



EORNA

EUROPEAN OPERATING ROOM
NURSES ASSOCIATION



ABSTRACT BOOK

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“On the Move”

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Priority Sessions

PRIORITY SESSION 2

The forensic way of watching. How tunnel vision is lurking everywhere

Van de Goot, Frank, The Netherlands

Dr. Frank van de Goot (51) stated his career on a technical school where he was raised to be a electrician. During this period the idea of becoming pathologist appeared. Though laboratory schools he reached college. He studied Medicine and pathology at the free University (Amsterdam). In Frankfurt and The Hague he was trained in forensic pathology. Dr van de Goot is now one of the leading forensic expert in the Netherlands and even got his own television show (Dodden liegen niet seizoen I and II)

The forensics approach, just describe and document what you see, not what you think. How tunnel vision and suggestion are constantly lurking.

One often get the idea that awareness of tunnel vision is enough to prevent it. However, in the lecture of Dr. van de Goot the audience will be drawn into a word where nothing appear to be what it initially looked like. In this one hour session Dr. van de Goot will lead you through the world of natural versus unnatural death, obvious diagnosis suddenly appear to be not so obvious anymore. Are those injuries real injuries, does the story of the victim or the suspect match with the physical facts.

How can it be possible that even when you are aware of tunnel vision, in this session you will be drawn in one tunnel after the other. Just when you are convinced you are well prepared and completely objective its wrong again. The forensic approach should be a standard way of thinking in every profession, especially the medical ones. Its not possible not to have tunnel vision, actually its completely normal, one should only be aware of it.

PRIORITY SESSION 3

The impact of technologies on team performance in surgery

Gillespie, Brigid, Australia

Adverse events in surgery occur in up to 14% of patients, with mortality rates between 1 and 4%. While effective teamwork and communication in surgery is crucial for safe patient care, communication failures are the leading cause of patient injury in the operating room. Even in the absence of harm, communication failures can result in inefficiency. Extraneous factors such as mobile phones, door opening, staff changeover add to the disruptions and increase the risk of errors.

The introduction of surgical technologies such as robotics has revolutionized surgery. However, the introduction of these technologies has also imposed a culture shift: The complex socio-technic environment of surgery requires team members to multi-task based on individual expertise and consequently, adds another layer of complexity to team communications in surgery.

This presentation examines the importance of human factors and building shared mental models in the context of the rapid introduction of digital technologies in surgery. The introduction of digital, fully integrated operating rooms and robotic assisted surgeries are examined and the impact of these technologies on teamwork and communication is described. Recommendations for practice and research are identified, and key take-aways, highlighted.

Priority Sessions

PRIORITY SESSION 4

Evidence-based measures to prevent surgical infections

Andersson, Annette Erichsen, Sweden

The quality of care in surgery is dependent on the OR team where each and every member has an unique role and competencies. How these specific competences are used will affect patient outcomes. Protecting patients from iatrogenic harm is one of the most important aspects perioperative care. OR nurses unique competences in infection control and prevention is central in order to protect patient from postoperative infections and provide top quality of care. Postoperative infections causes in many cases unnecessary patient sufferings, the cost are enormous and due to the spread of resistant bacteria we are not able to treat all patient effectively. During this talk you will get to know more about the effects of post-operative infections and evidence based methods for how they can be prevented. One important question that also will be address is how we can implement preventive measures in the OR. What are the specific barriers for change in the OR and how can we overcome them?

Parallel Sessions

PARALLEL SESSION: SURGICAL SAFETY CHECKLIST: WHERE ARE WE?

OP001 Improving crisis management amongst O.R. Nurses: implementation of emergency checklist cards

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The primary aim of this project is to improve self-perceived competence and confidence during common Operating Room (OR) emergencies amongst nurses. Through experience in the OR setting, it is apparent that the following emergency situations require diligent nurse management: Malignant Hyperthermia, Cardiopulmonary Resuscitation, massive blood loss, and difficult airway management. However, due to extensive patient assessment and vigilance of OR personnel, OR nurses encounter such emergencies infrequently. Without experience, it is difficult to feel prepared dealing with such emergent situations. Overall, preparedness of OR personnel as a whole, aid in creating a safe environment for the patient being cared for.

Cognitive aids outlining management of these emergencies were created and implemented in the OR at Toronto Western Hospital. The "Emergency Cards" were tailored towards nursing responsibilities and outline crucial steps that need to be taken to successfully manage an emergency. Each nurse working in the OR was given a personal set of cards that were laminated, key ringed, and sized to fit in the hospital scrub pockets and to be used at their discretion.

Self-assessment surveys measuring self-perceived competence and confidence pre and post card implementation were distributed to OR nurses. Overall, it was found that the use of the cards improved each nurses' self-perceived competence and confidence during the OR emergencies that were measured.

OP002 Surgery team member's practices on the surgical safety checklist implementing in Turkey

Ogce, Filiz¹, Candas, Bahar², Damar, Hale³, Çelik, Buket³, Karayurt, Ozgul¹, Cakmakci, Metin⁴, Kalaca, Cagri⁵, Sayek, Iskender⁶
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Objectives: To determine the existing practices of the surgical team regarding the use of the Surgical Safety Checklist-Turkey (SSC-Tr) .

Methods: This is a descriptive and cross-sectional study, and the sample is composed of 378 surgical team members. Data was collected using a "Characteristics Form" and "SSC Implementation Questionnaire" between September 2017 and July 2018. Ethics approval was obtained from the University Ethics Committee.

Results: The majority (69.0%) of 378 surgical team members were nurses. It was determined that 68.8% of the participants were trained for SSC. 50.3% of the surgical team members were assigned coordinators for SSC-Tr and 33.9% of them were nurses. 93.4% of participants stated that they used SSC-Tr routinely for every patient, and 77.2% reported that the use of SSC-Tr is attempted. Participants stated that while the first step of SSC-Tr was performed by the clinic nurse, the second (32.3%), the third (59.8%), and the fourth (58.7%) steps were conducted by the operating room nurse. Whereas 87.8% of participants believed that SSC-Tr improved patient safety, only half believed that SSC-Tr was being administered in the operating room. While 67.7% of the surgical team stated that they have a practice standard in their institutions, but only 57.4% of them believed the standard was being met. Participants state that barriers experienced when using SSC-Tr are; lack of legislation (48.2%), management inadequacy (55.5%), time inadequacy (64.2%), lack of knowledge and sensitivity of list (55.3%), attitude of the surgeon (62.9%).

Conclusion: SSC-Tr is usually performed in hospitals and the greatest responsibility belongs to nurses. In terms of safe surgery, it is pleasing that SSC-Tr is being used. However, in order to increase the application rates, plans should be made in cooperation with the surgical team, to plan in-service training, and to create incentives for the use of SSC-Tr by institutions.

Parallel Sessions

OP003 A well-prepared patient is equally important as the Safe Surgery Checklist

Peeters, Peter

GZA Ziekenhuizen, Wilrijk, Belgium

Every hospital tries to ensure safe surgery. Many of them use the Safe Surgery Checklist (SSC) in the operation room. But do we need to wait until we use this SSC to know that the patient is well prepared for surgery? The pre-admission unit can achieve a lot with the right tools and the agreed appointments. With a digitized medium, we try to prepare the patients as much as possible.

When only a SSC is used inside the OR, there's still a chance that the operation has to be cancelled or removed due to incomplete preoperative examination. This is not only difficult to explain to the patient, but also includes direct and indirect costs for the organization.

A good management of a pre-admission unit is important to ensure successful implementation of operational policy and day-to-day running of the Operation Room. A well-prepared patient (as known medical history, a physical examination and preoperative assessment, lab testing, EKG, X-Ray may be required based on the individual needs in preparation for the surgery) prevents delaying the surgery. 48 hours before the surgery, the pre-admission unit checks on a dashboard whether the investigations have taken place. When there's no confirmation the surgery gets postponed. When the patient enters the operation room, the surgery will get started with great certainty.

OP004 Patient safety: implementing a formalised clinical handover from the intraoperative nursing staff to the Post Anaesthetic Care Unit, in a private hospital in Australia

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Objective: To introduce a formalised clinical handover from the intraoperative nursing staff to the Post Anaesthetic Care Unit (PACU).

Background: The transfer of professional responsibility and accountability for aspects of the patients care, along with effective communication, is vital in the perioperative environment and essential to ensuring patient safety. Structured clinical handovers with standardised acronyms that are performed at every stage of the patient's journey ensure communication occurs and reduces the risk of critical information being omitted. A gap was identified in our private health care organisation, within the perioperative environment, with no nursing handover or transfer of care occurring from the intraoperative nursing staff to the PACU.

Method: A working party was created to ensure all perioperative nursing areas were included in the decision making and key stakeholders were identified and engaged in the process. Strengths, weaknesses, opportunities and threats were analysed and the results used to identify key education areas. The ISOBAR handover acronym was adapted to be relevant to the intraoperative environment. Education was provided in small forums prior to implementing the handover process. Audits were performed by educated staff to ensure reliability of the audit results. Re-education was provided at the time and also at daily handover and staff meetings.

Results: Over the last 24 months intraoperative nursing staff have provided an ISOBAR handover to the receiving PACU nurse regarding the intraoperative care that has been provided to the patient. Initial results showed 84% of staff completed the full ISOBAR handover for every patient. Subsequent results showed a decline to 73%. Re- education was provided and the results are currently at 88%.

Conclusion: The implementation of a formalised handover between the intraoperative nursing staff and the PACU has become a key process in improving patient safety in the perioperative environment.

Parallel Sessions

PARALLEL SESSION: PREVENTION IS CRUCIAL

OP005 Prevention of pressure injuries: Knowledge and practices of operating room nurses

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Objectives: This study was conducted as a descriptive study to determine the level of knowledge and practice of operating room nurses about pressure injuries.

Methods: The sample of the study consisted of 234 operating room nurses working in eight public hospitals located in the city center of Ankara. During the data collection, "Identifying characteristics of nurses", "Practices about Prevent of Pressure Injuries" and "Knowledge of Operating Room Nurses about Pressure Injuries" survey forms were used. The data were analyzed by descriptive statistics, Mann-Whitney U, Kruskal-Wallis H and exact chi-square tests.

Results: The average age of the nurses was determined as 36,1536,03, 91,5% of them were female and 66,2% of them had bachelor's degree. It was determined that 66.7% of the nurses were educated during the basic nursing education and 41.5% were educated after graduation about pressure injury. It was found that 9% of the nurses read articles about pressure injury and 2.6% read the pressure injury guides. It was determined that 97.4% of the nurses used a guide as a source and 97.9% did not use a scale to evaluate pressure injury risk. It was determined that 81.5% of the nurses did not receive risky patient's information and 92.3% did not record risk assessment and prevention interventions. The mean score of the nurses' responses to the pressure injury questionnaire was 52.09313,76. The lowest score average was 'staging' and the highest score was 'injuries prevention attempts'.

Conclusions: It was suggested that pressure injury education should take part in basic nursing education and in-service training programs, current guidelines should be in institutional policies and procedures, appropriate risk assessment scales or evaluation forms should be available and the registration system should be established.

OP006 Prevention of surgical site infections: an approached technique

Kovohouandé, Sèdjro Vincent Blaise

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It has been shown that the germ that causes the surgical site infection in most of the time located on the patient's skin. So, it is important to well prepare the surgical site in order to prevent infection. according to World Health Organization, nosocomial infections must not go over 3%. But, nowadays, any country is under that level. I have developed one technique that respects the four different steps to prepare surgical site (DETERSION-RINSING-DRYING-DISTEMPERING). That technique has been projected during two scientific days in Benin and one in Belgium in 2017 during the congress of AFISO (French-Speaking Association for Operating Room Nurses). It is published on the web site: www.afiso.be. The consequences of surgical site infections are very difficult to manage. That could go till the death of the patient without forgetting added material, human resource, impact on the patient's family and his job. That could cause the amputation of a part of his body. The technique is called "MANUAL, METHODIC AND SYSTEMATIC TECHNIQUE FOR SURGICAL SITE PREPARATION". On November 2017, more than one hundred health workers came from more than twelve hospitals to take part at that second edition of scientific day in Benin. That technique has been ready after around four years of researches. It is practiced in many hospital in our country. I have made a protocole that helps people to follow the technique easily. Bibliography is available.

Parallel Sessions

OP007 The effect of cold steam application on sore throat in the patients extubated after surgery

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Aim: In this study, it was aimed to determine the effect of cold steam on sore throat, which applied to the patients undergoing general anesthesia during the first six hours after extubation.

Data collection: The study was conducted experimentally on 64 patients who underwent cholecystectomy and who were in the Operating Room, State Hospital between December 2016 and August 2017. The study data were collected through ASA (American Society of Anesthesiologists) Classification, Mallampati Scoring, Patient Information Form, Patient Evaluation Form, Ramsey Sedation Scale, Numerical Rating Scale, Evaluation Form of Pain Localization, Evaluation Form of Hoarseness, Dry Throat and Dysphagia, and Cuff Pressure Gauge.

Method: In this study, it was aimed to determine the effect of cold steam on sore throat, which applied to the patients undergoing general anesthesia during the first six hours after extubation.

Ramsey Sedation Scale was used to evaluate the wakefulness after the patients in the study group were extubated and taken to the PACU. After the data were collected in the study group, cold steam was applied for 15 minutes. After cold steam application, sore throat, pain localization, hoarseness, dysphagia and dry throat of the patients were reevaluated. At the 2nd and 6th hours; the same steps were repeated.

The patients in the control group were monitored according to clinical procedures. Data were collected in the control group at the 0th, 2nd, and 6th hours through the same forms. The study and control group were evaluated at the 24th hour only through the same forms.

Results: There was no statistically significant difference between the mean sore throat scores of the patients in the study (06 3 1.83) and control group (1.1631.69) at the 0th, 2nd, 6th and 24th hour after the surgery.

Keywords: Extubation, Throat Pain, Cold Steam, Nursing

OP008 Reducing rates of post-operative infection following cranioplasty

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Introduction: Cranial reconstruction following decompressive craniectomy presents challenges. Previous series report high rates of post-operative complications, most commonly infection requiring removal of the flap. We report our experience with a regimented program to reduce the incidence of post-operative infections following cranioplasty.

Methods: We studied all patients over 16 years of age that underwent autologous bone or synthetic patient specific implant cranioplasty at our institution since initiation of a program to reduce infections. At the time of decompressive craniectomy, bone flaps were cleaned and rinsed with gentamycin solution. Bone flaps were stored in a dedicated minus 80° C freezer.

Results: 99 patients (75 men, 24 women) underwent 106 cranioplasties with either autologous bone (n=76) or synthetic implant (n=30). Mean age was 37.316. Indication for the primary craniectomy was severe traumatic brain injury in 64 patients, non-traumatic intracranial hemorrhage in 21 patients, ischemic stroke in 9 patients, and empyema in 4 patients and brain edema post tumor resection in 1 patient. Rate of post-operative removal of the bone flap due to infection was 2.8% (3 patients), 2 in autologous bone and 1 with synthetic implant. Other complications included seizures 9%, hydrocephalus requiring ventriculo-peritoneal shunting 3%, and re-cranioplasty with synthetic patient specific implant due to bone resorption 6%. There was no association between injury mechanism, length of hospitalization, or previous infections and bone flap removal due to infection.

Discussion: Our results indicate that implementing a regimented program to reduce infection may help to achieve a low rate of post-surgical infections in cranioplasty.

Parallel Sessions

PARALLEL SESSION: TECHNOLOGICAL SUPPORT FOR PATIENT INFORMATION

OP009 Development of smartphone educational application for patients undergoing orthognathic surgery

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Purpose: This study was conducted to develop a smartphone application (app) as an educational learning instrument for patients undergoing orthognathic surgery and to assess the level of usability and satisfaction by the users.

Methods: This methodological research involves elicited learning content for patients undergoing orthognathic surgery to develop a learning instrument using the smartphone app. The app was developed according to steps of assessment, design, development, implementation, and evaluation. The level of usability was measured with the instrument System Usability Scale (SUS) in Portuguese and satisfaction with an instrument based on another study about satisfaction was measured for smartphone application. The smartphone app was evaluated by thirty outpatients in perioperative period through an electronic questionnaire sent by social networks, e-mail, and business card. Both measuring instruments were applied after using the smartphone app. Data were analyzed using descriptive statistics.

Results: The smartphone app was developed and called "OrtogApp". The content was based on a booklet validated by professionals which was developed in a previous study. The learning contents include five main sections containing essential learning issues in managing orthognathic surgery perioperative care and additional information. The smartphone app was available free of charge in platforms IOS and Android, patent registered in National Institute of Industrial Propriety (INPI) - Brazil. Thirty patients evaluated the app on usability and satisfaction. 66.7% downloads were performed by platform Android. Usability was rated 79.8+ 15.4 points and satisfaction 82.9%.

Conclusion: OrtogApp is a smartphone app with contents validated by professionals. It was considered of high satisfaction and good usability by users. Available on both platforms - IOS and Android. Patients undergoing orthognathic surgery may utilize the app as a supporting educational material to complement the guidelines given by perioperative nurses and/or maxillofacial surgeons during the perioperative care.

OP010 Determination of information needs of pre-discharge patients with lumbar disk herniation

Yildiz, Hulya, Dağ Yılmaz, Umran
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Objective: This research was carried out for the purpose of determining information needs of pre-discharge patients with lumbar disk herniation (LDH).

Methods: The study was conducted as descriptive and cross-sectional design. In this study 68 patients participated which has been implemented surgery due to LDH. As a data collection tool, a questionnaire, which was prepared by the researcher in the line with the literature and included "the demographic data, the patient's medical information's history, and patient's complications". The data were evaluated with the Statistical Package for the Social Sciences v. 20.0 Chicago, IL, USA program.

Results: It has been identified a great majority (94.12%) of the patients received information about care at home after the lumbar disk herniation operation. Of the patients who received information, despite the fact that 54.69% stated that they received information for medication, 50.00% for exercise, 81.25% for daily life activities, 96.88% for check-ups and 64.06% for the prevention of complications.

Conclusion: It was observed that the patients did not receive sufficient content information for home-care at the discharge stage from the hospital and that they had a need for information on many subjects for home-care. Nurses play an important role in patient education. Furthermore, it was observed that discharge training from the hospital of the nurses took a very small place in their education. It was suggested that nurses should take more place in patient education

Keywords: Lumber Disk Herniation, Nursing Care, Discharge, Patient education

Parallel Sessions

OP011 Oxford Informed Video Consent Tool (OXIVCT): a pilot study of informed video consent in spinal surgery and its impacts on preoperative patient satisfaction

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Objectives: The UK Supreme Court *Montgomery* judgement marked a decisive shift in the provision of informed consent. A 'Three-legged stool' approach to consent, advocated by British Association of Spinal Surgeons (BASS) calls for updates in consenting practice. This study investigates the acceptability of using a personalised video consent tool to enhance patient satisfaction in the preoperative consent giving process.

Setting: A single centre, pilot study of people undergoing surgery at a regional spinal centre in the UK.

Participants: As part of preoperative planning, prospective data from 20 patients was obtained in the form a self-administered, patient-directed questionnaire regarding patient satisfaction with the use of a video consent tool as an adjunct to traditional consenting methods.

Outcome measure: Participants were invited to complete the Client Satisfaction Questionnaire (CSQ-8), post consent consultation and after reviewing the personalised consent video.

Results: 20 participants with a mean age of 56 years, watched their personalised consent video at least once prior to consenting for surgery. Average viewing was 2-3 times. 85% watched with next of kin and family. 80% of participants reported that the consent tool helped to their address preoperative concerns ($p < 0.05$). All would use the video consent service again. All would recommend the service to others requiring surgery. The mean patient satisfaction(CSQ-8) score was 30.2 of a possible maximum score of 32.

Conclusions: Introduction of a video consent tool as an adjunct to traditional methods has had a positive impact on the patient journey as is evident from the high satisfaction scores. Patient-clinician consent dialogue can now be documented. A randomised controlled study to further evaluate the effects of video consent on patients' retention of information, pre and postoperative anxiety and length of stay. the use of the personalised video consent is in progress.

Keywords: Informed consent, patient satisfaction, spinal surgery.

Parallel Sessions

PARALLEL SESSION: COMPETENCE REQUIRES LIFELONG LEARNING

OP013 A tool to assess and certificate the skills in the operating room according to the LaNTS model (life and non-technical skills)

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Objective: From the literature review about the concept of “competence”, the LaNTS Model (Life and Non-Technical Skills) was created and included in the Master for the Operating Room Nurse at the Insubria University in 2014. 17 LaNTS belong into the Model and they are the integration of the skills identified about the “Human Factors” concept, as central role in the management of the clinical-care risk and the safety of care, and about the “Life Skills” concept by the WHO, as a central role on the well-being and health care.

Methods: An observational descriptive study and a phenomenological study have been conducted with mixed research approach to create the Performance Improvement process about mapping, assessment and development of skills. From the Operational Room Nurses Job Description and from the perspective of skills about the characteristics of people with excellent performances, 17 Nurse Practitioner of the first and 19 Nurse Practitioner of the second edition have identified and described, through observation, with precision two behaviors pertaining to each LaNTS, during internship in the reference hospitals

Results: 1224 behaviors were identified by 36 students. Deleted the overlaps, they have been integrated into the previously constructed assessment tool that reports the Dublin Descriptions and the learning outcomes expressed through a precise taxonomy of behaviors attributable to 10 Technical Skills, then to the 17 LaNTS where 10 behaviors are involved.

Conclusions: During the III Edition of the Master, the instrument will accompany the Nurse Practitioner during all internships and it will certify the skills acquired through 5 levels of performance areas. The behaviors identified will certify the presence of a competence or they will identify the skills gaps, therefore to increase the awareness of the need for learning, and to give birth, through post-assessment training, to highly personalized development paths.

OP014 Current training of the perioperative nurse versus the unified competence model of the EORNA. Is a change required?

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The Bologna Plan strengthens the framework of competencies as a vehicle to homogenise the different European nursing study plans. However, the development in each country of this framework has not been homogenous, an example of this is perioperative nursing. Currently, each country regulates the way surgical nurses learn to work in the operating room. EORNA is the association that brings together all national associations. It is the one that can dictate the competencies European perioperative nursing should have. Although EORNA has tried to synthesize these competencies, many countries follow their own training models.

Parallel Sessions

Objectives:

- Compare the training model of Spain and England with the one proposed by EORNA
- Study the need for postgraduate training, appropriate to the proposal by EORNA
- Know the impact of various training itineraries in terms of satisfaction with the training received

Methods: A multicentre project that will be carried out in two public hospitals, one Spanish (Tenerife) and one English (London). Quantitative descriptive study guided by self-administered and anonymous questionnaire on two specific aspects:

- Satisfaction of professionals with the training received in the operating room
- Knowledge about nursing perioperative competences, derived from the EORNA competence framework.

The results will be displayed in frequency and percentage tables.

Results: Both the Spanish model and the British model are far from the reference competence model, which is that of the EORNA. Both the scores obtained in the level of knowledge and satisfaction with the training received can be improved in both countries.

Conclusions: It is necessary, on the part of the countries, to make efforts to adjust the different existing competence frameworks and to unify them with that of the EORNA.

A homogeneous postgraduate training could contribute to correct the problem of different competencies maps.

All this could contribute to a European perioperative nursing

OP015 How do OR nurses experience the demand of continual competency development and how does this experience affect the competency development?

Als, Christina

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This qualitative research takes its starting point in statements from both experienced and unexperienced OR nurses working in a large OR in the Capital Region of Denmark.

Methods: The empirical data was collected in spring 2018 and consists of narrative interviews, and have been supported by semi structured interviews and observation in the OR, in order to be able to describe the discrepancy between the subjective and objective tales using reflective sociology. Both male and female OP nurses participated.

Theory: After transcription and thematisation the interviews, they have been analyzed using the practice theory of Pierre Bourdieu focusing on habitus, field and Capital as well as using the recognition theory of Axel Honneth. They are used to clarify what is at stake for the OR nurses along with what Means the Clinical Mentor must use in order to motivate competency Development.

The The learning theory of Peter Jarvis is used to clarify the transformation of a person through learning and to illustrate that the learning situation is very complex.

This does not only make demands on the individual OR nurse but also on the competencies of the Clinical Mentor responsible for education.

Conclusion: it seems that there is a significant correlation between upbringing, possibilities, self-esteem and the need for professional competency development where the demands of continual competency Development and lifelong learning are a part of what is expected from the employees in the fast developing Health system. It seems that the experiences in life influence on the OR nurse's Desire for and outcome of the competence Development.

OP016 Keeping up at the OR

Hageman-Verhoeven, Maril

Amphia ZKH, OR, Dussen, Netherlands

There are multiple ways to obtain the Medical degree of an OR Nurse in Holland.

Most of the OR nurses learned their profession while working and attending the lectures that are needed.

There are about 4000 OR-Assistents in Holland and they all work and learn in different kinds of Hospitals.

After graduation, some stay, others keep changing workspace, the workforce is most of the times a mixture of old, young and new.

Parallel Sessions

Technology is developing quickly and this will not stop. In the Medical field innovation brings a vast range of variety. New machines, new prosthetics, new ways. Developments will only increase in speed and impact.

Difficult to keep up with.

But fun to do.

Most of the nurses I know do not only like their profession but they love it.

They only need the tools to learn and a learning curve.

At my hospital; the Amphia Hospital at Breda, we have formed a workgroup with personal coaches, a supervisor and representatives of the surgical, anesthesiological and recovery staff.

We embrace every possible way to enhance our staff's professionalism.

Talking to nurses in other hospitals has proven this challenge is the same everywhere.

I'm sure we can keep finding ways to implement a new kind of learning that is worth its degree.

I want to talk about my findings and hopefully have a meaningful discussion about it with the participants.

PARALLEL SESSION: A GOOD START IS HALF THE BATTLE

OP017 The effect of preoperative oral carbohydrate administration on insulin resistance and comfort level in patient undergoing surgery

Onalan, Emine, Isik Andsoy, Isil, Ersoy, Ömer Faik

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We aimed to investigate effect of preoperative oral carbohydrate (OCH) administration on postoperative insulin resistance and comfort level in patients undergoing elective laparoscopic cholecystectomy (LC). A total of 50 patients were included in this study with 25 in each group. Patients were randomly assigned to OCH or control group in a 1:1 fashion. OCH group received 800 mL and 400 mL OCH solution at midnight the night before surgery and 2 hour before surgery, respectively. Control group did not eat and drink after midnight the night before surgery. Glucose and insulin level were measured at baseline, 2 hours before surgery and at 1st and 3rd hour of surgery. Insulin resistance was assessed by homeostasis model assessment of insulin resistance (HOMA-IR). Visual Analog Scale (VAS) and General Comfort Scale (GCS) were used to assess postoperative patients comfort level. There was no significant difference in age (median 53 vs. 54, $p = 0.425$) and gender distribution (female: %80 vs. 68%, $p = 0.333$) between study groups. A significant increase in glucose level were observed in both groups ($p < 0.05$). Change in glucose level was significantly higher in the control group than in the OCH group ($(F(1, 48) = 6.563, p = 0.014)$). HOMA-IR values did not change significantly in the OCH group ($p = 0.160$), whereas control group showed a significant increase in HOMA-IR values ($(F(3, 72) = 5.63, p < 0.002)$). Group effect ($p = 0.763$) and time*group interaction ($p = 0.071$) was not significant for HOMA-IR values. In OCH group VAS scores for hunger ($p < 0.0001$), thirst ($p < 0.0001$), anxiety ($p < 0.0001$) and pain ($p < 0.0001$) were significantly lower than in the control group. Preoperative administration of OCH solution decrease postoperative glycemic control, insulin resistance and increase comfort level in patients undergoing elective LC

OP018 Effects of mechanical bowel preparation on body temperature and haemodynamic parameters in preoperative patients: A quasi-experimental study

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Objectives: Beside changes in blood values, more complaints occurred during bowel preparation. Patients general condition and vital signs should be monitored during bowel preparation. The aim was to determine the effects of mechanical bowel preparation on body temperature and haemodynamic parameters in preoperative patients.

Methods: This quasi-experimental study with repeated measures of the variables Study was carried out on a total of 64 patients in preoperative period at a General Surgery Clinic. The fleet enema was applied rectally in left lateral position and then semi-fowlers (30°) was given. Patients mobilized for bowel contents evacuation by themselves after 8-10 minutes at

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the end of procedure and semi-fowlers position was given again after taking the bed. Body temperature, haemodynamic parameters and patients complaints were evaluated at specified times.

Results: Just right at the end of procedure, systolic and diastolic blood pressure, pulse and respiratory rate increased, but body temperature and arterial oxygen saturation decreased compare 1 hour before procedure ($P < 0.05$). At the end of 20, 40, and 60 minutes of procedure, body temperature, systolic, and diastolic blood pressure, pulse and respiratory rate decreased compare just right at the end of procedure and just at the end of 60 minutes after procedure arterial oxygen saturation increased ($P < 0.05$). The most developing complaints at specified times were stomach ache, nausea, bad taste in mouth, distention, sweating, abdomen cramp and palpitation, respectively.

Conclusion: Mechanical bowel preparation affects on body temperature and haemodynamic parameters. Additionally, serious complaints such as nausea, distention and palpitation occur. Beside carefully monitoring of body temperature and haemodynamic parameters, assessment of patients complaints depended on mechanical bowel preparation will be help in patients follow-up. The study results will be provide in develop evidence-base practice related on mechanical bowel preparation.

OP019 The effect of probiotic use in the preoperative on postoperative constipation

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Objective: Constipation is a chronic disease that affects approximately 16% of the world population. The proposed probiotics have a positive impact on the prevention of constipation by improving the balance in the intestinal flora. This study was planned to find out the preoperative probiotic use of the patients treated in surgical clinics and the effect of probiotic use on postoperative constipation.

Method: The universe of this descriptive and cross-sectional study consisted of the postoperative patients treated in the surgical clinics of a state hospital between 15 March and 15 June 2018. 106 patients were sampled using random sampling method. The data were collected using Patient Identification Form and Constipation Assessment Scale (CAS). In the analysis of the data, numbers and percentile calculations, arithmetic mean and T test were used.

Results: It was determined that the mean age of the participants was 50,26 \pm 19,90, 55,7% were married, 69,8% were married. 35,8% had constipation and the mean CAS score was 3,4933,64. The type of the surgical intervention was not found to have a significant effect on the CAS score. The female patients ($p = 0,045$) and married patients ($p = 0,009$) had more constipation problems than male and single ones respectively and their CAS scores were significantly higher. The most commonly used probiotic foods were found as ayran, cheese, pickles and Turkish coffee and the most beneficial ones were milk, yoghurt and apricot. There was a statistically significant difference between the use of kephir ($p = 0,000$), pickles ($p = 0,000$) and yoghurt ($p = 0,000$) and CAS scores in the preoperative period.

Conclusions: It is determined that female and married patients had more constipation problems and that the frequency of constipation after surgery was lower in those consuming kefir, pickles and yogurt in the preoperative period.

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OP020 The surgical infection prevention and humanization in the operating room setting

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The focus of the Operating Room Nursing is the patient, not the surgical process, the surgeon or the new technologies. Currently, we can determine the main points for the prevention of the Surgical Infection. In Spain they meet in two national projects for the prevention of surgical infection: "Zero Surgical Infection" and "Safe Surgery". On the other hand, the humanization of nursing care is important even in the operating room.

In our hospital, the nursing is focusing:

- in the fundamental points for prevention:
 - Hair removal
 - Antibiotherapy
 - Surgical skin preparation
 - Normothermia
 - Perioperative Normoglycemia
 - Surgical Checklist
- In a fundamental point for the humanization of care
 - Process information to patient and companions
 - Identification and confidentiality
 - Family accompaniment
 - Patient comfort: comfort, temperature, privacy.
 - Rest of the patient and relaxing environment.

But we can think that the security, the safeguard and the humanization in the Surgical Area, it's really a basic thing and that everyone does it. The true is that we do it, but in many cases like a routine, we forgot why we do it, the reason to do it. Actually, We have the Surgical Checklist that help us the principal items, but We also have to remember the rest of the items. I try to review the principal risk and hazards. Also the actions that we can do it to prevent and avoid it. And I am focus in the security use of the new technology principally. But always don't forget that the patient is a PERSON. With all this conference, we want the surgical experience of the patient to be as positive as possible within the possibilities, as well as the compliance of all safety measures to be standardized.

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PARALLEL SESSION: COMMUNICATION FOR BETTER TEAMWORK

OP021 The elephant in "the room"; nurses' views and recommendations for communication failure in perioperative care

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Communication problems among health professionals endanger patient safety and may result in undesirable patient outcomes from a reduction of efficiency, delays in the surgical care or increased workload to more serious consequences, such as surgery on the wrong side or even the wrong operation may occur.

Objective: To determine the primary reasons and consequences of communication failures among healthcare professionals in perioperative care comprehensively, and to seek recommendations for solutions.

Method: The study was conducted as a qualitative-descriptive, consisting of perioperative nurses. The sample comprised 14 perioperative nurses -with a minimum of 2 years of experience- in a university hospital. The data were gathered by in-depth individual interviews with a semi-structured questionnaire consisting of 20 questions regarding *causatives, consequences and suggestions of communication failures respectively* and the responses were examined by thematic analysis.

Results: Regarding the *causatives*, emerged themes were; *institutional, individual and surgical field related reasons*, such as; the nurses being perceived as the problem solver among all other health professionals, the lack of time for the preoperative preparation, under-staffing, lack of motivation, physical environment of the operating rooms and the misbehavior of surgeons. *Consequences* identified by nurses were; *leave of work, avoidance of certain colleagues, threat to patient safety, decreased patient satisfaction and violence among the team*. The *organizational regulations, creation of a team spirit, happy work environment, orientation and in-service trainings* were the *recommendations* expressed by every participant in order to strengthen the employees and to avoid communication failures.

Conclusion: It has been revealed from the study that institutional regulations should be present by compliance and enforcement, standardization of perioperative processes, use of communication check lists, and strengthening the health workers are all essential in order to increase the quality of care, to prevent risks for patient safety, to increase efficiency, and avoid high turnover rate.

OP022 Do you see what I see? The use of live streaming GoPro footage in the operating room and the impact on communication

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Objective: Despite a culture shift towards safety in healthcare patients undergoing a surgical procedure remain at risk of adverse outcomes. A review of the literature identified that communication and anticipation skills of the instrument nurse were affected by their experience levels and proximity to the operative site, with the use of the GoPro camera reported to provide a visual source of information during surgery.

Methods: An exploratory study was designed to explore the impact of live streamed GoPro footage on the communication and anticipation skills of instrument nurses.

Results: Fifteen instrument nurses and ten surgeons were recruited from a private hospital in Victoria to participate in a three phase exploratory study. The first phase included introductory semi-structured interviews to establish baseline information about communication and anticipation of instrument nurses. The second phase involved surgeons wearing a head mounted GoPro for fifty surgical procedures. The third phase consisted of evaluation semi-structured interviews to elicit the attitudes and experiences of participants regarding the use of the GoPro and their perceived impact on their communication and anticipation skills. Key themes identified were related to communication, anticipation, knowledge and experience and attitudes towards GoPro usage.

In phase two 68 hours of operating time were recorded across six surgical specialties. Key findings indicated that the major strength of the GoPro usage was promotion of engagement of all members of the theatre team and use of GoPro for training purposes.

Outcomes from the evaluation semi-structured interview data revealed three key themes of communication, anticipation and attitudes towards GoPro usage.

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Conclusion: Outcomes of this study indicate that the GoPro can be utilised for training, anticipation and team engagement. This study demonstrated the use of live streamed GoPro footage in the operating room can have a positive impact on the communication and anticipation skills of the instrument nurse.

OP023 Evaluation of attitudes of the health team members taken part in the surgical process on the interpersonal communication manners and teamwork

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This study was conducted in a descriptive analytical type in order to evaluate the attitudes of the health team members taken part in the surgical process on interpersonal relationship styles and teamwork. The 126 volunteer surgical team members were included in the sample of the study. "Personal Information Form" for determining the socio-demographic characteristics of the surgical team members, "Interpersonal Communication Style Scale (ICSS)" for determining the interaction style and "Team Work Attitudes Scale (TWAS)" for determining the teamwork attitudes was used. It was found that "avoidant" subscale mean scores of the other health professionals were significantly higher than the nurses and physicians ($p < 0.05$), and the "TWAS" subscale mean scores of other health professionals were significantly higher in statistically than the mean scores of the nurses and mean scores of the physicians ($p = 0.024$). It was determined in the study that doctors scored lowest at communication subscale and it was significant difference between the mean scores of participants at ICSS dominant style subscale, and that the statement of "Helping the team members is a sign showing that Individual has not adequate work to do" has the lowest score in every three occupational group. It was found in the study that the health professionals scored the highest in the TWAS and ICSS total mean scores and nurses scored the lowest one. As a result, it was determined that there were significant differences at the interpersonal communication and teamwork attitudes of surgical team members, and they had different expectations regarding teamwork. Accordingly, it is recommended that surgical team members should be trained to improve their team work and interpersonal communication and necessary trainings should be provided for understanding of the patient safety culture at the individual and institutional level.

OP024 Successful implementation of an interprofessional simulation program for improved perioperative teamwork and communication

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Stanford Health Care (SHC) implemented an interprofessional simulation program to improve perioperative teamwork and communication. Teamwork related factors consistently account for 2 of the top 3 root causes for sentinel events as reported by The Joint Commission. Root cause analyses by The RISK Authority of Stanford Health Care revealed consistent findings for patient safety events within the organization. The hypothesis of the simulation leadership team was: implementation of an interprofessional simulation program would be effective in targeting poor perioperative teamwork and communication. Monthly simulation sessions occurred over one year with a total of 138 participants. Each session included a full interprofessional perioperative team. Scenarios were developed based on SHC patient events provided by The RISK Authority and were designed to engage all roles in communication during a crisis. The high-fidelity simulations were held in the actual operating room, creating realistic intraoperative conditions. The simulation session included a participant pre-brief, the scenario, and a debrief facilitated by interprofessional faculty. Participants completed pre and post-simulation surveys measuring confidence in teamwork and communication principles. Data analysis was completed by comparing pre and post mean survey scores.

Analysis of the survey data reveals that after simulation, participants have a statistically significant ($p < 0.001$) increase in overall confidence of their ability to function in a team during a crisis. Analysis of the subdomains of their overall confidence show a statistically significant ($p < 0.001$) increase in participant confidence to maintain effective situational awareness, establish role clarity, utilize resources, and communicate effectively following the simulation session.

The findings from this program are significant because they demonstrate that implementing an in-situ interprofessional simulation program is an effective intervention to improve perioperative teamwork and communication, targeting one of the root causes of patient safety events. The program has expanded to include additional clinical areas because of the initial success.

Parallel Sessions

PARALLEL SESSION: PSYCHOLOGICAL WELL-BEING OF PERIOPERATIVE PATIENTS

OP025 The effects of relaxation exercises on preoperative anxiety of dental surgery patients

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The purpose of this randomised controlled experimental study was to evaluate the effect of Progressive Muscle Relaxation (PMR) exercises on anxiety levels of the patients. This study consisted of 130 patients having dental surgery. Of 130 patients 65 were placed in the intervention group while the remaining 65 were in the control group. The patients in the intervention group were given 30-minute PMR exercises by using CD and headphones. The anxiety level and physiological parameters (blood pressure, heart rate and respiratory rate) of the patients in control and intervention groups was measured on the beginning and after the PMR exercise. The State and Trait Anxiety Inventory (STAI), the Corah Dental Anxiety Scale (CDAS) were used in data collection. Statistical analysis of the data was performed with SPSS (Statistical Package for the Social Sciences) software version 19 (SPSS Inc., Chicago, IL, USA). Before starting the study, written approvals were obtained from the ethical board and the institutions.

The use of PMR significantly decreased the state anxiety in intervention group patients ($p < 0.001$). Also, there was statistically significant difference in systolic and diastolic blood pressure, heart rate and respiratory rate in intervention group ($p < 0.001$). It was concluded that preoperative PMR exercises has a positive effect on anxiety level of dental surgery patients.

OP026 Surgical theatre: an educational project for common people

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A.I.C.O. Lazio, the association of Italian room nurses (Latium region-Italy), takes part to the 2018-2019 edition of the European Commission Project "Horizon 2020 Marie Skłodowska Curie, European researcher's night" which will take place next September 2018 in Frascati (Rome). A.I.C.O. in cooperation with the *Frascati Scienza Association*, will make its contribution to the project named *BEES (BE a citizEn scientists)* with a specific, interactive project named *Surgery Theatre*, which has the aim to help the ordinary citizens to learn more about the operating theatre environment and familiarize with it through a live demonstration. This proposal arises from the will to give the opportunity to common people to understand, with the help of an appropriate simulation, the whole surgery experience. A mockup operating room will be set up in an accessible public space where real operating theatre nurses will be willing to show to citizens the operating room through history and culture. The intent is to open to the public the operating room with all its peculiar dynamics.

The oral presentation here submitting will expose the project *Surgery Theatre* from its idealization to the feedbacks received.

Parallel Sessions

PARALLEL SESSION: STUDENTS IN THE SPOTLIGHT

OP029 Sharing experience at PHD students level in the field of operating room nursing between Turkey and Croatia

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Objective: PhD students (and students in general) have a critical role to play in obtaining tangible and positive change on a local and global scale in the field of health. Operating Room Nursing is one of the professional areas in the field of health affected by changes in practices in global health. In this presentation it is aimed to share the experiences of Turkish doctoral students at international level.

Method: Two Turkish doctoral students visited an operating room in a education and research hospital in Croatia within the scope of doctoral internship. All permissions related to internship are obtained from the institutions before the visit. A comparative list of pre-operative, intra-operative and post-operative practices was established. A report covered all the differences and similarities between the implementations in ORs in Turkey and Croatia is prepared.

Results: Implementation differences were observed in terms of designing of the Safe Surgical Checklist and handwashing disinfectants between two countries. There were practices appreciated in post-operative process and also for pediatric patients in Croatia. Although the forms performed during the surgery were designed with a different concepts in Croatia and Turkey, their intended utilizations were the same.

Conclusion: From point of students, it was really a valuable experience to observe the differences of operating room nursing between Turkey and Croatia. International experiences of doctoral students provide capacity building for institutions as a fringe benefit.

OP031 Student assessment; utilizing perioperative experience

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Assessment is the process that measures the outcome of student learning.

In higher education, 'assessment' describes any process that appraise an individual's knowledge, understanding, abilities or skills. We measure attainment, in a modular system through the student's achievement of learning outcomes. Assessment traditionally has been achieved through the completion of essays. Authentic assessment encourages the student to use their experiences from the perioperative environment to problem solve, utilize their knowledge and understanding.

Objective: Use an authentic assessment, which focuses on students, applying knowledge and skills in real life settings. QAA 2012

Method: Identify and implement an authentic assessment method. BSc Operating Department Practice Course students' complete a module entitled, developing professional practice. The aim of the module is to establish the principles of professional practice and facilitate lifelong learning and an authentic assessment could support this. AfPP 2016 & HCPC 2016

Results: The implementation of an authentic summative assessment has evaluated well with positive responses. Overall success was measured in that the cohort gained a higher pass mark for the module than when it was assessed in a different format. This outcome has demonstrated that the students have engaged with the process. The students has demonstrated an understanding of the scope and limitations of professional practice in the perioperative environment.

Conclusion: The link between theory and practice has been made more robust and the students have positively evaluated the implementation of an authentic assessment.

References:

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 Health Care Professionals Council, [2016] Guidance on conduct and ethics for students London, HCPC
 Quality Assurance Agency for Higher Education [2012] Understanding assessment:its role in safeguarding academic standards and quality in higher education Gloucester, QAA

Parallel Sessions

OP032 What are the nursing students' problems and opinions about 'nursing maintenance process? A qualitative study

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Aim of this study is to determine the problems experienced in the implementation of the nursing process in the and the opinions of the students in this subject.

The data of the study were collected through 'semi-structured interview technique' through individual interviews conducted with face-to-face interviews with 2nd and 4th grade nursing students. Twelve essential questions were asked.

In the analysis of the data, inductive content analysis technique was used. In the analysis, the data was read several times with line-by-line reading technique, followed by thematic coding. Categories and themes were created from similar codes. All of the students stated that the nursing process is time consuming and that is very difficult to care all patients according to this system. When the problems experienced according to the stages were grouped, the following findings were obtained. Sexual life, religious belief and laboratory findings and also time of data collection is taking too long. The facts are very detailed, the difficulties in communication with the patient are the most frequently mentioned problems in collection and interpretation data.

The biggest problems in diagnosis are the inability to understand the NANDA diagnosis system and the inability to use diagnosis book. It is thought that the information learned at school is not enough to make a diagnosis.

In planning stage that it is very difficult to plan for each patient, not feeling comfortable in the clinic and difficulty in understanding the patient's problem.

The problems in implementation are mostly lack of information, fear of complications and skills inadequacy.

In the evaluation phase, the most common problems are not being self-confident, observing the patient for a long time in the clinic, and needing another person's opinion.

It is proposed to increase awareness of the students on the benefits and benefits of nursing process use.

PARALLEL SESSION: SAFETY FIRST

OP033 Evaluation of safety attitudes: frontline perspectives from this patient care area

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Introduction: Operating Room (OR) department is a dynamic business environment involving teamwork and advanced technology together with a population of patients with multiple problems and high productivity demands. Tension between the contradictory aims of efficiency and safety may produce risks for adverse incidents. Multiple factors are critical to achieving patient safety, including teamwork, managerial and organizational factors, individual resources, cognitive abilities and work environment

Aim: The aim of this study was to describe and compare attitudes to patient safety among the various professionals in Operating Room (OR) in Northern Greece Hospitals.

Methods: A quantitative survey with the Safety Attitudes Questionnaire (SAQ) - OR version was used to obtain estimations from surgical teams. The SAQ-OR version was translated into Greek and comprises 36 items. The answers are based on respondent experiences in OR where they work, given on a 5-point Likert scale: 1=Disagree Strongly, 2=Disagree Slightly, 3=Neutral, 4=Agree Slightly and 5=Agree Strongly. The sample size of this research included 150 operating room nurses and 65 physicians or surgeons. For the data analysis, the statistical package SPSS v.22 was utilized.

Results: The mean for surgical team members shows that respondents' attitudes to patient safety were overall positive regarding teamwork climate. Job satisfaction, safety climate, working conditions and stress recognition had lower mean scores. Surgeons rated working conditions significantly higher than did perioperative nurses and perceptions of management significantly higher than did or nurses. Although perceptions of management showed the lowest scores in both professional teams.

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Conclusions: This study shows some weak areas for patient safety climate as mentioned by front-line staff. The Safety Attitudes Questionnaire is a helpful tool to measure caregiver attitudes and can lead to interventions for improving safety attitudes, because a weak patient safety climate has been associated with poor patient outcomes.

OP034 Retained surgical items: how can this happen?

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Unintentionally retained foreign objects (URFO) are serious adverse events that, although considered preventable, continue to occur. This presentation discusses the results of a research study describing reports of URFOs, including: the types of objects, anatomic locations, contributing factors, and harm, in order to make recommendations to improve perioperative safety. A total of 308 events involving URFOs were reported, including instruments (102), catheters or drains (52), needles and blades (33), packing (30), implants (14), specimens (6), and other items (71). Many of the instruments were used in orthopedic or minimally invasive surgery. Items were most frequently retained in the abdomen or the vagina. A total of 1156 contributing factors were identified, most frequently in the categories human factors, leadership, and communication. In the majority of reports, the harm was unexpected additional care or extended stay. Five patients died as a result of the URFO. Vignettes will highlight similar events that have occurred internationally. Based upon the findings of this research study, recommendations to improve patient safety will be discussed. The knowledge gained can be used to improve perioperative patient safety on a global level.

OP035 Needlestick and sharps injuries among operating room nurses, reasons and precautions

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Introduction: Penetrators and sharps injuries (PSI) is a factor affecting the healthcare workers health, is seen high among operating room nurses. This research was planned and conducted to examine the conditions and precautions that operating room nurses cause to PSI.

Method: The descriptive and cross-sectional study was conducted between January 2017-May 2018 in Istanbul European Side with 463 volunteered operating room nurses in 27 hospitals. The sample criteria for the hospitals chosen were operating rooms having at least 10 nurses and were in compliance with the ISO 14644 Clean Rooms Standard. The data was collected with two questionnaire forms. $p < 0.05$ was significance value for the data analysis.

Findings: Participants were 80.8% women, 57.0% the married, 63.7% 18-61 years old (mean 35.9 \pm 0.84) 63.7% bachelor degree and master graduate. 68.9% of them had experienced PSI. To avoid PSI, usage of protective equipment was significantly higher for women, married, participants working in university ($p < 0.05$). The operating rooms where PSI is mostly seen are gynecologic surgery, otorhinolaryngology, plastic surgery and general surgery respectively. 54.8% of the participants reported that they were injured from their right hands. Participants have told the causes were, giving the surgeon the surgical material and assisting the surgeon. 37.1% of participants were injured by the suture material. After the injury, 83.0% them were made the right approach to the wound. 26.6% of the participants who had PSI were injured by an infected patients' material. while only 60.2% of them reported it. Those who did not file a report were those who didn't care about the injury.

Conclusion: According to the findings, it is both important and mandatory to give the operating room nurses a education regarding PSI. This education has to be made continuous.

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OP036 Medication safety in the perioperative period. The impact of perioperative factors on medication compliance for chronic conditions and postoperative complications, and the importance of clinical handover

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Objectives: The aim of the study was to examine the impact of perioperative factors, specifically the use of a pharmacist in the preoperative anaesthetic clinic, and the incidence of postoperative complications related to administration of specific classes of medication use. A secondary aim was to identify the importance of communicating aspects of patient care during clinical handover, in particular medication administration for chronic conditions.

Method: The methodology included a retrospective, exploratory cohort study to identify the impact of perioperative factors, including the role of a pharmacist in the preoperative anaesthetic clinic and postoperative complications related to compliance with medication use for chronic conditions.

Results: The medical records of 150 surgical patients were reviewed and included in the study. Medication changes due to preoperative fasting requirements, poor reconciliation of medication in the perioperative period, and postoperative gastrointestinal dysfunction, resulting in adverse events in surgical patients postoperatively using the Clavien-Dindo classification scale, were explored. Logistic regression was used to estimate the association between the exposure group and different types of complications following surgery as outcomes after controlling for confounding factors, like age, type of surgery and baseline conditions. Complications relating to poor medication adherence was noted in both cohorts, with poor compliance reported for the group that included the use of a pharmacist in the preoperative anaesthetic clinic and the group where a pharmacist was not involved in their care preoperatively.

Conclusions: Training and educational strategies should be developed to improve clinical handover practice from the Post Anaesthetic Recovery Unit to include communication about medication compliance for chronic conditions. These interventions would prevent the prevalence of postoperative complications related to medication adherence in surgical patients.

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PARALLEL SESSION: INFECTION CONTROL: ALWAYS MATTERS

OP037 STOP-hospital infection! A story of success

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The infections acquired in hospitals are a problem that affects all countries, but that assumed a worrisome dimension in Portugal, where there is higher prevalence rates of healthcare-associated infections.

In 2015 the Calouste Gulbenkian Foundation and the Ministry of health, in partnership with the Institute for Healthcare Improvement, launched the challenge “STOP-Hospital Infection!” This Challenge! want to be an example of implementation of a continuous improvement methodology, which seeks to reduce by 50% the incidence of hospital- acquired infections over a period of 3 years.

The program involves monitoring of some types of surgery, in which shall be evaluated interventions associated with surgical intervention bundles. The methodology is a continuous improvement process called Collaborative Breakthrough

Some indicators of the project include:

- proportion of patients who received prophylactic antibiotics within one hour before surgical incision;
- proportion of patients given an antibiotic consistent with current recommendations;
- proportion of Diabetic Patients with control of blood glucose levels
- proportion of patients with maintenance of normothermia

Our experience in Stop Infection Challenge there are several key components that have been successful in preventing SSI.

- Use of a multidisciplinary team to build consensus that a problem existed, disseminate information about the infection,
- Educational sessions to introduce interventions and;
- Data dissemination to show the impact of the interventions.

We emphasized the importance of sharing success stories and outlining epidemiologic approaches to understanding and describing best practices. It is the people working at the point-of-care that have the most to contribute to any improvement process and get them involved from the beginning. To ensure a SSI prevention program will succeed, we must stay focused on the measurement and improvement of the processes of care that have been shown to directly impact surgical site infections while using outcome measures as “stepping stones.”

OP038 Soap or not - clean from home to surgery

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Background and purpose: This presentation is the development task of my hygienic nursing education.

Intact skin is the best human protection against microbes. Excessive washing is harmful to the skin as it removes the protective fat and then dries the skin. However preoperative showering is necessary to prevent surgical site infections. But what will we need to clean the skin?

The differences between plain soap and antiseptic soap (chlorhexidine) have been studied.

Methods: One of these studies was a Literature Method from 12 articles, which compared the differences between plain soap and antiseptic soap in hospital infections. (2)

The source of the development task was also used WHO` s Guideline for Surgical site infection prevention. (3)

Results: The antibacterial effect of ordinary soap and antiseptic soap has no significant difference in the prevention of hospital infections. In any case, it is good practice to wash before surgery. (2,3)

Although the SSI results from the cleansing of the skin with plain soap or antiseptic soap prior to surgical procedures are unclear, it is in any case a high-quality evidence that the pre-operative bath or showering decreases the number of microbes. (1)

Keywords: Intact skin, skin scrubbing, skin disinfection, plain soap scrubbing, antiseptic skin scrubbing, surgical operation

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Parallel Sessions

OP039 Validation of an instrument for postoperative surveillance in surgical site infection

Guatura, Gabrielle, Poveda, Vanessa

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Objective: To create and validate an instrument for the post-discharge detection of potential cases of surgical site infection through post-discharge surveillance.

Method: Methodological study, using psychometric analysis, for the elaboration and validation of an instrument for the post-discharge surveillance of surgical site infection.

Results: The instrument had coefficient of validity of total content equal to 0.87. In the criterion and construct validation, it was applied to a sample of 100 patients and compared to the medical and nursing physical examination to detect surgical site infection resulting in Cohen` s kappa (0.83), Cronbach` s alpha (0.87) and Comparative Fit Index (0.998). The difference between the time spent on phone calls from patients positive for surgical site infection was statistically higher than the connections between those without surgical site infection ($p < 0.001$). The sensitivity was 76.4%; specificity of 100%; negative predictive values of 92.5% and positive of 100%, and; accuracy of 94%.

Conclusion: The instrument was validated in the content, criteria and construct stages.

Parallel Sessions

PARALLEL SESSION: SELF-CARE FOR BETTER PATIENT CARE

OP041 Developing the attitudes of nursing students towards pain evaluation scale: validity and reliability study

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Objectives: This research was planned methodically for the purpose of developing Attitudes of Nursing Students towards Pain Evaluation Scale and examining the validity and reliability of the developed scale.

Methods: The sample of the research was composed from 300 students who were in 2nd, 3rd and 4th grades of Nursing Department of Gazi University Faculty of Health Sciences and of Nursing Department of Selçuk University Ak ehir Kadir Yallagöz Faculty of Health Sciences on 2017-2018 school year spring semester of a state university in the city of Ankara, took "Teaching in Nursing" course and volunteered to participate the study. The students were answered their approval levels to the clauses in the scale by using five-point likert scale. After the application of the scale to nursing students, it was conducted analyses about the evaluation of exploratory factor analysis, confirmatory factor analysis, Cronbach Alpha (Cra) internal consistency coefficient and test-retest reliability coefficients.

Results: As a result of the applied factor analysis, 30 clauses which do not match with the scale structure or charge load more than one factor were removed from 45-clause scale. It was identified that the remained 15-clause scale has a 2 sub-factor structure. The values of clause test correlations ranges between 0.406 and 0.902. Cra reliability for the entire scale was founded as 0.939. Besides, the test-retest and Cra reliabilities was calculated for providing proof for the scale reliability with 190 students 1 month after the research and was founded as 0.738. The error index (RMSEA value) of the scale was founded as 0.075 in the confirmatory test analysis conducted.

Conclusions: The findings on the validity and reliability of the scale indicates that the scale has a valid and reliable qualification for identifying the attitudes of nursing students in the universities in our country about the relevant characteristic.

OP042 Occupational disorders and perioperative nurses' perceptions of health: a multicentric transversal observational study

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Introduction: Perioperative nurses daily workload exposes them to occupational hazards such as surgical smoke, ionizing radiation, and job-related stressors but little is known about whether these factors affect their health.

Hypothesis: Working conditions of perioperative nurses have negative effects on their health.

General objective: To determine whether perioperative nurses have illnesses related to their work environment.

Methodology: This multicenter cross-sectional observational study of perioperative nurses will be conducted using a self-administered questionnaire consisting mainly of questions with closed answers. Besides socio-demographic data, it will include an adaptation of the validated Nordic and SF12 scales, and a list of occupational illnesses, and surgical specialties in which the nurses work. Data will be collected from four operating departments in 4 Spanish Hospitals by means of closed questions mostly.

Results: One-hundred and thirty-two nurses will be needed to reach statistically significant results with a 95% confidence level and 5% accuracy. The local ethics and clinical research committee is currently evaluating the study for approval and implementation. Data will be collected and analyzed in November and December 2018, and the results will be presented at the EORNA 2019 Congress. If relevant, this abstract will be modified in January 2019 with the final results.

Conclusions: Knowledge of the occupational hazards perioperative nurses face is important for appropriate management and future prevention. Our findings may contribute to baseline information and future studies and help establish guidelines to reduce risks.

Parallel Sessions

OP043 Job satisfaction, burnout and stress at operating room nurses in Turkey: literature review

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Aim: In this presentation, in Turkey operating room nurse's job satisfaction, burnout and stress related research was examined.

Type of study: Literature review

Place and time of study: The key words were used on the internet between May-June 2018.

Sampling: Key words such as 'operating theater', 'nursing', 'job satisfaction', 'exhaustion', 'stress', 'operating room', 'nursing', 'job satisfaction', 'burnout' resources were taken into operation.

Data collection: By entering the above keywords; Nursing Journal, 9 databases, Research and Development Association of Nursing (HEMA-G), 9 Turkish Nursing Surgery and Operating Room Nursing Congress book was scanned.

Evaluation of data: The analysis of the data was done by classifying the theses according to their content and results. Numbers and percentages were used in the evaluation of the data.

Results: As a result of the surveys; 125 of the journals cited for nursing did not find any work on this subject. Seven of the studies were obtained from databases and three from congressional books. From these surveys it was seen that the whole is a descriptive type. The nursing profession was found to be the most stressed group according to other professions. It was found that the acupuncture, cardiology, ENT, neurosurgery, orthopedics and operating room were more stressful units than the other units. Surgical nurses were found to be under the risk of developing disease according to their social, interpersonal, interpersonal and stress-related stressors. The level of job satisfaction of nurses working in the field was found to be low.

Conclusion: The level of job satisfaction of nurses working in the field was found to be low. For this reason, it is recommended that nurses plan the interventions to increase the job satisfaction and conduct studies to evaluate their results. Increasing the number of studies related to this issue will help to make the studies done in this subject visible.

Keywords: Operating room, nursing, job satisfaction, burnout, stress.

OP044 Examination of the relationship between job intensity and work satisfaction in operating rooms

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Objective: The research results related to working life are generally stated that the work intensity decreases job satisfaction. But is this a valid argument for every sector or sector of different application areas? For example, operating rooms are a work environment where work intensity, excitement and mobility are high. Healthcare professionals who love these features want to work in the operating rooms. In this respect, the aim of this study is to examine the relationship between work intensity and job satisfaction levels in operating room nurses and surgical technicians..

Method: The perception of job density and job satisfaction of operating room nurses/surgical technicians will be examined by qualitative research method in the research. Phenomenology will be used as qualitative research design. A purposeful sampling method will be used to determine the research sample. Individual interviews with operating room nurses / surgical technicians and operating room nursing / surgical technicians will be conducted in order to reach rich and profound knowledge in the research and to increase general representation ability in the investigated subject. The open-ended questions created by using the literature in the interview form will be used. After reliability and appearance validity of the interview forms will be collected by facial interview method. The content obtained at the end of the interviews will be analyzed in the QDA Miner program.

Conclusions: As a result of the analyzes, the perceptions of job satisfaction and work density of operating room nurses and surgical technicians in the direction of the findings will be evaluated. The relationship between these two variables will be interpreted.

Keyword: Work density, Job satisfaction, Operating room nurses, Surgical technicians

Parallel Sessions

PARALLEL SESSION: EDUCATION AND PERIOPERATIVE PRACTICE

OP045 Future educational opportunities; further perioperative education within pediatric operating room nursing

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Karolinska University Hospital, Childrens Operating Unit, Solna, Sweden

A first National Pilot education within pediatric surgical care:

University course which contents a clinical education in Pediatric surgery and a theoretic part in Pediatric Surgical health care.

A collaboration between Clinical Practice and Theory; A work between Karolinska Institute, Astrid Lindgrens Children's hospital/Karolinska university hospital and the pediatric surgical clinics in Sweden. This attempt is to reach out the demands that safe patient care needs and specifically in supporting a patient centered care. Working at a university clinic/hospital has as ongoing knowledge demands and therefore the continuing learning needs support by the employer and educational institutes.

The overall objectives of the course are;

In-depth knowledge and competence in perioperative care within the pediatric surgery.

In-depth understanding and insight into the difference in children and adults in relation with surgery.

The course is based on a problem-oriented approach and collaborative learning approaches. Working methods provide a prerequisite for the participants who actively takes responsibility for his / her learning.

The education consists lectures and different student activities and working methods such as individual-, group tasks and seminars. A web-based learning platform will be used.

Presenter's Antoniadou and Jonsson will discuss both the content of the course and how to handle some aspects of knowledge demands.

OP046 Examination of the personal and professional development of nurses who work in surgical clinics: the example of the two countries

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This study was carried out in cross-sectional and descriptive to an examination of the personal and professional development of nurses who work in surgical clinics: the example of the two countries (Turkey and Libya). The study was performed between 30 September and 30 December, 2016 with nurses working in surgical clinics in Karabük University Karabük Training and Research Hospital and Misurata Central Hospital. 275 nurses attendants were involved in the sampling using the proportional sampling method. SPSS 20.0 software package was used in the data analysis. The descriptive statistics of categorical variables were analyzed using percentages, numbers, and chi-square was determined the correlation between variables. The most majority personal development activities that the nurses in the study encountered were reading books and magazine were 58.4% in Turkey, and 39.9% in Libya. The most majority professional activities that the nurses in the study encountered were courses after graduation were 52.8% in Turkey, and 36% in Libya. The most majority reasons for non-participation in personal development activities that the nurses in the study encountered were workload 60% in Turkey, while 67.3% in Libya. The most majority reasons for non-participation in professional development activities that the study encountered where workload, 52.8% in Turkey, and 60% in Libya. In conclusion, the nurses were working in Libya and Turkey in the study were found to prefer personal and professional development nursing practice in hospitals. In this context, it is recommended that more providing courses, seminars and nursing practice for the personal and professional development of nurses in the hospitals, and create plans for evaluation of professional development nursing practice and encourage nurses continued learning.

Parallel Sessions

OP047 Confidence & competence in the use of medical technology

Shatou, Hicham

LeQuest, Rotterdam, Netherlands

Objectives: OR nurses face many challenges today:

- Over the past decades, an exponential growth in the amount of medical technology has taken place in healthcare.
- OR Nurses are becoming increasingly dependent on a wide range of medical technology that are continuously increasing in complexity. The diversity in procedures and tasks that the OR nurses need to perform with the equipment is high.
- Increasing workload due to growing shortage of qualified staff.
- Education in use of medical technology is lacking:
- During the introduction and implementation of new equipment users are inconsistently trained.
- The current on-site trainings by vendors or colleagues are facing operational and knowledge retention challenges.
- The knowledge gap caused by new hire training is becoming increasingly troublesome.

Methods: OR nurses trainings need a more standardized, vendor independent and education effective approach. This is where LeQuest's specialisation can help. LeQuest is a Dutch initiative focused on becoming the future standard in medical technology education.

LeQuest provides simulation-based online trainings with pre-determined learning goals matching the workflow of the OR nurses. LeQuest takes care of the entire training process. From defining the learning goals, to building, validating, rolling out and implementing the e-training and (re)certifying OR nurses.

Results: The high completion rate of LeQuest trainings (73.4% (N=591 OR nurses)) ensures confidence and better understanding of device specific usage, while decreasing amount of delays and errors due to clarity on workflow and device specific knowledge.

Conclusion: The stakes are high in the OR. **Every OR nurse deserves to use medical technology with more confidence and competence.** LeQuest will keep on contributing to this cause in collaboration with LVO and hopefully soon with EORNA as well.

OP048 An innovative education route to become a registered perioperative nurse

Versantvoort, Marja

Fontys University of Applied Sciences, Gemert, Netherlands

The study is called (in Dutch) Verpleegkunde Technische stroom. It's an undergraduate program to become a registered perioperative nurse. Students are educated for general nursing jobs and for all roles in the operating department (scrub, first assistant, circulating nurse, logistics, quality control, novice management roles). After their study they can start at the level of advanced Beginner (Patricia E. Banner, Leels of Nursing Experience, 1984) at the operating department. The study takes four years. Basic nursing, bachelor skills, perioperative theory & practice are integrated from start to finish. There is a lot of attention to technology education and the most recent medical developments. These are integrated in the whole curriculum to prepare students for their new roles in upcoming high tech medical treatment environments. The 270 ECTS (European Credit Transfer and Accumulation System) of the study are equivalent to 7560 hours of study load for the students. When ready, their practical experience is 3800 hours, with a minimum of 2700 in the operating department.

The aim of this proposal is to meet colleagues and discuss how we create educational routes for the future of nursing in high tech medical environments.

Parallel Sessions

OP049 Benefits of endoscopic vessel harvesting

Visser-van Sittert, Bianca

Amphia Ziekenhuis, Breda, Netherlands

In Europe more than 200.000 patients require a coronary artery bypass grafting (CABG) procedure each year. Today's healthcare environment requires both improved patient outcome and cost efficacy. Endoscopic vessel harvesting (EVH) is an example how overall healthcare costs could be reduced while providing incremental benefits to patients.

The European Association of Cardiothoracic Surgeons (EACTS) has assigned a Class IIa, Level A recommendation in 2014 for EVH. EVH should be considered to reduce the incidence of wound complications. In the Netherlands most OR nurses with Operative Vessel Harvesting experience are educated to perform these EVH procedures.

EVH is minimally invasive and uses special instruments to view and remove the vessel. EVH usually only requires one small incision about one inch long. The EVH procedure is performed immediately before heart surgery and can be used for the great saphenous vein and the radial artery .

In the past, one long incision was made from the ankle to the knee, or even up to the groin. It is highly invasive and causing a long scar. This incision often caused more pain than the chest incision.

EVH is minimally invasive and uses special instruments to view and remove the vessel.

Clinical research has demonstrated several benefits:

- Efficient harvest of both saphenous vein and radial artery.
- Reduced length of hospital stay by 1 day compared to open techniques
- Reduced risk of wound infection and wound complications & hospital stays
- Faster recovery with minimal scarring (1 inch / 2 cm incision)
- Improved cosmetics and less pain
- Greater patient satisfaction

OP050 Nursing management in mastectomy patients

Sahin, Busra, Cam, Rahsan

Adnan Menderes University, Aydin, Turkey

Breast cancer is the cancer that develops from cells in the breast tissue. The most common type is; Cancer caused by breast ducts called "ductal" cancer. With more than 1.67 million cases per year, breast cancer is the most frequently diagnosed cancer among women worldwide. Although more than 522,000 women die from breast cancer each year, cancer prevention, diagnosis, and progress in treatment have led to a steady rise in survival rates.

Surgical treatment of breast cancer is Radical Mastectomy, Modified Radical Mastectomy, Simple Mastectomy and Subcutaneous (Dermal-Skin Protective) Mastectomy. Routine physical preparation procedures to be performed in a pre-operative hospital to be given to a patient planned for mastectomy, pre-operation routine physical preparation procedures, incision shape, place and drainage system, rotation and sitting in the bed, hand and arm maintenance on the side affected by the elevation of the affected side, postoperative shoulder and arm exercises should be taught about deep breathing and coughing exercises.

Nursing management after mastectomy should provide physical integrity of the patient as well as providing skin integrity, pain control, psychological support, prevention of lymph edema, nutrition and rest. Infection, hematoma, seroma, skin flap necrosis and nerve injury are the most common complications due to deterioration of skin integrity after breast surgery. Postoperative uncontrolled pain causes some complications on pulmonary, cardiovascular and other systems. While pharmacologic methods are the most effective method to remove incision pain, nonpharmacologic methods are applied for phantom pain of the patient. These methods include cold and warm treatment, respiratory exercise, massage, relaxation, therapeutic touch, proper positioning, attention to another direction, falling, music listening, menthol creams and sleep. Based on this information, it is important and necessary for nursing management in a mastectomy patient to rely on a well-structured system.

Parallel Sessions

OP051 New EU regulations for the reuse of "single-use" devices

Vukelich, Daniel

Association of Medical Device Reprocessors, Washington, United States

In June 2016, Europe adopted a comprehensive new medical device regulation (MDR). Article 17 addressed the often controversial topic of single-use device (SUD) reprocessing. The new regulation puts in place EU requirements for SUD reuse. European Member States must take regulatory action to clarify policy within their own borders. The insight and expertise of OR nurses and other professionals is therefore crucial NOW as Member States are implementing the EU regulation as it relates to reprocessing. This session will provide an update on the new EU rules, discuss the varying member state approaches to single use device reprocessing and commercial re-manufacturing and will address available data and literature on hospital experience with in-house reprocessing versus commercial remanufacturing.

OP052 The war in Syria - a perspective of an OR in Israel

Berzenish, Simha, Wounded Civil War in Syria

Galilee Medical Center, Operating Room, Naharia, Israel

It's been seven years to the endless war in Syria.

The war has many faces, it evolves frequently and threatens the entire region.

In Israel, different organizations and civil initiatives have voluntarily provided unique humanitarian aid.

From private women organizations and youth movements to the Chief Rabbinate of Israel and the Israeli government.

In these efforts, civil and military organizations are unified towards receiving injured casualties in hospitals located in the north of Israel, and especially, in the Galilee Medical Center.

In its core, the aid is medical, but it encompasses a delicate mix of seeming relationships between hostile countries, touching lives and the need for a better and saner world.

In this war, the injuries are complex, multi-systemic and often endanger the lives of women, children and babies.

To ease the distress, a children's clinic is open once in two weeks to answer medical needs which aren't classified as urgent, but do not have an appropriate solution in Syria due to the fighting.

The circumstances leading to this unique situation demand the OR teams to create a balance between the daily work and responding to emergencies.

It surfaces many dilemmas, ethical, legal, medical and logistic. To handle and solve the emerging problems, the medical and para-medical personnel are rising to the occasion, providing aid in countless forms, and by that, retrieving a sense of humanity, where it has been lost for too long.

Parallel Sessions

PARALLEL SESSION: ADVERSE EVENTS - ERRARE HUMANUM EST

OP053 Surgical nurses workload effect on medical error tendency and care behaviors

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Aim: The study aimed that in order to determine the relationship among workload of the nurses and their tendency towards medical errors.

Material - method: The descriptive and cross-sectional study consisted in 184 nurses working in a education and research hospital in Kocaeli. The data were collected from February to May 2018 and collected by sociodemographic and working characteristics questionnaire form, 'nurses' workload scale and 'medical error tendency scale' were used. Data analyzed as mean 3 standard deviation, median, and categorical variables as number (percentage), Mann Whitney U Test and Kruskal Wallis One Way ANOVA were used. The relationship between numerical variables was evaluated by Spearman Correlation Analysis. Statistically significant consider in $p < 0.05$.

Results: The mean age of the nurses was 32,00 \pm 6,16, 89,1% and found the workload total score of the nurses was 35,04 \pm 6,99 (min 13, maximum 55) and experience moderate workload; the trend towards the medical error score was 239.00 (228.2-245.0), which was found to be moderate. There was no significant relationship between work load and medical errors ($p > 0,05$), but there was a significant negative correlation between age and workload score ($r = -, 329$; $p < 0,05$) the burden diminished significantly; there was a significant positive correlation between the weekly working hours and the nursing workload score ($r =, 180$; $p < 0,05$); the tendency of the tendency towards the medical error in women (85,77) was higher than that of males (75,08) ($r =, 183$; $p < 0,05$).

Conclusion: It was determined that the workload did not affect the tendency to medical error but the work load increased as the weekly working time increased, and the tendency of the nurses to make medical errors decreased as the working time increased in the clinic.

OP055 Human factors: an external perspective

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The Association for Perioperative Practice, Management, North Yorkshire, United Kingdom

Overview: There is a natural expectation that all practitioners working within a theatre environment will have the clinical skills required to undertake their role safely and effectively. However, the things that affect us as individuals and how we manage those actions within our working day is a skill set that falls within the category of non-technical skills. How we communicate, how we interact, our environment and our behaviours due to leadership, stress, fatigue, teamwork and the work environment all impact on our ability to perform safely in our role.

Human factors encompass all the factors that can influence people and their behaviour. In a work context, human factors are the environmental, organisational and job factors and individual characteristics which influence behaviour at work.

Keywords: Communication; non-technical skills; leadership; stress; fatigue; teamwork.

Objectives: This session will recognise the importance of non-technical skills in the perioperative environment. Discuss the underlying principles of the non-technical skills which underpin good team performance.

- Factors affecting human performance
- Human factors and limitations
- Be able to identify the non-technical skill relevant to the perioperative environment.

Parallel Sessions

OP056 Specimen management errors in the operating room: a systematic review

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Background: Surgical pathology specimen management an important part in the peri-operative care because of indispensable with patient safety. Pathology specimens removed in tissue or organs use for diagnosing the diseases. If surgical pathology specimen management is not realized the way of safe, it may requires new interventions or injuries for patients.

Aim: The aim of this study was to search process of surgical pathology specimen management with practices in the operating-room.

Method: A systematic review of the literature published between January 2014, March 2018 was conducted, comprising a search of 7 databases ScienceDirect, PubMed, Cinahl, Sage, Proquest, ULAKBIM Turk Medical Database, Google Scholar. Seven articles were identified as eligible for review. The methodological quality of the studies was assessed using the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) Clinical Appraisal Checklist. The data were extracted using a standart data extraction form developed for this study, and subsequently evaluated.

Findings: In the articles eligible for this review, the study samples comprised nearly two billion specimens with surgical pathology. In this study results; it was determined most common errors realising in the operating phase during labeling, ordering, containment.

Conclusion: In the systematic review, scientific evidence obtained that surgical pathology specimen management with operating-room team members safe practices were insufficiently; however, use of protocol was low.

Parallel Sessions

PARALLEL SESSION: HIGH-TECH IN OR

OP057 Introducing new technologies and medical equipment in operating theatres: factors for successful implementation

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Operating theatres (OR's) are complex, high tech environments with extensive use of medical equipment and information technology. The implementation of new medical equipment with the aim to increase safety, improve patient outcomes or to improve efficiency may initially cause disruptions in the OR, which influence its success. Between and within hospitals the implementation of medical equipment varies and a generic implementation model omits. This study identifies factors for successful implementations according to surgical supportive staff.

Method: Based on a literature research, we set up a survey consisting of open ended and closed questions including the following topics: needed steps for an implementation process; aspects for successful implementation; elements for training process and readiness assessments; best practises and possibilities for improvement. These surveys (235) were distributed at an annual conference for scrub and circulating nurses in The Netherlands. Results were processed and analyzed in IBM SPSS for windows and Microsoft Excel.

Results: In total 90 out of 235 surveys were returned (38%). Respondents, scrub nurses and circulating nurses, indicate that implementation and integration of new medical equipment in current activities and ICT systems occur often and that the introduction requires attention as implementation of new medical equipment is a challenge. Based on these results, we identified the following factors for the success of implementations of medical equipment: a coherent and holistic implementation approach; integration of medical equipment in processes, systems and organization; knowledge and skill development and effective communication during the implementation process.

OP059 An AppSURG in my pocket

Castro-Peraza, Maria Elisa¹, Llabres-Sole, Rosa², Lorenzo-Rocha, Nieves-Doria², Perdomo-Hernandez, Ana-Maria², Sosa-Alvarez, Maria-Inmaculada², Montesinos-Arzola, Daniel³, Santiago-Gonzalez, Concepcion⁴

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For years the operating room nurses have taken a notebook to write down the details of the surgery. From the instrumental, the surgical technique, anaesthesia and pharmacology, position of the patient, nursing care and surgical procedures.

The decrease in adverse events is linked to an increase in the knowledge of professionals. This increase has a favourable impact on patient safety.

The emergence of information technologies allows new formulas to organize information in databases of relational data that can be consulted from the mobile or tablet. These databases have to be able to be updated but, at the same time, to be consulted without an internet connection to be used in the operating room.

The new pedagogical methodologies are closely linked to the use of new technologies. Thus, collaborative work between students and professionals can lead to the creation of applications that can respond to the needs of the nurse in the operating room.

Objectives:

- Generate an app, for smartphone or tablet, with the most frequent surgical procedures.
- Increase the degree of satisfaction and capability with professional performance, by increasing knowledge, using the app

Methods: A qualitative study, between professionals and students, through groups of experts who theorize about the knowledge needs of surgical procedures. The groups meet several times to generate an app that is tested in real operating rooms.

Parallel Sessions

Results: An app is generated with the surgical procedures that the professionals have demanded as necessary. This app can be used with and without connection to the network.

An updatable and expandable database of surgical procedures is created.

Conclusions: The nurse feels more professionally satisfied and capable by having a quick and truthful consultation tool. Patient safety is increased with tools of this type.

OP060 Nanotechnology usage in the operating room

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Nanotechnology; by doing the engineering of the material at atomic molecular size uncovering brand new features; for the purpose of understanding, controlling and producing physical, chemical and biological phenomena on the nanometer scale, development of functional materials, devices and systems. Nanotechnology studies in medical science are called "nanomedicine". In particular, surgical nanorobots, nano devices, nanoballs and nanoparticles are used for diagnostic and therapeutic applications of diseases; products such as textile materials designed with nanotechnology provides a significant contribution to the development of human health, protection and patient care practices. Use of nanotechnology-designed textile materials in the operating room especially in surgical procedures to maintain sterility. For the protection of surfaces designed with nanotechnology protective coating technology can be utilized. In addition, nanotechnology can be used in filtration, sterilization and disinfection processes in the operating room. Metal nanoparticles and alloys are commonly used in orthopedic applications as joint prosthesis and bone replacement materials, in fillings in jaw surgery and in dental implants, and in stent applications especially in cardiovascular surgery. In addition, nanotechnology is used in plastics and reconstructive surgery, ophthalmic systems, catheters, insulin pumps, sutures, adhesives, and fluids replacing blood. In the near future, nanorobot application which is considered to provide chromosome replacement therapy, removal of cancerous cells, opening of microvascular obstructions, renewal of vascular endothelial cells, non-invasive tissue and organ transplantation, repair of damaged cell structures at molecular level and creation of structures very similar to biological molecules.

Nanotechnology applications require a multidisciplinary approach. The concept of nanotechnology has just begun to be understood in the field of nursing. Nurses are affected by nanotechnological developments to ensure safe, effective and quality care for their patients.

Keywords: Nanotechnology, operating room, nursing

Parallel Sessions

PARALLEL SESSION: POLICIES IN OR

OP061 Quality of care provided during the perioperative period

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Introduction: Perioperative wound infections are among the serious complications that cause prolongation of healing and the length of hospitalization of the patient in the hospital. Significantly, these factors will affect the patient's quality of life and will also reflect the cost of treatment.

There are still cases of professional misconduct that pose risks of infection during or immediately after surgery. This fact has led the author to prepare and implement preventive measures. The primary objective of the program is to evaluate aspects that significantly affect healing. Another aim of the authors was to verify the effectiveness of barrier techniques during the perioperative care. The investigation was carried out by observing and drawing data from the medical records of 50 respondents who were provided with perioperative care in traumatological operating theatres. A qualitative survey was carried out between July and November 2018.

Research group and methodology: Three basic hypotheses were tested in the survey:

- 1) I assume that more than 75% of patients come to the operating room shaved from the hospital ward.
- 2) I assume that in more than 75% of the patients, the total bath was given a day before in the ward.
- 3) I assume that more than 75% of the performance will be followed by barrier perioperative care techniques.

Conclusion: Based on the results of this survey, measures are being taken to improve the safety and quality of perioperative care provided. They will be the basis for reviewing current and possibly new standards for pre-operative patient preparation. Last but not least, it will affect the process of working with the safety checklist.

OP062 A practical tool to manage human resources at short and long term in an operating room

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Europe ORN do not necessarily follow a specialized training before entering a block! The specialized trainings are heterogeneous and not necessarily required as in France. The mortality rate at 60 days in the blocks also varies from 0.5% to 5% in European countries.

Significant pressure on the blocks is clear: more aging surgical patients, staff turnover, and multiculturalism blocks.

Furthermore the evolution of the technology and medical aspects is more and more highly specialized. The block managers are subject to requirements of increasingly strong. In addition, ambulatory surgery develops a permanent just-in-time process. That enhanced new requirements on personnel practices.

How to address these public health issues which affects operating room nurses and also the patient?

In 2015, in France, l'HAS (National Health Authority) strengthened the requirements for certification auditors on monitoring human resources in a surgical unit.

It's the reason why UNAIBODE (National French Association of operating room nurses) conducts during the last three years an experimentation in four university Hospitals and four private and public hospitals to test new tools. The results are quite positive and block managers use now permanently these tools.

The aim of the presentation is to present to the participants of the congress the two tools the most appreciated during the experimentation. These tools are visual and pedagogical ; they are used in the field of planning, training, evaluation, recruiting.

The more the number of operating room nurse in a bloc is high and unexperimented, the more the tools are useful. The more the staff turnover is high, the more the tool is efficient.

At the end of the presentation, all participants will be able to adapt easily these tools to their own structure. So, the benefits are significant and immediate

Parallel Sessions

OP063 Economics costs of a best practice in OR: preventing inadvertent intraoperative hypothermia

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Background: Unplanned hypothermia is widely accepted as a cause of numerous adverse patient outcomes, such as myocardial comorbidity, surgical site infection and increased length of stay

Objectives: To establish cost-effectiveness of Hot Dog Warming System®, to establish the implementing and developing costs of this preventing measure, to evaluate the avoided complications costs related to hypothermia, to identify the correlation between this measure and OR and PACU occupancy, and finally to assess thermal discomfort perceived by OR patients

Methods: Carry out a cost accounting to identify costs of implementing this preventive measure as well as the costs of each complication related to hypothermia avoided

A prospective longitudinal experimental study will be performed to obtain the non-economics purposes, (N=156 patients) based on a previous study of hypothermia incidence at ASEPEYO HOSPITAL

Results: Acquisition of this system has a budgetary impact of 2,26%. The Hot Dog Warming ® has a usage cost 15 times lower than the current (forced air).

Incremental costs associated to increasing length of stay are estimated in a range from 200 to 600 euros. The OR costs due to increased occupancy are related to pharmacokinetics, with increasing costs up to 60%. The current cost of OR is 1,9 euros/min and it reaches 3,04 euros/min if hypothermia occurs

In PACU, the current cost is 1,4 euros/min increasing 0,84 euros/min in hypothermia. Average costs for cardiac events are 8.850,33 euros and 4.959,73 euros for surgical infections. The minimum number required to prove the cost of this system is 106 patients for length of stay, 1.436 for cardiac events and 407 for surgical infection

Conclusions: It is necessary to determine the risk by age and extent of surgery in each patient, but can be considered a good strategy to avoid hypothermia as well as to reduce and optimise costs

OP064 Professional guidelines in the work of operating room nurses - methodology and implementation

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Opća Bolnica Sisak, OR, Sisak, Croatia

Work Goal: Importance of professional guidelines in the work of operating room nurses.

Summary: Professional guidelines, as a systematic review of the facts with the aim of bringing information to health workers, have a major role in making decisions and managing working processes in everyday work and in general in operating procedures in OR. Guidelines are the strictest form of factual confirmation about the procedure efficiency. Furthermore, professional guidelines which define working processes of operating room nurses are a tool for reducing work variability. Considering that the ultimate goal of the guidelines is to improve conclusion making and to improve the outcomes in healthcare procedures, it is necessary to make some guidelines for the work of OR nurses because it's one of the most important segments in healthcare process for the operated patients. The benefits of guidelines are numerous - they can be used to control the quality of health care in operating rooms, the quality of work of nurses, as well as the procedures in securing and improving working processes of nurses.

Professional guidelines for the work of OR nurses also provide information on recent findings about patient care by nurses that are based on: systematic facts review and expertise of certain professional domains derived from working interdisciplinary groups. The guidelines that are used in everyday work in OR provide the best approach which is based on collected and analyzed facts, they are applicable and adapted to each patient and procedure and always follow only one type of intervention or a working process.

This paper will outline the methodology for making professional guidelines for the work of operating room nurses, the impact of material prices on professional guidelines as well as the development, dissemination, use and implementation of guidelines in OR.

Keywords: Professional guidelines, operating room nurses, methodology, implementation

Parallel Sessions

PARALLEL SESSION: TRAINING TOOLS - PERSPECTIVES FOR EDUCATION

OP065 An operating room in the classrooms

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Throughout the Nursing degree imparted in the University of La Laguna (Tenerife, Spain) a subject of Nursing in the Operating Room (6 ECTS) is included. The inclusion in the formation of this specific subject, makes the graduates are much better prepared.

In order to teach the abovementioned subject, a Problem-based Learning (PBL) method is used, as it is an educational innovation tool which allows a meaningful and satisfactory learning capable of developing all generic and specific skills stated in the current Curriculum.

Objectives: Implement and evaluate a PBL program in the Nursing Degree studies, specifically within the course of Nursing in the Operating Room.

Determine and acknowledge the students' level of satisfaction and contentment with the used educational methodology.

Methods: A cross-sectional and descriptive study is carried out with the students of the 3rd year Degree in Nursing School, particularly to the ones who are enrolled in the Operating Room course.

The PBL method is based on a case extracted from real life situations, and therefore, students must solve the aforementioned case throughout three mentorships/tutorials where the teacher becomes a mentor-facilitator.

We evaluate the knowledge acquired by the students and their satisfaction level with the PBL method by means of several headings designed by the teaching staff, which evaluate both generic and specific competencies/skills.

Results:

- The level of knowledge obtained with the PBL method is superior to the acquired through traditional methodology.
- Students acquire a better command and mastery of all those competencies that involve the development of teamwork skills: interaction, collaboration, communication and critical reasoning.
- The student's satisfaction with the used methodology is very high.

Conclusion: The PBL is a learning model that offers us a pedagogical alternative for education in Health Sciences, going from a fully rote-based curriculum to an integrating one

OP066 Simulation in the perioperative environment

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Introduction/objective: Simulation based team training is an invaluable tool for the learning of Non Technical Skills (NTS) in a high risk environment. Simulation of emergency events in the clinical environment gives the teams opportunity to practice requisite psychomotor skills and knowledge, and also communication and leadership acumen.

Background/method: Research shows that 70% of adverse events in the operating suite can be traced back to 'human factors' (NTS). The Elaine Bromiley case supports the importance of these factors in maintaining patient safety in the peri-operative environment.

Following consideration of this case, the author questioned how awareness of NTS was addressed in the workplace. There was minimal, introductory information provided to new perioperative nurses, and none at all to the regular cohort of experienced staff. This led to the development of a structured multidisciplinary simulation program to address the shortfall.

Results: The presentation will explore the use of regular in-situ simulation for the practice of infrequently occurring events in the workplace. The barriers and enablers to this work will be discussed. Additionally, the importance of creating a psychologically safe learning environment in simulation based education to enhance learning will be explored. The outcomes related to the use of regular in-situ simulation to improve nurses' confidence in knowledge and practice of NTS will be presented.

Conclusion: By creatively utilising technology to empower nurses with confidence and knowledge in emergency situations, and NTS application, it is envisaged that patient outcomes will be ultimately improved. This work may inspire other nurses to explore the potential for simulation based education in their facilities.

Parallel Sessions

OP067 Slovenian perioperative nurses' attitudes towards training newly employed staff

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Objectives: The transformation from theory to practice in perioperative nursing is demanding, gaining new skills to function in perioperative setting is often a strain for new staff members like those who are professionals in this specialized field of nursing. All perioperative nurses are not adequate mentors, although they have a proper education and are well qualified to operate in their profession. We wanted to define whether the Slovenian perioperative nurses' attitudes towards training newly employed staff is correlated to level of their education, role of an organization, job satisfaction and workload.

Methods: A quantitative non-experimental exploratory research was performed between February and June 2018. In purposive sample were included 225 perioperative nurses in twelve Slovenian hospitals. Data were collected by means of a structured questionnaire (Cronbach alpha coefficient=0,892). For data processing were used descriptive statistics, correlation statistical methods, Pearson hi-square, t-test, ANOVA and exploratory factor analysis.

Results: The age of respondents was statistically significantly related to a self-estimation of competences for training newly employed staff ($p < 0,001$, $r = 0,324$) including the factors "Self-validated knowledge for work/training" ($p < 0,001$, $r = 0,271$) and "Specific requirements to operate in perioperative nursing care" ($p = 0,012$, $r = 0,170$). Respondents were fully acquainted with professional obligation for knowledge transfer and were willing to act so. They highly graded their practical and theoretical knowledge to train newly employed staff, much lower was their evaluation of pedagogic-andragogic content. In-service training was not rated as uniform and systematic, newly employed staff were not presented as self-initiative and self-critical. Setting the criteria for candidate selection was considered important and should differ from those in other nursing areas.

Conclusions: A clinically focused education program with precisely defined instructions, objectives, responsibilities for all participants and criteria for measuring its efficiency should be developed. The priority for evolving the perioperative nurse candidate selection along with clearly defined perioperative nursing competences is also indicated.

OP068 The impact of the AOTrauma ORP courses on operating room personnel's performance

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Orthopedic trauma accounts for about 70% of all injuries and surgeries for victims of trauma, therefore it's the busiest surgical professions. Operating room nurses have a central role and impact on the operating team performance and function. Profession demands of expertise, knowledge, skills and technical ability. AO courses are designed to meet these challenges. The course consists of three layers - a clinical theoretical, practical and discussion groups.

The aim of the study: The aim of the study is to determine the effect of AO courses on the level of implementation of the nursing staff orthopedic operating room.

Methods: A prospective study was performed, utilizing a quantitative comparative sample population that included 526 operating room personnel. The research group included 407 nursing staff operating room basic AOTrauma ORP course graduates, from Israel, Western and Eastern Europe, Singapore, New Zealand, Hong Kong, UAE and Australia. 125 future candidates to the course served as a control group. Statistical significance was defined as p value less than 0.05.

Results: The results indicate that the vast majority of study group (81% to 94.3%) are satisfied and agree that the course helped them ($p < .01$). There are significant differences in the four course evaluation indexes with the highest ranked course ranked as the contribution of clinical-theoretical aspect. We found a significant difference between the study group and the control group in all parameters studied in the questioner, other than the will to learn and the desire to take part in the course and be part of the AO family that was equal in both study and the control group.

Discussion and conclusions: This study demonstrated the significantly positive impact of the AOTrauma ORP course on current clinical activity of operating room nursing staff. The basic course enhances the professional level and the motivation.

Parallel Sessions

PARALLEL SESSION: COACHING IN THE OR

OP069 Australia's greatest invention - on the move with ACORN perioperative audit tools

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Background: Perioperative nurses worldwide generally have local guidelines and standards of practice they are expected to adhere to. However, we are all aware of situations, such as retained items or deep surgical infections, where we suspect standards are not correctly followed. Have you even wondered how well your operating suite complies with your standards?

Discussion: The Australian College of Perianaesthesia Nurses (ACORN) wanted to know the answer to this question, thus commissioned the development of their 'Perioperative Audit Tools' (PAT). These tools are comprised of sophisticated software development using Excel spreadsheets that allow auditing within an operating suite using a laptop or tablet. There are 12 PAT, grouped into two 'bundles', which have been developed to correspond with the following Australian ACORN standards.

Bundles 1 includes; 'Asepsis and clinical care', 'Perioperative attire', 'Asepsis and infection prevention', 'Surgical hand antisepsis, gowning and gloving', 'Preoperative patient skin antisepsis', and 'Specimen identification, collection and handling'.

Bundle 2 includes; 'Staff and patient safety', 'Documentation', 'Surgical safety', 'Medication safety', 'Management of sharps in the perioperative environment', 'Safe patient positioning in the perioperative environment and safe manual handling', 'Management of accountable items used during surgery and procedures' and 'Surgical plume and electrosurgical equipment'.

Conclusion: The PAT are designed to measure perioperative nurses' compliance and therefore the quality of perioperative nursing care against the nationally recognised professional standards of practice, *Standards for Perioperative Nursing in Australia* (15th Edition). The collected evidence is a measure of the quality of care and provides a mechanism to improve perioperative nursing standards of practice and patient outcomes. This presentation will present information about the development of the PAT and their implementation and use in Australian operating suites.

OP070 Head, heart and hands - tools for successful mentoring and leadership development in perioperative nursing

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Perioperative nurses are leaders regardless of title, but how can we continue to grow successful "formal leaders" within our profession? One tool to succession planning is identifying mentors who have paved the way and are willing to share their knowledge, their passion and their time with others. A lot depends on the personal leadership style and path to success of the mentor. This session will explore the various leadership styles; provide examples of how these relationships can benefit the individual as well as the organization, and how volunteer leadership associations can play an important role in the identification and growth of the perioperative nurse.

Objectives:

1. Describe 4 leadership styles in nursing theory
2. Identify how mentoring can be used to influence future leaders
3. Describe the value volunteer association leadership plays in personal growth and development.

Parallel Sessions

OP071 Never events & the XY factor - UK experience

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One of the most challenging and hazardous areas of healthcare delivery is the operating theatre. Despite major shifts in focus, improvements in technology and practice, we still make catastrophic errors every day in Operating Rooms throughout the world.

The UK has its own statistics which support this.

The common denominator worldwide are the people, hence the XY factor.

In the UK we have spent millions of pounds on enquiries and investigations into the causes of inadvertent harms to patients in our care after the events have happened. We spend additional millions in litigation and this is increasing, as indeed are the incidents reported to the UK national data base.

There appears to be disproportionate focus and little emphasis placed on the learning that can be achieved from 'near miss' events and general patient complaints or satisfaction data, as a robust strategy to effect safe outcomes for perioperative patients.

We need to explore this whole area in much more detail and gain greater awareness and understanding of the human factors dynamics and the potential through education and awareness to exert major changes in practice which promote patient safety and staff wellbeing.

OP072 The positive power of collaboration

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Leadership is Influence.

Each individual brings a set of biases, values and assumptions to all situations. Our expectations are based on our presumptions. Shared values and goals are the foundation for collaborative efforts; however, it is critical to understand and be aware of our personal goals and values and be able to listen to the goals of the others. Patience is required as well as a sense of reflection to allow the collaborative process to unfold.

Conflict can both hinder and facilitate collaboration. It is helpful to know the difference between emotional conflict and task conflict.

Emotional conflict centers around relationships between individuals; while task conflict centers around differences to achieve a common objective. Collaborative leaders are able to facilitate debate while promoting the expression of different methods to achieve the common goal.

Collaboration is shared power, not always equal power

Parallel Sessions

PARALLEL SESSION: THE HUMAN EXPERIENCE

OP073 Mentoring operating room nurses in therapeutic compassion as a means to address moral dejection: An ethical assessment model that positively impacts patient safety and personal and collegial satisfaction

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It is difficult to study the effects of education in ethics on moral behavior. Contributing to the difficulty is a persistent failure by researchers to address the scope of ethical assessment, including deontology, consequentialism and compassion. The interpersonal aspect of compassion is especially left out of studies of educational interventions in ethics. The authors offer a model for performing an ethical assessment that relies on compassion along with utilitarian and deontological analyses. In developing this model, the authors focused on compassion as a therapeutic intervention to address moral dejection in the classroom with ethics students and with professional nurses working with patients. Narrative and anecdotal evidence support our hypothesis that drawing attention to compassion and to multi-leveled ethical assessment are promising means to address moral dejection.

Though compassion is thought by some to be fatiguing, the authors' research has shown compassion to be a therapeutic skill with important implications for nurses. Informed by academic philosophy and transferred to the clinical setting, compassion is shown to be a therapeutic skill that must be distinguished from empathy, which can be a catalyst for moral dejection.

Educational interventions to develop skills in therapeutic compassion will develop understanding of the nature of compassion and distinguish it from empathy. Feelings of moral dejection can arise from moral reactions that can be addressed through ethical assessment. All too often, moral reactions are confused for ethical perceptions. Nurses who employ the Ethical Assessment Model will develop improved skills in communication as well as skills that contribute to moral satisfaction and counter burnout, stress, and vertical and horizontal violence. The presentation offers interventional guidelines in the form of conceptual models that can be utilized in mentoring nurses. Compassion is situational and spontaneous. Though it can't be given as a protocol, it can be cultivated, mentored, and used therapeutically.

OP074 Knowledge of nurses working in critical care units on the prevention of ventilator associated pneumonia and barriers of adherence to preventive measures: a descriptive cross sectional study

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Aim: Ventilator associated pneumonia (VAP) is the most prevalent infection that might develop in intensive care units, with the highest mortality rate among healthcare associated infections. The study aims to examine the knowledge of the nurses serving in a critical care unit on prevention of pneumonia associated with mechanical ventilation and barriers of adherence to preventive measures.

Methods: The study was performed in descriptive study design with nurses who served in a critical care unit (n = 193) in two hospitals in Jordan. A questionnaire titled "Knowledge on Prevention of Ventilator Associated Pneumonia and Barriers of Adherence to Preventive Measures" prepared by the researchers was used as a data collection tool. Data were collected in June/July 2017, after the ethical approval. Descriptive statistics Kruskal-Wallis test and Mann-Whitney U test was used in the analysis of the data.

Results: The results of the present study showed that nurses had a high level of knowledge on general ventilator associated pneumonia and prevention. The main self-reported barriers to adherence to evidence-based guidelines were shortage of staff in the intensive care units, lack of time and educational programs on ventilator associated pneumonia.

Conclusion: Educational programs should be developed and provided on a continual basis to enhance the knowledge and practices of nurses on ventilator associated pneumonia, and national and institutional regulations should be devised to eliminate the barriers to the prevention of ventilator associated pneumonia.

Key words: Ventilator associated pneumonia, prevention, nursing

Parallel Sessions

OP075 Determining the relationship between care quality perception levels and ethical sensitivity of surgical nurses

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Aim: This study aims to identify the relationship between nurses' caring behaviors and moral sensitivity.

Method: The sample of this descriptive cross-sectional study consisted of 184 nurses working at a research hospital in Kocaeli. Data were collected through the Caring Behaviors Inventory-24 and the Moral Sensitivity Questionnaire (MSQ) between February and May, 2018. Continuous variables were mean \pm 3 standard deviation and median, whereas categorical variables were numbers (percentage). This study used the Mann-Whitney U Test and the Kruskal-Wallis One-Way Analysis of Variance to compare the non-normally distributed variables, and the Spearman Correlation Analysis to compare the numerical variables. $p < 0.05$ was considered statistically significant.

Result: The nurses' mean age was 31,0 \pm 3,6,2 and of them, 89,1% were women, 71% were married, and 73,4% had a bachelor's degree. The results showed that the nurses' total mean Caring Behaviors Inventory-24 score was 126,0 (120,0-135,0), whereas their total mean moral sensitivity score was 90,0 (78,5-100,5). There was no significant relationship between the nurses' caring behaviors and moral sensitivity ($p > 0.05$). A statistically significant positive relationship was found between the nurses' age and skill/knowledge ($r = 0.201$; $p < 0.05$). There was a statistically significant difference between nurses' marital status and skill/knowledge ($p < 0.05$), and between the conflict sub-scale of the MSQ and nurses' working voluntarily ($p < 0.05$). A statistically significant relationship was found between the orientation sub-scale of the MSQ and the nurses' working voluntarily in the present clinic.

Conclusion: This study revealed that married and older nurses obtained higher scores on the caring behavior, and nurses' working voluntarily was affected their moral sensitivity. It is recommended that organizational ethics committees guide health care workers in solving ethical dilemmas, and provide education to promote the development of moral sensitivity.

Keywords: Nurse, caring behaviors, moral sensitivity

OP076 Culture care and compassion in the operating room who has got your back?

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In the course of our perioperative work, we are all engaged in the pursuit of quality health care for those we serve. This is often framed in terms of assuring good clinical outcomes, lives saved, reductions in avoidable harm, optimizing 'QALY's' (quality adjusted life years) and for our bean counter colleagues, the efficiencies and effectiveness achieved - relative to each £ of public money invested in service provision. The notion of quality is relative and sits in a spectrum, it is subject to interpretation, perception and further framed by assumption and presumption.

The experience of quality is ultimately determined by the resilience and contribution of perioperative staff who are the buffers in the system and who day to day because of their focus and attention keep patients safe. For that many will always be grateful and staff should feel proud

Objectives: This session is designed to invite

- 1) Reflection what we understand and mean by quality ?
- 2) Explore the concept of quality relativity
- 3) The Benchmarks we set as perioperative practioners to hold the line on what is important
- 4) How we translate the mother and father test to our work - because if what we are offering would not be good enough for our loved ones, then it is not what we should be satisfied as providing
- 5) Some take away messages on what could be done by Tuesday to shake things up where you work to improve quality

Parallel Sessions

PARALLEL SESSION: POST-OPERATIVE CONCERNS

OP077 Aromatherapy administered through novel device successful for PONV, a case study

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Postoperative nausea and vomiting (PONV) is common in patients undergoing surgery and anaesthesia, and standard treatment is not always sufficiently effective. Nausea, retching and vomiting can be highly unpleasant and can lead to much discomfort and complicated recovery from anaesthesia. Aromatherapy can be a valuable contribution to the standard treatment.

In the presented case of a female undergoing major surgery for vulvar carcinoma, the patient had a history of virtually untreatable nausea after earlier surgical procedures, leading to excessive vomiting for 24-48h after surgery. For the latest surgery, the patient presented with anticipatory anxiety and high stress levels. Complicating factor to her stress and anxiety was that she would have to stay in supine position for at least 72 hours after surgery, her legs and pelvis in a cast, in order to promote healing of the extensive vulvar area. The patient was afraid of not being able to sit up when nauseous or vomiting, and also that it would take days for her to be able to eat and therefore once more have a prolonged recovery time.

The patient was treated with a simple novel device, an AromaPatch™, to administer aromatherapy through inhalation. The device was placed onto her chest right after surgery by the operating room staff. A blend of ginger extract and essential oils of peppermint, cardamom, lemon and lavender was used, most of which are studied for nausea and vomiting. The intervention was very successful. For the first time after any surgery the patient was able to eat a light snack just two hours after surgery. The complementary treatment was continued every 8 hours for 4 days, and the patient recovered well without any nausea or vomiting.

OP078 Comparison of efficacy for pain control after total knee arthroplasty and its effect on functional independence measures and decreased dependence on narcotics

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This study compared the patient's recovery, after total knee arthroplasty (TKA) under spinal anesthesia versus spinal anesthesia with an adductor canal block (ACB) following the procedure, prior to transferring the patient from the operating room.

Adductor canal blocks (ACB) focus on sensory nerves without sacrificing the strength of the quadriceps. Before adductor canal blocks, femoral nerve blocks (FNB) were performed to provide sustained pain relief post-operatively. The FNB provided sustained analgesia however, since FNB involved the motor nerves of the quadriceps muscle, patients experienced weakness during the initial physical therapy, impeding early mobilization and increased falls. Because the motor nerves are intact with ACB, and only the sensory nerves are affected, the pain is reduced and in theory should allow the patient who has decreased sensation of pain and no decrease in motor function to have higher physical therapy scores with early ambulation post-operatively compared to those patients without a sensory nerve block. Additionally with the ACB, the patient should have a shorter hospitalization time and no increase in patient falls.

Another assumption for patients with a sensory blockade of the incision site, should have less pain and use less narcotics compared to the group who did not receive the adductor canal block. Considering these indices, patients with the ACB would progress in the post-operative period sooner than patients without the block. Additionally, patients with the ACB would have a shorter hospital stay, without delirium related to narcotics which can be a complication of surgical procedures. Delirium has been shown to have negative long-term effects on a patient's recovery and post-hospital independence of a patient.

A retrospective chart review of approximately 211 patients having TKA procedures from August 2015 to March 2018. Chi-square and Student's *t*-test were used to investigate patient characteristics differences and operative details of the two groups.

Parallel Sessions

OP079 Care bundles to prevent central venous catheter-related bloodstream infections: a meta-analysis

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Background: Central venous catheter (CVC) related bloodstream infection (CRBSI) is some complication of intensive care stay, mortality, morbidity, new interventions, the occupation of bed in intensive care unit (ICU) which can have important adverse consequences for both patient and institution. The care bundles prevention of CRBSI creates from evidence-based interventions. The aim of care bundles has improved quality of health care.

Aim: The aim of this study has reviewed the effectiveness and contributions of preventive care bundles for CRBSI in ICU, and it was systematized the evidence-based interventions for meta-analysis.

Methods: Literatur search was done with Turkish and English which words of "care bundle, nursing, care, central catheter, infection, catheter, central venous catheter-related bloodstream infection". With the subject, studies were compiled and they were taken which was available studies to acceptance criteria in this meta-analysis. The methodological qualities of the articles included in the meta-analysis were made with the Joanna Briggs Institute MASTARi Critical Assessment tool. It was determined the compliance was very high both of players, $k=0.69$ and effectiveness RR (95% CI), low risk.

Results: According to this meta-analysis determined central line bundles were reduced CRBSI the rate of 68% in the intensive care and 52% clinic. The studies in the meta-analysis which average effect size in high level, in homogenous distribution and coherent with fixed effects model. In these studies, central line bundles of achievement rate low due to mixer variables aren't quite checked.

Conclusion: CRBSI is required a new planning. Care bundles use of effectiveness and improving a guideline that decreases the rate of CRBSI, reduces complications, increases the quality of health care.

Keywords: Care bundle, nursing, central venous catheter related bloodstream infection, infection, central catheter

OP080 Pain expression of patients from different cultures in the post-operative period: Description with giger and davidhizar transcultural assessment model

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Background: Turkey is a country with a multicultural society. Surgical pain and its expression are unique significant experience of health care. Surgical pain expression may vary from person to person. However; there has not been extensively similar studies related to different cultural groups.

Aim: This study aims to define the method that patients from specific cultural societies expressing of surgical pain guided by core concepts from Giger and Davidhizar's Transcultural Assessment Model.

Methods: This research an exploratory study that face-to-face interview technique has used for data collection. A total of 80 patients participating to realized in general surgery clinic of a university hospital. A questionnaire form was used to define patient reactions related to surgical pain developed by researchers based on Giger and Davidhizar's Transcultural Assessment Model. In this form; experiences of pain, family behaviors and social environment, time awareness and so on data were included. Also a socio-demography and disease knowledge form were used.

Findings: It was decided that 64% of the patients were married, 24% did not work, and 19% did not speak Turkish. The patients of 72% were operated by open surgery and 63% were treated with opioid and paracetamol pain relievers. The most commonly used form of expression was the "inability to listen what's spoken and impaired concentration". It was determined that the patients said "God and mama" in their mother language in the face of very severe pain and 32% of the patients wanted to rest during a disturbing pain.

Conclusions: The results of this research provide an important information source how Turkish, Kurdish, Romanian and Bulgarian, Greek and Yugoslavian immigrant patients express surgical pain, using various verbal and nonverbal techniques that interattached with the surgical pain expression.

Parallel Sessions

PARALLEL SESSION: CHALLENGES ON POSITIONING

OP081 Finding new ways of positioning the patient for robotic-assisted laparoscopic surgery

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Background: Robotic-assisted laparoscopic surgery allows smaller incisions than the traditional laparoscopic approach and results in better patient outcomes. The lithotomy with steep Trendelenburg position creates a potential for the patient to slide toward the head of the bed. Sliding may cause dermal injuries and alters the original position of the extremities, which may lead to nerve injuries. Shoulder support is needed because of the steep position of these procedures, which increases the risk of brachial plexus injuries.

Brachial plexus injuries are some of the most common perioperative neuropathy, and they are more apt to occur for a patient in the steep Trendelenburg position.

The thesis statement is: Is it possible to find new ways of positioning the patient for robotic-assisted laparoscopic surgery?

Methods: To avoid the risk of positioning damages, nerve paralyzing and shear, we tested a new positioning system without shoulder support. The qualitative research method included 20 patients, using the conventional system for 10 of the patients and the new system for 10 patients. Before undergoing surgery, the patients were asked a few questions regarding their physical abilities and any physical challenges of the shoulders, back, legs and arms. During surgery the length of the operation, the period in steep Trendelenburg and the shear were noticed. After surgery the patient's backside were inspected for pressure ulcer, and the day after the surgery the patients were asked the exactly same questions once again and their backside where inspected for pressure ulcer. Five weeks after the surgery the patients were called and asked about their wellbeing and if they had experienced any complications regarding back, shoulders, arms and neuropathy in relation to the brachial nerve.

Result: It was documentable that the new system caused less pressure ulcer, minimized the shear friction, and eliminated the risk of nerve injuries.

OP082 Future trends in robotic surgery: operating room nursing aspect

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Integration of robot assisted devices in surgery leads continued innovation and rapid technological improvement in surgical field. Robotic surgery offers various benefits including; minimization of side effects, enhancement of precise surgical procedures, and faster recovery. The future generation of surgical robots is increasing rapidly. These rising technologies positively affect daily nursing care and also bring new exciting challenges for nursing care. Nurses' competency of robotic surgery became a vital element in creating a safer and more efficient patient-centered care. This presentation as one of the most comprehensive review tries to make connection between the future surgical robots and operating room nursing area. For this purpose; a critical review was provided on current and future trends on robotic surgery related with operating room nursing field. Science Direct, Google academic, ULAKBIM, Pubmed, EBSCO, Medline and Cochrane Library databases were screened using the key words "surgical nano-robotics", "operating room nursing", "robotic surgery" and "future trends". It is examined that for operating room nursing area. Profound discussions for the future of robotic surgery will be also pointed out to give the roadmap to the operating room nurses.

Parallel Sessions

OP083 A key element of robotic assisted surgery

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Objective: To demonstrate the importance of team-training in the implementation of a safe and effective Robotic Assisted Surgery program.

Since the year 2000, Robotic Assisted Surgery (RAS) has become a firm fixture in many operating rooms around the globe, with a market that has, until recently, been dominated by Intuitive Surgical (IS) and its da Vinci systems. Despite the many advantages of this type of surgery, the learning curve associated with its use has proved to be significant, and adequate and appropriate training is essential, if errors are to be avoided.

Although more than 5 million procedures have been performed worldwide to date, a non-negligible number of complications associated with RAS continue to be reported and yet there is still no mandatory standardized training curriculum in place, whether for surgeons, or for the rest of the OR team implicated in its use.

As IS's patents expire and as Minimally Invasive Surgery continues to evolve, many competitor companies are ready to enter the arena with a wave of new, more affordable robotic systems which will render RAS accessible to those establishments that up until now, were hindered by the significant costs associated with the implementation of a robotic assisted program.

If adverse events and near misses are to be avoided, the focus should not only be on the training needs of the surgeon, but rather on the team as a whole. Healthcare establishments and competitor companies need to learn from the mistakes of the past and adopt a team-training approach and guidelines that will ensure that every health care professional involved in robotic assisted procedures has received structured, documented team-training necessary to ensure best practice in this domain.

OP084 The effect of preventive care interventions on early complications in bariatric surgery

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Objectives: In this study, the effect of preventive care interventions on early complications in bariatric surgery was examined.

Methods: A retrospective and descriptive study was done by examining the files of 4216 bariatric surgery patients at a university hospital in Turkey between the years 2013-2018. During the operation, the pressure points were supported by silicone pads as preventative care. Intermittent pneumatic compression and specimen retrieval bag were used intraoperative. Number percent and chi-square analysis was used in evaluating the data.

Results: In 3345 of patients, the areas exposed to pressure during positioning, supported with silicone cushions(padding). Silicone cushion was not used in 871 patients. Rhabdomyolysis occurred in one patient in each group(p=0,3053). Temporary paresthesia occurrence rates in areas that femoral and lateral femoral cutaneous nerves innervate were 22/3345(%0,006) in silicone padding group and 19/871(%0,02) (p=0,00) in the unused group. Intermittent pneumatic compression(IPC) was performed in 2385 patients while IPC was not performed in the remaining 1831 patients intraoperative. Clinically symptomatic pulmonary embolism was seen in 2(0,084%) of the IPC patients and in 5(0, 28) of the unused patients (p=0.25).

Direct trocar insertion without prior pneumoperitoneum was been preferred in 716 of the patients while optic trocar insertion was made in 3500 of the patients. Visceral injuries were seen in 3 patients(0.42%) during direct trocar insertions and in 1 patient(0.029%) during optical trocar insertions(p=0.02).

Specimen retrieval bags were not used in 2791, but in 1425 of the patients. Superficial wound infection was developed in 195 patients (6.98%) where bags were t used and 28 patients(1.97%) in the group where bags were used(p=0.00).

Conclusion: Paresthesia (by means of padding), visceral injuries (by using optical trocar), and wound infections (by using specimen retrieval bags) are less seen in our clinic since nursing services and practices were been improved in providing the quality of care and patient safety.

Parallel Sessions

PARALLEL SESSION: QUALITY CARE

OP085 Standardization of surgeon preference (procedure) cards

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The challenge with maintaining and updating preference cards is that many health systems have tens of thousands of preference cards in their electronic health record system. The number of preference cards is dependent on the number of surgeons who are actively practicing, the number of locations in which these procedures are performed and the various types of cases that are performed. Often, the labor time to maintain and update preference cards is not a priority. Over time, these tens of thousands of preference cards get filled with unnecessary, incorrect, outdated or wasted items that continue to be on the preference cards, especially due to the fast pace of an OR.

This session will provide the attendee with the process to standardize these cards.

Implementing nurse manager and physician preference card working sessions every few months is an excellent way to stay on top of updates and facilitate discussion amongst the surgeons and OR staff. Keeping physicians engaged and aware of what instrument trays, soft goods, equipment with positioning devices they prefer, in comparison to their peers, is necessary for the health system to complete standardization as possible. Promoting and encouraging a culture that uses preference cards for their intended purpose is also a critical way to make sure the preference cards are kept current. The qualitative and quantitative benefits of having accurate preference cards must be taken seriously by all health system members to create a fully optimized and efficient operating room.

OP086 Caregivers' experiences about caring for patients with percutaneous endoscopic gastrostomy

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Objectives: The aim of this study is to determine caregivers' experiences about caring for patients with percutaneous endoscopic gastrostomy.

Methods: A phenomenological approach was used for the interview and analysis. Semi-structured, in-depth interviews were conducted with a purposive sample of 21 caregivers of patients who had percutaneous endoscopic gastrostomy tube and discharged from Hacettepe University Adult Hospital at least 3 months ago. On collecting research data, descriptive characteristics information form, nutrition, drug administration and stoma care observation form, and semi-structured interview form used. The semi-structured in-depth individual interviews recorded on recorder and observations have been converted to transcripts by getting down on computer environment, and their content analysis has been made by the researchers.

Results: As a result of the content analysis; context, themes and sub-themes were generated. Four context were constructed: PEG management, the problems arise in regard to PEG and practices towards the problem, social-emotional change and expectations from health institution.

Conclusions: The problems that caregivers of patients with PEG face with and their requirements were determined, and it is thought that these results are important in terms of meeting the requirements, solving the problems and increasing the quality of life of patients and caregivers.

Parallel Sessions

OP087 Post anesthesia and post-operative complications of patients among intensive care unit

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Objective: The aim of the study is to determine post anesthesia and post-operative complications among patients in the intensive care unit.

Methodology: The study was planned as descriptive design and was conducted between October 2016, and January 2017 with 125 patients who had underwent a surgical intervention. A question form composed the demographic data, the patient's medical information's history, and patient's complications. Data were analysed by means of proper statistical methods in SPSS program (Statistical Package of Social Sciences, v. 20.0 Chicago, IL, USA).

Results: The main complications in our survey that shown respiratory, cardiovascular system complications and postoperative nausea and vomiting. Postoperative nausea and vomiting was the most common complication (69.6%). Respiratory system complications 57.6% in which desaturation was mainly due to hypoventilation while other causes such as bronchospasm were documented too. According to age group that comparing with complication that shown not significant. In this study were observed hypotension 38.4% and hypertension 35.2%, and tachycardia 26.8% of patients.

Conclusion: The types of complications were related to the respiratory system, cardiovascular system, nausea/vomiting and body temperature. It is important that adequate prophylaxis of postoperative nausea and vomiting (PONV) to reduce nausea/vomiting. Teaching patients about sign and symptoms for respiratory complications (hypoxia, airway obstructions) before and after surgery have to best done during the preoperative period. It is important that nurses monitor vital sign frequently to check blood and pulse to prevent cardiac complications.

Keywords: Anesthesia, postoperative complications, post-anesthesia care unit, nursing.

OP088 Nursing diagnosis and interventions in burn patient care: retrospective study

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Objective: This study was planned to identify the nursing diagnoses and interventions used in the care of burn patients.

Method: This descriptive and retrospective study was conducted by gathering the data from the files of 308 burn patients hospitalized in a university hospital in Ankara/Turkey. As a data collection tool; "patient identification information form" was used by the researchers to determine the socio-demographic data and the variables related to the burn injury of the patient. Nursing diagnoses and interventions were recorded from the nursing care plans registered by the nurses to the information processing automation system.

Results: It was determined that the majority of the patients included in the study were male (71.1%) and mean age was 18.8 +SD. The causes of burn were respectively hot liquids (49.4%); flame-fire (34.1%); electricity (8.5%); hot oil (4.8%) and chemicals (3.4%). The percentage of burned body surface area was found to be 19.8% on the average, while the majority (58.2%) was second-degree burn injuries. A total of 45 nursing diagnoses were used and the most commonly used diagnoses for 308 burn patients were the risk of infection (88.3%), the risk of falls (73.4%), acute pain (64.6%), lack of knowledge (62.6%), impaired skin integrity. A total of 542 nursing interventions were performed related to 45 nursing diagnoses.

Conclusion: Turkish Nurses generally use similar and limited nursing diagnoses and interventions to care burn patients. It has been seen that they do not fully address the physiological and psychological effects of a destructive event such as "burn", and they do not plan nursing care with a holistic approach.

Parallel Sessions

PARALLEL SESSION: THE KEYS OF COMMUNICATION

OP089 Team communication

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Perioperative team communication is critical to a culture of safety. The collective evidence demonstrates that communication failures in the perioperative setting are a factor in events that adversely effect patients. Team training, simulation training and creating standardized transfer of patient information processes, such as hand over tools, briefings, debriefings and surgical safety checklists are imperative tools to use to improve team communication. These tools can be used world wide to promote optimum communication among teams.

This presentation will demonstrate how these tools can be used among teams to improve communication and will highlight the Association of Perioperative Registered Nurses new guideline for Team Communication.

OP090 Putting theory into practice: Nurses negotiating informed consent with vulnerable and compromised patients

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Purpose of study and background: The concept of consent provides nursing with both theoretical and practical challenges. Nursing ethics theory addresses issues raised by patients who are unable to provide implied, informed, voluntary, or competent consent. What is less clear is how nurses in carrying out their professional responsibilities negotiate the question of consent with patients who have limited scope to negotiate their own nursing care.

Methods used and results: This explorative, qualitative project used interviews within a critical incident framework to examine how nurses undertake negotiating and obtaining consent from compromised patients. The project collected data from nurses working within psycho-geriatric wards and perioperative areas in an acute public hospital in Melbourne, Australia. The project used 'consent episodes' as units of data, and explored these with 16 nurses. Participants were asked to focus on daily tasks of nursing associated with these areas of practice, including for example the use of restraints, the use of monitoring equipment, use of analgesics, loosening or removal of gowns, and lifting and moving of patients. Findings indicate that verbal communication plays a minor role in consent negotiation with these patient cohorts.

Conclusion: The project has sought to articulate a wide range of nursing skills that are employed in the negotiation of consent with vulnerable and compromised patients beyond verbal communication. These are examined in relation to current nursing ethics theory, as well as feminist discussion regarding the value of feminine communication practices.

The paper will include discussion of the challenges of a more extensive and transparent inclusion of non-verbal communicative practices in nursing theory, teaching and practice.

OP092 Through the looking glass: visioning a future for ourselves and the O.R.

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Much time is spent in the present moment in surgery and we often look to the past to define our practice as perioperative nurses. The purpose of this activity is to enable the learner to gain an understanding and appreciation of the importance of Futures Studies as well as the lens, tools and guidance to envision a preferred future, both personally and professionally. As we are faced with disparities, difficult decisions and dilemmas in delivery of care in surgical services, we need nurse leaders who are visionary, prepared and properly equipped to keep the patients we serve and the profession we live in a healthy, desired state. Without foresight, strategic planning and advocacy, we may not arrive in a collective future that is viable and sustainable.

Parallel Sessions

PARALLEL SESSION: EDUCATION UNDER THE LOOP

OP093 What is a certified surgical technologist? Can it work in the EU?

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During WWII, the United States faced a crucial need for more registered nurses the demand could not be filled and thus the operating room technician was created. Today, the certified surgical technologist is a professional in allied health. The job description has evolved the last 70 years to expand the job description. I believe this profession could be introduced to the European operating rooms.

I have been a certified surgical technologist for thirty six years in the United States. My experience has been in large teaching hospitals, to small surgical suites where day surgeries performed. For the last fourteen years, I have been teaching surgical technology students to embrace this profession. I am currently the Program Director at Tarrant County College in Fort Worth, Texas. I spend eleven months teaching, lecturing, lab and mock surgery and finally the student complete clinical. The students are fortunate to train in a large metropolitan area with a great chance of employment at the end of their technical training. In 5 years fact, the last 14 years, I have had 95% student placement upon their program completion.

I am thrilled to present the opportunity to share my amazing profession and how it could be implemented in the EU. Having an allied health professional that can scrub cases, prepare the surgical suite, help with patient care preoperative and post-operative, has proven to be cost effective and more importantly, a team member in all surgical procedures.

OP094 Interaction in nursing specialist knowledge

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Purpose: In our highly specialized clinic of anesthesia at Rigshospitalet we wish to ensure a common perspective of nursing topics.

The profession of theatre nurse's as well as anesthesia nurse's has become increasingly technical complex. To ensure a high level of quality and safety for our patients and to keep focus on nursing topics a development project was launched in November 2017. The aim was to illuminate nursing in a technical environment and to create a discussion and common understanding on the selected topics in the group.

Methods: We generated three teams, each one consisting one theatre- and one anesthesia nurse working at the same department. Each team chose a common nursing topic, collected literature and knowledge of the topic and presented this to the nursing group. The subsequent discussions included the whole group to illuminate different perspectives. All participants completed a questionnaire after their presentation.

Results: Analyze of data illuminated that the nursing topics chosen had a high relevans in the care of patients in the operating room and created a very professional discussion when presented. Preparing the presentation the theater- and anesthesia nurse experienced great support and sparring in the interaction as well from as from the supervisors chosen to the project. Finally data illuminated that it was a big challenge for the participant to find time to collect literature and prepare their presentation. Also they didn't experience support from their leaders.

Conclusions: We expected the interaction between the theatre- and the anesthesia nurse would increase a common team feeling and define nursing topics that nurses share and it did. The presentations and subsequent discussions increased focus on nursing topics for the whole group in the increasingly technical complex environment. Successful implementation of the proposed team structur will depend upon active engagement of the managerial team.

Parallel Sessions

OP095 'On the move' with innovative recruitment into the perioperative environment in a private hospital in Australia

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Objective: To highlight the development, implementation, ongoing management and outcomes of a 'grow our own' Perioperative Introduction Program.

Background: With a mass shortage of perioperative nurses; an Australian ageing workforce; decreased exposure to the perioperative environment through undergraduate nursing programs; Health Care Facilities must be 'on the move' to identify new ways to attract and grow their own perioperative nurses for the future. The Perioperative Introduction Program (PIP) was developed to provide the experienced ward nurse with a structured and supportive program providing exposure, practical and theoretical knowledge to assist with the transition into the operating suite.

Method: The PIP is conducted across 3 sites of a large metropolitan private health care organisation in Melbourne, Australia, with a combined total of 48 operating theatres. The number of PIP students in each intake ranges from 10-30 across the organisation and there are often two intakes per year depending upon Effective Full Time (EFT) vacancies. The four month program consists of four study days and a minimum of 30 clinical hours per week. Clinical competencies, mentorship and supported clinical hours provide effective clinical support to enable the PIP students to reach independence within the four month period. The students start with consistent basic lists in a variety of specialties; are rostered with different staff daily but cross over with their mentor in at least one list; and have a weekly catch up with educators for support.

Results: Over the past 8 years, 12 programs have been conducted with 156 students participating in the program. 88% of these students have continued in the operating suite longer than 2 years.

Conclusion: The outcomes of the program have seen the successful recruitment of new highly functioning perioperative nurses across all sites.

OP096 Views of nursing students about usage of health/ Patient education assessment guide

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Objectives: This research was conducted for the purpose of identifying the views about usage of Health/Patient Education Assessment Guide (HPEAG) prepared towards nursing students.

Methods: The sample of the research was composed from 97 students (participation rate 91.5%) who were in 3rd grade of Nursing Department on 2017-2018 year spring semester of a state university in the Ankara, took "Teaching in Nursing" course and volunteered to participate the study. In this course, the students conduct healthy/sick individual education in class environment by adapting teaching principles and methods and using two interactive education methods in groups. It has been getting the students to watch education videos and it has been making discussions by using HPEAG in class environment before the trainings. The training presented by the students has also been evaluated by the instructor of the course and the students themselves in accordance with the same guide. Research data was collected with a semi-structured questionnaire form consisting of 18 questions. It was used descriptive statistics in the evaluation of the data.

Results: 99% of the students participated the study stated that they find the usage of HPEAG beneficial and they are considerably pleased with it (7.2331.74 out of 10). 97.9% of the students stated that HPEAG contributes to the education plan they prepared and to their preliminary preparation for presentations, 93.8% stated that HPEAG make contributions to their presentation ability, 95.87% stated that HPEAG improves their educator abilities. Besides, 78.4% of the students expressed that they feel anxiety before the preliminary preparation for presentations because of that HPEAG is quite comprehensive.

Conclusions: It was found out in the study that HPEAG usage has positive contributions to the patient education preparation process of nursing students. It is considered that HPEAG usage is beneficial in raising awareness in nursing students about patient education and it can be used in the curriculum of nursing undergraduate program.

Parallel Sessions

PARALLEL SESSION: EVIDENCE IN PERIOPERATIVE NURSING

OP097 Healthy workplace study in the operating-room: no-reporting reasons of the surgical instrument injuries

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Background: Effective management and to prevent surgical instrument wounds in the operating-room is created an important part in healthy workplaces. Peri-operative team member have risk with regard to surgical instrument wounds. In the literature was determined that most common surgical instrument wounds realizing in the operating room, no-reporting case, no-following next processes; as a result of this it is indicated that patients and other persons are tended to infections diseases.

Objective: This study aims to examine the reasons for not reporting the surgical instrument wounds.

Data sources: Research was held in two stages. The first stage was descriptive and interviews were made with 19 surgical nurse. The second stage was phenomenological out of the qualitative research methods. Nine surgical nurse who was wounded but not reported the situation were interviewed.

Results: It is determined that out of 19 nurses in the study group, 13 experienced surgical instrument wound, but only four of them reported the situation to those concerned. According to the age distribution of nine nurses who did not report their surgical instrument wounds. Among the reasons for not reporting the surgical instrument wounds, *the following expressions were remarkable, "I trust that serology is clear", "procedures are too long and take too much time", "because we are busy", "because I have injection" and "maybe, I didn't care so much".*

Conclusions: Know/pay attention to the problems to be caused by surgical instrument wounding. It is suggested to hold an information meeting that will increase awareness, and to make assignments in accordance with the vocational and surgery room experiences due to the fact that experience and age are effective factors in reporting the surgical instrument wounds.

OP098 Duo presentation by Hennie Mulder and Els van der Wilden Improved Patient trust and patient experience by the use of standards and safety stops

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Check, check and double-check. In any hospital staff is familiar with check-procedures. In each hospital a high percentage of patients will require some type of intervention and will need treatment in the Operating Room (OR). Frequent checks are common in any intervention procedure, like 'right patient', 'right material', 'right procedure' and 'right side'. Increasingly patients are not only object of checks, but actively involved. If these check procedures are performed well and timely, this leads to awareness of the importance of safety-checks and will - for the patient - add to a sense of safety and trust. Nowadays in many countries, patients have become used to being asked their details on several occasions during their visit to or stay in the hospital. Yet asking requires concentration of the hospital staff and still holds the risk of a manual procedure. Safety checks on identity can be greatly improved by the use of a barcode as patient identifier, increasing patient trust.

A next step in increasing patient trust is the clear identification of materials used during any procedure and if any implantable device was indicated, ensure the patient's record will be fully and automatically updated with the correct details. Product identification by barcode scanning and thus automatically uploading of the information into the electronic patient record brings great benefits. In case of an alert of recall, the patient can be informed at short notice. This also allows for the possibility of full product traceability. Easy to manage recalls and reduced uncertainty for possibly affected patients will reduce the effects of PR-impact. Negative PR-impact, leading to prolonged periods of negative headlines in the news, will damage trust and eventually influence the individual patient experience. In our experience barcoding and identifying patients and products in the OR leads to higher trust.

Examples: MMC, en.....ErasmusMC

Parallel Sessions

OP099 The factors determining nurses' quality of working life, occupational safety, sociodemographic and working characteristics

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Aim: This study aimed to examine the sociodemographic and working characteristics that determine the quality of working life and nurses' work safety.

Method: The sample of this descriptive, cross-sectional study consisted of 184 nurses working at a research hospital in Kocaeli. Data were collected using the nurses' sociodemographic and working characteristics questionnaire form, Quality of Nursing Work Life (QNWL), and the Occupational Safety Scale For Hospitals' (OSS). Continuous variables were analyzed using the mean±standard deviation and median; categorical variables were analyzed using percentages. The Mann-Whitney U test, the Kruskal Wallis test and the one-way ANOVA were used to compare non-normally distributed variables. The relationship between the numerical variables was examined using the Spearman correlation analysis.

Findings: The nurses' mean age was 31,0 ± 6,2, mean QNWL score was 291,5 (207,2-327,0) and mean OSS score was 118,50336,98. There was a negative significant relationship between the QNWL and work safety ($r = -.258$; $p < 0.01$). A positive relationship was found between the nursing care and the OSS scores ($r = .180$; $p < 0.05$); male nurses had lower QNWL scores (235,0) than that of female nurses (287,0) ($p < 0.01$); the QWL subscale scores and total mean score of nurses working in operating rooms (91,05) were lower than those of the nurses working at other units ($p < 0.01$). Those who work voluntarily had lower QNWL subscale scores and total mean score than those who work involuntarily ($p < 0.01$).

Conclusion: The decreased dissatisfaction level in the QWL indicated that work safety increased and safety was ensured at the hospitals. The quality of the nursing care increased as the OSS score increased. Gender, the clinics in which the nurses work, and being able to work voluntarily in the current clinic were determined to have a positive influence on the QWL.

Keywords: Quality of working life, occupational safety, nurse

OP100 O.R.N B.SN pediatric heart surgery team leader

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Objective: At the end of an open heart surgery on a 4 month old baby, after taking off the drapes ischemic changes were found in Left low leg, from knee to the toes. The color of skin was white and the leg was cold to touch.

The operation was 5 hours long. During the operation the peripheral I.V was used for saline and blood transfusion. On the same leg was attached Patient Return Electrode (P.R.E). And it was bandage with extra plaster.

The P.R.E was detached the I.V was checked and pulled out. The leg has been elevated and treatment with cold compress was started.

After 20 minutes as an indication of improvement in blood circulation, the leg became warm and red.

After 24 hours the leg state was almost back in normal.

Methods: After the event, a decision was made to take action, to improve the team knowledge and abilities.

P.R.E use Guideline was checked. Hospital guideline for bandaging I.V was checked.

Blood transfusion guide line was checked

An observation form was written.

At the first stage an observation of the staff performance was performed.

Result: The total number of observed patient was 35. Serious mistakes were found in P.R.E attachment and I.V bandaging.

The observed team included the O.R nurses and Anesthesia technician.

P.R.E was attached not by the guideline and so was the I.V. bandaging.

Conclusions: The team was informed about the results. A special lecture about the guide lines was provided.

The second observation was performed after the lecture, on 30 patients.

Improvement was clearly observed.

- Hard effort was taken to prevent ischemic leg event after open heart operation.

Parallel Sessions

OP101 An evaluation of the daily life activity levels and life qualities of the patients with Ventricular Assist Device

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Objectives: This research study aims to evaluate the daily life activity levels and life qualities of the patients with Ventricular Assist Device (VAD).

Materials-method: Since the insertion of the VAD device has been carried out in 2012, the universe of the study was created by all 46 patients in 2012-2015. The cross-sectional descriptive research study conducted with 30 adult with VAD. As the data collecting method, it is used that Patient Identification Form; SF 36 Life Quality Scale; KATZ Daily Life Activities Scale; and EQ-5D General Life Quality Scale. The data obtained within this study is evaluated by using SPSS 20 packaged software.

Results: It is specified that 80.6% of discharged patients readmitted to the hospital; and 35.5% of the patients readmitted because of infection, 25.8% of the patients readmitted because of thrombus, and 22.5% of the patients had problems about the device. It is observed that 70.9% (n=22) of the patients were feeling better after linking with the device. While it is observed that the life qualities if the patients are medium-level according to SF 36 Life Quality Scale and EQ-5D General Life Quality Scale; 71.0% (n=22) of the patients were continuing their daily life activities as independent according to KATZ Daily Life Activities Scale.

Conclusions: It is confirmed that the patients become more independent; that their health become better; and that their life quality is improved so far as before VAD.

Keywords: Nursing, Heart failure, VAD, Life quality

OP102 The clinical application of a positive psychology intervention program in patients after a cardiovascular operation

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Managing the effect of negative emotions on patients suffering from cardiovascular diseases is a key point of interest for many researches today. Especially, many studies indicate that the negative emotional situations are related with negative outcomes regarding cardiovascular diseases. The symptoms of depression are often (Rudisch & Nemeroff, 2003), persistent and independently related with negative medical results (Barth, Schumacher, & Herrmann-Lingen, 2004. Melle, Jonge, & Spijkerman, 2004). However, despite the efforts to deal with depression in patients with cardiovascular disease, there was no significant improvement regarding their health condition. On the other hand, people who experience more positive emotions, are having less possibilities for a cardiac episode (Davidson, Mostofsky, & Whang, 2010). Many surveys have deduced that the repeated experience of positive emotions is related with lower levels of arterial pressure, cortisol and inflammatory markers (Chida & Steptoe, 2008; Marsland et al., 2008; Steptoe, Dockray, & Wardle, 2009). The purpose of this study is to present an eight week positive psychology intervention program in patients who had experienced a cardiovascular operation and is the first of this kind that took place in this category of patients. The sample was consisted of 12 patients who voluntarily participated in the program and 12 patients who were the control group. All these patients answered twice the following psychometric tools, Depression and Anxiety Stress Scale - DASS 21 (Lyraeos, Arvaniti, Smyrnioti, Kostopanagiotou, 2011), the Positive and Negative Affect Scale (PANAS; Watson, Clark, & Tellegen, 1988), and The Satisfaction with Life Scale (SWLS, Diener et al., 1985, adjusted from Patsiaouras, Mouzakidis, Pappas Xaritonidi, 2003) and the results were significantly promising in order to be used in a larger population.

Key words: positive psychology, cardiovascular disease.

Parallel Sessions

OP103 Qualitative research contemporary perspective of human experience

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The aim of this study is to focus on how qualitative research contributes to explore human experience and to give a contemporary perspective of it. Conservatism, along with science and technology, become potential enemies of the research of human subjectivity (1,2). For a researcher, to overlook the changes of socio-cultural backgrounds and personal and spiritual dimensions of the disease means to adopt an inadequate, superficial approach, which does not access the complexity of human experience and the related meanings (1,3,4,5). Qualitative research looks for forms, relationships, ways of being, going beyond the fragmented vision typical of the scientific enterprise. Starting from the most fragile states of Man, qualitative research searches for perspectives from which understand human life and social-cultural interactions (6). We need a wide, nursing perspective (3), that goes through the stories of those who live the phenomena explored (7) and that allows us to build clinical pathways in which the person can move into full self-determination and creativity.

Keywords: Qualitative research; human experience; self-determination.

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OP104 Perioperative morbidity and mortality in third age ambulatory patients from a Latin American urban set

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Objectives: To describe perioperative outcomes for third age patients who were surgically intervened in a hospital from Bogotá, Colombia.

Methods: Descriptive, retrospective study conducted in a hospital of Bogotá, Colombia. Operative interventions performed between September 2016 and August 2017 were included in this analysis; this data included surgery for ambulatory patients. Deliveries and caesareans were excluded. Readmissions were counted as a different new procedure, which is consistent with other research's methods. Our data set contained records per surgery and were identifiable also by patient, which allowed to do an analysis according to both procedures and subjects. Third age subjects as those having 60 or more years. A codification of the total procedures was performed using the Colombian Unique Health Procedures Classification (*Clasificación Única de Procedimientos en Salud, CUPS*).

Results: 2963 third age patients were surgically intervened during this period, which represented a total of 5198 procedures. This indicates a ratio of 1,7 procedures by patient. 57.5% of the subjects were female and 42.5 % male. The mean age was 73.2 (38.7). 97.5% of the patients were urban residents and 94% had a government subsidized insurance. Complications were reported on 99%. Perioperative death was recorded in 0.84% of the total patients (n=25).

Conclusions: This study aimed to describe outcomes for third age patients who were intervened on an urban Latin American setting. This population is characterized for having a government subsidized insurance, which indicates that they do not have the resources to pay for private health care. The death rate is considered low for this population, which can be explained by the fact that there is lacking data traceability for the patients and deaths are not easily reported after hospital discharge.

Parallel Sessions

PARALLEL SESSION: HAZARDS IN THE OR

OP105 Surgical smoke evacuation, how to accomplish a smoke free work environment

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Background: / objectives: It is shown that there are over 40 potentially harmful chemicals and biological matter in surgical smoke plume [1-2]. Electrosurgery is used every day, which is why we need to be able to sufficiently evacuate surgical smoke from the operating room.

Articles show the consequences of repeated exposure to plume [2]. The level of knowledge on surgical smoke seems to be directly associated with the lack of using smoke evacuators and proper equipment. OR-staff needs further education on this issue.

We created a Toolkit; "How to accomplish a smokefree work environment". We educated the OR-staff in minimizing smoke development and on optimizing smoke evacuation.

The Toolkit contains education in surgical smoke, it's hazards and effects, guidelines, the work environment act, selection of proper equipment, and local recommendations.

Method: Literature review and qualitative interviews[3-4].

Results: With the toolkit implemented in the OR, we saw a high compliance. The smoke development is less, and they choose equipment to match the procedure.

Hurdles to compliance is absent OR-staff, too short teachingsessions and the need for repetition.

Conclusion and perspectives: There is substance to recommend using a guideline to optimise knowledge and awareness for the OR-staff. We recommend education and implementing a guideline for evacuation of surgical smoke plume based on laws, management, safety, and health.

Prevention is better than cure.

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OP106 Relevant complications of surgical smoking in doctors and nurses in operating room clinics

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Objectives: The purpose of the study is to examine the complications of surgical smoke in doctors and nurses working in the operating room.

Methods: A cross-sectional study was conducted with doctors and nurses working in Aydin Adnan Menderes University Operating Room Clinic between 20.06.2018 - 20.07.2018.

Results: The average age of the doctors and nurses participating in the study was 31.79 ± 1.24 (min: 22, max: 53), 62.8% male, 62.8% at the graduate level, 9 years of professional working hours, mean age was 7 years, 25.6% of these employees worked in urology, 18.6% of them were in gynecology and obstetrics, 11.6% in otolaryngology surgery and neurosurgery, 9.3% in brain surgery and anesthesia and 7% was the result of working in the vascular surgery unit. It was stated that 30.2% of the doctors and nurses had cigarette use, 79.1% had no chronic disease, 83.7% were not educated about surgical smoke, and 23.3% of surgical smokers had undergraduate and in-service education.

The doctors and nurses were examined, 46.51% of them had headache, 7% of them were burning in the throat, 18.60% were sneezing, 30.23% were irritable, 14% were cramp, 7% were nausea, rhinitis, 25.58% in eyesight, 9.3% in myalgia, 11.62% in cough, respiratory problems and hair loss symptoms.

Parallel Sessions

The precautions related to surgical smoke, doctors and nurses working in the operating room stated that 67.44% of the patients were smoked with aspiration catheter, 76.74% were surgical masks, 41.86% of aprons and 16.27% of glasses were used. that 83.7% of doctors and nurses thought that these measures for surgical drainage in the operating room were not enough.

Conclusion: According to the results of the research, it is concluded that the measures related to surgical smoke in the operating room are inadequate and that measures regarding surgical smoke complications should be taken.

OP107 Surgical smoke and the evidence conundrum

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Healthcare professionals in the perioperative environment are routinely exposed to surgical smoke, plume, and aerosols produced by instrumentation used to dissect tissue, provide hemostasis, and drill or saw bones. Smoke and aerosol-generating procedures can pose health risks to team members and patients. Several professional organizations such as the Association of perioperative Registered Nurses¹, the Australian College of Operating Room Nurses², the Operating Room Nurses Association of Canada³, and the International Federation of Perioperative Nurses⁴ have specific recommendations and guidelines for evacuation of surgical smoke. Yet barriers to implementation persist and we continue to be challenged on implementation strategies. This session will focus on the strategy to better understand the evidence, the gaps, and how to use existing evidence to build a business case for implementation of an institution wide sustainable surgical smoke evacuation program.

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OP108 Toxic effects of bone cement on the operating room health workers: a systematic review

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Background: Polymethylmethacrylate (PMMA) bone cements are mainly used for implant fixation in joint replacement and dental surgery. During these interventions, the operating room staff is exposed to potentially toxic PMMA fumes, which are known to have toxic side effects.

Aim: Extending and updating the data on this study by inspecting 20 years of researches regarding PMMA used in surgical intervention having toxicity on health workers.

Methods: A systematic search of the literature was performed (to September 1997 to July 2018 in Medline/Embase, PubMed and EBSCO). The keywords were "PMMA", "healthcare workers", "toxicity", "adverse effects", "occupational exposure" and "surgical". Two reviewers independently assessed the quality of the articles and extracted data. The selection criteria specified the English language and the full-text research articles. From 29 articles listed with the corresponding search, 15 were relevant and enrolled for the systematic review.

Results: Most of the researches were about the bone cement blending into the air as it was being prepared and the complications/hazards this could create. The other 8 studies defined the cases reports about healthcare workers. In 15 researches, different bone cement mixing systems have been compared to hand mixing. However, chemical reactions occurred when health workers (orthopedic nurse and doctor, radiology technologist, dentist) were mixing PMMA. Mainly being allergic reactions. Dermal burns, toxicities, nervous system illnesses, headache, drowsiness, nausea, weakness, fatigue, irritability, dizziness, miscarriage and loss of appetite could be seen, reported by 10 studies. Vacuum cement mixing systems have been shown to reduce the risk of airborne PMMA significantly compared to hand mixing. Additionally, laminar airflow (22 air changes per hour) seems to have an influence on lowering PMMA concentrations in operating rooms.

Conclusion: PMMA has always been a continued health problem for orthopedic operating room healthcare workers. Vacuum mixing and laminar airflow could be critical methods of protection.

Parallel Sessions

PARALLEL SESSION: GREEN HANDPRINT TO SAVE THE GLOBE

OP109 Investigation of post-operative waste

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Objective: Surgical waste audit provides the development of waste management policies at national level, in particular for institutions. Within a hospital, operating rooms contribute disproportionately to waste generation. It is estimated that the wastes generated in the operating rooms constitute 20-33% of total hospital wastes. A routine operation in a hospital produces waste more than produced by a family during a week. In this study it is aimed to investigate the post-operative waste.

Method: The study is carried on in operation rooms of an education and research hospital in Izmir. Data is collected in 50 general surgery operations, 55 orthopedic operations and 47 urology operation which were performed during 5 days in September, 2017. The amounts of waste 152 operation produced were examined. Waste was categorized into 5 streams: recyclable waste, medical waste, laundered linens, sharps and blue sterile wrap. After each operation was completed and the patient departed from the operating room, the weight of each waste bag was measured. Number, percentage, mean, minimum, maximum, standard deviation, Kruskal Wallis test, Mann Whitney U test were performed to analyze data by SPSS 16. The permissions of ethics committee and the institution were obtained.

Results: In this study it is found that mean of recyclable waste (included blue wraps) is 1556,68 gr and mean of the medical waste is 1406,32 gr. Totally 47% of waste consisted of medical waste. There was no significant difference when compared the clinics (general surgery, orthopedic and urology) with Kruskal Wallis test according to the rates of produced waste.

Conclusion: When the results of the study compared with the literature, it was found that the waste management processes were carried out effectively. Sustainable waste management strategies may allow operating rooms to reduce the negative impacts of waste production without compromising patient care.

OP110 Exploring factors which influence effective cleaning of the operating theatre environment and equipment

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Objectives:

1. To review existing evidence regarding cleaning processes within the perioperative environment
2. To examine frequently touched objects and how their cleaning might be better
3. To identify how routine cleaning within the operating theatre environment could be improved to reduce the risk of surgical site infection

There are multiple opportunities in a single surgical day for transmission of pathogenic microorganisms within the environment potentially causing surgical site infections (SSIs). SSIs are among the most common healthcare-associated infections (HAI). They are associated with longer post-operative hospital stays, additional surgical procedures, treatment in intensive care units and higher mortality. (1) Perioperative staff have a duty of care and responsibility to ensure that all cleaning practices reduce the chances of infection transmission.

The literature will be examined to show that we are not as good at cleaning as we may think and that in some studies the use of fluorescent marks on a number of frequently touched objects in the Operating Theatre, demonstrated thoroughness of only 25%. Performance feedback enabled efficacy to improve.

There is disagreement around the world regarding the benefits of using detergent or disinfectant to effect the cleaning process. The arguments will be examined. Staff education and training, as well as supervision and audit will be reviewed. Nurses and domestic personnel have responsibilities for cleaning in the perioperative environment - who knows who does what? Equipment is frequently moved into an OR, is it sufficiently cleaned before and after surgery? New technologies and materials are being suggested for environmental cleaning - are they of any value in the perioperative area? The paper will seek answers from existing literature to raise awareness of the many practical problems which surround cleaning operating rooms and equipment.

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Parallel Sessions

OP111 Sustainability in the operating room: the global WE & OUR response to SDG #12

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Despite awareness of global warming in recent years, United States hospitals, and more specifically, The Operating Room, churns out billions of tons of waste every year generating a disproportionately large carbon footprint in relation to the rest of the healthcare environment. Simple, low-cost strategies are proven to have immediate and long-lasting consequences for the good of the people and planet they serve and become a bridge to bigger change that increases the health of everyone while ensuring financial stewardship of resources.

What is sustainable development? One well-known definition stems from the Brundtland Report (CITE) and is as follows:

“**Sustainable development** is **development** that meets the needs of the present without compromising the ability of future generations to meet their own needs.”

Nurses are at the point of contact with a very large patient population and are in a position to recognize and take action on issues relating to sustainability in the environments of practice, especially in high product use areas such as the operating room (International Council of Nurses brochure). Research has shown that when nurses have the support of the nursing leadership, change is most likely to take hold and be sustained (Ball,K). As a whole, and within the specialty of perioperative nursing, we as nurses have a significant role to play as we strive to mitigate the production and product footprint with more sustainable effort and engagement. This presentation will expand beyond the united states to recognize the global efforts of the entire perioperative community and be a call to action for all colleagues to meet the carbon challenge at hand.

OP112 Gloves: myths and reality our hands and their problems

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The use of gloves is a general practice; more in the O.R. their use can produce several reactions in the skin hands.

With this conference I want to discover some myths and show the reality, our diary reality. And of course the principal solutions to our problems.

First, I remember about latex, principal material and most important base material of the gloves, the history, the latex allergy incidence. Why it's necessary to use gloves, the benefits. But actually there are other alternatives with similar benefits but not the incidences.

Second, I speak about the correct use of the gloves: when it's necessary to use, how to use and which kind of gloves.

Third, I speak about the hand care, this is a basic thing, with three steps:

- Hand wash
- Cream use
- Correct gloves use.

The great importance of this care is basic in our life by our job, our work, our nursing care, and us because our hands are the tools of our work.

And in the end but not least important, I speak about the three principal reactions it's happen or can happen when we use gloves (any one):

- Irritant contact dermatitis
- Allergic contact dermatitis or chemical allergic or allergic type IV
- Latex allergic or protein allergic or allergic types I.

In conclusion, the latex is the best substance to obtain a good glove (best protect and comfort quality). The latex gloves are the better, but most of the problem that we have with our hands, it's not a latex's problem. More of them are a consequence of a deficient hand care.

It's necessary that we care our hand, and remember: if we don't care ourselves first, we will not give a good care.

Parallel Sessions

PARALLEL SESSION: DIFFERENT NEEDS FOR DIFFERENT PATIENTS

OP113 Determination of the information and applications for surgical nurses for unplanned perioperative hypothermia care

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There is a risk of developing Unplanned Perioperative Hypothermia (IPH) in 50% to 90% of surgical patients. IPH affects the healing process of patients by causing many complications in patients, increases cost, increases mortality and morbidity. IPH has an important place among nursing interventions, with being one of the most unresolved issues yet. This study was conducted as a descriptive study to determine the knowledge levels and practices of nurses working in surgical clinics for IPH care. The sample of the study was formed by surgical nurses who agreed to participate in the surgery between two universities and two Training Research Hospital (TRH) surgical clinics between August-December 2017. As a data collection tool, “Question Form” created by researchers was used. Data obtained from the study were analyzed using the SPSS 24.0 package program. In evaluating the data; Mann-Whitney U Test and Kruskal-Wallis H Test were used. In our study, it was determined that nurses’ knowledge levels and practices for IPH care were not adequate. It has been determined that a large proportion of those with a hypothermia threshold value point of knowledge did not receive information about IPH, and approximately half of the right nurses (%48,8) received information about IPH (p< 0,05). The IPH total knowledge score of orthopedic and traumatology nurses was found to be statistically significantly lower than general surgery, urology and anesthesia and reanimation nurses (p< 0,05). The rate of nurses with education level license and above is lower than that of nurses who do not apply (p< 0,05). In line with the results obtained in the research; training programs should be organized and clinical practice guidelines should be developed to increase the knowledge levels and application rates of nurses working in surgical clinics for IPH.

OP114 Improving accuracy in calculating estimated blood loss through the use of a standardized approach

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In the perioperative environment, blood loss is an inevitable aspect of most surgical procedures. An accurate measurement of blood loss is essential for recognizing potential life-threatening hemorrhage and the management of blood product replacement. Intraoperative blood loss plays a significant role in predicting surgical outcomes, specifically in regard to patient mortality, which has been shown to increase with blood transfusions (Stahl et al., 2012) In our hospital perioperative setting, the standard of practice used to measure estimated blood loss (EBL) is a combination of visual, gravimetric and direct measurements. In our facility it is the perioperative nurse's role to perform an EBL calculation.

A root-cause analysis was conducted in the operating room that stemmed from an investigation of two sentinel events that determined the EBL calculation is an error prone and labor intensive process. The analysis consisted of observing and interviewing novice and experienced nurses on their opinions of the EBL calculation as well as members of the anesthesia team. The results indicated that the EBL calculation is a labor-intensive process that is also error prone. These findings were corroborated when we observed 30 neurosurgery and spine surgery cases, each case was observed from start to finish and included multiple EBL's taken per surgery. Our objective was to create a standardized and more efficient EBL tool for nurses to utilize in the operating room. With the collaboration of a software engineer and feedback from the staff perioperative nurses, the tool evolved from a simple excel program to a customized computer program that addressed all requirements of the EBL calculation in the perioperative setting, with built-in mathematical formulas.

After the implementation of this new EBL tool, we conducted another set of observations and saw a reduction of errors and a reduction in the amount of time to calculate EBL.

Parallel Session

OP115 On the move with oxygen administration: the great debate

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Background: For years selected patients receiving regional, central blockade with or without sedation, and all post-operative general anaesthesia patients in PACU would receive assisted oxygenation therapy. However, the use of routine oxygen has been under some debate.

Discussion: It was believed that supplemental oxygen would aid in the elimination of anaesthetic gases and help meet increased oxygen demand associated with decreased blood volume or increased cellular metabolism. Recently, the free use of oxygen therapy is questioned as some believe that in patients with normal respiratory function (an oxygen saturation >94% on room air) administration of supplemental oxygen may mask the symptoms of poor respiration function¹. In some cases, this masking has had tragic consequences².

Research also informed us that the effect of assisted oxygen on patients who had ST elevation Myocardial Infarction (STEMI) suggesting that supplemental oxygen therapy may actually be harmful for patients who are not suffering hypoxia³.

In contrast, the WHO has recommended that adult patients who have undergone general anaesthesia with endotracheal intubation for surgical procedures should receive supplemental oxygen at a fraction of inspired oxygen of 80% and, if feasible, that this continue for 2-6 hours postoperatively to reduce the risk of surgical site infections⁴.

Conclusion: This presentation will present research on the advantages and pitfalls of oxygen use in post-operative patients.

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Journal Of Perianesthesia Nursing: Official Journal Of The American Society Of Perianesthesia Nurses. 2013;28(1):21-5.

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OP116 Factors affecting psychosocial adaptation of stoma patients

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Objectives: Stoma may oblige individuals to change their lifestyle. This study was conducted to determine the psychosocial adaptation and the factors affecting of stoma patients.

Method: The study was conducted between September 2017 and June 2018 with 112 patients having at least 4 weeks of stoma past and registered in a stoma therapy unit of a university hospital by random sampling. The data were collected by using a questionnaire and Ostomy Compliance Scale (SAS) that assessed socio-demographic, disease, and stoma care characteristics of the patients. Categorical data were summarized with regards to number, percentage and numerical data were summarized with mean and standard deviation. In the comparison, t-test and Anova tests were used in independent groups

Results: It was determined that 58.9% of the participants were male, 37.5%, between the ages of 51-64, 70.5% of the patients had stoma due to cancer, 42.9% had stoma between 6 months and 1 year and 71.4% had complications due to surgery. The scores obtained from the scale were 2.28 ± 0.30 in total scale, between 1.95 ± 0.84 (anger) -2.45 ± 0.70 (acceptance) in the subscales. Among independent variables were it was found that there were difference between subscale dimensions and age, place of residence and duration of stoma (anger subscale), marital status and childbearing (acceptance subscale), gender (concern-anxiety subscale), experiencing problem in stoma care, hiding stoma presence, (acceptance, concern, anxiety, social adaptation, anger subscales) (p < 0,05).

Conclusions: In conclusion, it has been determined that patients' compliance with stoma is influenced by some characteristics related to their socio-demographic status, disease and stoma care. Particularly, it was found that patients who experienced problems with stoma care, felt sad because of changes in their body, and those who couldn't receive adequate social support had lower level stoma adaptation.

Keywords: Stoma, psychosocial adaptation.

Parallel Session

PARALLEL SESSION: KEEP CONTROL

OP118 To be prepare to mass casualty scenarios - our long term experience

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Mass casualty, practice, debriefing, collaboration.

Rambam health care campus were i'm working as OR department head nurse is the largest level 1 trauma center of the North of Israel. Unfortunately as most hospitals in Israel we have a lot of experience in mass casualty scenarios due to terrorism, wars, huge car accidents, fires etc.

in my presentation, i will try to show from our long term experience how we can be prepared , practicing, learning, managing and drilling all the hospital staff to different scenarios.

Due to the long term experience we have, some conclusions :

There are Ten Commandments for Emergency Preparedness

1. Creating a clear management policy
2. Assigning high proficiency qualified key persons
3. Creating a multidisciplinary management team: Physician, nurse and administrator, with the notion that there is only one manager
4. Emergency activities are similar as possible to routine level
5. Using an assignment method for treating casualties - one physician, two nurses per sever patient etc.
6. Using clear and elaborated checklists as the basis for emergency activities
7. Training and drills are a solid basis for knowledge
8. Maintaining high materials and infrastructure availability and stocks
9. Providing accessible communication channels
10. Using debriefing as the basis for organizational learning and quality improvement

The ministry of health and hospital managers adjustments of priorities after second Lebanon war in 2006 were that we need:

- Protected emergency department
- Dual purpose, fully protected hospital (against conventional & non-conventional weapons) - 2000 hospital beds in the new underground parking lot.

Now have in our campus:

2006- fully protected OR department

2009 - fully protected new ER

2012- fully protected 2000 bed underground hospital including 4 OR rooms- the biggest one in Europe.

Medical and logistical teams from all over the world arriving to our hospital to learn and to see the underground hospital.

OP120 Polishing our clinical gems: staff orientation and retention strategies for the contemporary perioperative educators

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Objectives: The purpose of this activity is to provide information to perioperative educators which will enable them to improve staff retention through effective on-boarding and orientation strategies while pursuing personal professional development.

Methods: Novice or expert, every perioperative clinical nurse educator (CNE) dreams of upgrading their institution's new staff orientation program, building a strong perioperative team while also aiming for continuous professional development. However, nursing staff retention issues and frequent turnover continuously challenge the CNE. With turnover costs ranging from \$22,000 to \$60,000 per RN, not only is frequent turnover a financial burden, it also contributes to low staff morale. The greatest losers however are the patients. Habitual nursing turnover can pose a serious threat to patient safety. This presentation will outline the unique journey of a department of neurological surgery's nurse educator in developing

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the competencies of new perioperative nurses in a level 1 trauma teaching institution in the US with the goals of improving staff retention rates and building key personal perioperative educator skills.

Results: After three years of implementation of effective on boarding and orientation strategies the nurse educator has significantly improve staff retention rate while pursuing personal development and enhancing professional educator skills.

Conclusion: From a unit with staffing retention difficulties and composed of 26% staff traveler last 2015, the Department of Neurological Surgery's new staff retention rate improved to 100% while the traveler staff utilization rate was reduced to 0% - 6.67% yearly since fiscal year 2016 in an extremely competitive Texas Medical Center Area.

Guided Poster Walk

GUIDED POSTER WALK 1

eP001 Major spine surgery: A check-list for intraoperative phase

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Background and objectives: The purpose of the assignment was to produce a check-list for intraoperative phase of major spine operations in the perioperative unit of Central Finland's Central Hospital. "Patient first" is in the heart of hospital's strategy. The goal of the check-list is to smoothen the perioperative process, minimize the complications and surgical site infections, enhance the perioperative team's communication, which all improve the patient safety. The Johari window and ISBAR were used as a theoretical frame and evaluation tool.

Methods: The draft of the check-list was created by theoretical framework and practical experiences of the subject. The prototype was tested by the anesthetic nurses and the scrub nurses in six spine operations. The check-list was revised according to the feedback.

Results: As a result, detailed check-list for major spine operations were created. Major spine operations in the hospital are lumbar interbody fusions, decompression operations of elderly patients, spinal traumas and adult deformities. The new check-list include sign in, time out and sign out -phases with more detailed criteria than the previous one. The more specific check-list aims for standardized actions, which enhance patient safety and wellbeing of the staff. It also enables the further development of the perioperative practice.

Conclusions: The utilization of the check-list will hopefully enhance common practices, which lead to safe and homogenous care for all patients. Standardized practices are also cost efficient and the well-functioning team is also better for the patient.

eP003 Current practice and swedish OR nurses peri-operative routines regarding saphenous vein harvesting during coronary artery bypass surgery

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Objectives: To determine current practice and peri-operative routines regarding saphenous vein harvesting in connection to coronary artery bypass surgery.

Methods: A prospective survey was carried out among the 119 OR nurses currently working at the eight departments of cardio-thoracic surgery in Sweden. Responses from all hospitals were received and the total response rate was 62/119 (52%).

Results: The majority of the OR nurses reported that perioperative skin disinfection was performed by an OR nurse (87 %) and that the skin was disinfected for about 3-5 minutes (58%). All Swedish departments of cardio-thoracic surgery used Chlorhexidine 5 mg/ml in 70% ethanol and 62 % of the hospitals used tinted Chlorhexidine. Incision film or InteguSeal, to prevent bacterial contamination in the wound, was hardly ever used on the leg (2% vs 6%). Seventy percent of the OR nurses answered that the leg was disinfected with Chlorhexidine once again before the dressing was applied. Most often an OR nurse applied the dressing. About half of them used a semi-permeable film dressing. Regarding feed-back on incidence of wound infections, 45% reported that they never received feed-back, 37% sometimes and 18 % reported that they received feed-back on a regular basis.

Conclusions: Overall, the clinical routines for skin preparation and infection control is in Swedish thoracic departments are concordant. The Swedish OR nurses are responsible for many infection control measures including the maintenance of an aseptic environment. However, routines for feed-back and follow up on the infection incidence can be improved.

Guided Poster Walks

eP004 The effect of cold therapy applied to the incision area after abdominal surgery on postoperative pain and analgesic use

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Imu Göztepe Eah, Istanbul, Turkey

This is a controlled and experimental research planned study is made to analyze cold therapy applied to the incision area after abdominal surgery was the effect on postoperative pain and analgesic use. Sample for the research was made up 60 patients who had abdominal surgery and who are in conformity with the research criteria and accepted to participate in the research. Data was collected through Patient Information Form and Visual Analogue Scale and will be saved in Pain Assessment Form and Vital Signs Recording Form. Cold therapy was applied to the study group patients' incision area for 20 minutes after the abdominal surgery, the patients in the control group were left in the service routine. In the research, there were no statistically significant difference between the study and control groups in the VAS pain measurements performed at the postoperative 1 st hour ($p > 0,05$). In the study group, there was a statistically significant difference between pretreatment and posttreatment 2nd and 8th hours VAS pain level ($p = 0.001$). There was no statistically significant difference in VAS pain level at the pretreatment 1st, 2nd and 8th hours in the study group ($p > 0,05$). There was not advanced significant decrease in the control group ($p = 0.024$), while there was an advanced significant decrease in the pain level from the posttreatment 1 st hour to the 8th hour in the study group ($p = 0.001$). There was no statistically significant difference between the study and control groups VAS pain measurements of the patients according to the analgesic used in ($p > 0,05$). Consequently, it was determined that the cold therapy is an effective and safe method of decreased the severity of acute pain in the first 8 hours after abdominal surgery but did not have a statistically significant effect on the analgesic use.

eP005 Non-pharmacological interventions to reduce anxiety in patients undergoing conscious surgery

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Introduction: In the orthopedic operating theater at Bispebjerg Hospital approximately 5600 patients annually undergo surgery due to suffering in bones, joints and muscles. Accelerated patient flow has led to an increasing amount of surgical procedures being performed under local or regional anesthesia. As a consequence, the patient is exposed to anxiety-inducing sounds and visible impacts from the operating environment for a longer period of time.

Anxiety is common amongst surgery patients and a review estimates the prevalence to be between 21-77%. Anxiety can cause tachycardia, an increase in blood pressure, nausea and clammy sweating. Furthermore, the patient can feel increased sensitivity regarding touch, sound and smell prior to surgery. This physiological stress response may complicate postoperative progress, the immune system becomes suppressed and there is an increase in both the need for analgesics and the risk of chronic pain.

Aim: To examine the effect of non-pharmacological interventions on anxiety experienced in patients undergoing conscious surgery.

Methods: From October 2017 until May 2018 the database PubMed was reviewed for randomized controlled trials with anxiety in not critically ill adults undergoing conscious surgery as a primary outcome.

Results: The three studies included examined preoperative multimedia information and simple intraoperative distraction interventions such as music, DVD, stress balls, interacting with nurses and Bedscapes.

Conclusion: Research in the area seems insufficient and all included studies showed limitations in terms of either the design of the intervention, the population examined or the use of measuring tools. However, the studies also indicates some positive effects as a consequence of interaction with nurses, by way of a distraction technique, and preoperative multimedia information. Music and Bedscapes showed no effect and the effect of DVD and stress balls were not clearly evident.

Guided Poster Walks

eP006 Charge nurse - What is that function?

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Background: During the last two years, the nursing service adopted care coordination as a new model of care. Accordingly, a number of organizational and procedural changes were made in the OR. The most significant change was the transfer of some of the responsibilities from the Charge Nurse (CN) to the OR nurse care coordinator (NCC): assignment of patients from the wards to the OR and recruiting other professionals that might fulfill a critical role in the operation etc. There was a need to determine the role of the CN in relation to that of the NCC.

Purposes:

- To minimize the variance in fulfilling the position of CN.
- To enhance the CN's confidence in performing the role

Method: A survey was performed using a 78 items questionnaire before and after the intervention in order to evaluation the preferences of the staff, in regard to the CN's position and responsibilities, performances, existence/lack of appropriate skills to complete the role tasks.

Intervention:

1. The OR CN's role in every shift was defined.
2. A form for CN use in shift change was developed.
3. Written debriefings for different task were developed.
4. All the debriefings and organizational regulations were collected into one file.
5. All the CN's went through personal training .

Results: The results showed improvement in:

- Perception of CN's responsibilities surrounding delegating of staff (21%), performance control of CNN (29%) and Updating in OR activities (29%).
- Frequency of supervision in the OR by the CN (32%) and feedback given by the CN (23 %).
- CNs feeling of confidence dealing with absence, logistical errors and ability to provide constructive feedback to subordinates (25%).

Conclusions: Determining the role of the CN and providing operational tools, improved significantly the status of CN and enhanced her behavior during the shift.

eP007 Correlation of support surfaces with regard to the occurrence of pressure injures in the surgical patient.

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Objective: To correlate the support surfaces used in the surgical positioning with the occurrence of pressure injures resulting from this practice.

Method: exploratory, descriptive, retrospective study of correlation with patients of a large, private philanthropic hospital in São Paulo - Brazil. We evaluated 145 patients from a database of a previous study on positioning lesions. Inclusion criteria were elective adult surgical patients admitted to the preoperative and day clinic from 6 to 7 pm, who spontaneously agreed to participate in the study. Were excluded pediatric patients, adults from other hospitalization units, and who did not use a support surface for surgical positioning. The previous project was approved by CEPIEPHSL 1.935.424, with the objective of evaluating the occurrence of skin lesions due to the surgical positioning, the patients were approached in the preoperative period, the skin evaluation was performed, were collected the antecedents, type of positioning and surfaces used, and a new evaluation of the skin in the postoperative period. Data were analyzed using Pearson's statistical correlation test.

Results: the procedures were small, medium and large, different specialties and the support surfaces used were viscoelastic, pyramidal foam, adhesive dressing, vacuum mattress, cotton cloth field and pillow, in some procedures there was a combination of more a surface. The occurrence of lesions by positioning was observed in five patients. The correlation tests were significant for viscoelastic ($p 0.003$), pyramidal foam ($p 0.024$), adhesive dressing ($p 0.055$) and pillow ($p 0.003$).

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Conclusion: the low incidence of lesions by positioning in this sample shows the importance of the use of support surfaces as a prevention method, the significant values of the correlation reinforce the potentiality of these surfaces in the prevention of pressure lesions in the surgical positioning.

eP008 Improving the form of questioning patients on drug sensitivity

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Hasharon Hospital, Petach Tekva, Israel

Introduction: A case of a patient who received a drug intravenously, went into anaphylactic shock and was later found to be sensitive to that drug.

Objective of the study: To improve the quality of sensitivity questioning among practitioners and to empower the patient to initiate reports on sensitivity.

Background: Side effects and drug allergy are extremely frequent problems, occurring in 10-20% of inpatients and approximately 7% of the general population.

A questionnaire distributed among the medical team found that only 73% of respondents use the question "Are you sensitive to medications?"

56% of respondents do not ask about a specific drug to be administered during the treatment.

Method:

- Changing the form of the question on sensitivity in anesthesiology forms - questioning in several forms, including an explanation on the content of the question
- A specific question on drugs that will surely be administered during an intervention.
- Preparing special signs emphasizing the importance of providing information on drug sensitivity.

Findings: An 80% increase was observed among responders using the question: "Are you sensitive to medications?" 100% of respondents ask about a specific drug that is expected to be administered.

Conclusions and recommendations:

- Instruct departments to give the training sessions in the patient's native language.
- Add a paragraph on the importance of reporting sensitivity to patient information sheets.
- Expand the process in other hospitals.

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eP009 Decrease of decubitus complication by vacuum mattress in time consuming surgical operations

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Objectives: To analyze the incidence of acute kidney injury (AKI) and pressure ulcers (PU) after time consuming surgical operations such as modified neck lymph node dissections (MNLND) due to thyroid cancer and the usefulness of a vacuum mattress in the reduction of these rates.

Methods: Observational retrospective cohort study among patients undergoing MNLND, with or without associated thyroidectomy during the period 2010-2018. Patients with previous kidney disease were excluded. The PU rate, Creatine Phosphokinase (CPK) and AKI values in the postoperative period, have been compared. The appearance of PU has been determined through observations in evolution and hospital discharge reports. AKI is defined as a postoperatively glomerular filtration (GF) value under 60ml/min/1.73m². GF has been calculated by MDRD-4 criterion. A bivariate analysis was performed, calculating the chi-square statistic of Pearson for qualitative variables, and t of Student or Mann-Whitney for numerical ones

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Results: 109 patients underwent MNLND and were included. 41 of them were men (37.6%) and 68 women (62.4%); with an average age of 49.73+/-16.42 years. In 44 patients the vacuum mattress was used (Intervention group), while 65 were operated without this device (Control group). Postoperative CPK values were higher in the CG, with median values of 2470 mg/dL vs 434 mg/dL in the IG (p < 0.001). The percentage of PU was lower in the IG (4.5% vs 15.4%), although without reaching statistical significance. In the CG postoperative AKI incidence was 4 cases of 27 patients (14,8%) while there was 1 case (3%) in the IG in the 33 patient with available creatine values, operated with vacuum mattress. Nevertheless there was no statistical significance for this result.

Conclusions: The use of vacuum mattress for positioning surgical patients supposes an increase in safety regarding the decrease of UP and a lower incidence of acute kidney injury due to rhabdomyolysis.

GUIDED POSTER WALK 2

eP010 Cardiac arrest caused by trauma

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The emergency care in a country is affected by the developments made in the society and in the world. Trauma care is a complex composition of the technical possibilities and necessities. It is carried by a significant organization and system to protect sensitive information, taking into account ethical reasoning and comply with laws and guidelines. The aim of the present study was to investigate important factors for Operation room nurses (OR- nurses) and nurse anesthetists, while working with patients who have suffered from cardiac arrest by trauma, according to nursing- and patient safety perspective.

A qualitative method was used in this study. The data collection was made by individual interviews, conducted with eighteen OR- nurses and nurse anesthetists. The interviews were transcribed verbatim from the interviews that were digitally recorded, and qualitative content analysis was used to analyze the transcribed interviews.

The result showed OR-nurses and nurse anesthetists competencies and areas that was considered important for patients who suffer from cardiac arrest caused by trauma. These competences and areas resulted in six main categories: team, politics and procedures, training and acquisition of knowledge, leadership, flexibility and communication.

The conclusion was that all members of the traumateam have their specific role with their professional skills and function. These vocational professions are necessary for the safety treatment of patients exposed to trauma. Furthermore the conclusion was that the nurses also showed several key factors that are important for patient safety in connection with the care of patients who have suffered cardiac arrest caused by trauma. This study also shows that leadership in trauma care should be given a distinct position to increase patient safety during treatment of patients with cardiac arrest caused by trauma.

Key words: communication, team-training, traumatic cardiac arrest, leadership, patient safety.

eP011 How to keep your head when all around you are losing there's. Resilience skills. Can we learn them?

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Resilience is a concept that refers to an individual's ability to bounce back or positively respond to adversity. Psychological characteristics of resilience that can be learned include positive coping skills, engaging the support of others, optimism, humour, and cognitive restructuring (Mealer et al, 2014)

Resilience is changeable. The encouragement of positive thoughts could ensure people are not as predisposed to depression. Grafton et al (2010) advise that if nurses are to be retained in stressful practice areas they must control their reactions to predictable stress. Resilience may reduce the incidences of compassion fatigue, stress and burnout, and enable them to participate in therapeutic relationships. The concept that resilience is an inborn resource fosters understanding that this important stress-management resource is potentially available to every individual.

The need to build nurses resilience was highlighted as part of Nursing Standard's Care campaign. (Gray, 2012).

Resilience is a vital skill that nurses requires which will enable them to reflect on their experiences and develop stress coping tactics (McAllister, 2013). Schulte (2013) state that healthcare organisations needed to develop resilience in their leaders

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in order to inspire the people working within them. She suggests that resilience breeds resilience. The author advises that recognising the benefit of resilience may help reduce nurse's stress and illness associated with stress. Resilience may reduce attrition and improve retention of much needed nurses. It is important to consider it is an innate quality that can be nurtured. The author who is an experienced perioperative nurse and is currently undertaking a doctorate in Stress has designed strategies to develop resilience. These are based on her experience, observation and extensive reading.

The strategy known as the (OSPCS) strategy include:

- Ø Optimism cultivation
- Ø Shift the focus/Flip the thought
- Ø Process difficult feelings
- Ø Connect
- Ø Self-awareness

eP012 Safety culture among health workers in pediatric operating rooms, Athens, Greece: an assessment through Safety Attitudes Questionnaire (SAQ)

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Objectives: We aimed at applying the Safety Attitudes Questionnaire (SAQ) in order to assess safety culture in operating rooms at Greek children's hospitals.

Methods: Operating room professionals working at children's hospitals (n=3) in Athens, Greece were invited to self-complete the SAQ between May and June 2018. The 30-item Greek version of the SAQ consisted of six domains: "teamwork climate", "safety climate", "job satisfaction", "stress recognition", "perceptions of management", "working conditions". The respondents rated their agreement with each item using the following 5-point Likert scale (1, disagree strongly; 2, disagree slightly; 3, neutral; 4, agree slightly; 5, agree strongly). Subsequently, the scale was converted to a 0 to 100 scale, such that disagree strongly becomes 0, disagree slightly becomes 25, neutral becomes 50, agree slightly becomes 75, and agree strongly becomes 100. Ethical issues were addressed.

Results: Out of a total of 252 operating room professionals, 181 (72%) fully completed the SAQ. Their median age was 47; their median work experience in pediatric operating rooms was 14 years. Cronbach's alpha was excellent of 0.87. The mean scores of the SAQ domains were as follows: "teamwork climate" score=66/100 (moderate); "safety climate" score=61/100 (satisfactory); "job satisfaction" score=72/100 (high); "stress recognition" score=61/100 (raised); "perceptions of management"=28/100 (poor); "working conditions" score=61/100 (satisfactory).

Conclusions: To our best knowledge, this the first study to evaluate safety culture in Greek pediatric operating rooms. SAQ proved to be a reliable tool for measuring safety culture in the aforementioned settings. In this study, operating room health professionals seemed to be highly satisfied with their job and considered that safety climate at workplace was satisfactory. However, they displayed a poor attitude towards management. This highlighted the need for a leadership that would implement organizational change in order to improve safety culture in children's hospitals operating rooms.

eP013 The effect of a new perioperative practice model on patient, nursing and organizational outcomes

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Background: Anxiety, fear and pain are known to weaken and delay patients' recovery from surgery. In a previous pilot study, a new perioperative practice model was tested where the one and same anesthesia nurse took care of the patient during the entire perioperative process and visited the patient the next day after surgery.

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Objectives: To explore the effect of a new perioperative practice model on patient outcomes (satisfaction, surgery-related anxiety, and health-related quality of life), nursing outcomes (organizational engagement) and organizational outcomes (timeline of surgical care process).

Methods: A longitudinal untreated control group design with pre- and post-tests. The randomized patient sampling (n=490) included voluntary adults undergoing hip or knee arthroplasty. Patient data collection: by **1**) The Good Perioperative Nursing Care Scale **2**) 15D; a generic, 15-dimensional, self-administered instrument for measuring health-related quality of life among adults and **3**) STAI, State-Trait Anxiety Inventory; a definitive instrument for measuring anxiety in adults. Personnel data collection: by Nurse Engagement Survey (© Global Centre for Nursing Executives). The surgical care process data included various time stamps from the OR Management System and the Hospital Information System.

Results: 15D dimensions of moving, vitality and usual activities improved in all. The dimensions of discomfort and symptoms and distress diminished. The improvements in the intervention group were larger but not statistically significant compared to the control group. In both groups the surgery-related anxiety diminished significantly. The change was larger but not statistically significant in the intervention group. Female patients gained more from the intervention than male patients. The time in the recovery room diminished in the intervention group compared to the control group. The final results will be published in the near future.

Conclusions: The effect of the intervention could not be proved although the differences were larger in the intervention group.

eP014 Is WHO surgical safety checklist always applied as intended?

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Objectives: The study was carried out to determine the attitudes and thoughts of surgery team members toward implementing safe surgery checklists.

Methods: This descriptive and cross-sectional study was performed with 78 surgical team members from 20 different countries. Data was collected using a "Characteristics Form" and "SSC Implementation Questionnaire" via the internet between September 2017 and December 2018. Ethics approval was obtained from the University Ethics Committee.

Results: The majority of the participants were nurses (94.9%), working at university hospital (48.7%), having an average of 19.40 years 311.04 (min:1, max:42) of operating room experience. It was determined that 78.2% of the participants were trained for SSC; half of them (45.9%) received the education from their institutional orientation program. Whereas 57.7% of the surgical team members stated that WHO Surgical Safety Checklist has been modified by their institutes, of those 72.4% mentioned that they used it with the same name. Whereas 89.8% of participants believed that SSC improve patient safety, only half of them (46.1%) mentioned that SSC was used in the operating room correctly. In addition, the proper implementation of SSC varied depending on the surgery being urgent or planned or the attitudes of surgery team about how to fill in the checklist (44.8%). According to most of the participants (70.5%) the time allocated for the implementation of the SSC was not sufficient. The most common barrier to allocate sufficient time when using SSC was that the person who completed the items was also the person who should make preparations for the surgery (30.7%).

Conclusion: It is needed to improve patient safety culture in operating rooms. So, the hospitals should organize some development programs for the surgical team members to improve SSC awareness and to increase its usage.

Guided Poster Walks

eP016 Change in the strategy of intake young practitioners as a key to success in recruiting and retaining practitioners

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Introduction: In recent years, there has been massive recruiting of **young practitioners** with no operating theater training. The intake process is long and dynamic and requires skilled teams and clinical instructors. We at Hasharon Hospital found ourselves in situations where, after all our investment, the young practitioners simply leave their jobs before their training is complete. We therefore decided to change the intake process, to focus it on unskilled **young practitioners**, and to provide them with tools for self-evaluation and self-empowerment, while conferring professional know-how in various ways.

Background: In a survey by the Australian firm of McCrindle Research, 78.9% said that development and training were critical for them. 89.6% of the Generation Y subjects in the survey said that, if they received regular training from their employer, it would give them an incentive to stay with the organization longer.

An additional survey revealed that 74% of Generation Y believe that the future success depends on skill development. Young operating room practitioners at Hasharon Hospital are dissatisfied with operating theater work, resulting in a high dropout rate in 2015-2016.

Method: Building a new intake program characterized by a change of attitude toward **young practitioners** and **investment** in them according to their individual abilities, level of curiosity and rate of progress, including one-on-one “dry run” practice sessions, simulations, workshops, etc.

Raising young practitioners’ satisfaction levels.

Raising the percentage of young practitioners recruited to the operating room.

Findings: The dropout percentage decreased by 45% in 2017-2018, relative to 2015-2016.

Recommendations: When teaching operating room skills, the focus must be on young practitioners.

Building an intake program individually adapted to students’ rate of progress and curiosity and the dynamics of the operating room.

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eP017 Improving the working process with sterile supplies english

Haj Yahya, Marwan

Hasharon, Petach Tekva, Israel

Introduction: Due to the large number of reports in the system of near-error incidents related to sterile supplies, it was decided to develop a training program on the subject.

Objective of the study: To improve the working process between Sterile Supplies and the operating theater.

To estimate and reduce the number of reports on problems with Sterile Supplies.

Background: A review of the literature indicates an especially large number of near-errors in operating theaters, and among these, a relatively high proportion of near-errors involving Sterile Supplies.

In the operating theater at Hasharon Hospital, 44 incidents were reported in the system in 2016 and 31 in 2017. Frequent types of problems include:

- Contents inappropriate to type of kit: 28%
- Equipment items missing in kit: 25%
- Superfluous equipment items in kit: 13%

Method:

- Building a presentation on the subject, including a description of common and existing problems with Sterile Supplies.
- Instruction and training of Sterile Supplies staff in the operating theater.
- Allocating a skilled training team in the operating theater to carry out the task.
- Monthly control and monitoring of the number of problems after implementing the program.

Findings: The number of reports dropped significantly, to 19 incidents reported in 2018.

Conclusions and recommendations: Expand the process to additional operating theater sites on campus.

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eP018 The workflow of the gastric bypass patient in the operating room

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Objectives: The objective of the study was to increase the quality of the gastric bypass patient workflow in the Operation room (OR).

Methods: The foundation of the study was inspired by the theory Relational Coordination (RC) developed by Jody Gittel. RC is a theory of organizational performance which proposes that highly interdependent work is most effectively coordinated by frontline workers. In the theory it is stressed that through relationships of shared goals, shared knowledge and mutual respect quality, patient safety and job satisfaction is achieved.

The study had three perspectives the practice-, the explorative- and the theoretical perspective.

Initial we took the practice perspective by visiting a Hospital in Rotterdam. We learned of their way to improve the quality of the gastric bypass patient workflow in the OR. In the second phase we took the theoretical perspective and developed a study protocol. In the third phase we implemented, tested and evaluated the use of the protocol using Sarah Fraises ‘Dissemination of good practices’.

Results: The outcome of this study was that RC was a very appropriate theory that gave us a framework for increasing the quality of the gastric bypass patient workflow. We experienced a positive impact on the well-being of employee and their job satisfaction. We found that it is very important that everyone in the OR team become aware of the distribution of the tasks in the OR and how we can help each other to solve these tasks for the benefit of the patient.

Conclusions: We found that the interdisciplinary relationships had a positive impact in our daily practice in the OR team. Furthermore we found that the sense of meaningfulness is a crucial element changing a practice, increasing the quality of the gastric bypass patient workflow.

eP019 Care burden associated with sternal wound surgical site infections after coronary artery bypass graft

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Objectives: Despite almost ubiquitous use of antibiotic prophylaxis, surgical site infections following coronary artery bypass graft (CABG) still impact approximately one in 20 patients in the EU. Most concerning are sternal wound infections (SWIs) either superficial or deep as their occurrence increases patient length of hospital stay and readmissions. The EU-wide care burden of SWIs following CABG procedures remains to be quantified.

Methods: National surveillance data and peer-reviewed publications were searched for information regarding CABG and SWIs rates in EU countries. Key parameters were: CABG procedures per year, SWI rate, ratio of superficial to deep SWIs, length of stay, hospital time to treat SWIs, and the Euro-cost per day of intensive care unit (ICU) and general ward. As not every parameter was reported for each country, proxy values were used based on data from other EU countries. A published Markov model was adapted to estimate the yearly burden of SWIs after CABG procedures.

Results: From the EU28, sufficient data were identified in Austria, Denmark, France, Germany, Italy, Netherlands, Portugal, Spain, Sweden, and United Kingdom (72.8% of the EU28 population). Rates of CABG procedures ranged from 17.86 to 64.75 per 100,000 population, while 2.4% to 10.4% of CABG patients were subsequently affected by SWIs. For these 10 countries, sternal wound infections following CABG cost €96.92 million per year, resulting from an additional 15,172 ICU days, 79,522 general ward days, and 3,392 readmissions. A 1%-point reduction in the 30-day SWI rate would result in savings of €18.03 million and 24,684 bed days.

For the EU28, extrapolation estimated the overall SWI burden following CABG at €117.59 million per year.

Conclusions: Superficial and deep SWIs after CABG procedures come at considerable cost to healthcare providers. An SWI reduction of 1% at 30-days could substantially reduce bed occupancy, freeing up resources and saving costs.

ePOSTERS

eP021 The effect of night sleep characteristics before breast surgery on postoperative painTaşdemir, Feyza¹, Tasdemir, Nurten²¹Bülent Ecevit University, Health Science Institute, Zonguldak, Turkey, ²Bülent Ecevit University Health Sciences Faculty, Zonguldak, Turkey

This research was conducted to examine the relationship between the sleep characteristics of patients prior to night before breast surgery and postoperative pain.

The research was carried out between May 2016 and May 2017 at a Health Research and Application Centre general surgery clinic. The sample, it comprised randomly selected 30 patients who had been having breast surgery, who could maintain communication and who agreed to participate to the study. Prior to the implementation, written consent of Bülent Ecevit University Clinic Research Ethics Committee and Bülent Ecevit University Health Research and Application Centre's Management was obtained.

The data were collected via face-to-face interviews and by means of Data Collection Form Pittsburgh Sleep Quality Index and Brief Pain Inventory. Data related to sleep collected by actigraphy method. Evaluation of the data is presented in frequencies and percentages, continuous variables with mean and standard deviation in descriptive statistics for categorical variables. The relationship between continuous variables with not normal distribution examined, partial correlation analysis and Spearman Correlation analysis.

The patients' Pittsburgh Sleep Quality Index mean score was found 3.7031.57, sleep efficiency (%) average was found 87.9733.35, bed time average was found 228389.05 minutes (3 hour 48 minutes 31 hour 29 minutes), sleep time average was found 1993 85.36 minutes (3 hour 19 minutes 31 hour 25 minutes) the night before surgery. There was not statistically significant relationship between patients' sleep efficiency, bed time, sleep time and postoperative pain scores. As a result, it was found that there is not relationship between the level of postoperative pain and sleep characteristics the night before breast surgery.

eP022 Relationship between burn patients' quality of life and caregivers' burden and quality of life

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Objective: To assess the relationship between the quality of life of burn patients and the quality of life and burden of family member caregivers.

Method: The study was conducted between October 2015 and January 2016 in the central districts of Ankara. Thirty burn patients who had been treated and discharged and 30 relatives who provided home care for patients participated in the study. Several instruments were used to collect data: a personal information form developed for the burn patient, the Burn Specific Health Scale (BSHS), a personal information form developed for the caregivers, the World Health Organization Quality of Life Scale -Brief (WHOQOL-BREF) and the Zarit Caregiver Burden Interview (ZCBI).

Results: The caregivers' mean quality of life scores obtained from The WHOQOLBREF were 72.6 in the physical health domain, 68.2 in the psychological health domain, 63.7 in the social health domain, and 56.3 in the environmental health domain. The ZCBI mean score was 26.6. The increase in the burn patient's quality of life was found to reduce the caregiving burden, while it affected the caregiver's quality of life in the physical environment negatively. Our study results found that the more time that passed since caregivers had begun caring for the burn patient, the fewer difficulties they encountered.

Conclusion: The relationship between burn patients' quality of life and that of caregivers was examined. Findings revealed that when the burn patient is discharged from the hospital, caregivers should be fully informed about the burn injuries, the projected healing process, and the burn's possible effects on the individual. Furthermore, support visits by the professional medical team should be organized for the burn patients while they are receiving care at home from family members.

eP023 Investigation of eating behaviours in bariatric surgery candidatesUsta, Esra^{1,2}, Aygin, Dilek³, Pehlivan, Mevlüt⁴¹Düzce University Vocational School of Health, Department of Elderly Care, Düzce, Turkey, ²Sakarya University Institute of Health Sciences, Department of Nursing, Sakarya, Turkey, ³Sakarya University Faculty of Health Sciences, Department of Nursing, Sakarya, Turkey, ⁴Düzce University Faculty of Medicine, Department of General Surgery, Düzce, Turkey

Aim: In this study, it was aimed to investigate eating behaviours in the bariatric surgery candidates.

Method: This study was performed with 53 patients who applied to a university hospital for bariatric surgery between March and December 2017. Data from descriptive study were collected with Patient Information Form and Eating Disorder Examination Questionnaire (EDE-Q). The EDE-Q consists of 5 subscales (Restraint, Binge Eating, Eating Concern, Weight Concern, and Shape Concern) and total score.

Results: The mean age of patients was 36.27 ± 11.33, 73.6% were female and 69.8% had high school education levels. 45.3% of the patients had one or more chronic illnesses and 11.3% had a history of psychiatric illness. The mean Body Mass Index (BMI) of the sample was 45.52 ± 5.28. The mean EDE-Q total score was 3.45 ± 1.02, the restraint score was 2.48 ± 1.51, eating concern score was 2.64 ± 1.52, shape concern score was 4.59 ± 0.10, the weight concern score was 4.18 ± 1.14. It was noted that EDE-Q total and subscale scores were not affected by age, working status, marital status, income level, education level, presence of chronic disease, occurrence of obese person in the family and BMI (p>0.05). The total scores of EDE-Q (p = 0.012), eating concern score (p = 0.004) and weight concern score (p = 0.036) of females were significantly higher than males (p< 0.05). The restriction score of those with psychiatric illness stories (p = 0.019), shape concern score of those with weak or normal birth weight (p = 0.046), EDE-Q total score (p=0.017), eating concern score (p=0.014) and weight concern score (p=0.010) of those who were weak or normal weight in childhood were significantly higher (p< 0.05).

Conclusion: Our results showed that eating patterns in bariatric candidates were impaired.

eP024 Relationship between serum vitamin D level and health-related quality of life (HRQOL) in bariatric surgery candidatesUsta, Esra^{1,2}, Aygin, Dilek³, Pehlivan, Mevlüt⁴¹Düzce University Vocational School of Health, Department of Elderly Care, Düzce, Turkey, ²Sakarya University Institute of Health Sciences, Department of Nursing, Sakarya, Turkey, ³Sakarya University Faculty of Health Sciences, Department of Nursing, Sakarya, Turkey, ⁴Düzce University Faculty of Medicine, Department of General Surgery, Düzce, Turkey

Aim: In this study, it was aimed to investigate the effect of serum vitamin D level in HRQOL of the bariatric surgery candidates.

Method: This study was performed with 58 patients who applied to a university hospital for bariatric surgery between March 2017 and February 2018. Data from analytical study were collected with the patient information form and Short-Form Health Survey (SF-36). Patients were divided into three groups; 25(OH)D level< 20ng/ml regarded as vitamin D deficiency, 20-29 ng/ml as a vitamin D insufficiency, >30 ng/ml as normal.

Results: The mean age of patients was 36,6531,33, 74.1% were female, 69.8% were married. 48.3% of the patients had one or more chronic illnesses and 10.3% had a history of psychiatric illness. It was determined that 44.8% of cases had vitamin D deficiency, 32.8% of cases had vitamin D insufficiency and 22.42% of cases had normal vitamin D status. The mean BMI of the sample was 45,5235,28. The mental dimension score averaged 58.86 ± 19.67, the physical dimension score averaged 52.40 ± 19.68. The physical role limitation subscale score (p=0.017), pain subscale score (p=0.007) and physical dimension score (p=0.007) of the group with normal vitamin D levels were significantly higher than the group with vitamin D deficiency. It was noted that levels of 25(OH)D were not affected by age, gender, BMI and presence of chronic disease. The mental dimension score of males (p=0.002), those without chronic disease (p=0.017) and those without psychiatric illness stories (p= 0.018) were significantly higher. Also, as a result of the correlation analysis, it was determined that there was a negative correlation between the BMI and Physical Function subscale average (p < 0.01).

Conclusion: Our results showed that lack of Vitamin D in obese patients had negative effects in the physical role limitation, pain and physical areas of the HRQOL.

eP025 Enhanced recovery after surgery

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ERAS is a multimodal perioperative care pathway designed to achieve early recovery for patients undergoing major abdominal surgery. It includes a set of pre-determined activities, rules and guidance. The purpose is to expedite and enhance recovery after surgery.

ERAS represents a paradigm shift in perioperative care in two ways. First, it re-examines traditional practices, replacing them with evidence-based best practices when necessary. Second, it is comprehensive in its scope, covering all areas of the patient's journey through the surgical process.

The key factors that keep patients in the hospital after surgery include the need for parenteral analgesia, the need for intravenous fluids secondary to gut dysfunction, bed rest caused by lack of mobility.

The central elements of the ERAS pathway address these key factors, helping to clarify how they interact to affect patient recovery. In addition, the ERAS pathway provides guidance to all involved in perioperative care, helping them to work as a well-coordinated team to provide the best care.

In Central hospital at Jyväskylä we have two nurses who are responsible of coordinating the ERAS patients with the surgeon, educating other nurses and developing the ERAS protocol with different professionals. They also do a post-operative call to the patient.

We have had the ERAS- program in use at our hospital since 2007. It is based on patients own activity, high quality pre-counseling and recovering after surgery.

Nurses pre-counseling has a very important part of the ERAS process. Each patient goes to see a stoma nurse from one to two weeks before surgery. The nurse marks down the stomas coordinates in the patient information system for the surgeon to see and gives the pre-counseling instructions at the same time. This way they are well prepared for surgery and recovering after surgery and they spent less time in hospital post-operative.

eP026 Turkish operating room nursing certification course: evaluation of one hospital programme in IzmirAslan, Gül¹, Öztürk, Merdiye¹, Can, Aynur¹, Okgün Alcan, Aliye², Yoltay, Hatice Eda², Yavuz van Giersbergen, Meryem²¹Buca Seyfi Demirsoy Public Hospital, Izmir, Turkey, ²Ege University Nursing of Faculty, Izmir, Turkey

Objectives: This study aims to evaluate one public hospital experiences about Turkish operating room (OR) nursing certification programme.

Methods: This descriptive study was conducted with 141 OR nurses who received OR Certification Programme course at a public hospital in Izmir, Turkey. Data collection was achieved once the courses were over using a question form prepared by the researchers in line with relevant literature. The course content and process was evaluated by OR nurses attended the course programme. And also nurses' theoretical and practical skills were assessed by the educators.

Results: OR nurses' mean practice score regarding OR nursing certification programme was 99.631.46 out of 100 and all of the nurses attended the course put across the course programme. Of the OR nurses, 94.1% stated that the certification programme met their expectations. 92.7% of the nurses indicated that the education programme provided opportunity for improving their OR nursing skills. All of the nurses decided that the course curriculum is beneficial. 91.2% of the nurses stated that verbal feedbacks, 93.4% of the nurses stated that written feedbacks about their performance lived up to their expectations.

Conclusions: This study provides an overview of one hospital experiences about the Turkish OR Nursing Certification Programmes. OR Nursing Certification Programmes positively affect OR nursing knowledge and skills in daily practices. The 92.7% of the nurses stated that creating ambiance for discussion met their expectations.

eP028 Effects of listening to music on patients' anxiety and pain during colonoscopy: a randomized controlled trialÇam, Raşan¹, Kandemir, Altay², Şahin, Büşra¹, Temel, Ezgi¹¹Adnan Menderes University, Surgical Diseases Nursing, Aydın, Turkey, ²Adnan Menderes University, Gastroenterology, Aydın, Turkey

Aim: This study aimed to determine whether music affects anxiety level of patients' and pain experiences associated with colonoscopy.

Methods: The study was conducted as a randomized controlled quasi-experimental study between 20 July 2017 and 20 September 2017 in the Department of Gastroenterology Polyclinic of Adnan Menderes University, Aydın. Forty colonoscopy patients were randomized into either listening to music (Experimental group, n=20) or not listening to music (Control group, n=20). After all patients were informed about procedure by researcher, the anxiety level of patients' was measured using the State-Trait Anxiety Inventory's two scales (STAI-State and STAI-Trait) and the pain was measured Visual Analog Scale (VAS). Patients in the experimental group were listened the Turkish Art Music with headphones for 15 minutes during colonoscopy. The control group did not listen to the music during procedure. After the procedure, all patients rated pain and only STAI-State related to the procedure.

Results: According the results, it was determined that 59.1% of the patients in the experimental group and 72.2% of the patients in the control group had no history of cancer. In addition to this 55% of the experimental group and 61.1% of the control group patients had colonoscopy before. The patients in the control group The mean age 55.77316.22 (min=24, max=78) in control group and 55.95311.40 (min=31 max= 79) in the experimental group. After the procedure the mean STAI-state score was 37.5534.24 (min=32 max=48) in the experimental group and 38,2537.25 (min=29 max=60) in the control group (p=0.476). Mean pain score was 1.830.53(min=0 max=8) in the control group and 1.5630.53 (min=0 max=10) in the experimental group (p=0.925).

Conclusion: No significant effects of music on anxiety and pain during colonoscopy.

Keywords: Colonoscopy, music, pain, anxiety.

eP029 Basic first aid knowledge levels of university students

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Objectives: This study has aimed to determine the knowledge levels of university students in Aydın.

Methods: The study was conducted as a descriptive study between 20 January 2018 and 20 February 2018 in Aydın Adnan Menderes University. A total of 424 students participated in this study. The datas of the study were gathered using personal information form about sociodemographic characteristics of the students which was composed of 12 questions, and designed by the researchers with literature information and survey of Knowledge Level of Basic First Aid composed of 20 questions to determine their knowledge.

Results: According to results of study, the mean students' age was 20.7031.80 (min=18, max=35). The majority of students (66.8%) studied at first and second year. It was determined that 28% of the students who participated in the research are the Faculty of Science and Literature, 21.5% of the Faculty of Educational Sciences and 16.6% the Vocational School of Higher Education. When asked, 92% knew the correct answer for purpose of first aid practice; 88% said that the first aider should be trained to practice; 71.3% said that the practices are depend on age. The majority of students knew the correct answer about those basic first aid topics: Symptoms of oral intoxication (74.8%), sharp object injury (73.1%), syncope (66.4%), epistaxis (54%). Moreover the most students answered incorrectly about those basic first aid topics: Electric injury (80%), bee sting (54.3%), freezing (51.3%) and epilepsy (41%).

Conclusions: The students' knowledge about basic first aid is not at an adequate level. According the this result, it is suggested that the surgical nurses should plan the training about basic first aid practices for university students.

Keywords: First aid, basic first aid practices, university students.

eP030 Hopelessness levels of the parents who have children with congenital heart diseasesOden, Tugba Nur¹, Cam, Rahsan²¹Ege University Faculty of Nursing, Department of Surgical Disease Nursing, Izmir, Turkey, ²Adnan Menderes University, Department of Surgical Disease Nursing, Aydın, Turkey**Background:** In this study, hopelessness levels of the parents of children with congenital heart disease (CHD) and influencing factors were determined.**Methods:** This research is descriptive. The universe consists of parents applied to Ege University Department of Cardiovascular Surgery and whose children had CHD surgery. The sample includes parents applied to the hospital between August and December 2015, agreed to participate and with children aged 0-6 had surgery. Sample size was 100 parents (50 males, 50 females) according to priori power analysis. Patient identification form for sociodemographic characteristics and The Beck Hopelessness Scale were used to collect data. Descriptive statistics, the Kruskal-Wallis test, the Mann-Whitney U and the Independent Samples t test were used.**Results:** It was found that 50% of the parents were female, 84% were 25 or over, 98% were married, 88% were not related and 98% had social security; 53% of the children were female, 63% were aged 0-1 and 51% were diagnosed with CHD. The average score of hopelessness level was found 6,1534,23. It was determined that gender and age of the parents and children and diagnosis during or after the pregnancy did not affect hopelessness level ($p>0.05$) unlike educational background ($p< 0.05$).**Conclusion:** Hopelessness level of the families were found low. Parental educational attainment was found to affect hopelessness levels. It may be recommended to inform undereducated parents about the nature of disease and the process.**Keywords:** Congenital heart disease, parents, hopelessness**eP031 Investigation of the early improved applications in the surgical patients in eras framework**

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¹Adnan Menderes University, Faculty of Nursing, Aydın, Turkey**Objectives:** The aim of this study is to examine the accelerating applications of healing in surgical patients within the framework of the Enhanced Recovery After Surgery protocol.**Material and methods:** The study was carried out between June and July 2018 with 45 people (using G power sampling, $\alpha = 0,05$ and power = 0,80) who underwent general anesthesia at the General Surgery and Cardiovascular Surgery Departments. It was collected by the researchers using a 25-item data collection form prepared in accordance with the literature. The data were evaluated with basic statistical analyzes.**Results:** 59,60% of the patients were men, 44,7% were junior high school graduates, 72,3% have chronic disease, 59,6% use drugs continuously and average age is 62,85 \pm 13,07. It was found that 74,5% of the patients who were taken into the research had previous experience with surgery, 78,7% of them had general surgery at current administration. It was determined that the mean duration of the operations was 119.26 \pm 55.36 minutes and 2.49 \pm 2.33 days in hospital before the operation. When we look at the postoperative results, 38.3% of the patients experienced some pain and 36.2% had nonsteroidal anti-inflammatory analgesics. 38.3% of the patients had nasogastric tube, 68.1% had foley catheter, and 17% of them were removed on the second postoperative day. Nausea was reported in 66% of patients and vomiting in 25.5%. In order to prevent this situation, 40.4% of the patients were using motility stimulant while 55.3% of the patients were not given any medication. 29.8% of the patients had oral intake in the first eight hours, 46.8% had mobilized within the first eight hours, 44.7% had gas within the first 24 hours and 17% had gaita has been out.**Conclusion:** Application and removal of nasogastric tube and foley catheter and early mobilization are compatible with ERAS protocols.**eP032 A survey of the clinical nurses' knowledge and practices of nurses on thromboembolism prophylaxis in Turkey**Gezer, Nurdan¹, Cam, Rahsan¹, Temel, Ezgi¹, Şahin, Büşra²¹Adnan Menderes University, Aydın, Turkey, ²Adnan Menderes University, Efeler Aydın, Turkey**Objectives:** This study aimed to determine the clinical nurses' knowledge and practices of nurses on thromboembolism prophylaxis.**Methods:** The study was conducted as a cross sectional study between 1 June 2018- 15 July 2018 in the Aydın Adnan Menderes University. A total of 64 nurses participated in this study. A questionnaire prepared by the researchers on the basis of the literature was used as the data collection tool in this study. Descriptive statistics were used in analysis of datas.**Results:** The nurses had 4 years of experiences (12.5%). The 3 best known topics on thromboembolism in descending order was as follows: Using anticoagulant therapy's (93.8%), using of the compression stockings (92.2%) and the factors on risks of thromboembolism (90.6%). The 3 most common practices to prevent thromboembolism in descending order was as follows: Administering anticoagulants (43.8%), monitoring the side effects of the anticoagulants (43.8%) and educating the patients on anticoagulant therapy(40.6%). In contrast to this results, the nurses expressed that they cannot identify patients who have inclination on thromboembolism. Also, the least practice on thromboembolism prophylaxis was educating the patients and their family to risks and avoid thromboembolism (4.7%). The results of the study showed that in despite of nurses had a high level of general knowledge on thromboembolism, however they did not have desired level of practices on thromboembolism prophylaxis.**Conclusion:** As a result of this study, the nurses' knowledge found to have the quite good level on thromboembolism, however they did not put their knowledge into practices of thromboembolism prophylaxis. Therefore, the in service training and supporting the nurses be thought useful both to treat thromboembolism and prevent thromboembolism prophylaxis.**eP033 Evaluation of perception and practice model of spiritual care in intern nursing and midwifery students**Asgarpour, Hossein¹, Özvurmaz, Safiye²¹Çanakkale Onsekiz Mart University, Surgical Nursing, Çanakkale, Turkey, ²Adnan Menderes University, Aydın, Turkey**Aim:** Evaluation of Perception and Practice Model of Spiritual Care in Intern Nursing and Midwifery Students.**Methods:** This descriptive study was conducted at Aydın School of Health Adnan Menderes University on nursing and midwifery intern students. The sample of the research was 194 intern students. For data collection "Data Information Form" and "Spirituality and Spiritual Care Perception Scale" were used.**Results:** The mean total scores of students SSCP, mean score of spirituality and spiritual dimensions of care, religiosity and personal care were 56.16 \pm 8.04, 27.1234.27, 13.5732.62, 15.4633.99, respectively. Between SSCP total score and the spirituality and spiritual care a positive and highly significant ($r = .84$, $p < .01$), the religious dimension a positive and moderate ($r = .43$, $p < .01$) and individual care dimension positive and highly significant ($r = .79$, $p < .01$) were found.**Conclusion:** The spirituality individual care of students was high and the spiritual care of students with higher individual care was high. The programs in school of health 's and in-service training program in hospitals related on spiritual care that the scope of holistic nursing and midwifery care is needed.

eP034 Universal precautions taken by nurses working in surgical medicine for diseases transmitted through blood and body fluids

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Objective: This research was carried out as a descriptive study to determine the Universal Precautions taken by Nurses working in Surgical Medicine for Diseases Transmitted through Blood and Body Fluids.

Material and method: No sample selection method was used in the study (N:101). The research was carried out by filling the question forms by nurses working between June and August 2017.

Results: The age average was 30.73 ± 3.819, 82.4% of them were women, and 52% had a bachelor's degree. 17.6% of the nurses worked in the operation room and their average duty period was 9.6939.28. It was found that 90.2% of the nurses had training to protect themselves from diseases transmitted through blood and body fluids, and 85.9% of the trainees had this training from in-service trainings. It was detected that 97.1% of the nurses did not have a blood-borne disease, 18.8% had a sharp object injury within the last 6 months and 31.6% of these injuries were caused during catheterization and attachment of the injector cap. It was determined that 35.3% of the nurses had direct contact with the patient's blood or body fluid within the last 6 months; but at this time that there was no open wound. 22.5% of the nurses thought that they did not take adequate precautions to protect themselves from diseases transmitted through blood and body fluids, and 39.1% of the nurses who thought that they did not take precautions stated that this was because it prevented operation from easily performing.

Conclusion: It has been concluded that the nurses are continuously in contact with blood and body fluids due to the invasive procedures; therefore, preventive measures should be taken, which do not avoid the procedure, and there should be promotive sanctions therefor.

Keywords: Surgery, Nurse, Blood and Body Fluids, Preventive measures

eP036 Reviewing the learning needs of surgical patients

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Objective: Giving preoperative and postoperative information contributes patients to feel physically and emotionally better and to improve the results of surgical intervention (Yavuz, 2011; Yılmaz, 2016). The aim of this research was to analyse the former researches on determining learning needs of patients receive treatment at surgical clinics.

Method: The research was carried out by Turkish nurse researchers to examine the related literature on surgical patients' learning needs. Google Scholar and National Thesis Center databases were scanned using the keywords "patients' learning needs" and "patients' information needs".

Findings: 48 researches were achieved in total. 23 of the studies were research articles and 25 were thesis studies. The dissertations with research paper (4 of them) were included in the research. It is seen that the researches were conducted between 1992 and 2018. 31% of the investigations were performed in general surgery, 15% in daily surgery and 15% in cardiovascular surgery clinics. 63% of them are descriptive. 77% of the researches were written in Turkish. Data were collected during postoperative period in 77% of the studies. The Patient Learning Needs Scale in Turkish was used to collect data for 50% of the researches. It was found that patients require information about the operation process and possible problems after the procedure at most in the preoperative period. It was found that the highest level of learning needs were about "medication", "treatment and complications" and "living activities" according to the Patient Learning Needs Scale. Additionally, it was determined that patients have high level of learning needs and they find the provided information inadequate. 45% of the research articles were published at international refereed journals.

Results: Surgical patients have high level of knowledge. It is recommended to plan training programs for patients' learning needs.

Keywords: Patients' learning needs, patients' information needs, surgery, preoperative, postoperative.

eP037 Severity of climacteric symptoms and the quality of life of women affected by BRCA1/BRCA2 genes mutations before and after risk-reducing salpingo-oophorectomy

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Objectives: Ovarian cancer is the most common hereditary gynecologic neoplasm, associated with the presence of the *BRCA1* and *BRCA2* genes mutations. Early diagnosis and treatment of this disease remain a problem due to nonspecific symptoms, often resulting in making a diagnosis at an advanced stage. What is more, the effectiveness of currently available screening tests is inadequate. Hence, the recommendation to prophylactic salpingo-oophorectomy in order to reduce the death rate among patients with genetic predisposition.

The aim of the study was to assess the influence of risk-reducing salpingo-oophorectomy (RRSO) in patients with the *BRCA1/2* genes mutations on severity of climacteric symptoms and QoL.

Methods: The study involved 62 patients with the *BRCA1* and *BRCA2* genes mutations at the 30 to 70 years of age (M3SD 44,739,35), who decided to undergo RRSO in the Clinic of Gynecology and Gynecologic Oncology SPSK No.2 in Szczecin, Poland in the period from January 2016 to July 2018. This survey-based study was conducted in two stages (before and circa 1 year after surgery) with the use of:

- the author's questionnaire,
- the Blatt-Kupperman Index,
- the Women's Health Questionnaire (WHQ).

Results: There were statistically significant differences in the QoL of the women with the *BRCA1/2* genes mutations depending on the severity of climacteric symptoms both before and after preventive surgical removal of reproductive organs. The women without and with mild symptoms assessed their QoL statistically significantly better than their counterparts with medium and severe symptoms before surgery. The most differences were observed in the level of QoL in the dimension of sleep disorders ($\eta^2=0,131$), somatic symptoms ($\eta^2=0,121$) and anxiety ($\eta^2=0,107$) after RRSO.

Conclusions: Climacteric symptoms belong to those medical variables that negatively affect the QoL of women with the *BRCA1* and *BRCA2* genes mutations both before and after preventive surgical removal of reproductive organs.

eP038 Foot care behavior before diabetic ulcer

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Introduction: According to estimates, 346 million individuals suffer from diabetes mellitus with foot ulceration to be one of the most common and severe complications. Interestingly, incorrect foot care behavior as well as inappropriate footwear are associated with increased risk of foot ulceration.

The **aim** of this study was to determine patients' foot care behavior before manifestation of diabetic ulcer.

Method and material: The sample studied consisted of 160 patients suffering from diabetes mellitus type II, who were attended for foot ulceration at outpatient departments of two public hospitals in Athens. The research lasted from April 2017 until May 2018 and collection of data was performed by the completion of a questionnaire that included patients' self-reports. It was a descriptive study using convenience sampling.

Results: From the 160 participants, 68% were men and 32% women, out of whom 45% were 61-70 years old. Diabetic foot classification according to Wagner showed that 30% of participants had superficial ulcer, 50% had deep ulcers and 20% had deep ulcers with abscess. Regarding behaviors before foot ulcer manifestation, 53,8%, reported they used to barefoot walking while 45% declared they had a foot injury some day but they did not understand it immediately. Additionally, 35% of participants reported that they were not careful when cutting their nails while 39% declared that they systematically examined their foot sole either by themselves or by a person of their environment. Moreover, 42% reported to wash their feet with water and soap which was followed by careful drying between fingers. Finally, 35% and 50% of participants reported not to wear diabetic foot socks and not to avoid to wear narrow shoes, respectively.

Conclusions: It is important for patients to expand their understanding of self care activities and include them in their caring programs.

eP039 A simple visual tool increases knee flexion after a primary knee replacement

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Introduction: Knee flexion is a very important functional outcome after primary knee replacement. During the first weeks after the surgery, patients are encouraged to increase the range of motion of the knee. However, pain and anxiety may preclude the patient from exercising. "Doctor, it is too painful, something has to be wrong in there" is a common statement. We studied if a simple visual aid can improve the knee flexion.

Methods: After power analysis, 60 patients were prospectively recruited, 29 in control and 31 in intervention group. Both groups received identical postoperative treatment, both in hospital and after the discharge. In intervention group, patients received a laminated A4 color photo of their postoperative flexion, with their initials written on their thigh. Patients were encouraged to keep the photo at the bedside and to look at it every time they are in pain or anxious about their surgery. Knee flexion was measured preoperatively and 6 weeks after the procedure, using a smartphone application.

Results: The two groups were similar in age, gender and BMI. There was no difference in preoperative knee flexion. 6 weeks after the surgery, the average flexion in the intervention group was 105 degrees and in the control group - 95 degrees ($p=0.03$).

Discussion: A photo of postoperative knee flexion, taken while under anaesthesia, shows the patient his optimal - and possible - knee flexion. In this study it improved the knee flexion, probably by reducing the anxiety and allowing more exercising. More similar interventions are needed to improve different aspects of outcome.

eP040 Surgical smoke in Turkish operating rooms

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Operating rooms are used where advanced technological tools and equipment are used, many risks are present together and these risks can affect patient / employee health negatively. Surgical smoke defined by various names such as cautery smoke, diathermy smoke, smoke cloud, smoke, steam, aerosol, bioaerosol, air pollutants is one of these risks. For this purpose, the risks of surgical smoke, the measures taken for protection, studies on evidence-based applications were searched for resources that could be accessed by the HEC database and on-line full text. The point of view of surgical smoke in our country is not to be expected and at the required level. Within the quality standards established by the Department of Quality and Accreditation in Health, it is noteworthy that there are standards regarding the general ventilation system of the operating room but no surgical smoke is included. This article deals with surgical smoke in the operating room.

eP041 Cholera under system control in Tunisia: Strategy evaluation

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Cholera is a major health problem facing most developing countries. Globally, 132, 121 cholera cases were reported in 2016. About 54% of these cases were recorded in Africa. Between June 2014 and January 2015, a total of 28,922 cholera cases including 243 deaths were reported in Ghana. WHO estimates that the true incidence of Cholera far exceeds the reported cases. We evaluated the cholera surveillance system to determine whether the system was meeting its objectives, and to assess its attributes. We evaluated the cholera surveillance system in the Tunisia. We used semi structured questionnaire to assess the attributes of the system. We reviewed data from the weekly and monthly IDSR and also from the district Health information management system from 2012-2016. We also reviewed annual reports and scientific papers. We applied the Centers for Disease Control and Prevention (CDC) updated Guidelines for Evaluating Public Health

Surveillance Systems. Summarized descriptive analysis of qualitative data was done and presented in graphs and charts. The cholera surveillance is well situated in the IDSR. The case definition is clear, simple and easy to apply. The system is able to detect cases and notify the next level. The data matches with the case base forms. However, the entries in the case base forms were not complete. Positive predictive value could not be assessed as no single case was confirmed by laboratory test. CBSVs attrition was high in the republic. However, Community health nurses were used as a replacement for the CBSVs. The system is meeting some of its objectives. The system is simple, flexible and acceptable. The system is fairly representative, stable but the data quality is low. Sentinel surveillance should be implemented as routine training of healthcare workers on reporting and proper documentation of suspected cases

eP042 Caring moments: theory vs practice

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Nurses face different patients at different moments every different day. Caring for these patients is different every moment; it depends on different criteria's either connecting to the patient or to the nurse giving the care.

There are moments at the operating room that are not written in literatures or any practice books. It comes as a sudden and you have to be the judge, the lawyer, the family, the care giver, the religious man, the normal human and the professional expert.

By sharing some of these moments we may come to a minimal standard that can guide our thoughts when we are facing such moments. Sharing will create bonding and build confident.

It is not a crises management neither an ethical dilemma, it is a unique moment created for you with all conditions surrounded that will never happen again. It is when your surgical mask will not cover your face and the time will stop while you are looking for another second. These are moments of truth.

I believe that each caring moment is a practice by itself and it should focus on the "unique" client with the best "unique" care from the same caregiver. Nursing is where science meets humanity.

The nurse should be the "dictionary" of any nurses theory and if not she/he should make her/his own theory at that specific moment.

A positive mind will always lead you to a positive outcome.

eP044 Attitudes and health beliefs associated with breast cancer and breast self examination behaviors among women working at universit

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Objectives: This study aimed to determine their attitudes and beliefs about breast cancer and breast self-examination and to define the factors influencing the belief and attitudes of women working at Eastern Mediterranean University as an academic and an administrative staff.

Methods: A total of 235 women participated in this study. Data was collected by the researcher using "Descriptive Characteristics Form" and "Champion's Health Belief Model Scale (CHBMS)".

Results: It has been determined that the sub-dimension scores of women at CHBMS varied between 7,3832,33 and 33,4036,99, and statistically had a meaningful difference ($p < 0,05$) at the obstacle sense sub-dimension according to the work they were doing. For women who had mammography, the scores on benefit perception and confidence sense sub-dimensions were higher than the women who had no mammography, and the difference between them was statistically meaningful ($p < 0,05$). When clinical breast examination cases were analyzed, a meaningful statistical difference ($p < 0,05$) has been determined for other sub-dimensions except for sensitivity and the sense of seriousness. For women who had breast self-examination, a meaningful difference ($p < 0,05$) has been determined between the scores received at benefit perception, obstacle detection, confidence sense and health motivation. A meaningful difference ($p > 0,05$) has not been determined at CHBMS between the sub-dimension score averages of women when their age, marital status, benign breast disease status, family cancer story, oral contraceptive and using estrogen, and the demand to participate in the education are considered.

Conclusions: In-service training programs should be held for women in order to increase their level of awareness on the importance of breast self-examination, clinical breast examination, and mammography in the early diagnosis of breast cancer. This study recommends that women should be informed about breast self-examination by the experts providing evidence-based documents since the source of information is visual and written press.

eP045 Perioperative nurses' caring for people with mental illness

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The concept of caring in the nursing profession has been the subject of enormous reflection and discussion. It is agreed that 'caring' in nursing is difficult to define, can differ in experience between the nurse and the patient, and is ever-evolving^{1,2}. However, there is a consensus that the essence of care in nursing revolves around dignity, humanity, connection and safeguarding³. Interestingly, patient and nurse perceptions of care can differ significantly: a perioperative nurse may reasonably feel that the most important care he/she can offer is safety, freedom from operative complications, dignity and relief from discomfort. A patient may perceive their needs to be different entirely, and place high value on acknowledgement of their personhood, reassurance from anxiety and an open and non-judgemental approach. The convergence of potentially vulnerable patients with a mental illness and the foreign, sterile environment of the operating room creates potential anxiety for both patient and perioperative nurse. Mental illness is widespread and is well represented in all types of healthcare consumers in Australia today. The perioperative environment is highly controlled and prioritises safety and sterility, yet perioperative nurses continue to hold concepts such as patient-centeredness, advocacy and care in high regard. The purpose of this article is to present contemporary nurse theorists' ideas on caring for patients who experience mental illness in the perioperative setting. This discussion will provide both the novice and experienced researcher and practitioner with additional theoretical understanding on which to locate evidenced based information on the nature of caring and on which to base practice.

eP046 Managing perioperative patients to prevent deep vein thrombosis and pulmonary embolism in the surgical patient

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As a personal survivor of a Deep Vein Thrombosis (DVT) and massive Pulmonary Emboli (PE) my chance of dying according to statistics was 1 in 4. Fortunate for me, luck and excellent medical treatment saved my life. PE is one of the leading killers of patients in the United States and around the world annually. DVT and PE have been called the "silent killer" since 80% of the patients with DVT are unaware that they have any signs or symptoms in the first place. According to The Joint Commission, deaths in our hospitals due to Pulmonary Embolisms are considered to be the number one preventable hospital acquired condition. Statistics further shows that between 10% - 25% of all deaths in our hospitals are related to a pulmonary embolism and if managed appropriately could have been prevented. Perioperative Nurses are on the front line for assessing and identifying patient risk levels in order to implement prophylactic measures to reduce the patient risks and save lives.

Objectives:

- Describe the physiology and risk factors associated with blood clot formation that can lead to Deep Vein Thrombosis (DVT) and Pulmonary Emboli (PE)
- Understand the evidence based risk factors that put an individual at risk for developing DVT
- Discuss the signs and symptoms to assess patients for possible DVT and/or PE
- Discuss evidenced based protocols for the prevention and treatment of DVT or PE

eP047 MIRPE Minimal Invasive Repair of Pectus Excavatum

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SCMCI, Petach Tikva, Israel

Background: Pectus excavatum, also known as sunken or funnel chest is a most common congenital malformation of the chest wall, characterized by a sternal depression typically beginning over the mid portion of the manubrium and progressing to xiphoid process. Majority of patient with pectus excavatum experience psychosocial distress and poor body image.

The surgical treatment of the pectus excavatum consist of MIRPE Minimally Invasive Repair of Pectus Excavatum for a last 17 years. We were performed the nuss procedure.

The purpose of the present reports is to present our experiences with the repair of this malformation.

We are focusing on surgical repair of the chest deformity. This operative technique was described by Nuss -MIRPE minimally invasive repair of pectus excavatum. First performed at 1980 by Nuss

Methods: Retrospectively collected data from all charts of patient operated at SCMCI in between 2000-2017

Results: 1. patients operated: 153 boys and 25 girls Age: 10 - 28 yrs. (majority between 13-17 yrs. Old Average hospitalization time: 5.8 days (5-14) Lower sternum: 131 Lower and middle: 57 Symmetric 75 Asymmetric: 113. 7 Redo cases: 5.: bar displacement, 2. complete Redo. 2 failed Nuss Procedures 1 followed by Ravitch procedure.

Conclusion: Chest Deformities can be successfully treated by both, conservative methods and surgical procedures. The Nuss procedure is excellent for adolescents and for Symmetric and moderate asymmetric cases.

For young adults, adults and extremely asymmetric cases, the Nuss procedure may be not always adequate. For these patients, the Ravitch proc. remains a good option, albeit it's cosmetic disadvantage.

Reoperation rate is higher for Nuss procedure when compared to Ravitch Procedure. Satisfaction rate is similar.

eP048 Current approaches to preoperative skin preparation: Literature review

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The skin is the body's first line of defence against surgical site infection (SSI). Despite many advances in surgical asepsis, SSI is a still major problem for patients. It is estimated that a large proportion of SSI can be prevented by evidence-based practices. The aim of this study is to discuss preoperative skin preparation accordingly to the literature information.

To begin with, one or two days before elective surgery, patients should shower and repeat it at least the night before the surgery. So, it removes any soil or debris from the surgical site and surrounding areas. Another step is performing preoperative hair removal. Many researches have shown that there is no difference in complications whether this occurs the evening before or the same day as the surgery and neither does the method appear important; shaving, clipping, or chemical depilation. Many evidence-based researches suggest that the depilatory creams are the best solution for hair removal if it isn't contraindicated. But before using it patient should be tested with skin patch for allergy. Another recommendation, which is clippers with replaceable head are also a good solution. Applying antiseptic agents are standard practice used before surgical procedure for decontamination of the patient's skin. The choice of which agent to use for these patients is crucial for reducing SSI. The most commonly used antiseptic solutions are iodine and chlorhexidine combined with isopropyl alcohol. Many studies have evaluated their effectiveness for SSI by comparing chlorhexidine and iodine-based preparation solutions with and without an alcohol component. Most of studies related preoperative skin antisepsis demonstrate that chlorhexidine is a broad-spectrum more effective than iodine. Furthermore, factors affecting SSI such as glycemic control (< 200mg/dl), antibiotics management and provision of normothermia are also important.

Finally, evidence-based current skin preparation practices play an important role in the prevention of SSI.

eP049 Knowledge and attitudes of nurses towards nutritional supportTemel, Ezgi^{1,2}, Gezer, Nurdan¹, Yazar, Arzu³¹Aydın Adnan Menderes University, Surgical Nursing, Aydın, Turkey, ²Adnan Menderes University, Surgical Nursing, Aydın, Turkey, ³Adnan Menderes University, Anaesthesiology and Reanimation Intensive Care Unit, Aydın, Turkey**Aim:** The purpose of this study was to determine nurses' knowledge and attitudes on nutritional support (NS).**Methods:** This research study was performed with 107 nurses who were working at a training and education hospital in Aydın. A questionnaire form prepared by the researchers on the basis of the literature was used as the data collection tool. The form consist of 29 questions and three parts: Nurse presentation form, knowledge form for NS and attitudes form for NS. The study conducted between 1 Jun - 15 July 2018.**Results:** 63.6% of the nurses graduated bachelor's degree, 97.2% of the nurses took care of patients who receive nutritional support. The results, 24.3% of the nurses scored 50 points and 24.3% of the nurses scored 60 points (min=0, max=90). Nurses answered correctly the questions about these: on definition of malnutrition (74.8%), kinds of nutritional support (84.1%) and early enteral feeding time (84.1%). In contrast to this, the nurses answered incorrectly the questions about these: Complications of enteral feeding (85%), metabolic response to trauma causes (77.6%) following of biochemical parameters on stabil patients who received nutritional support (77.6%). Also, the nurses expressed "i agree" these attitudes on form: "I feel I have adequate knowledge of nutritional support of patients" (61.7%), "Providing adequate nutritional support to patients reduces complications and shortens length of hospital stay" (57.9%) and "I feel that the provision of the nutritional assessment and support training would be valuable to my nursing career" (65.4%).**Conclusion:** As a result of this study, nurses were found to not to have the desired level of knowledge on NS, however the nurses showed the good level of attitudes on NS. In brief, planning in service training about nutritional support can be useful for nurses to improve their knowledge.**Keywords:** Nurses, nutrition, nutritional support.**eP050 Examination of hemostatic agents used in surgery**Arikan, Bilgen¹, Yavuz van Giersbergen, Meryem²¹Usak University School of Health, Nursing, Usak, Turkey, ²Ege University Nursing of Faculty, Nursing, Izmir, Turkey**Objective:** The aim of this study is to examine the chemical hemostatic agents used in providing hemostasis and their properties.**Methods:** Hemostatic agents used in ensuring the control of bleeding through chemical methods were examined in medical supply catalog reached between May 2018 and July 2018.**Results:** A total of 22 catalog were reached within the scope of the study. Topical hemostatic products are classified as passive agents, active agents, flowables and sealants. Passive topical hemostatic agents include collagen, cellulose, gelatin and polysaccharide spheres. Active agents include thrombin and products combined with thrombin and a passive agent. The other two groups include fibrin sealants, polyethylene glycol (PEG) polymers and flowables and sealants containing albumin, glutaraldehyde and cyanoacrylate.

The passive topical collagen-based products are microfibrillar collagen hemostat, absorbable collagen hemostat sponge and powder, oxidized regenerated cellulose, absorbable gelatin sponge and felt, polysaccharide hemespheres (absorbable chitosan hemostat). Thrombin is an active hemostatic agent. Flowables and sealants are fibrin gels (glue, sealant, matrix), orthopaedic synthetic bone graft (matrix, granule, putty) and bone wax. These products are applied locally to the surface of the organs and tissues in case of bleeding due to broken capillaries or vein damage. Ingredients, mode and duration of action and application forms are different from each other. Appropriate products are preferred according to the type of surgical initiative and bleeding.

Conclusion: In recent years, the number of hemostatic agents has increased substantially. It is essential for operating room nurses to have knowledge of hemostatic agents, effects, properties, usage and limitations.**eP051 Traumatic amputations: amputees' reports at hospital discharge**Tsoulou, Vasiliki¹, Karamolegou, Eirini¹, Vasilopoulos, Georgios¹, Kourakos, Michalis², Koutelekos, Ioannis¹, Polikandrioti, Maria³¹University of West Attica, Nursing, Athens, Greece, ²G.Hospital Askleipio Boulas, Nursing, Athens, Greece, ³Post Graduate Studies in Wound Care and Treatment, University of West Attica, Nursing, Athens, Greece**Introduction:** Traumatic amputations are sudden life threatening events that demand emergency treatment or hospital admission. In USA, 16% of annual amputations are caused due to trauma, 45% of individuals with amputation are traumatic amputees. Additionally more, the loss of a body part and generally the disfiguration of body image, frequently imply heavy emotional burden to them.The **aim** of this study was to explore traumatic amputees' reports at hospital discharge.**Method and material:** The sample studied consisted of 50 adults who were admitted in a public Hospital of North Attica in Greece due to traumatic amputation. The research lasted from March 2017 until May 2018 and collection of data was performed before hospital discharge by the completion of a questionnaire that included amputees' self-reports. The sample of this descriptive study was a convenience one.**Results:** From the 50 participants, 35 were men and 15 women, out of whom 24% was 30 -50 years old, 38% was 51-70 years old and 34,0% >70 years old. Regarding the causes of amputation, in 58% of participants was accident in the road, 25% accident at work and 17% accident at home. In terms of the level of amputation, 58% of participants had lower-extremity amputation and 42% upper extremity amputation (finger of fingers). At hospital discharge, 82% of amputees reported to be "well" informed about the state of their health while 62.0% desired to receive written instructions. Furthermore, 60% believed that their family was "sufficiently" informed about the problem of their health. In addition, 82% declared to need help for their daily activities.**Conclusions:** It is clinically meaningful to consider amputees' beliefs, and reports when planning rehabilitation or individualized treatment. Finally, data registries are essential to reveal the magnitude of amputation in Greece.**eP052 A multidisciplinary ckecklist for the HIPEC**

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Cytoreductive surgery (CRS) combined with heated intraperitoneal chemotherapy (HIPEC) has been used for the treatment of PC from gastrointestinal and ovarian malignancies. Being a highly complex surgery, with high impact on the routine of the departamentos involved in the surgical proces.

Objective: Creat a checklist for the pre surgical process with the multidisciplinary team.**Method:** Experience report of the preparation of cytoreduction procedures with HIPEC, involving the multidisciplinary team pharmacy, nursing, OPME, medical.**Results:** a checklist was drawn up involving all the involved departamentos required to prepare for the procedure, which should be applied in a preoperative planning meeting, in which each departament check the importants itens. This tool was used in all teh surgeries, in which zero of nonconformities were observed in what was said about the items covered in the checklist. Also, there was interaction between multidisciplinary team, understanding of the procedure and close relationship between nursing and surgical team, generating confidence during the surgical procedure. In addition to optimization in the surgical process of the patient, reaching the goal of the safe surgical protocol. **Conclusion:** The high complexity of the cytoreduction procedure with HIPEC requires all necessary care, both pre, intra and postoperatively. The involvement of all of the multidisciplinary team passing from the process of requesting high-cost materials, as well as pharmacy materials, nursing and surgical assistance, ensures that there is safety in the surgical process.

eP053 The change of preoperative disinfection in knee joint surgery

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The aim: The total amount of infections among total knee arthroplasty patients by orthopedic in Central hospital of Central Finland was too high.

The whole perioperative procedure was surveyed in operating room (OR).

Perioperative disinfection was one of the components which was surveyed and there was need for change. In Finland the disinfection is commonly performed with plain 80% ethanol. The disinfection was done by lifting straight leg with too wet swaps, beginning from toes to ankle continuing over knee down to hip focusing to one-way draws and runoff directions of ethanol liquid and this was done too many times. By evidence-based guidelines this was not the right way to perform disinfection.

Method: The skin disinfection procedure in OR was inspected by infection control nurse for several times and discussed together with the orthopedic team before the change was made.

At the beginning of April 2018 colored alcohol-chlorhexidine gluconate 2% (CHG) with ready-to-use applicator (Chloraprep®) was taken in action with elective knee joint surgery as WHO nowadays strongly recommends. A new disinfection guideline with pictures and the manufacturer's instructions was made and orthopedic OR nurses were educated with new method by infection control nurse. The new instruction is to start from incision site with curved knee, proceed to peripheral areas.

Conclusion: The new preoperative disinfection method has been used several months now. Outset was challenging. This demanded new thinking from OR nurses and attitude to change old habits and the way to do disinfection. The disinfection with applicator was totally new and different way to do it. There was rebellion against the new guideline, but with determined guidance it is now found good, practical and easy to use.

Nowadays this method has been implemented to all knee and hip surgery.

eP054 Preoperative skin antisepsis for the prevention of surgical site infection (SSIs): an observational study in an Italian operating room (OR)

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Background: SSIs are one of the most common complications following surgery. The CDC Guidelines (2017) recommend performing skin preparation with an alcohol-based antiseptic, agent unless contraindicated, from the incision site towards the periphery in a circular motion with larger and larger circles.

Objective: To determine whether surgeons and nurses practice correct behavior regarding preoperative skin antisepsis immediately prior to surgical incision.

Methods: An observational study was conducted in an Italian maternal-child hospital, involving a convenience sample. Patients undergoing emergency procedures were excluded. The data were anonymous and were analyzed using IBM SPSS version 19.0.

Results: The sample consisted of 202 women (44.36318.52 years) and 164 children (5.8634.23 years). In gynecological procedures, Povidone Iodine (PI) 10% was the solution used. In children, the solutions used were: PI 10% (65%), chlorhexidine gluconate 2% (14%), Broxodin 2% (11%), and Amukine Med 0.05% (10%). Friction added to concentric circles in the skin was the least used method (9% gynecology; 37% paediatrics). Friction from the incision site to the periphery was the most utilized technique (92% adult; 62% children). In many procedures (76% gynecology; 78% paediatrics) the correct drying time was not respected, while in a few cases (24% gynecological; 22% paediatrics), the healthcare operators have waited for the drying times.

Conclusion: The study demonstrates a correct behavior in regards to the use of the right antiseptic solutions, but there are some incongruences, according to the guidelines, in terms of drying times of the solution, which can be explained by the urgency due to hemodynamic instability of the patients or, in gynecology, of the fetus. The causes of this lack of adherence to protocols should be better studied in future.

eP055 Qualitative research study - Competency programme for experienced OR nurses in DenmarkSkovsoe Petersen, Susanne¹, Nikolaisen, Sidsel L.²¹Hvidovre Hospital, Orthopedic OR, Hvidovre, Denmark, ²Gentofte Hospital, OR, Hellerup, Denmark

In February 2019, The Educational Committee for OR Nursing in the Capital Region, Denmark, are going to conduct a qualitative study showing, how experienced theatre nurses, supervisors, and nursing managers have perceived, implemented, and adopted the competency cards into daily practice.

Introduction: The 4 competency cards, describing OR nursing skills for theatre nurses, with more than 2 years of operating room experience, were designed in 2015.

In each card different issues of the experienced nurse competencies are to be uncovered during a period of observation by a supervisor and examination of the nurse's knowledge, skills and reflection.

The four themes are

1. Clinical perioperative nursing e.g. hygiene and clinical leadership
2. Patient safety
3. Team performance
4. Documentation, clinical research and development in OR

The aim: The study will focus on:

- How the experienced OR nurses convert theoretical knowledge and skills to real life situations in the OR and
- How the concrete framework helps to ensure a successful implementation
- If competency cards parameters support to a positive culture of learning assessment in the OR

Methods: In February 2019 a conduction of two explorative semi-structured mixed focus group interviews with nurse managers, supervisors, and newly employed OR nurses will be performed.

Results and conclusion: Will be presented at the In the HAAG Conference

Perspectives: The competency cards have been nationalized in late 2018. 2

We assume the results of this study will be useful in facilitating smooth integration of competency programmes to follow.

Key words: Competency cards for experienced nurses in the OR, Clinical perioperative nursing, Patient safety, Team performance, Documentation, clinical research and development in OR

eP056 Clinical pathway for patients to be operated in glandula thyreoidea

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Background: We found in both the theater and the bed ward that we didn't have all the information needed or the patient wasn't ready or informed as we would wish. Patients, who are going to get surgery in their thyroid, will have several transitions between departments. Therefore we decided to improve the transitions between departments. To be able to improve the transitions between departments we needed information about the clinical pathway these patients have and what information is needed in the different wards, to be able to give the patients the best treatment.

Focus of interest: transitions between departments.

Theoretical framework: Make a standard plan.

Aim: To improve the transitions between departments' at the Clinical pathway for patients to be operated in glandula thyreoidea.

Goals: Strengthening interdisciplinary and cross-sectoral cooperation, ensuring appropriate organization and coordination in the course of multiple transitions and for patient progress to be transparent to those involved in the patient's clinical pathway.

Methodology: This is a standard plan. In case of deviations based on the individual's needs, it is important to document this in EPJ. (Electronic Patient Journal)

Available results. <https://pri.rn.dk/Sider/24034.aspx>

Conclusions: A patient's clinical pathway clarifies transitions and responsibilities in transition between sections and what information is important in these transitions. There are many people involved in the transition between the Preadmission assessment, preliminary examination, Admission, discharge, check-up and therefore also a large quantity of information to pass on. Key words: Clinical pathway, Preadmission assessment, preliminary examination, Admission, discharge, check-up Contact person, Janni Ulrich, ju.fssasmo@gmail.com

eP057 Extremity amputations: adjustment

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Introduction: In Greece, approximately 5000 individuals undergo amputations, of which 80-85% are involving the lower limbs and 15-20% the upper limbs. The most common causes of amputations are *traffic or work accidents (traumatic amputations)* as well as various illnesses, such as diabetes mellitus. In cases that amputations are the result of operations this is considered as a “corrective” surgery treatment option. Advances in microsurgery do not entail restoring to pre-injury levels and generally do not achieve prior level of autonomy.

The **aim** of the present study was to explore factors affecting adjustment in extremity amputations. The methodology used was review of research studies published within the last 5 years in electronic data base mainly in pubmed.

Results: Amputation either surgical or traumatic involves several psychological responses which may affect the overall course of health. Grief and anger are frequently prevailing followed by a period of acceptance in conjunction with sadness. Posttraumatic stress disorder, anxiety and depression are common disorders that eliminate patients’ ability to adjust to new reality. According to the literature, prevalence of anxiety and depression amounts up to 41% while 50% of all amputees require psychological intervention. Inadequate adaptation depends on several factors, such as age, gender, level of amputation, coping strategies, self-perceived value on the lost limb, self-esteem and expectations from rehabilitation. The redefined body is a painful experience while disability related issues demand change of roles in family and social life. Factors associated with positive adjustment to amputation are time since amputation, satisfaction with the prosthesis, optimistic personality, lower levels of phantom limb pain and family and social support.

Conclusions: The ultimate goal of health professionals is to help amputees to accept the long-term consequences as well as to reinforce them to achieve the maximum functional status in daily living and avoid maladaptive behavior.

eP058 Investigation of surgical hand washing practices of operating room nurses and surgeonsAydin Sayilan, Aylin¹, Kulakac, Nursen², Temiz, Zeynep³, Mert Boga, Selda⁴¹Kirklareli Üniversitesi Sağlık Yüksekokulu, Nursing, Kirklareli, Turkey, ²Gümüşhane University, Gümüşhane, Turkey, ³Artvin Coruh Üniversitesi, Artvin, Turkey, ⁴Kocaeli Üniversitesi, Nursing, Kocaeli, Turkey

Objective: The aim of this study is to determine the surgical handwashing practices of operating room nurses.

Materials and Methods: This study was performed between 18 and 28 June 2018 in the operating room of two state hospitals. The sample consisted of 41 nurses and 27 surgeons working in the operating room unit. All volunteer employees were not included in the sample selection method. The participants were asked to fill out the form in which 22 questions were included and the data were evaluated as number and percentage using the SPSS 22.0 program.

Findings: 51.7% of the nurses; 34.5% of surgeons did not receive in-service training for surgical handwashing, 92.8% of nurses use an antimicrobial agent in 94.4% of physicians; average 2-5 minutes for nurses during wash periods; It was found that the surgeons took 4-6 minutes.

Conclusion: The applications of surgical handwashing are compatible with the literature; the agent used, and the duration.

Key words: Surgical handwashing, operating room, nursing, surgeon

eP059 Construction and implementation of a model of nursing consultation in the preoperative general programmed surgeryGoncalves, Marco¹, Pereira, Maria Aurora², Machado, Natalia³¹Instituto Ciencias Biomedicas Abel Salazar, Universidade do Porto, Porto, Portugal, ²Instituto Politecnico de Viana do Castelo, Escola Superior de Saude, Viana do Castelo, Portugal, ³Escola Superior de Enfermagem do Porto, Porto, Portugal

Surgery is a new reality that causes profound changes in the life of each individual and nurses should assist clients in overcoming this transition phase, including through health education, by empowering them and helping them acquire coping strategies.

Thus, it’s proposed to conduct a study as an action research, in 4 phases: diagnosis, planning, implementation, and evaluation, whose main objective is to implement a preoperative nursing consultation to clients who will undergo programmed surgery.

In the diagnostic phase, the semi-structured interview technique will be used for clients who have already undergone general scheduled surgery and for nurses in general surgery and operative room. In the planning phase, it is intended to structure a preoperative nursing consultation based on the literature review and the data collected in the previous phase. This structure will be submitted to a panel of experts, to construct a final model by the consensus technique. After, a guideline will be developed for the consultation and training will be given to the nurses who will participate in the next phase of implementation. Finally, the objective of the last phase is to evaluate the impact of the preoperative nursing consultation, through the evaluation of anxiety’s levels and the level of preoperative information/education, before and after the planned intervention. The level of anxiety will be measured through the Spielberger Trait-State Anxiety Inventory, and the level of information will be measured through a Preoperative Information Scale. To systematize the evaluation of the intervention, it’s proposed a debriefing meeting with the team of nurses who participated in the implementation of the consultation.

The aim of this research is to contribute to the improvement of the nursing care provided to the surgical client in the preoperative period. The expected results are the reduction of their anxiety levels and satisfaction of their information needs.

eP060 The association between personal resilience and perceived efficacy and efficiency in decision-making in medical emergency situations, among emergency nursing staffGal, Jana^{1,2}¹Bengurion University of the Negev, Beer Sheva, Israel, ²Bengurion University of the Negev, The Faculty of Health Science, Rekanati School of Community Health, Department of Emergency Medicine and Center for Emergency and Disaster, Ben Gurion University, Beer Sheva, Israel

Background: In the last two decades there is an increasing demand of health care employees for effective decision making. There is an increased expectation of teams to develop high functional capability in decision making during emergencies while demonstrating personal resilience.

Decision making during emergencies are not automated and depend on different situations and work environment.

Personal resilience is affected by factors such as years in practice, skills, and level of education.

Functional capability and effective decision making during emergencies are affected by self control, personal empowerment, identifying situations, and turning obstacles to challenges

1. Investigate the association between personal resilience and functional capability apprehension and effective decision making during emergencies among nursing staff in the operation room, recovery unit, emergency room, and intensive care unit. 2. Study the factors that influence the above association.

Methods: Sectional study of nursing staff at Hadassah Mount Scopus. Participants completed anonymous questionnaires using Qualtrics software

49 nurses participated in the study. 77.6 % females with an average age of 44.310.5 years. 89.8% full time employees. Mean occupation as a nurse 18.311.6 years.

Using Spearman correlation -

- Level of education positively and significantly affected decision making precision level during emergencies ($r=0.376$, $p=0.008$).

- Years in practice significantly correlated to functional capability ($r=0.456$, $p=0.002$).

- Using regression a positive and significant correlation was demonstrated between personal resilience and functional capability ($\beta=0.475$, $p<0.001$).

- Personal resilience contributes to response time and decision making efficacy so that nurses with higher personal resilience respond faster in emergencies ($\beta=0.367$, $p=0.009$).

- Personal resilience was not found to contribute to precision level in decision making efficacy during emergencies. Despite positive trend ($\beta=0.241$) it did not reach statistical significance ($p=0.103$).

- Thus, the hypothesis that nurses with higher personal resilience will demonstrate increased decision making efficacy during emergency was only partially confirmed with regard to response time alone.

eP061 A scoping review protocol to map the non-pharmacological interventions used in perioperative period to prevent anxiety in adolescentsPestana-Santos, Márcia¹, Reis Santos, Margarida², Lomba, Lurdes³¹ICBAS, Porto, Portugal, ²Escola Superior de Enfermagem do Porto, Porto, Portugal, ³Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal**Objective:** To conduct a scoping review to examine and map the range of non-pharmacological interventions used in the perioperative period to prevent anxiety in adolescents.**Introduction:** The concept will be related but not limited to thenon-pharmacological interventions (NPI) implemented and evaluated in perioperative period in order to prevent anxiety in adolescents range 10 to 19 years old.

This concept includes psychological, environmental, social interventions and communication. The authors also want to know the contexts where NPI are delivered and who are the professionals that use these interventions.

Methods: A three-step search strategy will be used in this review. An initial search at MEDLINE and CINAHL has been already undertaken, followed by analysis of the text words contained in the title and abstract. A second search using all identified keywords and index terms will be undertaken across all included databases. The third stage will include the analysis of the reference list in all identified studies. Studies published in English, Spanish and Portuguese will be considered no time constrains, geographical or cultural limitation.**Results:** In the first search strategy done in PubMed database, authors found 426 items. After the second and third phase of this study the extracted data will be presented by database in a tabular form. A narrative summary will accompany the charted results and will describe how the results answer to the review objective and questions about population, concept and context.**Conclusions:** After this mapping and clarification, authors will be able to proceed undertaking a systematic review pertaining to the effectiveness of the use of NPI to prevent the adolescents' anxiety in perioperative period in a particular context or specific population group, or regarding the effectiveness of a specific strategy or technique used as NPI to be led by nurses.**eP062 Building regional network for operating theatre nurses enhance quality and safe practices across hospitals**Staff, Tove¹, Helleland, Ingjerd², Haugen, Arvid Steinar³¹Haukeland University Hospital, Department of Anaesthesia and Intensive Care, Bergen, Norway, ²Stavanger University Hospital, Department of Perioperative Care, Stavanger, Norway, ³Haukeland University Hospital, Bergen, Norway**Background:** The Western Norway Regional Health Authority (Helse Vest) has overall responsibility for the specialist health service in the counties of Rogaland, Hordaland and Sogn og Fjordane.

Professional cooperation in the regions is important for stimulating learning and to share knowledge and experience across the region. Helse Vest is supporting a regional network amongst professional disciplines.

Helse Vest consists of four health enterprises: Helse Stavanger, Helse Fonna, Helse Bergen and Helse Førde, which provides health services and surgical services for 1 million inhabitants. In the strategy plan for 2017-2022 establishing regional professional networks are encouraged.

The surgical services rely on high competent professionals and resources to deliver good health care. Operating theatre nurses are part of the surgical services and would benefit of sharing experience, research and knowledge in a network.

Methods: Network for operating theatre nurses in charge of operating theatre nursing, was established in 2017 in order to share knowledge, expertise, experience, and discuss solutions to common challenges.

The academic content and program has been developed in collaboration between the Lecturer-practitioner for operating theatre nurses at the university teaching hospitals HUS and SUS. This cooperation has been important in order to achieve a good result.

Results: Attending operating theatre nurses have been very satisfied with the network meetings. The meetings have included master degree projects, quality improvement, and discussions on equipment, logistics, challenges in the field of infection protection, positioning the patient for surgery, decontamination, new surgical techniques that influence on the work of operating theatre nurses.**Conclusions:** It is important that the major regional hospitals take initiative and collaborate on professional development. By focusing on the patient, patient safety, and safe surgery, the regional network helps to promote quality in the specialist health service through better information flow across hospitals, collaboration and sharing of professional procedures.**eP063 Evaluation of nutrition risk of patients staying in the surgery service**Aygin, Dilek¹, Cengiz, Hande¹, Gökçe, Tuğba¹, Bulut, Nursemin², Altintoprak, Fatih²¹Sakarya University Faculty of Health Sciences, Sakarya, Turkey, ²Sakarya University, Sakarya, Turkey**Objectives:** Nutrition risk in surgery patients is influenced by many factors such as individual, environmental, socio-economic factors. In this study, it was aimed to evaluate the nutritional risk of patients staying in surgery service.**Method:** 67 cases, 17 of whom were diagnosed with cancer, staying in General Surgery Clinic of Sakarya University Medical Faculty between September 2015/October 2015 were included in the study. The data were collected using a patient identification form and the Nutritional Risk Screening (NRS 2002) form.**Results:** The age average of the patients was 54.18318.17, whereas 38 of them were male (56.7%) and 29 were female (43.3%). It was determined that 6% of the patients whose BMI was 27.03±6.26 kg/m² were thin, 32.8% had normal weight, 34.3% were overweight and 26.9 % were fat. 25.4% (n:17) of the patients were diagnosed with cancer. When the risk of malnutrition was evaluated according to the patients' NRS form, it was seen that 17.9% (n=12)(≥3) had a nutritional risk, and an appropriate nutrition plan had to be planned. The proportion of those who lost weight in the last 3 months was 53.7%. It was determined that 62.7% of the patients had no decrease in food intake within the last week and 76.1% had no serious illness. It was determined that 80.6% of the patients could be fed orally and 22.4% of them continued to have parenteral nutrition. Antibiotics were used in 74.6% of the patients and surgical site infection was detected in 14.9% of the patients.**Conclusions:** In our study a malnutrition risk that is close to the literature was found. It is a fact that morbidity and mortality rates after surgical intervention are high in patients with malnutrition. In this regard, we think that it is necessary to plan more comprehensive and long-term studies.**eP064 Comparison of infrared tympanic membrane and contactless temporal artery thermometer in determining the body temperature of the patients who are treated in cardio-vasculer intensive care unit**Kula Sahin, Sennur¹, Dogdu, Hatice Gozde²¹Istinye University, Faculty of Health Sciences,, Department of Nursing, Zeytinburnu / Istanbul, Turkey, ²Clinical Hospital Center / Nursing, Intensive Care, Istanbul, Turkey

Body temperature is a very valuable vital sign for a safe and an effective patient observation. Measurement of body temperature is very important after cardiovascular surgery, because cardiovascular procedures are very risky and complicated. In this methodological, descriptive, and cross-sectional study, we evaluated the safety of infrared tympanic membrane thermometer (ITT), and contactless infrared temporal artery thermometer (TITAT), in cardiovascular intensive care patients. This study was performed with 60 patients who were eligible for the inclusion criteria, in a state hospital in Istanbul, between April 2015 - July 2015. Data collection forms were used for demographic data and body temperature measurements. Body temperature of the patients were measured with each thermometer at the same time. Results were evaluated with SPSS for Windows 17.0 and MedCalc 9.6.2.0 program. Fifty percent (n:30) of the patients were male and between 50-65 years, 40% (n: 23) of the patients were overweight, 57.6 % (n:34) had surgical procedure over 5 hours, and mean value of the age of the patients was 54.2 3 13.5 (30-86). Body temperature measurements were slightly higher with ITT (36.42 3 0.72), when compared to TITAT (36.02 3 0.79). According to Bland and Altman curve, repeatability, chisquare test, correlation and scatter charts were analyzed, and we observed similar results for each thermometer. As a result in cardiovascular intensive care unit, both type of thermometers can be used for measuring the body temperature. Health workers can prefer one of the thermometers considering the advantages and disadvantages of the each devise.

Keywords: infrared tympanic membrane, contactless temporal artery thermometer, body temperature, intensive care, cardiovascular surgery

eP065 Inferior vena cava filter placement

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The inferior vena cava filter is a type of vascular implant made from a special alloy that is placed inside the inferior vena cava, below the renal veins, and opens like an umbrella, for the purpose of preventing the movement of a blood clot from the lower extremities and the pelvis area to the heart and the lungs. Blood clots in the lower extremities and the pelvis appear during a pathological condition known as deep vein thrombosis, where part of a clot can get detached and move towards the lungs and the heart, causing complications, such as pulmonary embolism and death. For patients diagnosed with deep vein thrombosis, pulmonary embolism, multiple trauma patients e.t.c is the best solution and can save their lives. The placement is achieved invasively via the use of fluoroscopy, using local anesthesia at the point of entry, which can be either the right jugular vein or the right femoral vein. No tools are required for the placement. Sterile heparinized saline is required to flush the device and the casings, as well as contrast agent to determine the placement point of the filter (below the renal veins), as well as control its final positioning. The possible complications that may follow the placement of an inferior vena cava filter are the following: Insertion site hematoma, Vascular damage from the catheter insertion, Inferior vena cava obstruction, Recurrence of thrombosis, Clot extension, Pulmonary embolism recurrence, Filter malfunction, Bad positioning, Wrong blood vessel positioning, Perforation of the vascular wall.

Conclusion: The inferior vena cava filter placement reduces the risk of pulmonary embolism but, a great deal of care is required in regards to the anticoagulant treatment because it can lead to increased percentage of thrombosis of the inferior vena cava as well as increased percentage of deep vein thrombosis recurrence.

eP066 According to the patient's prostate surgery roy adaption model open nursing care

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Introduction: Patients who have undergone open prostate surgery may experience problems that affect their entire life physiologically, psychologically and socially and the need for care for their disease increases. The Roy Adaptation Model appears to be an appropriate model for patients who are frequently used in nursing and have undergone open prostate surgery.

Objective: The aim of this study was to present the interventions and planning of nursing care by using Roy Adaptation Model of the patient undergoing open prostate surgery.

Materials and Methods: Data were collected by interviewing the patient one-on-one and providing care for the patient's operation.

Results: As a result of the evaluation of the data; "the risk of infection, risk of bleeding and pain (physiological area), discomfort and anxiety about self-image (self / self concept), fear (self / self concept) loneliness (role function area)", son diagnoses were discussed.

The nursing care given to H.Ç. was planned for both the patient and her family.

Conclusion: A patient who had undergone open prostate surgery was attempted to resolve the problem of compliance with the operation it had undergone, and progress was made on compliance. Based on this result, it can be said that Roy's Adaptation Model can be used in the care of patients with open prostate surgery.

Key Words: Open Prostate Surgery, Postoperative Care, Roy Adaptation Model, Nursing Care.

eP067 Do you still count your instruments? Manage them!

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During acute surgery with a lot of surgical instruments, the check for the completeness of these surgical instruments remains quite a challenge. In the Netherlands, the scrub nurse is responsible for the completeness of instruments, sponges, disposables and sharps. After trying various existing solutions, we came up with a new approach. We concluded that the question we should asked ourselves is not "how many instruments do you have?" but rather: "are the instruments complete?" Visual support helps realize this in a more efficient way. Compare it with a crate of beer. It's easier to check if the crate is complete full than count each single bottle. Put the surgical instruments in a crate and see at a glance that all the instruments are complete. The surgical team can safely close the wound.

The at-a-glance insight into the completeness of surgical instruments is called Smarttray and is approved by Dutch national organizations and they recommended Smarttray in several hospitals. This good practice might also be an good example for other countries. It is a workable concept (also in critical situations), which leads to increased patient safety. The Smarttray concept is more than just fixating surgical instruments. By standardizing instrument sets and eliminating pitfalls in the entire process of the completion control, patient safety can be guaranteed.

eP068 The relationship between oral cavity assessment score and oral care of the patients in the surgical clinic

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Objective: The aim of this study was to determine the relationship between Oral Cavity Assessment Scale Score of Patients in Surgery Clinic and Oral Care Applied.

Materials and Methods: This study was performed as cross-sectional type of relationship seeker. The universe of work was the data obtained from the care plans for the illness in the general surgery clinic. The sample selection method was not applied in the study and the maintenance plans collected during the relevant period (March 2018-May 2018) were evaluated (n: 107). In data collection, oral assessment scale score and duration of oral care given to the patients were evaluated. The modified oral rating scale developed by Eilers et al. (1988) was used by Yates (2002). The mouth evaluation scale consists of 5 parts; lips, mucosa, tongue, teeth and saliva. Each division is scored between 1-4 and the total score of the oral assessment scale varies between 4-20. If the score on the oral assessment scale is less than 5, the oral mucosa is normal, between 6-10 mild dysfunction, between 11-15 moderate dysfunction and between 16-20 severe dysfunction.

Findings: 62.7% of the patients were male and 71.7% were married and the age range ranged from 51-81.49. The scores on the oral cavity evaluation scale were less than 5 (36.7%); 41.4% were evaluated between 6-10 points and 21.9% were evaluated as 11-15; 69.3% of patients had 4 * 1 oral care; 30.7% were given 2 * 1 oral care.

Conclusion: It was determined that the level of oral cavity was not considered when giving oral care.

eP070 Nursing graduate education in Turkey: surgical nursing aspect

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Objectives: This study was conducted to examine the graduate education program conducted in surgical nursing in Turkey.

Methods: Graduate nursing education in Turkey that all educational institutions (Faculty of Nursing, Faculty of Health Sciences, School of Health) examined data from the official web page of the information collected on web pages. The study sample consisted of 16 higher education institutions carrying out a postgraduate program in the field of surgical nursing. No ethical consideration related study. The data were evaluated by percentage and number tests using the SPSS statistical program.

Results: Surgical nursing field in Turkey, five nursing faculties, eight faculties of health sciences and three health schools were enrolled in a postgraduate training program. Six of the post-graduate training programs were found to be non-thesis masters in surgical nursing, 15 graduate masters in surgical nursing and 11 masters degree in surgical nursing. It has been determined that 274 graduates from the graduate program in non-thesis nursing, 340 graduate programs with thesis, and 100 graduate students graduated from doctorate program. According to the Research, Publication and Statistics of The Measurement, Selection and Placement Department in 2012-2013, 15.9% of the total number of graduates (2847) from the postgraduate programs in nursing was 17.1% of the total number of graduates (2252) from postgraduate programs in nursing that were formed by postgraduate programs in surgical diseases nursing (595) 11.4% of the total number of graduates from postgraduate and doctoral programs in nursing, which were formed by master's programs with surgical diseases and nursing thesis, were found to be masters degree and doctorate programs in surgical diseases nursing.

Conclusions: The assessment of the current situation in the surgical diseases nursing undergraduate programs and the planning of future plans will shed light on the graduate education programs.

eP071 Future educational opportunities; further perioperative education within pediatric operating room nursing

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A first National Pilot education within pediatric surgical care:

University course which contents a clinical education in Pediatric surgery and a theoretic part in Pediatric Surgical health care.

A collaboration between Clinical Practice and Theory; A work between Karolinska Institute, Astrid Lindgrens Children's hospital/Karolinska university hospital and the pediatric surgical clinics in Sweden. This attempt is to reach out the demands that safe patient care needs and specifically in supporting a patient centered care. Working at a university clinic/hospital has as ongoing knowledge demands and therefore the continuing learning needs support by the employer and educational institutes.

The overall objectives of the course are;

In-depth knowledge and competence in perioperative care within the pediatric surgery.

In-depth understanding and insight into the difference in children and adults in relation with surgery.

The course is based on a problem-oriented approach and collaborative learning approaches. Working methods provide a prerequisite for the participants who actively takes responsibility for his / her learning.

The education consists lectures and different student activities and working methods such as individual-, group tasks and seminars. A web-based learning platform will be used.

Presenter's Antoniadou and Jonsson will discuss both the content of the course and how to handle some aspects of knowledge demands.

eP073 Transition shock - is your graduate nurse at risk?

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The term 'Transition Shock' is a relatively new concept used to describe the experience of moving from the comfortable and familiar role of the pre-registration nursing student to the professional Registered Nurse (RN).

Transition shock has foundational basis in Kramer's theory of 'reality shock,' which describes the phenomena of studying for many years to practice a particular role, and then finding the professional reality is different than expected. Reality shock has four phases - the honeymoon phase; the shock stage; recovery and finally transition.

Dr Judy Duchscher, whose research into this issue in nursing spans over 10 years, states that 'nurses often identify their initial professional adjustment in terms of the feelings of anxiety, insecurity, inadequacy and instability it produces. Few would argue that the first few months of a graduate RN's career are the most stressful- consolidating the theory outlined by Kramer.

This presentation seeks to define transition shock and outline signs and symptoms which may be exhibited by the graduate nurse. Potential solutions will be extrapolated upon. It is hoped that perioperative nurses will have an improved ability to recognise the issue, and, with greater awareness and understanding, potentially be able to construct improved supports required to ensure a smooth path to successful transition of the perioperative graduate, and, in the long term, improved retention.

In offering solutions, the logistical issues effecting education and support in the Operating Theatre are highlighted, and issues for potential research are recognised.

eP074 Complementary therapies can offer support in the management of preoperative anxiety

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Generally speaking, preoperative anxiety occurs in over 50% of patients undergoing surgery or a procedure. This can lead to worrying, nervousness, and sleep problems before the procedure, and also nausea, anxiety and agitation while coming out of anaesthesia. Anxiety and stress can lead to vasoconstriction (complicating IV administration), tachycardia, fluctuating blood pressure, a greater need for anaesthetics and pain medication, changes in behaviour and a prolonged hospital stay.

Educating and informing patients on what to expect is of key importance.

Evidence and experience show that complementary therapies before and during surgery can offer valuable additional support. A variety of touch techniques and being nearby, foot soaks, guided imagery and music are mentioned as well as aromatherapy.

Working with aromatherapy and its fragrant oils through various routes of administration can help reduce stress and anxiety, agitation and sleep issues. Especially citrus oils such as Neroli, Sweet Orange and Bergamot, as well as Lavender, Frankincense, Spikenard and Vetiver are studied on relevant properties with excellent results. In this session the author will elaborate on simple yet effective and safe possible interventions before and during surgery for reduced anxiety and greater wellbeing and recovery after surgery.

eP075 Educational process of the perioperative nurses in University Medical Centre Ljubljana, Slovenia

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Slovenia's membership as an equal member of the European Union was necessary to coordinate educational programs with nursing care programs in Europe. Faculty for health science in Slovenia has implemented a coordinated program in the academic year 2004/2005. In University Medical Centre Ljubljana is for all new employees, who completed their Nursing Care Study in Europe, is obligatory for one year's introduction to work with the final examination. New employee are trained by specific program. Every new employee OR nurse is designated as a direct supervisor and prepared individually in a coordinated manner program. At the time of circulation in the Operating theater, the newly employed OR nurse is direct supervised to develop a competent, responsible relationship and professional behavior, and participates in the acquisition of knowledge and skills.

eP076 Creation of a universal language for surgical procedures using the step-by-step framework

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Background: Learning surgical procedures is traditionally based on a master-apprentice model. Segmenting procedures into steps is commonly used to achieve an efficient manner of learning. Existing methods of segmenting procedures into steps, however, are procedure-specific and not standardized, hampering their application across different specialties and thus worldwide uptake. The aim of this study was to establish consensus on the step-by-step framework for standardizing the segmentation of surgical procedures into steps.

Methods: An international expert panel consisting of general, gastrointestinal and oncological surgeons was approached to establish consensus on the preciseness, novelty, usefulness and applicability of the proposed step-by-step framework through a Delphi technique. All statements were rated on a five-point Likert scale. A statement was accepted when the lower confidence limit was 3.00 or more. Qualitative comments were requested when a score of 3 or less was given.

Results: In round one, 20 of 49 experts participated. Eighteen of 19 statements were accepted; the 'novelty' statement needed further exploration (mean 3.05, 95 per cent c.i. 2.45 to 3.65). Based on the qualitative comments of round one, five clarifying statements were formulated for more specific statements in round two. Twenty-two experts participated and accepted all statements.

Conclusion: The international expert panel consisting of surgeons supported the preciseness, usefulness and applicability of the step-by-step framework. This framework creates a universal language by standardizing the segmentation of surgical procedures into step-by-step descriptions based on anatomical structures, and may facilitate surgical education and communication on a team level - between surgeons, resident and scrub nurses to enhance overall surgical quality.

eP077 Affective gains of the students about the operation room in the scope of surgical nursing practice course

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Background: Nursing education aims to provide the student with the basic knowledge, attitudes and skills related to cognitive, psychomotor and affective fields, to gain professional nursing properties and prepare the student for professional life. This study was planned to determine the affective gains of the students in the scope of surgical nursing practice.

Methods: This study was carried out retrospectively to examine the affective gains section of the operating room reports of the students who were studying in Istanbul Medipol University Nursing Department. The population and sample of the study consisted of 32 students in the operating room. Ethics committee permission and institution permission were obtained before the study.

Results: When the affective gains of the students about the operating room were examined, it was observed that the role of the patient advocacy role of the nurse in the operating room section was adopted by the students and achievements to protect patient safety and patient privacy were obtained. Students said that, empathic approach considering the patient's feelings and thoughts, listening to the wishes of the patient, being tolerant and gentle contributes positively to the operating room care processes and there was a decrease in the patient's anxiety. Observing the situations that cause the individual to experience stress and anxiety such as fear, unhappiness, loneliness and confusion, team work, the application of ethical rules and the importance of communication with the patient were determined as affective gains of the students.

Conclusion: The aim of nursing education is to provide students with basic knowledge, skills and attitudes in cognitive, affective and psychomotor dimensions. It will contribute to the students to be educated as a professional nurse by evaluating their deficiencies and errors and giving feedback about the process.

Key Words: Affective gains, nursing student, operating room

eP078 Teaching project in surgical instrumentation of lumbar arthrodesis multilevel by clinical simulation

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Objective: by means of the Clinical Simulation we try to favor the acquisition of nursing competences in surgical instrumentation necessary in the real practice and to diminish the incidence of the stress in the surgical area in the novel personnel. This learning has as a priority the safety of the patient, in the globality of the term.

Design: randomized experimental study, control group pre-test open and parallel post-test, analyzing a sample of 30 students (novice surgical nurses), 15 of which will perform simulated sessions plus a subsequent debriefing session and 15 will not perform any type of simulation. Both groups will attend the formative classes regulated by the educational center. The main variables will be acquisition of the necessary skills in ALM instrumentation, anxiety, stress.

The variables will be analyzed using the Demand-Control (DC) model scale from Karasek in the stress assessment and competency questionnaire. The collected data will be exported to the Einfo 7.2 program for further analysis.

Key words: stress, simulation, competences, learning

eP080 Views of nurses about "nursing-sensitive quality indicators"

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Objectives: Nursing-sensitive quality indicators can be defined as measuring the quality of nursing services, setting some standards characteristic to the working units of nurses, and evaluating whether it is reached these standards. The aim of this study was to determine the views of the nurses about "nursing-sensitive quality indicators".

Methods: Research population was consisted of 207 nurses in total who work in internal diseases and surgery units of a university and a state hospital in the city of Ordu. While no sample was chosen in the research, it was finalized with 144 nurses in total who were in conformity with the criteria and were voluntary to participate the study between the dates of 15.02.2018 and 15.05.2018 (participation level 69.5%). As data collection tool, it was used semi-structured questionnaire form that consists of questions about the views of the nurses about the demographical and nursing-sensitive quality indicators (the USA database of Nursing Quality Indicators, 2007). It was also used descriptive statistics in evaluation of the data.

Results: According to the findings obtained in the research, the average age of nurses were 35.338 (min=22, max=58), 93.8% of the nurses were female, 62.5% were obtained Bachelor's degree and 78.5% were working in the period more than five years. Nurses have remarked the most of quality indicator titles about patients, nurses and healthcare institution as nursing-sensitive on visual analog scale (0-10 scores). Especially the approval level of educational level of nurses (8.0932.69), patient satisfaction (832.28) and the allocated time for patient care (7.7233.09) have ranked top three titles by having a high approval level. Besides, the nurses have stated that the titles of needlestick injuries, drug interactions, transfusion reactions and occupational accidents should be added among the nursing-sensitive quality indicators.

Conclusions: Nursing-sensitive quality indicators have made the nursing practices visible. In the research, it was identified that the nurses have awareness about the quality indicators.

eP082 Making change stick

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Across the world; inefficiencies, poor patient throughput, lack of coordination and poor quality care drive costs in our healthcare systems, hospitals and Perioperative Services. In many countries it is estimated that 30% of spending on healthcare is related to these inefficiencies and lack of care coordination.

With Nursing and other healthcare professionals at the front line caring for patients, we first-hand see the impacted related to broken processes in our daily work. As a result, in many situations, workarounds have been developed in order for us to carry out our daily patient care activities. Workarounds seem to become the "new normal" in order for us to provide care to patients. In many cases, patients' lives are at risk when this new normal becomes routine in providing care. No matter what performance improvement methodology is utilized, a key aspect of sustaining the effects of the performance improvement is nursing empowerment and leadership accountability. Without these core skills and competencies, the improvement efforts realized will be short lived and quickly return to their prior, inefficient and unsafe state. We must hardwire our culture within the Operating Theatre to Make Change Stick.

Objectives:

1. Discuss drivers of inefficiencies in our Operating Rooms and their effect on patient care.
2. Discuss the various performance improvement methodologies related to improving patient care, cost, quality and throughput.
3. Discuss the roles, responsibilities and skills for Nurses and other healthcare professionals in leading performance improvement in our surgical departments
4. Discuss leadership and staff responsibilities in sustaining effective change in our work environments

eP083 OR supply cost reduction strategies

Kusler-Jensen, Jane

Deloitte Consulting, Wild Rose, United States

OR supply costs are a significant portion of all costs for a hospital. This session will review a case study with the objective to establish appropriate inventory volumes, improve the flow of supplies and implants through the OR, as well as to develop a list of medical supply and implants with sourcing and/or utilization cost reduction opportunities.

Initially, it was found that process redesign and technology optimization were needed to increase in inventory turns, reduce waste and supply expenses. This would also require a redesigned OR Value Analysis Team processes to drive targeted expense reductions on high-impact areas of supply expense through pricing, standardization, and reduced utilization.

The processes utilized to make these improvements will be discussed so that one may replicate the results for this case study, which included the reduction of the volume of inventory and increase inventory turns; increased storage space by reducing duplicate locations for same supplies; reduction of stock outs, overstocking, and volume of expired goods by establishing PAR levels based on actual usage; reduced spend and increase consolidation and utilization of custom packs; strengthened process for owned and consigned goods.

eP084 Tradition of insider view of Operation Room staff children to minimize work-family conflict

Sneh, Rivka

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Introduction: The work-family conflict is known as a risk factor for low productivity, health and well-being of workers. Recent studies reported a negative connection between job satisfaction, job performance, psychological health and well-being with the work-family conflict. and a contributor factor to an increase of physical health problems, early burnout, and low efficiency.

Israel is a family-oriented society and sees the family as its basic unit. Israeli women have the highest average number of children in the Western world (2.89 children per family). Operation Room (OR) Nurses raise their children during their career, while working long hours and have unexpected events and emergencies that affect their family routine.

OR Head nurse, who recognizes the role of the family in her staff lives, decided that insider's sight of spouse and children into the OR world can help minimize the work-family conflict from the family perspective.

Methods: The outgrowth of that recognition was to start a yearly tradition of a kids' visiting day to the operating rooms of Mt. Scopus hospital on Hanukkah's holiday. During the visit, the children were divided into groups and each group performed planned activity inside the OR. They wore surgical clothes, wash hands according to OR hands hygiene, used surgical instruments, observed a simulation of laparoscopic surgery, performed CPR and more. At the end of the session all children received Hanukkah gifts and took family photos.

Results: 60% of the workers children participated in the visit. The activities lasted two hours and all the children enjoyed the visit and looked forward to the next time. Their parents reported that they were more relaxed during their duty after the session.

Conclusions: Bringing the children of the OR staff to their parents workplace, allowed them to experience the unique role of their parent and reduce the work-family conflict.

eP085 Examination of the theses written about teamwork in nursing in Turkey

Tüney, Meltem

Usak Eğitim Ve Arastirma Hastanesi, Usak, Turkey

Introduction: Teams are effectively and widely used in organizations. The team is a combination of two or more people who are connected, interdependent and acting together to achieve pre-determined goals. Teamwork means that people who decide together can make joint decisions and produce solutions continuously and resolutely. With an effective team work in health services, it is stated that continuity and time is saved in patient care, quality of care and productivity of workers are increased, cost and hospital stay are reduced, service repetitions are eliminated, communication quality is increased and a safe structure is formed against medical errors.

Aim: To evaluate the thesis studies in the field of nursing using the scale of teamwork attitudes.

Material and methods: Yök Four thesis studies published in the thesis were found. Three used the Team Work Attitude Scale. The names of the thesis studies are as follows: '' The effect of teamwork attitude on job satisfaction of health workers in a university hospital '', '' Evaluation of the effect of motivation level on team work in nurses '', '' Evaluation of the relationship between team work and job satisfaction in operating room workers ''. Three thesis studies were conducted as descriptive. The number of participants is 381, 304 and 137.

Findings: According to the researches, it is seen that the majority of the participants are women, university graduates, 20-29 years old and they are trained in team work.

Results: Factors affecting team work; team members coming from different cultures, role ambiguity, being in different age groups were the most effective factors.

eP086 Lifesaving spinal surgeries in Ethiopia: The Hadassah Surgery Medical team goes to Ethiopia to help on a Humanitarian Mission (March 2018)Galfond, Reuven*Hadassah Medical University Hospital Mt.Scopus, Jerusalem, Israel*

Hadassah Medical Center in Jerusalem group performed surgeries to fix severe spinal deformities as part of a weeklong medical mission to Ethiopia.

Eight doctors, 3 nurses and one physical therapist from the Hadassah Medical Center in Jerusalem traveled on the mission to the city of Mekelle, in the African country's north. The Israeli medical team performed five surgeries at the Ayder Comprehensive Specialized Hospital, which serves some 8 million patients but does not have a spine surgeon.

The patients, all aged 18 and under, had spine deformities so severe that they were causing potentially lethal complications, including pressure on internal organs and lung infections. The surgeries were complex, with some taking eight hours.

The problem with pediatric cases is if you don't treat them in time, they progress, and these cases were so bad that if we wouldn't have operated on these children, at least half of them would be dead by next year.

In addition to performing the five surgeries, the Israelis also provided medical training to Ayder staff.

eP087 Computer-based medical record: The current innovation method of managing patient's dataBanousi, Angeliki*Kat Hospital, Operating Theatre, Kifisia Athens, Greece*

Introduction: The use of computer technology in computer-based medical documentation and management of medical information regarding patients has significantly changed the way we practice medicine nowadays. The known practical disadvantages of the traditional paper-based medical record and the apparent advantages of the electronically created one have changed the scene. In developed countries it is currently well established for processing and archiving medical information, for performing medical videoconferences and for conducting and performing worldwide multi-centre studies and epidemiological investigations.

Objectives: To highlight the necessity of using the Computer-based medical record (CMR) in Greek hospitals as the main tool for recording, storing and defusing of clinical data, compared to the printed record, highlighting incomplete or incorrect documentation using traditional paper method.

Methods: The methodology is based on review of international and Greek literature, and the detailed review of these.

Results: CMR reduces the potential errors of manual diagnosis, produces long history of patients and ensures comparable and comprehensive data for different populations. However there is difficulty in formulating clear and precise rules, which could reasonably be determined upon implementation of the electronic file, after the first hospital information systems must ensure consistent, continuous and discrete input and other data should correspond closely to medical terminology, but according to internationally accepted encodings.

Conclusions: Physicians should show particular interest in this method, while the managements to immediately seek its implementation, which involves reducing the cost, accounting patient management, monitoring of the operation of sections and able to conduct quality control of the offered health services.

Keywords: Computer-based Medical Record, Health Citizen Record, Effective Factors, Hospital Information System, Codification

eP088 Duo presentation by Hennie Mulder and Els van der Wilden Title: from barcode to sustainable patient care in the ORMulder, Hennie*Maxima Medical Centre, Veldhoven, Netherlands*

Any patient expects the best possible care, safe care and affordable care. Patient safety is an important driver for healthcare professionals, as they want the best results for their patients. The operating theatre is considered a high risk environment. Due to anaesthesiology, patients cannot be vigilant during the time just before and during surgery. This increases the responsibility of the theatre staff to prevent errors. In recent years, several changes/innovations are implemented in theatres all over the globe. A successful example in reducing errors, or in early detection and correction

are Time-out-procedures. The use of international barcodes can greatly enhance this beneficial effect. These barcodes not only identify persons, places and products, but also reduce manual procedures, save time and enhance the safety of administrative procedures.

In this presentation the specific example of the challenges and benefits of GS1 identifiers in the OR of Maxima Medisch Centre Veldhoven in the Netherlands is highlighted. Specific results include: reducing costs, clearing redundant stock, recall easier to implant and awareness due rationalizing of products usage per OR or even per surgeon (uniformed) in each specialisms group.

Patient safety, there are no mistakes in ordering, for example the right prostheses are ordered, for example, right or left by knee/hip prostheses, there will be no patient send home while the prostheses are not there.

Also a global overview is shared on specific benefits gained in several countries, sometimes driven by specific regulation (in France for instance following the BSE-crisis), sometimes driven by business reasons (rationalizing trays and cost efficiency) and sometimes driven by professionals as ambassadors for patient safety.

Awareness of the impact at both higher management and staff at the 'working floor' is needed to gain the best results.

Exempel: Leeds, Salisbury, Fukui Japan, Aulnay Frankrijk, OLVG Nederland, MMC

eP089 The risk of venous thromboembolism development in preoperatively and postoperatively at surgical clinicsIrmak, Burçin, Karadag, Mevlude, Yıldız, Nihal*Gazi University Faculty of Health Science Department of Nursing, Ankara, Turkey*

Venous thromboembolism (VTE) is a feared complication that can cause permanent damage in the perioperative period in patients undergoing surgery or trauma. This study was conducted to determine the risk of VTE development in the preoperative and postoperative period in patients hospitalized in surgical clinics.

Method: The sample of the descriptive study consists of 377 patients in a university hospital in Ankara who are hospitalized in orthopedics, general surgery, neurosurgery, cardiovascular surgery clinics, accept with the research criteria and to participate in the research. Data from the study were collected using the Personal Information Form, the Autar DVT Risk Assessment Scale, The Caprini Risk Assessment Model for Surgical Patients and The Padua Risk Assessment Model: VTE Risk Form.

Results: According to preliminary evaluation of the study made up of 93 patients, the mean age of the patients was 54.3. According to the Autar VTE Risk Assessment Scale in the preoperative period 86% of the patients had low risk and 14% had moderate risk. In the postoperative period, 40.9% of the patients had low risk, 41.9% had moderate risk and 17.2% had high risk. Similar results were obtained in the Caprini Risk Assessment Model and the Padua Risk Assessment Model. The data collection phase of our research is ongoing. Detailed conclusions will be discussed at the congress.

Conclusion: Surgery alone is a factor that increases VTE risk. It is suggested to plan and apply nursing care according to VTE risk levels before and after surgery.

eP090 Surgical care safety: think national act local international impactMcLeod, Bonnie¹, Antoniadou, Irini²¹Consultant, Maple Ridge, Canada, ²Director, Stockholm, Sweden

Healthcare professionals must make every reasonable effort to provide safe care to their patients. While healthcare providers, teams and organizations strive to provide safe care, harmful surgical incidents, including wrong site surgeries and surgical items left behind following a surgical procedure, continue to occur. Patient harm as a result of a surgical safety incident damages public confidence in the healthcare system. Effective use of a Surgical Safety Checklist can facilitate communication among teams and help to avoid 'never events'.

Presenter McLeod will discuss the development of the 'Joint Position Statement on the Advocacy and Support for Use of a Surgical Safety Checklist' - a collaborative effort in Canada between the Operating Room Nurses Association of Canada and partners: Canadian Anesthesiologists' Society, Alberta Health Services and the Canadian Patient Safety Institute. With a renewed call for use of a Surgical Safety Checklist, the partners hope to see a reduction in the number of patients harmed as a result of surgical incidents.

Presenter Antoniadou will discuss the recent advancements in Sweden in the use of a Surgical Safety Checklist that are the result of a synergy between organizations of nurses, anesthesiologists and surgeons with support by the National Health Insurance. The presenter will outline the obstacles/challenges for team communication and perspectives to achieve good team collaboration in delivering safe surgical care.

Surgical safety incidents have a human and monetary cost to patients, families, healthcare providers, institutions, and society. Better communication between healthcare providers and patients pays huge dividends by improving patient safety and patient outcomes. The presenters have provided strategies that make a positive difference in surgical safety and can be adopted everywhere.

eP091 SAFE OR

Williams, Tracey, SAFE OR Steering Group

University of Central Lancashire, health sciences, Preston, United Kingdom

Objectives: There is a global increase in surgical capacity. However there is a disparity in access to safe surgical care. Low and middle income countries have a wide variation in surgical morbidity and mortality. The purpose of SAFE OR is to support the best standards of surgical by having various professionals work more effectively as a team in the operating room.

Methods: A group of professional organisations representing surgeons, anaesthetists and nurses developed and delivered a programme that addressed preoperative, intraoperative and postoperative elements of safe surgical care. It explored themes and techniques for good communication skills and team working. It envisioned that groups that came and trained together would go back to their own hospitals and practise more effectively.

Results: The course was delivered over three days twice in Ethiopia and twice in Uganda. It was taught by a multidisciplinary faculty to multidisciplinary participants (nurses, surgeons, anaesthetists and anaesthesiologists) from both countries. The course was designed to assist progressive delivery by the local faculty in any given country.

Conclusions: At the end of the first delivery of the course a train the trainer day was held. This was for the local multidisciplinary faculty. They then shadowed the visiting faculty in delivering the course. They then delivered the programme independently - rolling the programme out to district hospitals around the country. However three days proved to be a barrier to access as many hospitals could not release participants for so long. The team revised the sessions so that no content was lost but could be delivered over two days. The participants worked well together and for many it was the first time they had trained alongside different professions. The outcome was that they had shared goals and enhanced communication thereby improving patient safety.

eP092 It's a risky business

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Living is a risky business! In our lives on a daily basis we manage all kinds of risk!

The question is posed; is there a different strategy for us to adopt in terms of managing risk in the workplace?

This discussion aims to briefly explore our journey to 'new age' risk awareness in response to inaugural American and UK publications in 1999, and 2001 which spurred the birth of clinical and corporate governance and continues to have impact up to the present day.

People and systems are the common denominators for providing effective strategies to manage risk in the workplace; and the human factor elements are inherent in both.

There are core characteristics identified as crucial in high performing teams within perioperative clinical environments.

We are encouraged to identify these qualities within ourselves and to strive to improve in the interests of perioperative patient safety and staff welfare.

eP093 Implants registration is patient safety

Betzema-Wagenaar, Charmaine

MCL Hospital, OR, Leeuwarden, Netherlands

In the Netherlands we have to register the hips, knees and breast implants. But what about the screw and plates? In our hospital we had a project to register all the implants. How? I will tell how we did it.

eP094 In-situ simulation in the operating room to train critical events in paediatrics: Opinion of health care professionals

Pestana-Santos, Marcia, Oliveira, Dora, Paiva, Graça

Hospital Pediátrico de Coimbra - CHUC, Coimbra, Portugal

Introduction: The experience indicates that the in-situ simulation is a valuable and secure tool for identifying needs, promoting effective communication, improving technical skills and implementing process improvements in a high-risk medical environment (Alkhalait et al, 2016).

Objectives: To use in-situ simulation to train the nurses and anaesthesiologists in critical anaesthetic events in Paediatrics; to use the existing recommendations for train leadership and communication in critical anaesthetic events in Paediatrics.

Methodology: An in-situ simulation session of two critical events was performed: one in the operating room and another outside of the operating room. It covered 36 nurses and anaesthesiologists. This session focused on: identification of the situation; treatment of the cause; leadership; teamwork; knowledge of materials, equipment, protocols and circuits; debriefing. The evaluation of the session was made at the end of the training using free text. It was based on positive and negative aspects and suggestions for improvement of the training session.

Results: As positive aspects the participants mentioned the opportunity to simulate rare cases (41%); training of individual skills and group work - communication (18%); existence of protocols as a precious helper (9%); and the availability and capacity of the trainers to motivate the group (debriefing) (4%). The negative aspects were related to the high number of people per working group (23%); need to clarify what materials and equipment could be used (9%). Suggestions for improvement focused on communication training (14%); organization and importance of registrations (4%); preparation and administration of drugs in neonatal doses (4%); theoretical training on simulation so that professionals are more comfortable with simulation scenarios and concepts.

Conclusions: After the two in-situ high fidelity simulation actions for training the team, they answered to feel better prepared to respond to the critical anaesthetic events in paediatric that may occur.

eP095 Effectiveness of a modelable mattress for positioning patients caved in the prevention of pressure injury

Gomes, Jacqueline, Medicine and Perioperative Nursing

State Secretary of Health of the Federal District, Base Hospital of the Federal District, Brasília, Brazil

Objective: To investigate the effectiveness of a modelable mattress for the positioning of bedridden patients in the prevention of pressure injury in a large hospital in the Federal District.

Methods: The study presents a cross-sectional analytical design, whose quantitative data were evaluated through descriptive statistics.

Results: A calculation was made based on the sum of observations per period - 24h and 48h -, where in the 24h period 12 decubitus changes were performed in patient 1. For each change, the equivalent percentage was 1.2%, patient 1 presented non-reactive hyperemia (E1) in 3 changes of decubitus, resulting in 3.6%. In the 48-hour period, a total of 23 decubitus changes were performed in patient 1. For each change, the equivalent percentage was 2.3%, where the patient presented non-reactive hyperemia (E1) in 4 changes of decubitus, equivalent to 9.2%. Patient 2 did not present changes in the skin, thus computing 0% of the occurrence of lesions in all the regions chosen for observation.

Conclusions: It was concluded that, within 48h of use and observation of the modelable mattress in patients intubated and at risk for development of pressure lesions, minimal lesions appeared and soon reverted. Therefore, the modelable mattress obtained a very satisfactory effect in the prevention of this type of injury.

Keywords: Pressure ulcer, patient positioning, nursing care.

eP096 The readability of surgical informed consent forms in TurkeyOzdemir Durmus, Ozden¹, Karadag, Mevlude²¹Gazi University, Ankara, Turkey, ²Gazi University Faculty of Health Science Department of Nursing, Ankara, Turkey

Informed consent forms are universally used by hospitals throughout Turkey before surgery.

Aim: The aim of this study was to evaluate the readability of different informed consent forms currently used in the surgical departments of a hospital in Turkey.

Method: 256 forms prepared for surgical patients by a University's seven surgical departments were analyzed. Each consent form was displayed electronically in "Microsoft Word" and the number of words contained was counted automatically. The first 100 words on the first page of the forms were evaluated using the Flesch Reading Ease Score and Atesman readability formulations. The rate of medical terms detected within these 100 words was determined as a percentage (%).

Results: Different informed consent forms obtained from 7 surgical departments were assessed using various readability formulas. The Flesch reading ease scores of the forms ranged from 57.83 (Fairly Difficult) to 67.65 (Standard), with a mean score of 61.55 (Standard). The Atesman Index of the forms ranged from 37.11 to 47.39 (Difficult), with a mean score of 43.50 (Difficult). Of the 256 consent forms reviewed, 15, 181, and 60 forms could be understood by individuals reading at a grade postgraduate, graduate and 12 years of education, respectively.

Conclusion: We conclude that the readability of the informed consent forms is not easily understood by the average patient. The level of education in our country should be considered in the preparation of informed consent forms. Better patient understanding has the potential to greatly decrease the risk for malpractice cases based on inadequate informed consent.

eP097 Perioperative peripheral nerve injuries and prevention

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By introducing new medical technologies into the field and developing new surgical techniques, the complex structure of an operating room environment also raises some risks for the patients. Perioperative peripheral nerve injury is one of the serious but preventable perioperative complications. The most frequent injuries are neuropathies in ulnar nerve and brachial plexus. Unlike nerve injuries close to the surgery region, these injuries are conduction disorders which result from physiopathological stresses like nerve compression, tension, ischemia and injury due to bad position of nerves distal to the surgery region, wrong surgical equipment, incorrect tourniquet and elastic bandage; recover in a long time; and sometimes require a surgical therapy. In addition to the duration of the operation, nerve damage can be caused by nerve being sandwiched between the bony structures, or between tissues and a hard surface such as arm board and operating table; reduced perfusion; and eventually ischemia development. Having adequate knowledge about anatomical structures of peripheral nerves and components thereof, identifying risk factors of the patient and environment, perioperative evaluation, providing the best care for the patient under anaesthesia and supporting the pressure points while positioning to allow the surgeon to access surgery region appropriately can prevent injury.

Detailed patient history taken before surgery and physical examination play a key role in determining patient risk factors (electrolyte imbalances, peripheral artery disease, alcoholism, neuropathy, obesity, malnutrition, diabetes). In particular, it is important for nurses to observe position of the patient, proper use of the protective pads, proper placement of the equipment used for hemodynamic monitoring on the patient, and pressure on the extremities caused by other surgical instruments. Early detection of nerve damage after anesthesia by the nurses in the care unit care reduces further damage and neurological outcomes. Signs of peripheral nerve injury may occur after the effect of anesthesia has neutralized, or weeks after the procedure.

eP098 Association of patient safety with workplace relationships and quality in pediatric operating rooms, Athens, GreeceKoutelekos, Ioannis¹, Amoutzia, Evmorphia², Vlachou, Evgenia¹, Zartaloudi, Aphrodite¹, Vassalos, Constantin Michael³, Vasilopoulos, Georgios¹, Polikandrioti, Maria¹¹University of West Attica, Athens, Greece, ²Athens Children's Hospital 'I Agia Sophia', Athens, Greece, ³Greek Health System, Athens, Greece

Objectives: We aimed at exploring the relationship between patient safety and workplace relations and quality as perceived by health workers in children's hospital operating rooms.

Methods: Between May and June 2018, health professionals working in the operating rooms at pediatric hospitals located (n=3) in Athens, Greece were invited to self-complete an ad hoc short questionnaire. This consisted of two items on patient safety, four items on colleague relationships and two items on workplace quality. The questions displayed a scale of answer options from 1 to 10. Ethical issues were addressed. Multiple linear regression was used to explain the relationship between the aforementioned domains. A p value of less than 0.01 was considered statistically highly significant. R software programme was used for statistical analysis.

Results: A total of 181/252 (72%) operating room health workers fully completed the questionnaire. Their median age was 47 years. As shown in Table 1, operating room professionals' perception of patient safety was strongly [adjusted R-squared=0.33; F=43; degrees of freedom: 178; p< 0.001], positively associated with colleague relationships [beta=0.22 (95% confidence interval: 0.06-0.38); t=2.65; p=0.009] as well as workplace quality [beta=0.48 (95% confidence interval: 0.33-0.62); t=6.61; p< 0.001].

Conclusions: Pediatric operating room professionals in Greece recognised the imperative of positively connecting workplace interpersonal relations and quality to pediatric patient safety. In line with this, healthcare leaders need to further promote patient safety through health professional staffing, focusing on conflict resolution and quality management.

eP100 Patients safety culture investigation of surgery departments in Turkey: Literature searchBalkan, Öznur¹, Çankaya, Askeri², Yavuz Van Giersbergen, Meryem²¹Ege University, Faculty of Nursing, Izmir, Turkey, ²Ege University Faculty of Nursing, Surgical Nursing, Izmir, Turkey

This study was carried out to investigate the studies on patient safety culture in surgical clinics. The keywords related to the topic were searched on the internet between December 2018 and January 2019. Data collected by search engine by Turkish Journals, congress books, graduate thesis center. Data analyzed by group of data number and percentage. Results of this review 19 articles found that related to patient safety culture research. Ten of these were from all clinical areas, nine of them from surgical clinics and operating rooms. It was observed that patient safety culture was influenced by the institution, gender and working conditions. It has been found that the perception of patient safety differs with the duration of work in the profession and with the unit, expertise and training they have received. It is stated that the lack of communication in surgery clinics and operating rooms, lack of information, increased workload, loading of non-duty jobs to nurses, not meeting the need for personnel and competition among the employees constitute a big threat for patient safety. It is seen that the awareness of the nurses is higher in this group where the health personnel attending the in-service training programs have high safety attitudes. The relationship between motivation, job satisfaction, performance and job stress and patient safety culture is stated.

Key Words: Surgical, Patient safety, Patient safety culture

eP101 Evaluation of the needs and expectations of the relatives of the patients who undergoing surgical intervention in the waiting areaInal, Nurcan¹, Isik Andsoy, Isil²¹Karabük University Karabük Training and Research Hospital, Karabük, Turkey, ²Karabük University, Karabük, Turkey

This is a cross-sectional and descriptive study conducted to assess the needs and expectations of the relatives of the patients undergoing surgical intervention about the waiting areas. The study population included the relatives of the patients undergoing surgical intervention in Karabük University Karabük Training and Research Hospital operating room between 16.05.2016- 23.07.2016. Three hundred patient relatives meeting the inclusion criteria were included in the study population. Data was collected by the investigator via face-to-face meetings using questionnaires. Statistical

Package for the Social Sciences 22.0 (SPSS 22.0) software package, number, percent, and chi-square test were used for the assessment of the data. In the study, 83% of the patient relatives were first-degree relatives of the patient under going surgical intervention, 94.7% had information about the surgery to be performed, 80.7% were not in of the surgery. The majority of the patient relatives determined the number of the chairs, lighting, heat and information screen in the waiting area sufficient. In the study, 29.2% of the patient relatives suggested the waiting area should be more comfortable, 25.4% suggested there should be more information flow, 20% suggested food-beverage services and 9.7% suggested informative leaflets should be available. The study did not reveal any significant correlation between the socio-demographic characteristics of the patient relatives and their expectations about the waiting area ($p > 0.05$). Thus, the majority of the the patient relatives were found to expect that they should be informed during surgery and to have expectations about the waiting areas. In conclusion, the waiting areas of the operating rooms are recommended to have comforting properties for patient relatives in physiological, psychological, environmental, social and cultural aspects and provide their needs and expectations.

eP102 Job stress among operating room nurses: a questionnaire study

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Tekirdag Namik Kemal University, Nursing, Tekirdağ, Turkey

This study aimed to evaluate the job stress levels of OR nurses. The study was carried out at the two university hospitals in Turkey between April-June 2018. The sample population included 82 OR nurses. Data were collected by using staff information form and Job Stressors Scale. Staff information form consists of 5 questions about participant characteristics. Job Stressors Scale developed by Rizzo et al. (1981) and adapted to Turkish by Güngör (1997), and consists of 17 items and three subdimensions, including ‘‘Work Role Ambiguity’’ (low if ≤ 14 , medium if 15-22, and high if ≥ 23), ‘‘Work Role Conflict’’ (low if ≤ 18 ; medium if 19-29; and high if ≥ 30) and ‘‘Work Role Overload’’ (low if ≤ 7 ; medium if 8-11; and high if ≥ 12). The data was analysed using SPSS 18.0 with frequency, percentage, mean, standard deviation, median, Mann-Whitney, Kruskal Wallis, and independent t-tests. The study was approved by the Ethical Committee of The Tekirdag Namik Kemal University Medical Faculty, No: 2018/45/03/18. Permission to perform the study was endorsed by the hospital administrations. The majority of OR nurses were women (80.5%), between 36-44 years old (39%), have 10 years or more job experience (37.8%) and perceived that effective teamwork was done in the OR (68.3%). 36.6% of nurses said they intended leaving the job. Mean scores of nurses were 14.6833.68 (medium level) for work role ambiguity, 26.8435.77 (medium level) for work role conflict, 6.8131.83 (low level) for work role overload. Teamwork in the OR has a significant effect on the mean scores of work role ambiguity ($p = 0.022 < 0.05$), work role conflict ($p = 0.001 < 0.05$), and work role overload ($p = 0.004 < 0.05$). Stress levels of OR nurses were found at the medium level and decreased if they perceived that there was effective teamwork in the OR.

eP103 Drug diversion

Steiert, Mary Jo

Lowry Surgery Center, Denver, United States

It is unusual that having a career in perioperative practice for one to never have an experience with a colleague and drug diversion. There are many personal stories to be shared, some with tragic endings and others more hopeful with rehabilitation.

What can we do as perioperative practitioners to identify the potential for drug diversion and prevent it or provide assistance?

Recognition of patterns of behavior, methods of diversion, enabling behavior through education and policy development will assist in ensuring safety in the workplace and safety for our patients.

eP104 Evacuate surgical smoke - everyone has a right to clean air

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Although surgical smoke contains potentially hazardous substances, such as cellular material, blood fragments, microorganisms, toxic gases and vapors, many operating rooms do not provide protection from exposure to it. Surgical smoke is produced by various surgical instruments including those used in electrocautery, lasers, ultrasonic scalpels, high speed drills, burrs and saws. Perioperative personnel and patients can be exposed to infectious agents, carcinogens, and other toxic agents in surgical smoke and may be at increased risk for acute and chronic pulmonary conditions. There is no doubt that the smell of surgical smoke can permeate an entire surgical suite. In spite of the pervasive smell at a distance from the surgical site, a common belief is that the scrubbed members of the surgical team are at greater risk from inhaling the smoke and those further away are less at risk.

In The Slovenian Operating Room Nurses Association we want to promote efforts that appreciate, support and provide good health and well-being for all employees. We chose the Promoting a Safe and Healthy Work Environment project. For this purpose, we created an information brochure on the topic of surgical smoke, where we reviewed hazards and traps of surgical smoke that we encounter in operating rooms and the means of protecting OR personnel. The brochure aims to raise awareness among perioperative personnel about the hazards associated with inhaled surgical smoke and encourage the adoption of best practices to reduce surgical smoke. The brochure also presents the guidelines and recommendations adopted by regulatory agencies and global organizations around the world regarding the most effective system for the surgical smoke evacuation. Surgical smoke should be removed by a smoke evacuation system during both open and laparoscopic procedures.

eP105 Mobbing syndrome and the psychological prosecution of nurses: On the edge of toleration

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Introduction: Intentional harassment in the workplace, with a view to dismissal of the person or group of persons from the working reality, can give up to a point the definition of mobbing syndrome. Scientifically this syndrome is defined as exercise, in relations between colleagues or between upper and lower in the hierarchy, a systematic and sustained attack against a predetermined victim to forced to leave their workstation. The phenomenon has developed in the last twenty years in the workplace, and is a serious problem for workers, with different implications and consequences both to the employee and the family environment, and the professional and wider society.

Objectives: To highlight the mobbing syndrome, which can appear as a problem in the relationship of the perpetrator to the victim, but also implies the presence of such conditions to occur and flourish.

Methods: The methodology is based on review of international and Greek literature, and the detailed review of these.

Results: Mobbing occurs mainly with serious consequences, which may take the form of increased cooperation difficulties, reduced resistance to stress, physical distress, abuse and psychological reactions. Also, make the worker sleeping difficulties, depression, mania developing various forms, sometimes intense aggression, fatigue and / or suicidal tendencies

Conclusions: Mobbing syndrome is a work-related phenomenon among the health care professionals. The introduction of tailored training of the managerial staff and the employees in the healthcare sector is of paramount importance for the prevention and early detection of mobbing behaviors so as to avoid the negative consequences of the phenomenon.

Keywords: Mobbing Syndrome, Working Relationships, Aggressiveness, Workplace Violence,

eP106 Employment of people with disabilities in the health system: the perspective and perception of officialsLavi, Liora^{1,2}, Cohen, Odia³¹Bengurion University of the Negev, Yavne, Israel, ²Kaplan Medical Center, Surgery Room Nurse, Rehovot, Israel, ³Bengurion University of the Negev, Beer Sheva, Israel

Background: A person with a disability - a person with a physical, mental or intellectual disability, including cognitive impairment, whose functioning is substantially limited in one or more of the main areas of life. According to Israeli law, organizations with over 100 employees must employ about 5% employees with disabilities. The health system is a large system, which includes a variety of employment possibilities, and it is necessary to understand the situation of employment of people with disabilities in health organizations. There is little information in the field.

The purpose of the study is to understand the factors affecting the employment situation of workers with disabilities in the Israeli health system.

Methods: Qualitative research.

a critical sampling of four officials at different levels who are involved in promoting the employment of people with disabilities. The research tool - a semi-structured interview with 11 questions that was built on the basis of literature and in consultation with content experts from the field of health sociology and qualitative research.

Results: Four main themes were found:

- Trends of change in recent years.
- Advantages and disadvantages of employing employees with disabilities.
- The role of nursing in promoting the employment of people with disabilities.
- Activities required to promote the subject.

Discussion: Employing workers with disabilities in the health system is important for a variety of reasons, including optimal treatment for these patients. There is a uniqueness in the employment of workers with disabilities because they deal with saving lives. In the last decade there has been a major change in the field, and health organizations still do not meet the law's quota. And therefore it is difficult to obtain updated data. According to the interviewees' perception of the nursing profession, unique abilities may be expressed in promoting the subject.

eP107 A quality project: The pathway and outcomes of implementing nine Competency Cards in perioperative nursing

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Background: In 2013 nine Competency Cards are developed by the Danish Association for Perioperative nurses (FS SASMO). The Competency Cards describe the theoretical knowledge, practical skills and reflection on practice, in all areas of basic perioperative nursing.

In Denmark we do not have a national degree in perioperative nursing. Our hope is, that the Competency Cards can be a pathway to a national perioperative nurse degree.

We wanted to examine if the Competency Cards could be at part of our local training program and further more, raise the level of our practise for newly employed nurses.

Objectives: The implementation process was in focus for the quality project.

Methods:

- Management anchoring is key to the implementation process
- Knowledge sharing with a ward experienced in working with Competency Cards
- Theoretical references and local guidelines were collected and connected to the Competency Cards
- A study group of experienced colleagues discussed one Competency card at a time, in monthly meetings and adjusted the cards to our local practice
- The supervisory responsibilities were delegated for each of the Competency Cards
- The timeframe was coordinated for the involved nurses to pass the Competency Cards
- Ongoing knowledge sharing with the remaining group of colleagues
- Journal Club based on the Competency Cards to update evidence-based knowledge for interested colleagues

Results/Conclusions:

- Newly employed nurses experience a thorough and focused clinical training
- Experienced nurses get the opportunity to update their evidence-based knowledge
- Quality in practice is now improved, homogeneous and evidence-based
- Feed-back from colleagues who have participated in the study groups: " It has been great to have the possibility to discuss everyday practice in relation to theory".
- The benefits of implementing the Competency Cards have predominantly been positive.
- The Competency Cards give us a theoretical update and words for our practical competencies.

eP108 The Use of Evidenced-based Practice among Operating Theatre Nurses in TaiwanDai, Hung-Da^{1,2}, Chang, Bieng-Yi³, Yeh, Mei-Ling⁴¹Taipei Veterans General Hospital, Taipei, Taiwan, Province of China, ²National Yang-Ming University, Taipei, Taiwan, Province of China, ³Cheng-Hsin General Hospital, Taipei, Taiwan, Province of China, ⁴National Taipei University of Nursing and Health Sciences, Taipei, Taiwan, Province of China

Background/problem: Evidence-based practice (EBP) is now a health care model that medical professionals actively taking action to deliver. EBP provides care based on research results for health caregivers and care takers. Nursing staff should wisely use the best research evidence to provide care. However, few studies explored the use of EBP in daily nursing practice at operating theatre in Taiwan.

Aims: This study aimed to investigate the use of EBP among operating theatre nurses.

Method: A survey was conducted by using the Health Science-evidence Based Practice questionnaire (HS-EBP), a 10 points Likert scale. Data were collected from an operating theatre with 32 suits at a tertiary medical centre.

Results: Of 130 distributed questionnaires, 119 questionnaires were obtained with a response rate of 91.5%. The mean age was 31.49 (SD 9.59) and seniority averaged 8.72 (SD 9.73). Mean (SD) score was 5.46 (2.00) for the Beliefs-attitudes subscale, 5.40 (1.84) for the Result from scientific research subscale, 5.61 (1.92) for the Development of professional practice subscale, 5.67 (1.87) for the Assessment of result subscale, and 5.28 (1.79) for the Barriers-facilitators subscale.

Conclusions: The use of EBP of Operating theatre nurses are at middle level. Operating theatre nurses had positive attitude to use EBP, agree to gather information regarding EBP knowledge-skill importantly. However, they were aware of barriers to adopt EBP and sometimes carried out EBP in daily practice.

Recommendations: Continuous education could be applied to reduce barriers and to minimize the gap between knowledge and practice.

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