Advancing Orthopaedic Nursing through International Collaboration

Ami Hommel, RN, CNS, PhD
Associate Professor
Lund and Malmo University, Sweden

Ann Maher, RN, MS, FNP-BC
Family Nurse Practitioner
ICON Ambassador, USA

Anita Meehan, RN-BC, MSN, ONC
Gerontological Clinical Specialist
ICON Ambassador, USA
Aims of Presentation

• Identify the benefits of international collaboration and update the status of the International Collaboration of Orthopaedic Nursing (ICON).

• Describe how technology can support international networking in real time.

• Identify products and services of ICON that can enhance your orthopaedic nursing practice.
INTERNATIONAL COLLABORATION OF ORTHOPAEDIC NURSING (ICON)

Was formed in 2001 for the purpose of advancing the practice of orthopaedic nursing, globally
ICON FOUNDING MEMBERS

Royal College of Nursing
Society of Orthopaedic and Trauma Nursing

Society of Orthopaedic Nurses
Advancing the Art and Science of Orthopaedic Care

International Collaboration of Orthopaedic Nursing
Strategies to Accomplish Mission

• Enhancing communication through existing structures and emerging technologies

• Fostering ongoing communications to discuss/explore shared issues and new ideas

• Seeking opportunities to share information and engage in collaborative projects to enhance patient care.
ICON Member Organisations
2015

- Asian Association of Dynamic Osteosynthesis (AADO)
- Hong Kong Association of Orthopaedic Nurses (HKAON)
- Association of Maltese Orthopaedic Nurses (AMON)
- Australia New Zealand Orthopaedic Nurses Association (ANZONA)
- The Association of Portuguese Nurses of Orthopaedics and Traumatology (APNOT)
- Canadian Orthopaedic Nursing Association (CONA)
- Association of Orthopaedic Nurses in Denmark (FSOS)
- Irish Nurses and Midwives Organization – Irish Orthopaedic Nurses Section (INMO)
- The Norwegian Nurses Organisation’s Professional Interest Group of Orthopaedic Nurses. NFSO-OSIS
- Association of Orthopaedic Nurses in Sweden (OSIS)
- RCN Society of Orthopaedic and Trauma Nursing (SOTN) UK

www.orthopaedicnursing.org
Facebook & LinkedIn
SKYPE
DROP Box
COLLABORATION

• Nursing Community
  – Orthopaedic Nursing
  – Other Nursing Specialties
• Healthcare Community
Mentoring Development of New Associations
E- Mentoring Project

SOTN received a grant from RCN to develop an online mentoring program which aimed

- To extend and develop the leadership capacity of orthopaedic and trauma nurses by providing online mentorship and support for current and potential professional organization leaders.
- To actively support this development while taking into account unique cultural and political influences.
Mentoring Across Continents

Anita Meehan
Past President NAON

Karen Hertz
New Chair of ICON
representing the RCN/SOTN
Mentoring

• Leadership development
• Professional publication
• Educational presentation
1st ICON Conference – Dublin 2010

Fording the Streams of International Orthopaedic and Trauma Care
Aging population = Fragility fractures
Acute Nursing Care of Older Adult with Fragility Hip Fracture: An International Perspective
What is included?

• Essential facts relative to the problem are identified and a range of assessment tools and techniques as well as interventions are covered.

• Hyperlinks are embedded in the online document to direct the reader to relevant assessment tools, websites and references.
Summary - Quick Reference

PAIN - QUICK REFERENCE

ASSESSMENT/DIAGNOSIS

Pain is both unconscious and conscious
- Multi-modal
- Co-modal
- Psychiatric
- Psychology
- Physical
- Polymer
- Benefit
- Comfort
- Co-exist
- Stress

SPEECH/DISABILITY/DEMOGRAPHICS

Severity (vascular or neurovascular)
- Vascular

TYPES OF PAIN

Age
- Elderly
- Neuropathic
- Post-injury
- Post-surgery
- Post-surgery

DEFINITION

A pressure ulcer is a localized injury to the skin and underlying tissue usually over a bony prominence, as a result of pressure or stress in combination with shear.

CLASSIFICATION SYSTEM

EPUAP and NPUAP define pressure ulcers by category or grade of stage and loss of tissue upon four levels of injury. Stages are classified into four categories: I, II, III, and IV.

1. Category I (Mild tissue damage): The ulcer is superficial and involves subcutaneous tissue, muscle, or tendon.
2. Category II (Moderate tissue damage): The ulcer involves muscle, tendon, or bone.
3. Category III (Severe tissue damage): The ulcer involves muscle, tendon, or bone.
4. Category IV (Extensive tissue damage): The ulcer involves muscle, tendon, or bone.

EVIDENCE BASED PRACTICE

This difference should be considered when comparing across-country data.

SELF-CARE RECOMMENDATIONS

- Change position at least every two hours
- Change for skin every day
- Monitor any dail.
- Tell your nurse if you develop redness, swelling, or pain
- Don't rub or massage your skin
- Clean skin immediately if soiled with urine or stool
- Use pillows to pad between knees and elbows
- Do not lie directly on bony prominences
- Do not use ring-shaped cushions directly
- Tell your health care provider about getting a special mattress
- Enrich nutritional state
Free Access

• International Journal Orthopaedic and Trauma Nursing

• ICON website: www.orthopaedicnursing.com

• NICHE website www.nicheprogram.org

• ICON member websites
COLLABORATION

• Nursing Community
  – Orthopaedic Nursing
  – Other Nursing Specialties

• Healthcare Community
Informing Colleagues
NICHE

Need to Know for patients and families –

Hip Fx and Repair
Care after Hip Fx
**Hip Fracture & Repair**

**Why is it Important?** Your hip joint allows you to sit, stand, walk, cross your legs, bend, and rotate at the pelvis. A hip fracture (break) can result in difficulty moving and caring for yourself.

**Definition**
A broken hip is called a hip fracture. It is a break in the upper part of the thigh bone, which is called the femur.

**How does the hip work?** The hip is a ball and socket joint where the femur meets the pelvis. The top of the femur is shaped like a ball and it sits in a cup-like area in the pelvis. The hip joint holds your bones and muscles in place so that you can sit, walk, bend and bear your body.

**What are the types of hip fractures?** Hip fractures are named for the area in the bone where it breaks. The fracture is either at the neck of the femur or just below the neck of the femur (see Figure 1). When a bone breaks, the pieces can remain in their normal position or the pieces can move out of line when the bone heals.

**How will a hip fracture affect you?** With a broken hip, you will have problems moving and caring for yourself until you heal. Follow the advice of your care provider. You will get better most quickly if you eat well, exercise, walk, and get back to your daily activity. You will continue to get better over several weeks or months. It may take up to a year to reach your full strength level, so be kind to yourself. Be a little more active each day.

**Speak with your doctor about how to prevent future fractures.**
NGNA Webinar

• Break Free: Fighting Fragility Fractures

www.orthopaedicnursing.org
The International Collaboration of Orthopaedic Nursing: advancing nursing through technology

A.J. Meehan, A.B. Maher, & A. Hommel


Aim: To report on the International Collaboration of Orthopaedic Nursing, a mostly virtual network of orthopaedic nursing organizations across four continents.

Background: Formed by leaders of three national associations, the collaboration is based on recognition of patient problems and challenges shared by orthopaedic nurses globally.
COLLABORATION

- **Nursing Community**
  - Orthopaedic Nursing
  - Other Nursing Specialties

- **Healthcare Community**
EFORT
Collaborative projects
Nurse Sensitive Quality Indicators

- Pain
- Delirium
- Pressure ulcers
- Malnutrition/ Dehydration
- Constipation and Urinary Tract Infections
- Functional Decline
- 7 countries
- 5 sites per country
- Minimum of 100 hip fractures per site
- Explanatory letter
- Audit Tool
- Rationale document
- Feedback form
# Complete Audit Tool

## Chart Audit for Patient Over Age 65 with Hip Fracture

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Answers</th>
<th>Answers</th>
<th>Answers</th>
<th>Answers</th>
<th>Answers</th>
<th>Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DETOXIFICATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timing of Surgery (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 24 hours (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within 48 hours (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LATELY ADVERSE MOBILITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full weight bearing as tolerated (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to walk stand or sit on the side of the bed before surgery (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to two steps each day beginning the day after surgery (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk day after surgery (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse responsible for timely postoperative mobility (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREVENT MALNUTRITION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midday to midday based on screen tool on admit (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, specify tool (name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Caloric 2-4 hr before surgery (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If another insource specify hours (number)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core fluids up to 2 hours before surgery (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If another insource specify hours (number)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular diet as tolerated day of surgery (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled administration of nutritional supplements (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietary evaluation for at risk patients (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bowel movement assessment daily (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laxatives administered prophylactically per orders (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AVOID CATHETERS ASSOCIATED URINARY TRACT INFECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoid routine use of indwelling urinary catheters (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RC inserted only if absolute (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove IUC within 36 hours of surgery (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within another insource (hours)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREVENT PRESSURE INJURY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse can initiate catheter removal based on criteria (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PAIN</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine assessment and measurement of pain with valid tool (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacological &amp; non-pharmacological multi-modal approach (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled administration of analgesics (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing assessment of analgesia prescribed (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PROMOTING RECOVERY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional pain block (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, specify type (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse administered pain block (Y/N)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Delirium Prevention as a Quality Indicator

<table>
<thead>
<tr>
<th>Standard</th>
<th>Yes/No (Action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive status screen on admit. (Y/N/?))</td>
<td>No, Yes AMT4</td>
</tr>
<tr>
<td>If yes, specify tool (name)</td>
<td></td>
</tr>
<tr>
<td>Frequency scheduled cognitive rescreen in hours (number)</td>
<td>No, 12 (Q shift)</td>
</tr>
<tr>
<td>Evidence based screening tool for delirium (Y/N/?))</td>
<td>No, yes CAM</td>
</tr>
<tr>
<td>If yes, specify tool (name)</td>
<td></td>
</tr>
<tr>
<td>Routine delirium screen done (Y/N/?))</td>
<td>No, Yes</td>
</tr>
<tr>
<td>If yes, specify frequency in hours (number)</td>
<td>No, 12 if +</td>
</tr>
<tr>
<td>Daily use of a tool to screen for delirium risks (Y/N/?))</td>
<td>No</td>
</tr>
<tr>
<td>Medications only used when the behaviours pose a risk (Y/N/?))</td>
<td>No</td>
</tr>
</tbody>
</table>

Evidence is provided to support each standard
Strengthen Orthopaedic Nursing: Share your Expertise

Download our materials and
Share them with your colleagues
Present your approaches to care at this conference next year
Publish your research and accomplishments

We Can and Will Help You!
We are all in this together!
THE POWER OF “WE”

“Never forget that a small group of thoughtful committed people can change the world, indeed it is often the only thing that ever has” Margaret Mead
Contact Information

ICON: www.orthopaedicnursing.org

NICHE: www.nicheprogram.org

Email: amihommen@med.lu.edu