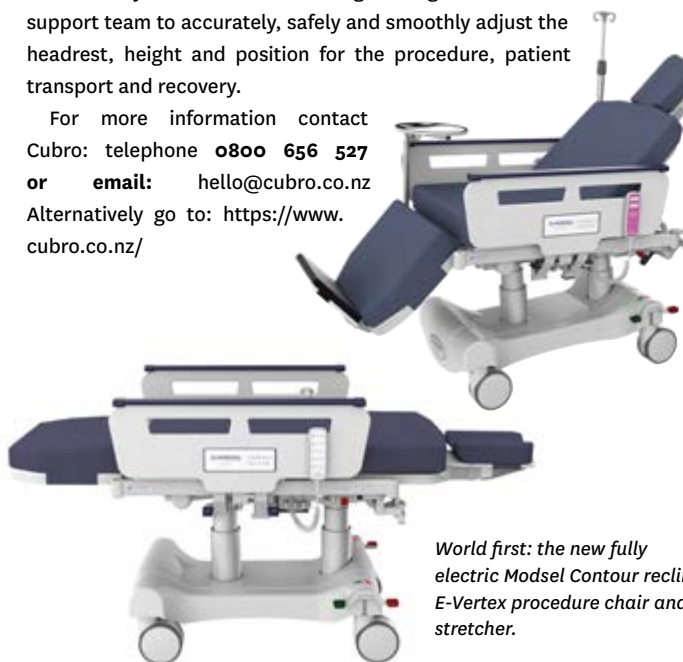
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Rebooting the passion for nursing a Mercy Ships experience

By Sharon Walls

Introduction

"It felt like time for a reset," Jude Quijano says. "I had always wanted to volunteer for Mercy Ships, I just didn't know when. I felt I needed reminding why I wanted to be a nurse. I was lacking the enthusiasm I once had for my job."

As a result, in June 2022 Jude signed up for a three-week tour-of-duty in Senegal, West Africa, volunteering in the operating theatres on board the Mercy Ships vessel *Africa Mercy*®. He was inspired by the end goal: Mercy Ships operates hospital ships in sub-Saharan Africa to increase access to safe, affordable and timely surgery for the five billion (Meara et al., 2015) people who

Abstract Discouraged by recent events and pressures in the healthcare system, New Zealand perioperative nurse Jude Quijano felt he needed to be inspired all over again about nursing and needed a reset. Volunteering in the Mercy Ships' operating theatres in Senegal reconnected Jude professionally and personally with the end result of his theatre work; the real-life impact of orthopaedic reconstructive surgery for a little girl whose life was transformed.

Keywords: Volunteer service, Mercy Ships, paediatric orthopaedic surgery, complete patient care

usually have no pathway to obtain the treatment they need.

Senegal

Senegal, West Africa, has 70 physicians per million people and 38 per cent of the population live under the poverty line of two dollars per day. Senegal is ranked 164/188 on the UN development index. Mercy Ships typically spend

ten months a year in a sub-Saharan African port to provide specialised surgical services and strengthen local medical capacity. Mercy Ships also help host nations identify areas of surgical need to direct policy implementation and practice.



Jude Quijano from New Zealand, (rear, far right) with the Mercy Ships volunteer surgical team members from India, Australia, Sweden, Senegal, Great Britain and Luxembourg. (All photos courtesy Mercy Ships).

Mercy Ships commit to each country for a five-year cycle:

- Two years of research, preparation and relationship building including governmental protocol;
- Ship docked in the nation for ten months, providing surgical and medical capacity building services;
- Two years of post-field service measurement, evaluation and reporting of the services provided with outcomes;

The launch of a second and larger hospital ship, *Global Mercy*, enables Mercy Ships to place even more emphasis on training. The new surgical vessel has been designed to allow a focus on mentoring local healthcare workers to strengthen their healthcare system's future by upskilling in various specialities. *Global Mercy* begins 2023 with its first surgeries in Senegal, completing the field service begun pre and post-Covid-19 by the *Africa Mercy*. The new ship will then sail to Sierra Leone in August.

The same, but different

Jude said his biggest surprise was that there was a full, functioning hospital inside a ship. The 16,000 tonne *Africa Mercy* is similar in size to a New Zealand interisland ferry, with five operating theatres, bed capacity for 79 patients and an intensive care unit (ICU). *Africa Mercy* has all the allied health services required to provide a complete patient care package. During a typical 10-month field service, the surgical specialties are on rotation; orthopaedic, ophthalmic, maxillofacial, burns and plastics, women's health and paediatric general surgery. Volunteers are scheduled for a few weeks or months at a time, depending on their medical, technical or general role on board. While Jude could have volunteered for as little as two weeks as a scrub nurse, his six-week stint in Senegal gave him the opportunity to become familiar with the ship's operating theatre routines. He felt he was making a real difference.

"I was part of the paediatric orthopaedic team during their operating weeks. We provided reconstructive surgery for children with severe bow-legs or knocked knees. My role was not that different from what I did at home. There were minor tweaks with the practice — for example, when it came for the disposal of contaminated drapes, gowns and other consumable items used during surgery. To ensure nothing can be retrieved from landfill, cleaned and resold on the street, Mercy Ships has medical combustion facilities on board. Drapes and gowns are cut to ensure they can't be reused. Contaminated sections were sent to the ship's industrial medical incinerator, which leaves only sanitised dust as a waste product. It has very limited capacity and could only take a small rubbish bag at a time. The remaining safe portions would go through the normal rubbish process and be disposed in the landfill.

"There was one instance where I had to team lead because the team leader had to isolate for the morning pending the result of a PCR (Reverse Transcription Polymerase Chain Reaction) test for COVID-19. Because I had also done this at home, it wasn't a big adjustment, just a matter of following the protocols."

Seeing the patient's whole journey

"What made a mark on me was when the surgeons gave us updates on how the patients were feeling the day after the surgery. We operated on one maxillofacial patient for about three hours, excising a tumour on his mandible. I thought how sore he would feel post-op because of the long procedure and large incision. There was some significant blood loss as well. Unfortunately, we were not able to visit patients in the wards because of Covid-19 protocols but the surgeon saw him the next day. He told us, 'he is all smiles and putting two thumbs up!' That was a very gratifying moment.

"I think everyone plays a key role in order for Mercy Ships to be successful in providing the service. I was part of something bigger than myself. It made me love my job more and I felt encouraged in the short time I was there. Being a theatre nurse on board feels like you are a major part of what Mercy Ships are doing — providing life-changing surgeries."



Before and after: Sira accompanied by her grandmother, pre surgery. Below. When the casts came off Sira played hard to be ready to go home.





Africa Mercy (left) is joined in Dakar, capital of Senegal, by big sister Global Mercy, for surgical service delivery in sub-Saharan Africa.

A professional and a personal impact

As well as the professional development opportunity experienced while working in the international hospital ship environment, many volunteers are quick to mention the personal impact of their service. Hearing about the personal, transformative effect surgery has on patients' lives is not something that typically happens in the New Zealand healthcare context. Many Mercy Ships patients' are excited to freely share their stories because of the radical difference the surgery has made for them and their families' lives.

"Volunteering on board teaches you more about life in addition to the work experience that you get. You can't help but appreciate what we have in our lives after being on board."

Sira's story: paediatric orthopaedic surgery

"The orthopaedic reconstructive surgery that Sira had was not new to me but I had not assisted with this surgery for some time", explained Jude. "I was surprised at how fast it was and what a huge difference the half-hour surgery would make to Sira's life."

Sira developed bowed legs when she was four years old, due to malnutrition. Her mother and father felt hopeless over the next two years as the distance between her knees continued to grow. They had hoped Sira's legs would correct themselves. Living in Senegal, West Africa, Sira's family didn't have access to a physician who could diagnose the severity of her condition. Eventually they began looking for hospitals to help Sira — but the cost was prohibitive. Sira's parents heard about Mercy Ships on the radio. It was an advertisement for orthopaedic appointments. They couldn't leave their jobs and other children to take her to the Mercy Ships which was docked in the capital city so Sira's grandmother travelled with her to the hospital ship for the reconstructive surgery which would straighten her legs.

When Sira took her first shaky steps next to her bed in the ship's ward post-op., her grandmother and biggest cheerleader said: "I will dance when she is able to walk from her bedside to the door".

After several weeks of physiotherapy on board the *Africa Mercy*, Sira was discharged – and mobilising as she had only ever dreamed of. Sira can now run and play, she can walk the distance to school and is now

able to access vital education. Sira's options for the future have changed dramatically because of otherwise inaccessible surgery.

About Mercy Ships

For the last two decades global health has focused on individual diseases while surgical care in low resource countries has not received the attention it needed. Lack of surgical care has resulted in almost 17 million deaths annually.

Mercy Ships is an international faith-based organisation that operates hospital ships to deliver free, world-class healthcare services, medical capacity building and health system strengthening to those with little access to safe surgical care.

Since 1978 Mercy Ships has worked in more than 55 countries, with the last three decades focused entirely on partnering with African nations. Each year volunteer professionals from more than 60 countries serve on board the world's two largest non-governmental hospital ships, the *Africa Mercy* and the *Global Mercy*. Professionals such as surgeons, dentists, nurses, health trainers, cooks and engineers dedicate their time and skills to the cause.

Mercy Ships has offices in 16 countries including New Zealand, and an Africa Bureau.

For more information, visit mercyships.org.nz and follow us @MercyShipsNZ on social media. Volunteer roles for theatre nurses are now open for 2023. Find more details about Mercy Ships opportunities at www.mercyships.org.nz/theatre-nurses-all-aboard/

For more information see *Meeting surgical need while multiplying Africa's surgical capacity on You Tube*: <https://www.youtube.com/watch?v=HFZSbrsWQPU>

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Theatre Nurse

there's a place for you on board

The Mercy Ships' volunteer crew needs skilled theatre staff to help provide essential surgery on board, for patients in sub-Saharan Africa who otherwise have no access to the surgical services they need.

Find out more about volunteering with Mercy Ships



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