

Sharp Lines

Volume 2002, Issue 2

Richmond Area AORN

June 9, 2002

Officers

PRESIDENT:

Helen Anderson, RN

PRESIDENT-ELECT:

Tamie Zobel, RN, CNOR

VICE-PRESIDENT:

Sue Cheatham, RN

SECRETARY:

Bonnie Vencill, RN, CNOR

TREASURER:

Nancy Halbert, RN

PAST PRESIDENT:

Debbie Martin, RN, CNOR

BOARD-OF-DIRECTORS:

Diane Evans, RN, CNOR

Sue Cunningham, RN

Joanna Pitts, RN

Robin Kahn (Heath), RN

Susan Chandler, RN, CRNFA, CPSN

NOMINATING COMMITTEE:

Patti Baicy, RN, CNOR

Faye Hughes, RN, CNOR

Sharon Vaughan, RN

NEWSLETTER STAFF:

Dawn Aherron, RN, Editor

Sue Cheatham, RN, Webmaster

Cathy Walden, RN, CNOR

Nancy Halbert, RN

Helen Leary, RN

Kathy Scribner, RN, CNOR

Karen Charlotte, RN



President's Message

Hello Colleagues,

I find it hard to believe that our current year of AORN has come to an end. This was a fast year. I want to thank each of you for your support and encouragement throughout this past year. Each of you made my job so easy by just being who you are.

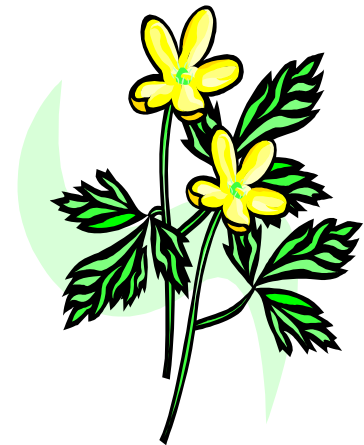
As a chapter I believe we did very well this year. We have been able to maintain our membership right between 157-161 members. We have had excellent educational programs at each meeting. We pulled together as a chapter to reach out to those that were affected much worse than us by September 11, 2001. We reached out to different members of our chapter that have under gone a crisis or set back in their personal lives. We did that as a chapter and as individuals. We were successful at our Gala and Golf tournament. The success of these two events allowed us to continue our tradition of sending members to congress, providing grants/scholarships for members attending

educational workshops, and contributing to their philanthropic organizations. Colleagues, we were able to do this because we pulled together and made a difference!

The next Board meeting will be June 17, 2002, at St. Mary's Hospital. There will be a combined meeting of the outgoing and incoming Board. As always, the BOD meetings are open to the general chapter membership. For those I don't see in June, I look forward to seeing you at our next chapter meeting on September 23, 2002.

Again, thank you all for your support. God Bless to all of you!

Warmly,
Helen



Upcoming Schedule of Events

- Next AORN Monthly Meeting:** September 23, 2002 Hanover Regional Medical Center,
Community Room, MOB I (tentative location)
Program: “Expanding Horizons through Medical Missions”
Speaker– Joanna Pitts, RN
Refreshments sponsored by: TBA
- Next Virginia Council Meeting:** October 26, 2002
Bon Secours School of Nursing
Educational Program provided by Richmond AORN and
Virginia Council, prior to Council meeting (TBA).
- AORN Congress:** March 23-27, 2003
Chicago, Illinois
- Golf Tournament:** May 7, 2003
The Crossings Golf Course
- “All Star Gala 2002”** November 23, 2002
Place: The Jefferson Hotel
Music by “Casper”



Monthly Chapter Meetings 2002-2003

- | | |
|--------------------|--|
| September 23, 2002 | Joanna Pitts, RN (“ <i>Expanding Horizons through Medical Missions</i> ”)
Hanover Regional Medical Center Community Room, MOB 1 (tentative location)
Refreshments sponsored by: (TBA) |
| October 28, 2002 | Paula Graling, RN (“ <i>Your National AORN Board of Directors Representative Comes to You</i> ”)
Hanover Regional Medical Center Community Room, MOB 1 (tentative location)
Refreshments sponsored by: (TBA) |
| November 25, 2002 | TBA
Hanover Regional Medical Center Community Room, MOB 1 (tentative location) |
| January 27, 2003 | TBA
St. Mary’s Hospital (tentative location) |
| February 24, 2003 | TBA
St. Mary’s Hospital (tentative location) |
| March 17, 2003 | TBA (Please note early date due to AORN Congress March 23-27, 2003 in Chicago)
St. Mary’s Hospital (tentative location) |
| April 21, 2003 | TBA
St. Mary’s Hospital (tentative location) |
| May 19, 2003 | End of year Dinner meeting—TBA (Please note early date due to Memorial Day) |

Board of Directors Meetings 2002-2003

All members are invited to attend Board meetings.

June 17, 2002	7 pm AORN Board of Directors, St. Mary's Hospital Room 159 Joint Board meeting for incoming and outgoing Board members
August 19, 2002	7 pm—Board Meeting St. Mary's Hospital (Room TBA)
September 16, 2002	7 pm—Board Meeting St. Mary's Hospital (Room TBA)
November 18, 2002	7 pm—Board Meeting St. Mary's Hospital (Room TBA)
January 20, 2003	7 pm—Board Meeting St. Mary's Hospital (Room TBA)
March 10, 2003	7 pm—Board Meeting St. Mary's Hospital (Room TBA)
May 12, 2003	Board Dinner (Meeting Place TBA)



Congratulations....

Sue Cheatham ~	Congratulations for passing the CNOR exam!!!
Debbie Martin ~	Congratulations for being selected to co-chair AORN's Continuing Education Approval Committee for 2002-2003!!! This committee reviews and approves all education applications submitted to AORN for contact hours.
Pat Frasher ~	Congratulations for being the first Clin III in the HCA Market!!! Pat works at Henrico Doctor's Hospital Forest Road.
Robin Kahn (Heath) ~	Congratulations to Robin Heath on her recent marriage to William Kahn, on April 19, 2002. May marital bliss be yours forever!!!



CPR Does Save Lives....

Everyday we come to work. For the most part, our jobs are very repetitive. You may learn something new everyday and that knowledge is stored away for the time that you may have an opportunity to use it. Something that you may not have thought about is the skill and expertise with which you do your job. Those skill are used on an everyday basis and not given very much thought at the time.

One of those skills may be CPR. CPR is the same concept no matter how it is presented. Doesn't it get boring and monotonous? The same thing over and over. But, something happened that could give us all a new perspective. As one of our OR nurses arrived in the X-ray department one day, an employee was eating lunch, and all of a sudden the employee seemed to have difficulty breathing. Immediately, without forethought, our OR nurse reacted instinctively and performed the Heimlich maneuver. The obstruction was dislodged immediately and the employee was fine.

We never know when those routine, regular, boring, mandatory requirements will be used to save the life of another person.

It is great to have you on our team—Steve Austin, RN.

Lorna Gaulke
Administrator Director—Surgical Services
St. Mary's Hospital

Richmond AORN Election Results....

On April 15, 2002, the Richmond Area AORN Chapter held its yearly elections for the 2002-2003 year. A quorum was established and voting took place. Thank you to everyone who ran for an office. The newly elected officers for the 2002-2003 year are:

President-elect ~	Bonnie Vencill
Vice President ~	Robin Kahn (Heath)
Secretary ~	Sue Cheatham
Board of Directors ~	Vicky Conover Debbie Martin Sharon Vaughan
Nominating Committee ~	Lila Jordan Ann Lewis



Awards Committee....

The Awards Committee met once. The Mary C. Evans Award nomination packet was revised. The Award will be presented at the October meeting. Deadline for submission was June 1, 2002.



Program Committee....

The Program Committee needs your ideas for topics and speakers for the future. Also, do you have any suggestions for program/refreshment sponsors for the upcoming year? Please let us know what you would like to see presented. Ideas may be submitted to Debbie Martin (dlmar10@aol.com) (275-1961), or Tamie Zobel (Tamiezobel@cs.com) (714-2844), or Robin Kahn (Heath) (559-9997).

Reminder, Education Scholarships are available to our members for educational activities other than Congress. An application may be printed from the chapter website.

Delegate Selection

Thank you for allowing me to serve you this year as your delegate chair. It was a wonderful learning experience. I felt privileged to have had this opportunity and hope to be able to serve again.

Have you turned in those point sheets yet? Remember they were due June 1, 2002. They can be turned in to Bonnie Vencill, the delegate chairman for this year or to Tamie Zobel last year's chairman. Tamie's address is 6201 Hunting-creek Dr., Richmond, VA 23237-2332. Points sheets are available on-line at the website: (www.aornrichmondva.homestead.com) or by request by mail. We look forward to more new faces getting involved and becoming delegates. Please submit an activity record, you can't be considered if you don't apply. Hope to see yours soon.

Reminder, that all committee chairs must have committee reports to Helen Anderson (copy to Bonnie Vencill for Delegate Selection Committee points verifications) by June 1, 2002.

Richmond Area AORN Website

I need to know any information to be displayed on our website like upcoming community, professional, hospital events/programs. Would members like anything else to be included on our site? Please let me know.

Sue Cheatham
lcheat@hotmail.com

And the Winners Are...2002 Gold Tournament

1st Place: DePuy Ace/Orthofix Team
 2nd Place: Howmedica Osteonics Team
 7th Place: Kendall LTP/Victory Products(Skytron) Team
 Last Place: Ethicon Suture Team
 Longest Drive, Male: Joe Ortiz
 Longest Drive, Female: Re Hunter

Door Prizes:

Tiger Woods Collectible Set:	Bill McCarthy	Camp Chair:	Dennis Cavender
Tiger Woods Collectible Set:	Ed Lesniak	Melitas/Movie for 2:	Joe Ortiz
Perkins Florist Certificate:	Gary Alphin	Travel Organizer :	Greg Hudack
Pro Shop Certificate:	Bob McCray	Flower Arrangement:	Re Hunter
Leatherman Tool:	David Maly	Gift Basket:	Pat Frasher
Top Flite Balls:	Chris Bowen	Top Flite Balls:	Richard Wood
Top Flite Balls:	Greg Schroeder	Umbrella:	Nick Mendez
Umbrella:	Charlie Daniel	Swing Trainer:	Janet Haney
Planter:	Chris Holbrook	Bottle Wine:	Bryan Thompson
Bottle Wine:	Phil Visco	Bird Feeder/Seed:	Dan Puryear
Lifenet Shirt:	Barton Smith	Lifenet Shirt:	Jarrett Zimmerman
Vinny's Italian Kitchen:	Jason Hull	True View Scope:	Russ Clements
Greens Fees:	Bob Hale	Golf Bag:	Bruce Racquet
Shag Bag:	Julia O'Ferrall	Shag Bag:	Derek Arzoomanian
Chip Shot:	John Baker	Flower Arrangement:	Pete McNally
Putt Retriever:	Kevin Egan	Capouchon Bag:	Bobby Dawson
Wicker Gift Basket:	Jerry Creehan	Applebees:	Lorna Gaulke
Hill City Chop House:	Rick Arnold	Precept Lady Balls:	John Newton
Pro Shop Certificate:	Doug Moyer		

I wish to thank everyone who helped us out on the tournament. Maybe you got a team to sign up, or a sponsor of a hole, or solicited or bought a door prize? And, maybe you came out to participate at the event? Whatever it may have been, thank you. It was a beautiful day despite the weather forecast right up to that day. Brochures are already made out for next year, as well as prize donation letters. It is never too early to get those donations or teams registered for next year's event. Next year's tournament will be held May 7, 2003 at the Crossing's Golf Club. Mark your calendars and plan to attend, you'll be glad you did.

Congress Report...

I would like to express my appreciation to the Richmond Area AORN chapter for the opportunity to serve the chapter as an Alternate Delegate during the 2002 Congress in Anaheim, Ca. I found this to be a wonderful opportunity to network with chapter members from around the entire U.S., as well as fellowship with our local members. My report is on the very first educational session I attended (at 5:30 AM, Sunday morning!): This was truly an informative program with specialists who presented up-to-the-minute information!

Prions & Emerging Infectious Diseases: Implications for the Health Care Worker

Martin S. Favero, PhD, has worked with the CDC since 1964. He presented information on emerging infectious diseases in the United States and throughout the world. The emerging infections in the U.S. include AIDS, E. Coli, cryptosporidiosis, multidrug resistant pneumococci, dengue, HCV, lyme disease, Anthrax, and smallpox. Global travel and globalization of the food supply greatly contribute to the emergence of these infectious diseases. Sterilization procedures kill pathogens: bacterial spores, mycobacteria, non-lipid or small viruses, vegetative bacteria (MRSA, VRE), and lipid or medium size viruses (HBV, HIV, HSV, HCV, Ebola, CMV, smallpox virus). Anthrax spores are so small they pass through envelopes, yet all common sterilization methods will kill these spores. Dr. Favero states that there have been no new CJD cases associated with medical devices since 1976, and that **new guidelines for instrument processing in suspected CJD cases are going through the CDC at this time**. The draft recommendations include: high-risk tissue/ high risk patient/ and critical or semicritical device—>steam autoclave cleaned instrument at 134 C for 18 min or 121 C for 1 hour. For instruments that are difficult to clean—>soak 1 hour in 5,000 ppm hypochlorite or 1 N NaOH. Rinse, clean and autoclave as noted. The current draft recommendations for medium/low/no risk tissue in a high risk patient for a critical/semicritical device—>clean and disinfect or sterilize using conventional protocols of heat or chemical sterilization or high level disinfection-including endoscopes.

Cynthia Spry, BSN, MSN, CNOR is an international clinical education consultant with Advanced Sterilization Products. She gave an overview: **Chemical and Infectious Agents: Protecting Yourself and Your Patients**, noting once again, that handwashing is still the #1 method of preventing infection. Rising patient acuity, staff shortages, and increasing workload and responsibility all impact safety. Observe safety precautions on labels and mix chemicals to the proper strength—stronger is not necessarily better, and may in fact, harm you. Protein must be cleaned off instruments before sterilization. Teddy bears cannot be aerated down to safe levels after ethylene oxide sterilization. Follow the Employee control plan for bloodborne pathogen exposures. Follow CJD plans for tagging and handling instrumentation. Note that instruments used on patients with Anthrax do not contain spores- -clean and process routinely.

Charles Roberts, MS, is the Director Biocides Research & Development. He spoke on the principles of disinfection after proper cleaning (essential!), inadequate time exposure, failure to perfuse channels, diluted disinfectants, and ineffective disinfectants can lead to disease transmission.

Kathy Scribner RN, MSN, CNOR, FNP-C

May 7, 2002

Congress Report....

HOT TOPIC- CJD: Dispelling the Myth, Minimizing the Risk

St Joseph Hospital in Denver CO made national headlines in 2001 with the news that six patients may have been exposed to the prion that causes Creutzfeldt-Jakob disease (CJD). Two OR nurse managers told their nightmarish tale of the events following CJD exposure.

Prion (pronounced pree-on) disease starts with exposure to an abnormal protein that is viable in a dried state, that has nor RNA nor DNA and has no traditional inflammatory response. The current outbreak began in England in the 1980s as slurry from the rendering of infected carcasses that was fed as a protein supplement to sheep and goats.

Classes of Prion Disease:

There are 3 classes of Prion disease; scrapie, the most common (from sheep and goats), chronic wasting disease, and BSE (Bovine Spongiform Encephalopathy).

Human Prion Diseases:

There are four known Human Prion diseases, that is, where the disease has crossed species from animals to humans. They are the BSE type. All are fatal and there is no known treatment. Three are *GSS*, *fatal familial insomnia* and *KURU*. *GSS* is an inherited, autosomal dominant chromosomal mutation. The fatal familial insomnia triggers the thalamus and affects the sleep/wake cycles. The cannibals of New Guinea got the *KURU*.

The fourth human prion disease is CJD. The first case was reported in 1920. It is a degenerative neurological disorder that seems to affect Libyan-born Jews. The occurrence is one per million people and holds a 15% familial trait. There is a very long incubation period, but once the symptoms of dementia and myoclonus begin, there is a rapid disease progression. Most die within a year after onset of symptoms. In one study, on autopsy, 5-13% of Alzheimer's patients had CJD.

Transmission of HPD:

Sporadic – no pattern of contamination

Iatrogenic –a. surgical instruments

b. dura; corneas; HPG hormone; bone

(c. people w/ h/o dementia cannot get cadaver bone grafts)

(d. There has been no BSE form in the USA to date).

The average age of those affected with CJD is 68. Diagnosing CJD is extremely difficult. At HDH, the policy is to suspect all elderly patients with dementia posted for brain biopsy. The pathologists must make several cross-sections of the single brain biopsy specimen, as the spongy look is intermittent. Timeliness of diagnosis is crucial.

Immediate Event Management:

1. communication to departments of: infection control; risk management; perioperative services and senior leaders.
 - a. instruct to keep all information confidential
 - b. track recently used neurosurgery instruments, patients exposed to same instruments
2. call the experts: CDC, Public Health Dept and Environmental Control, JCAHO, news media if necessary
3. IN THE OR: clean out room of unnecessary items, limit traffic, have "outside" circulator, disposable instruments (if possible) for biopsy, sodium hydroxide for surface and instrument disinfection, red bags for quarantine of reusable instruments, all linens, and solidified suction contents

In conclusion, each OR and hospital needs to establish an Algorithm and Sentinel Alert for exposure to CJD. The Ethics committee has items to consider: 1. If discovered "after the fact", do we tell subsequent patients of their possible exposure? 2. Review of facts 3. Patient perspective and 4. Patients' rights.

Staff awareness can happen through policy review. Fortunately, CJD occurs rarely, but up-to-date information is imperative.

Pat Frasher

Congress Report....

Hello Colleagues

It was my pleasure presenting our chapter as your President. Thank you for the lovely iris corsage. I was honored to be one of the delegates for our chapter. We had many issues to vote on. Please read your post congress journal for complete details. While we all were busy attending workshops and business meetings we also had time to relax. One of the most relaxing times for me was being involved in the Jerry G. Peers lecture. Amanda Gore through her wit and sense of humor showed us ways to be positive energy givers verses being energy suckers. She showed us the importance of getting over something that perhaps didn't go the way we planned it. She reminded us we need to have laughter and love in our life as well as to give these two away to those we come in touch with. Other areas she brought up are: We need to be open to learning new ways of doing things, being more flexible and to be more open like a refrigerator door in our relationships. In closing if someone comes up to you with tigger ears on or says hi! what's the best thing that has happened to you today they are just trying to give you positive energy. Someone may come up to you and say Zoot, zoot, zoot while touching your heart. Don't smack their hand they are just letting you know that you are loved. But watch out for the Eeyore ears that means someone thinks you are an energy sucker and they are going to zoot you into an energy giver. So for now zoot, zoot, zoot!

Helen

49th Annual AORN Congress Report

"Planning Your Financial Future"

Patricia Seifert, RN, MSN, CRNFA, FAAN

Ruth Shumaker, RN, BSN, CNOR

Peter Tedstrom, BA

Three aspects to every family's wealth are:

1. Financial
2. Social
3. Emotional

Though the Financial aspect is most commonly addressed, the Emotional and Social aspects should probably play a more significant role in Estate planning. How can you keep your estate and transfer your estate to most effectively meet you and your family's needs and preferences?

Mr Tedstrom described estate planning including recommended portfolio inclusions. A balanced stock portfolio should include 4 types of stock: some large companies, some small companies, some growth stocks and some value stocks. Asset selection, security selection and the monitoring of assets should determine the basis of the portfolio. He strongly recommended each individual utilize a financial advisor.

He also reviewed trusts - Revocable, Special Needs, Durable Power of Attorney and Living Wills and recommended their strategic utilization. Use of "Gifts" (\$11,000.00 per person per year allowable), charitable bequests and wealth replacement with life insurance are good advanced planning strategies to eliminate or significantly reduce estate taxes after death. Trish Seifert suggested bequests to the AORN Foundation. Assistance with this can be found through the AORN website. Estates under \$1,000,000.00 are not taxable. In addition, trusts do not require probate as do wills. He also reminded everyone that they should have a will! If they do not, the government decides where and to who your estate will go upon death. This may take 1-2 years to finalize and include a hefty chunk of change to the federal government!

This session was very information packed and unfortunately there was not enough time to absorb it all.

Respectfully submitted,
Sue Cheatham, RN

49th Annual AORN Congress Opening Session

Proudly waving their state flags, a delegation of chapter presidents from each state, preceded by AORN's national officers and Board of Directors entered the arena to the moving sound from *The Lion King*. With over 6,000 attendees cheering and clapping, AORN President Sheila Allen set the stage for another successful Congress. One of the first speakers was our own Executive Director of AORN, Tom Cooper. He urged us to "relax, recharge, and renew" during our week in Anaheim, and described perioperative nurses as under-appreciated unsung heroes who are subjected daily to long hours, double shifts, overworked, exposed to hazardous conditions and subjected to "daily verbal abuse."

R. Scott Jones, MD, president-elect of the Board of Regents of the American College of Surgeons extended greetings from the fellow surgeons. Dr. Jones opened his message by thanking the nurses who helped keep him out of trouble by a subtle suggestion whispered in his ear and especially to those who bailed him out when he didn't listen!

The Award for Excellence in Perioperative Nursing was presented to Cynthia Spry, RN, MSN, NA, CNOR of New York City, and former 1994 AORN President. She challenged us to think about our own definition of excellence and said she believed it must include "caring, commitment, competency, and attitude." Spry also pointed out that AORN serves as a model of excellence for many other nursing organizations. She closed by asking us to look at what it was that rekindled our flame for excellence, be it a weekend away, soul searching, attending a meeting, volunteering for a mission project, supporting our children in sports, or even loving a pet!

President Allen sent us out into the Congress week of meetings, Forums, education, fun, and business by reminding us of our value. "The worth of our lives comes not what we do or whom we know, but by who we are", she said.

As a first time attendee of Congress and a delegate for our chapter, I strongly urge each member to experience this powerful week. Become active, keep track of your participation, and turn in your "points." You will get back so much more than you ever give. As President Allen exclaimed, "your cup will be so full you'll find yourself drinking out of your saucer."

Thank you for the opportunity of representing the Richmond Chapter as your delegate.

Sincerely,
Susan Chandler, RN, CRNFA, CPSN

ADVANCES IN WOMEN'S HEALTH WITH MRI:
USE AND IMPACT ON PATIENT OUTCOMES

AS A RESULT OF M.R.I. GUIDED BREAST LUMPECTOMY, WOMEN CAN BE OFFERED A ONE-STOP SHOP FOR RESECTION OF ALL CANCEROUS TISSUE. THIS ENABLES THE SURGEON TO ACHIEVE COMPLETE RESECTION OF TISSUE WITHOUT HAVING TO PERFORM A SECOND PROCEDURE LATER. THE SENTINEL NODE IS IDENTIFIED, REMOVED, & SENT IMMEDIATELY TO PATHOLOGY. DURING THE INTERIM, THE SURGEON INSERTS A GAMMA PROBE & INJECTS DYE TO DETERMINE IF THERE'S FURTHER TUMOR INVOLVED IN THE AREA.

IN ADDITION, M.R.I. IS ALSO UTILIZED WITH CRYO THERAPY TO SHRINK FIBROIDS. THIS IS ACCOMPLISHED WITH THE USE OF 3 PROBES INSERTED PERCUTANEOUSLY IN THE ABDOMEN. THERE IS A 65% RATE OF EFFECTIVENESS REGARDING SHRINKAGE OF FIBROIDS WITH THIS METHOD. AS A RESULT OF THIS TECHNOLOGY; IT PROVIDES WOMEN WITH A MINIMALLY INVASIVE APPROACH IN REMOVING FIBROIDS. IN ADDITION, THERE'S IMMEDIATE RELIEF OF SYMPTOMS, SHORTER RECOVERY, & IMPROVED PATIENT OUTCOMES.

THESE ARE GREAT STRIDES FOR WOMEN'S HEALTH; BUT MORE NEEDS TO BE DONE IN THE NEAR FUTURE.

ANN LEWIS
ST. MARY'S HOSPITAL, A.S.U.

REPORT ON CONGRESS

WHAT A DIFFERENCE A WEEK AT CONGRESS MAKES. IT HAS BEEN 8 YEARS SINCE I'VE ATTENDED CONGRESS; AND IT IS STILL QUITE AN EXCITING EXPERIENCE FROM START TO FINISH. I HAD NEVER REALLY ATTENDED OPENING OR CLOSING SESSIONS UNTIL THIS CONGRESS. IT WAS SUCH A THRILL TO SEE THE PROCESSIONAL OF ALL THE STATES, PAST PRESIDENTS, & SPECIALTY ASSEMBLIES. IT FELT LIKE THE START OF THE OLYMPIC GAMES.

THIS WAS ALSO MY FIRST TIME ATTENDING THE HOUSE OF DELEGATES & FORUM ASSEMBLIES. IT WAS TRULY DEMOCRACY IN ACTION. LOOK OUT WASHINGTON, D.C. YOU HAVE NOTHING ON US.

I WAS VERY BLESSED TO HEAR THE MOST QUALIFIED SPEAKERS IN THEIR FIELDS PROVIDE THE LATEST INFORMATION RELATING TO OUR INDUSTRY & PROFESSION. THE KEYNOTE SPEAKERS WERE ABSOLUTELY EXCEPTIONAL. WHAT AN ENERGIZING EXPERIENCE. THE AFTER HOURS ACTIVITIES WERE FUN, FAST, & FURIOUS THANKS TO OUR WONDERFUL VENDORS & MANUFACTURERS. THE CLOSING CEREMONIES WERE AN EMOTIONAL & ENLIGHTENING EVENT. LAST BUT NOT LEAST; THE CLOSING DINNER/DANCE WAS GREAT FUN!

THANKS FOR THE MEMORIES & ZOOT, ZOOT, ZOOT TO ALL MY COLLEAGUES IN AORN RICHMOND CHAPTER.

ANN LEWIS
ST.MARY'S HOSPITAL, A.S.U.

2002 AORN 49th Annual Congress

It was another exciting year with many recommendations and revised statements brought to the annual meeting of the delegation of our association. There were over 6,000 members in attendance at the conference. Following, are proposals from the Governance Task Force, the Board of Directors and the other initiatives discussed in the business sessions.

- Governance Task Force
1. Specialty assembly delegation defeated
 2. Golden Gavel delegation withdrawn
 3. Past President delegation withdrawn
 4. Bylaws change-replace standing committees
with Committees and task forces decided on
an annual basis adopted
 5. Proposal for House to act between Congresses
with delegates serving 1 year term adopted

- One Member/One Vote Task Force
1. Extraordinary voter withdrawn
 2. Motion to increase number of House of
Delegates from 1500 to 3000 defeated
 3. Motion for proxy voting for chapters unable to
Seat all delegates defeated

Dues increase proposal – Postponed until July 2003

Proposed Statement on Pt and Health Care Workers with Blood borne Diseases = passed

Smoke Initiative = Investigation of smoke hazards is ongoing. Partnerships with NIOSH, Harvard Nurses Study and vendor partners, who have provided financial support and product development and support

Strategic Plan = AORN is the global leader in promoting excellence in peri-operative nursing practice. AORN's mission statement is "AORN supports the RN in achieving optimal outcomes for patients undergoing operative and other invasive procedures. The Strategic Plan Task Force proposed 4 goals to be set into place in the next 3-5 years.

1. Education
2. Legislative interests
3. Research
4. Organizational strength

Board Structure = The Board will be reviewing the structure of the organization to see if it is functioning for the best of the membership. The structure being evaluated is the Board, the Nominating Committee, and the nominating process.

Bylaws Task Force = There will be a review of all aspects of the Bylaws. The evaluation will be done by a consulting law firm and it will make recommendations to the Board.

Surgical Assistant Task Force = The task force's objective is to clarify and focus AORN's legislative priorities regarding unlicensed assistive personnel, particularly surgical technologists and assistants. Joan Reeder resigned from the task force because she accepted and appointment to President Bush's Commission on Patient Safety.

Chapter Visits = Pilot program February to March. Board members spoke about professionalism and the RN at 6 chapter meetings. There was a positive response to this. The cost to AORN for the Board to speak to 5 chapters each would total approximately \$20,000.

(Continued on page 13)

(Continued from page 12)

2002-2003 Slate of Officers (Newly elected identified by an asterisk (*))

President = Donna S Watson, RN, MSN, CNOR, ARNP, FNP-C

*President-Elect = Betty J Shultz, RN, CNOR

*Vice President = Michelle Burke, RN, MSA, CNOR

Treasurer = William J Duffy, RN, BSN, MJ, CNOR

*Secretary = Sharon A McNamara, RN, MSN, CNOR

Board of Directors =

*Lorraine J Butler, RN, MSA, CNOR

Debra L Fawcett, RN, BSN, MS

Paula R Graling, RN, MSN, CNOR

*Charlotte L Guglielmi, RN, BSN, CNOR

Anita Jo Shoup, RN, MSN, CNOR

Debora S Tanner, RN, BSN, MSM, CNOR

*Nathalie F Walker, RN, BS, CNOR

Nominating Committee =

*Michelle M Byrne, RN, MS, PhD, CNOR

Sylvia Durrance, RN, BSN, CNOR

*Jane H Flowers, RN, MSN, CNOR

Antonio B Hughes, RN, BSN, MA, CNOR

*Armando Riera, RN, BSN, CNOR

Advisor = Sheila L Allen, RN, BSN, CNOR, CRNFA

Thank you for letting me serve this year as the Delegate Chair. My hope is that everyone will continue to submit their point sheets and have an opportunity to represent the chapter at our national meeting. With just a small commitment of time and involvement everyone is eligible to participate. Please consider this wonderful opportunity and good luck to you all. Point sheets are due on June 1, 2002. You can send them to Tamie Zobel @ 6201 Huntingcreek Dr, Richmond, VA 23237-2332. Next year Congress is being held in Chicago, IL on March 23-27, 2003.

Dawn C. M. Aherron
16309 Bent Barrel Rd.
Montpelier, VA 23192