Empowering Safety for the Surgical Team

Partnering with a Surgeon Champion to Achieve a Smoke-Free OR

AORN | VIRTUAL LIVE EVENTS

Achieve a Smoke-Free OR: Partner with a Surgeon Champion

ConMed | Buffalo Filter
Introductions

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Objectives

Outline barriers to the implementation of surgical smoke evacuation in healthcare facilities
Describe approaches to promote surgeon and team engagement with smoke evacuation
Discuss strategies for implementing smoke evacuation technologies in healthcare facilities
About Me

• Plastic Surgeon in private practice
• Chief of Reconstruction for Littleton Adventist Breast Center
• Smoke Evacuation Advocate and physician champion at LAH
• Rare legislature expert
• Racing car driver
Surgical Smoke Facts

4-6 hours in the OR without smoke evacuation is equivalent to smoking 27-30 cigarettes

1 gram of ESU-ablated tissue is equivalent to smoking 6 cigarettes

500,000 healthcare workers are exposed to surgical smoke each year
Surgical Smoke Hazards

- Benzene
- Hydrogen cyanide
- Toluene
- Formaldehyde
- 1,3-butadiene
- Ethybenzene
- Carbon monoxide

- Viruses:
  - HPV, HIV, HBV
- Cancer cells
- Tuberculosis
- Lung damaging dust
Advocating for Smoke Evacuation
Barriers to Using Smoke Evacuation

- Surgeons used to working in very difficult conditions
- Surgeons trained to ignore all self needs
- OR surgical scrubs often not assisting to clear smoke
- OR scrubs often not participating in surgery so not viewed as teammate
- Some suction bovies cumbersome in hand
- Misperception that expensive new equipment is needed
- Misperception that surgical smoke is safe
Barriers to Using Smoke Evacuation

• Unwilling to change unless it is their idea

• Tradition, it has always been and so it shall always be. Such as giving cigarettes to soldiers for decades because it was “safe”, smoking cigarettes on rounds in patient care settings with oxygen supplementation present, and refusing to change from open surgical cases to laparoscopic and/or robotic cases “because that’s how we always did it”
Overcoming Objections

Clear the Air with the Team, all team members must participate
Engage surgical team to assist surgeon in all ways such as scrub using yankauer. “Let me help you, doctor”.
Educate each team member on adverse effects of surgical smoke
Engage staff to be the innovators and leaders for surgical evolution
Peer pressure, “you’re the only one not using this” “the team members are not willing to work with you and we cannot find staffing for you”
Make smoke evacuation part of the time out.
Announce documentation in the surgical record of smoke evacuation use or nonuse by the staff for JCHCO, physician liability, and state law where applicable
Promoting Surgeon & Team Engagement

• Contest billboards of who is and is not using smoke evac bovies and staff commentary about work atmospheres in both scenarios, make it public. This is similar to tactics used for on time surgery starts in the mornings.

• Team members thank each other especially when a new member adopts smoke evacuation. “Thank you for caring for all of us”

• Create occupational health departments that focus on team member health, especially for surgeons. Up to this point, pretty much no one has cared about surgeons’ health. That is why we haven’t either. The OR is a very dangerous workplace and we all need specialty care.
Change Management

- Create Sense of Urgency
- Form a Coalition of Stakeholders
- Create a Vision for Change
- Communicate the Vision to All
- Remove Obstacles
- Build on the Change
- Create Short Term Wins
- Anchor the Change
Thank You!

Let’s all grow old and enjoy our retirement from medicine instead of medicine retiring us to medical treatments.