Spring Greetings
from your Chapter President,
Marilyn Westphal, BSN, RN, CNOR

Can you believe that we are a few months into 2017 already? I am half way through my presidency of the Chapter. It has been a very rewarding experience for me. A Chapter website with assistance from Scanlan International was created to share the news of our chapter, and Leah VanGorp has been very helpful with FaceBook, Instagram, and Twitter (see her article on page 4). I am also excited to say that our chapter is growing. In summer of 2016, our membership was 233 members. Currently we are at 282 members! I am seeing more business memberships and they are asking to do education and support our chapter as we need. For our January Jam when we combined the winter meetings into one Saturday morning, Clorox Healthcare and Medtronic played a role in our education! A huge thank you to them for reaching out to me!

We had a very successful fall workshop on November 12th, 2016 with education from IMS (Integrated Medical Systems, a division of Steris Corporation) about “Raising our Instrument IQ.” Five contact hours were earned at this event. We coordinated a vendor fair, silent auction, basket raffle, and Toys for Tots drive on this day; creating an environment with lots to learn and see and be involved with! Thank you for everyone who organized and participated. We couldn’t do this without devoted individuals!

On Monday, November 21st, 2016 our chapter along with the East Metro Chapter was invited to visit 3M, get an innovation tour of the facility, and have refreshments and dinner with fellow AORN members and business associates of 3M. The evening concluded with an education session about “Recognizing the potential for a perfect storm: Strategies for improving patient safety with flexible endoscopes.” Although many of us do not participate in endoscopy, it is still valuable information that can be carried forward on instrument cleaning as well as the potential for the perfect storm. Later in the newsletter, you will read an article about “Guarding against the Normalization of Deviance.” While this incident did not occur in healthcare, we can easily learn and see the weak links in the healthcare industry that create the perfect storm.

continued...
Monday, March 13th, 2017 we will have extended chapter meeting from 6:00-7:00pm in the 2nd floor Education Center at Children’s Hospital, Minneapolis. At 5:30pm, the delegates heading to Boston for the International Surgical Expo and Conference 2017 will meet to finalize all their information. I am very excited to be leading ten individuals to represent our amazing Chapter at Nationals. Three of these people will be attending as “first-timers.” They don’t know what they’ve been missing! If you have never experienced it, I would strongly encourage you to consider it sometime in your perioperative career! Happy reading and contact me or any chapter officer if you have questions!

Please visit us at the upcoming
AORN Global Surgical Conference & Expo
April 1-5, 2017, Boston, MA
www.scanlaninternational.com
Find us on social media!

Highest Quality Surgical Instrumentation Since 1921

Dear Friends,

Working with Operating Room professionals around the world since 1921, we recognize your ongoing commitment to patients and their families. Thank you for your continued dedication to providing high quality patient care before, during & after surgery. Please join me and my family to celebrate our continued partnership… now and into the future.

Timothy M. Scanlan
President and Chief Executive Officer
<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>LOCATION</th>
<th>BOARD MEETING</th>
<th>CHAPTER MEETING</th>
<th>PROGRAM</th>
<th>HOSTS</th>
<th>DONATIONS OR SERVICE EVENT</th>
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<tbody>
<tr>
<td>8/8/16</td>
<td>Monday</td>
<td>Education Center</td>
<td>5:30 pm</td>
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<td>5:30 – 8:30 pm</td>
<td>Fall Kick Off Dinner &amp; Education</td>
<td>AORN</td>
<td>Second Harvest - monetary donations</td>
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<tr>
<td>9/12/16</td>
<td>Monday</td>
<td>Education Center</td>
<td>**</td>
<td>5:30 pm – 8:30 pm</td>
<td>7:00 pm - Member Engagement</td>
<td>ASC’s</td>
<td>Augsburg Clinics - monetary donations</td>
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<tr>
<td>10/10/16</td>
<td>Monday</td>
<td>Education Center</td>
<td>5:30 pm</td>
<td>6:30 pm</td>
<td>Fall Workshop, Silent Auction, &amp; Basket Raffle</td>
<td>(2) Children’s &amp; Allina</td>
<td>Toys for Tots - toy or cash donations</td>
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<td>11/12/16</td>
<td>Sat – Full day</td>
<td>Education Center</td>
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<td>3M Dinner &amp; Education</td>
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<td>Toys for Tots – toy or cash donations</td>
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<td>11/21/16</td>
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<td>3M Corp. St Paul</td>
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<td>12/12/16</td>
<td>Monday</td>
<td>Surgery Conf Room</td>
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<td>Cook for Kids (RMH) 430-730 pm</td>
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<td>1/7/17</td>
<td>Sat – ½ day</td>
<td>Education Center</td>
<td>**</td>
<td>7:30 am</td>
<td>8:00 -11:30 am &quot;January Jam&quot; 3 CEU’s In place of Dec, Jan, and Feb night meetings</td>
<td>(2) Methodist &amp; Lakeview</td>
<td>Feed My Starving Children Events (2 locations) Eagan – 2-4pm Coon Rapids – 2-4pm</td>
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<td>2/13/17</td>
<td>Monday</td>
<td>Surgery Conf Room</td>
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<td>3/13/17</td>
<td>Monday</td>
<td>Education Center</td>
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<td>6:00 pm</td>
<td>7:00 – 8:00 pm Education - TBD</td>
<td>Allina</td>
<td>AORN Foundation - monetary donations</td>
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<td>4/17 - 4/5/17</td>
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<td>International AORN Surgical Conference and Expo 2017, Boston, MA Chapter #2401 hotel reservations are at Element Boston Seaport!</td>
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<tr>
<td>4/10/17</td>
<td>Monday</td>
<td>Surgery Conf Room</td>
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<td>5/6/17</td>
<td>Sat – ½ day</td>
<td>Education Center</td>
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<td>7:30 am</td>
<td>8:00 – 11:30 am Spring Workshop 3 CEUs - TBD</td>
<td>(2) Ridges &amp; Riverside</td>
<td>Cook for Kids (RMH) Food pantry donations</td>
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<tr>
<td>6/12/17</td>
<td>Monday</td>
<td>Education Center</td>
<td>5:30 pm</td>
<td>6:30 pm</td>
<td>7:00 – 8:00 pm Education - TBD</td>
<td>Picnic Potluck</td>
<td>Mobile Lunch Box - monetary donations</td>
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<td>6/26/17</td>
<td>Monday</td>
<td>TBD</td>
<td>5:30 pm</td>
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<td>Transitional Board Meeting (old and new officers)</td>
<td>Board</td>
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Shaded areas are changes to the calendar!

** NLDC Committee serves as greeters at all meetings!
AORN #2401 Social Media
by Leah VanGorp

AORN of Twin Cities is going strong with 282 members from multiple surgical settings, but how can we all stay connected and use each other as a resource? Since our previous method of communication, OR Nurse Link has provided challenges at the local and national level, we have found new ways to stay connected! If you haven’t heard yet, AORN of Twin Cities has a closed group page on Facebook. If you already have a Facebook account (it’s free to have one), then search for our group: Twin Cities AORN #2401, and you can request to join! We have grown to 71 members on Facebook! People use Facebook to stay connected to family, friends and see what’s going on in the world and express what matters to them.

The other two forms of social media that we are on are Instagram and Twitter. Instagram is an online mobile photo-sharing site that enables its users to take pictures and share them either publicly or privately on the app, as well as through a variety of other social networking platforms, such as Facebook, Twitter, Tumblr, and Flickr. You might ask yourself: “How do I start using Instagram?”, well I’m glad you asked! Go to your mobile device and download the Instagram app. Click the “sign up” button and enter your email, username, password, phone number (optional), and upload a photo (optional) to create your account. You can choose to add a bit of personal information in the “about” section. Next, you can follow friends- you can optionally choose to import your contacts and find friends from your contact list, Facebook account, Twitter account, or simply search for names and user names. Our Instagram name is: AORN TC. Follow us and see chapter happenings and announcements via photos!

So then you might be asking: “What is Twitter?” Twitter is an online social network, which allows you to send instant messages (called Tweets) up to 140 characters in length. Tweets can include photos, videos, and links to other websites. Those posts can become available to all users around the world in a matter of seconds. Tweets can be posted by using a mobile app or website. Other users can “Favorite,” and “Retweet” the post, if they like it. With Twitter, you can follow just about anything and see what’s happening in the world by staying informed, get news as it breaks and keep up with everything you care about from sports to politics to TV. Signing up for a Twitter account is very similar to Facebook or Instagram, you can do it from your mobile device or your computer and it’s free. Our Twitter name is: @aorn tc. This is another place you can see chapter events and announcements and see what news our chapter is following! And if all of this social media stuff is a bit crazy sounding and overwhelming, you can always ask one of your kids or grandkids and I bet they can show you how to navigate it all.

Looking for information? Find it on the web @ www.aorntwincities.com

GERTEN’S PLANT CARD FUNDRAISER!
Visit our link at https://www.gertens.com/cart/aorn-of-the-twin-cities.html and purchase plant cards in denominations of $25, $50 or $100 that are sent directly to your home. When you purchase, 11% comes back to our organization. Just need a little planning ahead of your shopping or can be given as a gift! Great for all your gardening needs year round! For use on live plants, shrubs, or trees (not for gift shop or retail purchases).
Successful Fall Workshop – November 12th, 2016
by Barb Weimann

A very successful and profitable workshop was held Saturday, November 12th for our chapter members and guests. The title of the workshop was "Raising your Instrument IQ," presented by speakers provided by IMS. The participants attending learned about design considerations relating to power equipment, rigid endoscopes, robotic equipment, stainless steel, robotic and laparoscopic instrumentation and flexible endoscopes and their relationship to patient safety. There were 34 nurses and surgical technologists in attendance. The vendor exhibits had 10 companies displaying their newest products and supplies. The total income from the event was $5220.00 and expenditures were $521.70, with a profit of over $4600.00. The monies will assist the delegates going to Boston in April for AORN Global Expo and Conference. We also had a basket/gift card raffle with donations from members and the vendors, a silent auction, and a toys for tots collection. We collected over 30 toys that were delivered to Toys for Tots at the Eagan site. Great participation in all the events! Thank you everyone for making this a successful event!

3M Education – November 21st, 2016
by Cheryl Langford, RN, MSN, CNOR

Cori Ofstead, MSPH, President and CEO of Ofstead & Associates was our guest speaker at our fabulous 3M Perioperative Nursing Celebration on Monday November 21, 2016.

Her title to her talk was "Recognizing the potential for a perfect storm: Strategies for improving patient safety with flexible endoscopes." Some of the factors that contribute to the perfect storm regarding the use of contaminated endoscopes are that there are complicated reprocessing guidelines, non-adherence to guidelines, inability to see pathogens and internal damage with just your eyes, and the ever increasing pressure to do more with less! Reprocessing involves 100 or more steps and many staff who perform these roles don’t like performing manual cleaning, experience physical discomfort, and feel pressure to work quickly while reprocessing, not necessarily performing the correct steps for the correct length of time necessary. One key item to note is that bedside pre-cleaning and manual cleaning removes most of the debris and microbes, and high level disinfection takes care of almost everything else. Sterilization is not required as of yet, but may be in the future.

If you are looking to do some great bedtime reading on infection prevention and endoscopes, check out the many different guidelines that were updated over the past two years from AORN, SGNA, and AAMI. They range in length from 22 pages to 84 pages and each differ a little, but their overall end result is the same: endoscopes that have been properly reprocessed, to include storage, and with some quality control methods in place. All kidding aside, please stay informed about guidelines and instruction for use (IFU) changes, ensure training and competencies are up to date, develop policies and protocols, perform audits, and conduct routine quality checks. Each one of us has a part in improving patient safety and reducing risks associated with flexible endoscopes.

Cori Ofstead has led many studies and can be contacted for more information or questions via email at info@ofsteadinsights.com or via web at http://www.ofsteadinsights.com.
Fundamentals of UV for Hospital Surface Treatment
Presented by Eric Cheng, Clorox Healthcare

Some of you may have met Eric Cheng at the fall workshop vendor fair. He returned to share in more detail the use of UV light technology for hospital surface disinfection. Hospital acquired infections (HAIs) can be life threatening to our patients and cost hospitals millions of dollars. We reviewed the surface viability of microorganisms such as MRSA, C Diff, CRKP, and VRE. Several studies were cited regarding the reduction of these types of microorganisms using this technology. UV is used to supplement manual disinfection not replace it. There are different types of UV light and benefits and limitations. He also discussed selection criteria for your facility and implementation programs. Some members voiced that they have and use the UV system at their hospitals but see lesser use in the Operating Room. If interested in learning more about UV technology, go to www.pfiedlerenterprises.com CE seminar -3887 for 2 free CEUs.

Update on Fetal Therapy
Presented by Dr. Joseph Lillegard

Dr. Lillegard is a pediatric general and thoracic surgeon at Children’s Hospital. He is also the Medical Director and the Director of Research at the Midwest Fetal Care Center in Minneapolis.

Fetal surgery can either be minimally invasive or an open procedure. Minimally invasive procedures include using ultrasound and fetoscopy. Medical concerns using this corrective technique are twin to twin transfusion and bladder outlet obstruction. Advanced fetal fetoscopy may include congenital defects such as diaphragmatic hernia and CHAOS, which is failure of the upper airway to form the canal around the 10th week of gestation. This leads to laryngeal stenosis and hydrops.

Open fetal surgery includes spina bifida repair around the 26th week of gestation. The early repair is done to decrease the amount of amniotic fluid around the exposed spinal cord and nerve endings, and an overall decrease of having a shunt in patients by 50% and causes reversal of hind brain herniation.

The latest advances in fetal surgery include gene therapy for treatment of inborn errors of the metabolism of the liver. One in 1200 live births needs a liver or a hepatocyte transplantation due to the child missing an enzyme called Tyrosinemia, which leads to FAH deficiency, cirrhosis or cancer of the liver. There are four ways to correct this either by ex-vivo, in-utero gene therapy, large scale production of human hepatocytes, or gene correction. Dr. Lillegard is currently using pigs as his lab models to either return autologous hepatocytes to the model or using gene transfer in-vivo or in-utero to correct the FAH deficiency.

It is a very exciting topic and we will be hearing more about this! Some of you may have caught a documentary on Kare 11 (link on our FaceBook page) that highlighted Dr. Lillegard and how these procedures can help a patient and change not only the patient’s life but the future family life! Awesome presentation!

Recommended Practices for Electro-surgery and Surgical Smoke
Presented by Mario Vai, Medtronic

Mario Vai started this presentation with a review of the basic principles of electricity and electro-surgery, best practices, and patient safety concerns. He differentiated between a monopolar current with the grounding system and the bipolar current with an isolated system. He also discussed advanced surgical hemostasis such as vessel sealing and ultrasonic dissection. Your best practice for safe electro-surgery is to follow the manufacturer’s written instructions. Many questions were asked about tattoos and taping of jewelry with the use of cautery. Red inks in tattoos can contain metal and should be avoided for the placement of the grounding pad. Recommendation for jewelry is to lay it flat and tape it to create a broader dispersal of current. If interested in learning more about Electro-surgery, 2 CEUs are available free through www.coviden.com/pace/clinical-education/273622.
Go Clear Award
Presented by Karla Brustad, Medtronic

Karla Brustad extended the electro-surgery presentation talking about the hazards of surgical smoke. For many years, the focus and regulations were regarding laser plume. More research shows that surgical smoke particles are just as hazardous if not more. In a comparison study on smoke condensates from 1 gm of tissue, laser produces smoke equivalent to 3 cigarettes while electro-surgery produces smoke equivalent to 6 cigarettes. The average daily impact of surgical smoke could be as high as 27-30 cigarettes! Also, after 5 minutes of ESU activation the concentration of smoke particles increases from 60,000 to 1,000,000, per cubic foot in the OR and it is that high throughout the entire OR. So our best defense is a good offense…having proper OR ventilation, wearing appropriate PPE, using a smoke evacuation system, and education! The Go CLEAR award is an online education program consisting of a pretest, module, quizzes, and post-test. CLEAR stands for check, learn, evaluate, assess and report. This program is a partnership between Medtronic and the AORN Foundation. If interested in learning more about Surgical Smoke, 2 CEUs are available free at www.coviden.com/pace/clinical-education/274659.

The AORN Go Clear Award
Medtronic Lends Support to Help Spread a Smoke Free Message

To learn more about the AORN Go Clear Award Program go to www.aorn.org/goclear

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Eric Cheng, Regional Sales Manager
Phone: 612.387.2880
eric.cheng@clorox.com

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This topic caught my eye because of the ubiquitous nature of personal electronic devices (PEDs)—smartphones, tablets, laptops—in our lives and the safety risk they pose when used while doing tasks that require focus and attention. The risk, in my opinion, is underappreciated by many people, possibly because these devices are so much a part of how we communicate today, receive our news, find information, and more. It’s kind of amazing to have a computer that fits in your hand.

Our presenter pointed out that the considerable upside of this technology is tempered by the fact that some users exhibit almost addictive behaviors related to use of these devices. Use of electronic devices for personal reasons during patient care, can pose a distraction in the healthcare setting, contributing to the possibility of errors with serious consequences. When added to other distractions—most of them necessary for patient care, such as monitors, pagers, conversation, computers, numbers of personnel, phone calls, the noise level, interruptions, and more—the ability of caregivers to focus decreases, performance suffers, and the potential for error goes up.

Please review AORN’s Position Statement on Managing Distractions and Noise During Perioperative Patient Care, published in 2014, which states, “Distractions and noise that do not serve a clinical function should be minimized.” www.aorn.org. This position statement supports the ongoing work of AORN to describe best practices for the patient care team to promote safe care in the perioperative setting and address some of the human factors implicated in preventable errors. Data on the use of personal electronic devices in the clinical setting for other than patient care seems to be on the rise. AORN states that “Undisciplined use of cellular devices in the OR by any member of the perioperative team may be distracting and affect patient care.”

Ms. Ford cited some research on brain function tells us that the brain receives information constantly and has to sort that information into more relevant or less relevant, organize, determine how to respond, or not, in what order, how many, what to ignore. Does responding to one stimulus mean losing awareness of another, or several? Are these conscious choices, under our control? These all have an impact on our ability to manage distractions and focus on critical tasks.

Undisciplined use of PEDs may become a problem in the clinical setting when caregivers are unable to separate their habits from their work responsibilities. Ms. Ford presented some information based on self-reported addictive behaviors related to their devices, including that more than half of smartphone users say they “couldn’t live without” their devices; among adults 18-29 years of age, 93% use their phones to avoid “being bored,” and 47% use their phones to avoid others around them. The science on sleep tells us that taking your phone to bed with you can disturb sleep, depriving the brain of time needed to refresh neurons. Good quality sleep improves brain function, especially memory and behavior, essential for the best possible performance in the workplace.

Recommendations for managing use of PEDs, minimizing distractions and interruptions, and promoting patient safety, involve educating staff on the impact of distracted behavior on patient care, promoting a culture of safety including maintenance of no-interruption zones and zones of silence, the concept of situational awareness, strategies to reduce interruptions, distractions, and unnecessary noise, recognition of critical tasks, and the ability to speak up on behalf of the patient.

Organizations have to set and enforce multidisciplinary policies on personal use of mobile devices in the OR reinforcing a code of professional behavior in interacting with these devices, promote a culture of safety to reduce distractions and noise, limit external communication to only what is necessary, allow use of personal devices only outside the work setting on non-work time.

Individuals need to recognize and correct their own behavior related to use of PEDs, avoid contributing to the noise level by being aware of tone of voice and timing of conversations, follow and model routines for safe practices during critical tasks and phases of care, and maintain situational awareness related to patient care needs and to minimize distractions.

Additional information is available on the websites of the Association of Peri-Operative Registered Nurses, the American Association of Nurse Anesthetists, the American College of Surgeons, and the Association for Healthcare Quality Research, the American Nurses Association, and the American Society of PeriAnesthesia Nurses.
A multidisciplinary team approach is required to reduce the level of noise in order to create a safer environment for patients and perioperative team approach.

Noise and Distraction

Cellular Devices in the Operating Room

Sterile cockpit and the zone of silence

Bacterial contamination may pose a problem when using mobile phones in patient care.

The use of cellular devices or their accessories must not compromise the integrity of the sterile field.

Care should be taken to avoid sensitive communication within the hearing of an awake or sedated patient.

The undisciplined use of cellular devices may pose and may compromise patient care.

The use of cellular devices to take and transmit photographs should be governed by hospital policy on photography of patients and by government regulation.
What kind of team do you want working for you when you take off in an airplane? What kind of team do you want in your work environment? A world class safety and culture, right? Colonel Richard “Mike” Mullane is a retired pilot and astronaut who flew missions with the NASA Space Shuttle program. Mike demonstrated how shortcuts in the business model of the space shuttle program were the norm. This culture is what led to the Challenger disaster solid rocket booster failure in 1985 killing all of the crew. This wasn’t an accident; it was a predictable surprise! What led to this predictable surprise? How does this relate to our work environments in health care?

Let’s think about the failures that led to Challenger disaster… Schedule pressures were set up to achieve unattainable goals. Job pressures, budgets, family, relationships, health concerns, financial problems led to safety shortcuts. Conflicting performance results lead to dismissal of options and drift to the easy option to fix things. In the space shuttle failure, the risk analysis drifted to the easy option. The shuttle business model viewed the shuttles as aircraft-like with everything being reused. The program was to be cheap and easy to turn. The program initially was to have 26 missions per year. The program was never able to achieve that and the most launched missions were 11. The Challenger was the 11th mission! After the Challenger blew up, the business model was changed to 6 to 9 missions. The program drifted to the easy option versus grounding and fixing the assembly process problem. Confirmation bias can occur when testing. There is a predisposition to a resolution that can drive results to a margin that results in false feedback. In the Challenger disaster, the assumption was that the risks associated with the shuttle flight were similar to regular aircraft; therefore, ejection seats were removed. The shuttle crew survived the explosion but had no escape route. They died when the cockpit landed in the water. The crews also had no pressure suits, they wore coveralls. NASA believed the vehicles were as safe as aircraft. They had a “Mission Accomplished Mentality.” This false feedback isn’t absolute; it’s manageable. The repeated success of the missions implied future success. Deviance continued in spite of the risks associated.

So what are the lessons learned from the space shuttle program and how should this drive our decision-making in the health care environment?

**Lesson 1: Accountability**
- Live’s depend on your actions.
- You own what flows from your behavior.
- Flow to the good.
- Don’t second guess as there are no “do-overs.”

**Lesson 2: Safety is #1**
- Quality is most important.
- Everything else-budget, schedule, production add “pressures.” These pressures can create priorities to change which causes a “normalization of deviance.”

**Lesson 3: Set challenging but attainable goals**
- When you see a problem in which the goal is unattainable, adjust.

**Lesson 4: Procedure Compliance should be a religion**
- Documentation for work in hazardous environments is written in blood. Deviance can result in something going wrong.

**Lesson 5: Pay Attention**
- Keep your head on a swivel! Is something changing? Be aware of what’s going on, so you can adjust to changes.

**Lesson 6: THE FATAL STEP**
- Getting away with it. The first step over a “best practice” is almost always the fatal step.

In order to assure that we don’t fall into the “normalization of deviance,” we must have courageous self-leadership and continuous self-improvement. We can’t be camped out in a comfort-zone. We need to always strive to improve! We aren’t always destined to something. Be doggedly tenacious in improving yourself. As courageous self-leaders you must be laser-focused on the mission! Thinking you can’t do it only to look back and see you can. The scariest thing is advancing your education. Focus on incremental improvement, challenge yourself, set goals! We are all better than we think! Challenging yourself you are also helping to take our teams to the highest level!
Ready for “Take-Off” to Boston, MA, April 1st through 5th for the International AORN Surgical Expo and Conference 2017
By Rorie Chinnock

Chapter 2401 delegates are heading off to Boston from April 1st-5th for the 64th annual conference. The focus is to discover “The Power of You” lead by President Martha Stratton. As an AORN member, “The Power of You” means you have the right to vote for the officers of our organization locally and nationally. You do not need to go to EXPO to exercise this benefit. For a review of candidates, visit www.aorn.org or read about them in the January AORN Journal.

There will be many speakers, great education, and a “HUGE” exhibit hall. Continuing education will focus on current issues and trends, evidence-based practice and research, and health care initiatives relative to the advancement of perioperative practice.

Representing our chapter are: Rorie Chinnock (delegate chair), Marilyn Westphal, Denise Edelman, Anne Jones, Cheryl Langford, Lynette Marks, Mary Mirick, Michelle Nolander, Leah Van Gorp, and Barb Weiman. Among our delegation are three first time attendees: Denise, Lynette and Leah. Lynette was also our Expo scholarship recipient!

Become involved and join us in Boston! Or get involved in our chapter now and consider being a delegate in 2018 when the EXPO is in New Orleans, March 24-28, 2018.

Community Relations Update
By Mary Kay Boell

Last December, twelve pizzas, salads, fruit, cookies and brownies were served at the Ronald McDonald House. Our Chapter continues our involvement with the Cook for Kids Program at Mpls Children’s Hospital. As many of you know, it is designed to help families that are being served at the Ronald McDonald house while their children are receiving treatment and care for major illnesses.

A big shout out and thank you to the following members of our chapter: Marilyn W., Jane O., Anne J., Mary Kay B., Leah V., Cheryl L., Barb W., Sheri D., Rorie C., Eileen S., Denise E., and Mary M. Our involvement at RMH would not be possible without the giving of your time and donation of the food. Thank you!

Our chapter played a role in brightening a child’s life on Christmas morning. We collected 30 toys for the US Marine Corps Toys for Tots. Again, thank you for the donations.

After the January Jam, several AORN members were busy packing meals at Feed My Starving Children. We participated at the Eagan and the Coon Rapids locations.

Marilyn W., her son and his girlfriend, Anne J., Carmel G., Jenny W, her granddaughter and a friend were busy at the Eagan location. At Coon Rapids, Barb W., Kris D., her daughter and granddaughter, Alyce B. her daughter and granddaughter helped pack 145 boxes, which is 31,320 meals! 86 kids will be fed for a year.

Thank you all for giving of your time to make a difference in a child’s life!

Our involvement with our chapter service projects would not happen without our volunteers. Thank you to those who give of their time to make a difference.
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## Membership
Membership as of October 9th, 2016 was 255 members. There are over 1000 prospective members in the metro area. Rorie Chinnock, membership chair and President-elect, has been actively sending letters to welcome new members and follow up with any lapsed members. Ending membership as of February 13th, 2017 is 282 members. We are growing in numbers yet attendance at meetings continues to decline. We are working on a monkey survey to get feedback on what you are looking for in an association. Letter template received from national for periop 101 students. Will look into recruiting from periop 101 groups.

## Awards & Certifications
Awards were clarified and reduced to four this past year. They are Promising Clinical Star Award, Rising Star Membership, Distinguished Service Award, and Outstanding Perioperative Nursing Practice Award. The awards are based on the previous year service. We will soon be looking at the 2016-2017 nominations. Please consider nominating a deserving individual. Many members also earned their CNOR during the 2015-2016 year and the chapter purchased CNOR pins for them. If you were not recognized with your pin at a meeting, please contact Mary Mirick at mmmirick@gmail.com. We would love to still recognize your efforts!

## Bylaws & Policies
In the Fall Stereoscope, a proposal was made related to the dissolution of the chapter along with the voting date of January 7th, 2017. The proposal passed that if the association dissolves, all funds in the treasury will be given to the AORN Foundation. Bylaws will be sent for final approval for our Chapter Accountability Standards. More bylaws updates coming from national in the new year.

## Community Relations
October cash donations were sent to Augsburg Women’s Clinic. Our November collection was Toys for Tots. In December, we did a service project, Cooking for Kids, at the RMH within Children’s Hospital, Minneapolis. Then at the January Jam we collected $100 which was split between the Eagan and Coon Rapids Feed My Starving Children locations while several members participated in packing food for needy children across the world.

## Education & Workshops
October topic was member engagement -1 CEU- presented by Marilyn Westphal. November fall workshop on instrument processing presented by IMS for 5 CEU’s. 3M night was 1 CEU also on instrument processing and the perfect storm. January Jam was mixed topics for 7 CEU’s. See calendar for future dates of education.

## Finance

## Nominating & Leadership
Search for candidates to fill the 2017-2018 ballot was successful. Read about the candidates on the posted ballot on page 15. Voting will be at the Saturday morning meeting on May 6th at Children’s Hospital, Mpls.

## Legislative
Out of session for much of this time period. Future discussion will include the health care reform into the new presidency.

## Newsletter & Social Media
Discussion regarding continuing newsletter with the rebirth of the chapter website: [www.aornwincities.com](http://www.aornwincities.com) Will continue printing at least one more year. We are also on Facebook, Instagram and Twitter. #wearegettingthere

## New Business
Watch for a Monkey survey. Please complete. Expo 2017 coming up in April!
AORN OF TWIN CITIES #2401
2016-2017 Officers, Board of Directors, Nominating Committee

President
Marilyn Westphal
(2016-2017) C- 651-307-0268 guywestphal@yahoo.com

President Elect
Rorie Chinnock
(2016-2017) C- 612-710-9651 roriechinnock@gmail.com

Secretary
Barb Wiemann
(2016-2018) C- 651-503-6959 wiebar@comcast.net

Treasurer
Faye Anhorn
(2015-2017) C- 651-210-9274 fanhorn@yahoo.com

Board of Directors
Eileen Sawatsky
(2015-2017) C- 763-234-7790 sawatsky.mn@gmail.com
Deb Walters
(2015-2017) C- 612-719-7118 4crazypigs@gmail.com
Anne Jones
(2016-2018) C- 612-964-8370 anne@annejonesmn.com

Nominating and Leadership Development Committee
Karen Dandeneau
(2015-2017) C-612-669-4663 kdandeneau@comcast.net
Denise Edelman
(2015-2017) C-651-341-3094 dedelman06@comcast.com
Jane Oksnevad
(2016-2018) C-763-222-7033 janeoks@hotmail.com
Leah VanGorp
(2016-2018) C- 612-598-7706 vangorp03@gmail.com

Education and Workshop Chairmen
Cheryl Langford
C- 952-212-5228 animalpark@integraonline.com
Barb Wiemann
C- 651-503-6959 wiebar@comcast.net

Past President
Jane Oksnevad
C- 763-222-7033 janeoks@hotmail.com
2017-2018 Ballot for AORN Chapter #2401 of the Twin Cities

President (1 year term) Rorie Chinnock

I have been an RN for 41 years; working in the Operating Room for 38 years, first at Bethesda Hospital and then at Methodist Hospital. I have also been a member of AORN for at least 30 years and received my CNOR in 1989. I have served Chapter 2401 as Treasurer, Board of Directors, Nominating Committee, a past President Elect and President. I am excited to serve again!

President-Elect (1 year term) Denise Edelmann

My joining the Twin Cities chapter of AORN started with Rorie’s encouragement as did my involvement with the Nominating Committee. I believe that this is a profession and we promote it by being involved in AORN. We support each other by being active in our chapter and organization. So as part of the support of the organization, I feel it’s my duty to continue to support it by being willing to serve as President-Elect. I feel I have skills and knowledge to offer and also to learn. Thank you for this opportunity to support our great chapter as we continue to grow and improve.

Treasurer (2 year term) Marilyn Westphal

I am the 2016-2017 President and will be completing my term in June and would like to be considered for the position of Treasurer. I have been an RN for almost 20 years. (Previously an LPN/surgical tech for 16 years). My career has been in the OR; AORN member since 2004; CNOR since 2006. I attended National Congress/Expo five times. I have served the chapter on the NDLC, communications committee, Stereoscope editor, as a delegate, President Elect and President. I have been actively involved in the budget and working with the current treasurer this year and am interested in running for this position.

Board of Directors (2 year term) (choose two)

Michelle Nolander

I have worked in the operating department since 2009 in various capacities (with a short 1 year hiatus when I started my job at Mayo in 2010). I have been a part of AORN since 2013, with this chapter starting this year. I am currently the Director of Surgery at Northfield Hospital & Clinics. I want to be involved at a deeper level because I want to be the change in this evolving world of surgery. It is an exciting and challenging time in healthcare and it would be an honor to be on the forefront of advocacy!

Caroline Ness

I have been an RN since 1984 and an AORN member since 1986. I have attended the National Conference and Expo 3 times, twice as a chapter delegate in 2015 and 2016. In 2013, I received my CNOR. Over the years, I have served as secretary in the Bismarck, ND and Fargo, ND chapters as well as the Twin Cities chapter. In 2015, I received the Rising Star Membership award. Most recently, I am helping with the newsletter and am Co-Chair of the Communications Committee. I would be honored to be considered for a Board of Directors position.

Nominating and Leadership Development Committee (2 year term) (choose two)

Lynette Marks

I am new to the AORN group but a long time participant of the OR. I have been an OR nurse since 1980, with a 5 year hiatus for family. During my 26 years in the OR, I have held many responsibilities. My background has covered a variety of roles from circulating nurses, scrub nurse, charge nurse, interim surgery director, and currently clinical coordinator. I am the proud recipient of the AORN Chapter #2401 “first timers” Expo Scholarship. I thank you sincerely for this honor. I look forward to the AORN Expo in Boston this spring and serving the chapter in the coming years as a Nominating and Leadership Development Committee member.

Stacy Johnson

I have worked as an RN for 20 years, 13 of those years in surgery. First hired as a circulating nurse in Duluth, Minnesota at St. Mary’s Medical Center, I moved into the role of nurse educator and facilitated the AORN Periop 101 orientation. While working as the nurse educator, I was awarded an AORN Foundation scholarship and completed my graduate nursing education at the College of St. Scholastica. I participated as an active AORN Northern Lights Chapter member in Duluth for several years and served as President 2013-2014. I am currently the Clinical Nurse Specialist for Surgical Services at Abbott-Northwestern Hospital, part of Allina Health. I have a great passion for educating and mentoring, with a special affinity for new learners, be they students or new hire orientees. I am excited to serve on the Nominating and Leadership Development Committee and contribute to AORN of the Twin Cities!

Voting will take place on Saturday, May 6th, 2017 during our chapter meeting at 7:30am prior to the Spring Workshop at Children’s Hospital, 2nd floor Education Room, 2525 Chicago Ave S., Minneapolis, MN
Chapter #2401 – AORN of the Twin Cities
SPRING WORKSHOP - May 6th, 2017 - SAVE the DATE!

7:00 am- Registration
7:30 am - Chapter meeting / Voting
8:00- 11:30 am - What's up in this joint?

3 CEUs – Topics: Hips, Shoulders, and Knees
More information to follow; Small registration fee; light breakfast will be served!