Snips of Snaps
ORNAA
Operating Room Nurses of Alberta Association
NEWSLETTER
Issue 1
January 2008

ORNAA President's Message

Embracing Change

Dear Colleagues,

As I delve into the 2nd year of my term as ORNAA president, I am thrilled to deliver the president's message in this first on-line Snips and Snaps publication. This, delivery format change, is a sign of our times and meant to enhance ORNAA communication. Perioperative nurses are 'queen'/'king' of change. In the perioperative nursing environment we encounter change daily. Although change can be challenging, change/progress should also be celebrated and embraced.

At the 2007 ORNAA conference in October we celebrated changes in perioperative nursing in Alberta. We celebrated two milestones, 30 years of ORNAA as an organization and 25 years of annual ORNAA conferences. We thank North Central District, the 2007 ORNAA Conference planning committee and the Alberta Exhibitors Advisory Committee for organizing and hosting the 2007 ORNAA conference. At the conference, we were honored to be re-acquainted with 9 of 15 ORNAA past presidents who were able to attend the conference. (Muriel Shewchuk, Carol Rolfe, Margery Ensminger, Sharon Carlson, Gloria Nemecek, Kendall O'Brien, Kim McLennan-Robbins, Peggy Ziegler, Dianne Johnson) We are grateful to these visionary predecessors whose good leadership provided direction and oversaw the growth and sustainability of the ORNAA organization.

The value of 30 years of ORNAA as an organization should not be underestimated. When you have strong involvement in a professional association you can influence change; you can influence political process...without our perioperative nursing specialty group the voice of Alberta's perioperative nurses is quieted.

ORNAA/Operating Room Nurses Association of Canada (ORNAC) update:

In this message, I would also like to acknowledge and thank some of today's change agents, the current ORNAA provincial board members, for their outstanding commitment and dedication to this organization. Each individual on the board possesses an amazing skills set and collectively the group represents a diverse perioperative nursing practice experience. The current ORNAA board group includes staff nurses, an RNFA, informatics' experts, educators, surgical suite managers and a perioperative clinical nurse specialist. It is a privilege for me to be a member of this effective group.

2007-2008 ORNAA board members are as follows:

Kelly Kuz	ORNAA President Elect	North District
Michelle Tolton		North District
Dianne Johnson	ORNAA Past President	North Central District
Heather Johnson		North Central District
Tammy Dodge	ORNAA Education Director	Central District
Lorraine Allen		Central District
Barb Mushayandebvu	ORNAA Webmaster	South Central District
Catherine Kelly	ORNAA Secretary	South Central District
Gloria Nemecek	ORNAA Treasurer	South District
Bev Reach		South District

The role of the ORNAA board is to fulfill its mandate as described in the ORNAA mission statement (www.ornaa.org). This board endeavors to function in this role utilizing leadership and ensuring transparency and fiscal responsibility.

The 2007-2008 ORNAA goals were developed within the framework of the ORNAA mission statement and are briefly outlined for members as follows:

1) Further establish initiatives from the previous fiscal year including the following:

- liaison with College and Association of Registered Nurses of Alberta (CARNA)
- 2008 ORNAA/SPD/MM (Sterile Processing Department/Materiel's Management) conference collaboration
- launch and maintain website
- build ORNAA archival collection
- continued fiscal responsibility – financial review- business plan
- support 2008 and 2009 ORNAA conference planning
- continue to develop strategies to increase perioperative nursing research in AB
- bylaw revision preparation for 2008 ratification

2) Challenge perioperative nurses to enhance professionalism
(incorporate Certification in Perioperative Nursing (Canada)-(CPN(C)) into ORNAA mission/vision statement)

3) Explore recruitment/retention strategies for perioperative registered nurses

4) Trial electronic format of Snips and Snaps on ORNAA website

5) Submit a bid proposal to host 2013 ORNAC National Conference

In early November, Kelly Kuz and I (Alberta ORNAC Board representatives) attended the fall ORNAC board meeting. Kelly K assumed the role of chair of the ORNAC Standards Committee and I continue as chair of the CORNJ Editorial Advisory Committee as well as serving on other ORNAC committees.

In the near future, watch for information from ORNAC on several important projects (recapped below) that could potentially result in momentous change affecting perioperative nurses across the country.

- - task committee called to integrate Perioperative Nursing Data Set (PNDS) into ORNAC Standards
- - Quebec project – a succession plan for operating room nurses (an approach to enhancing the role of Quebec's perioperative nurses; the impending Quebec health minister's decision on this project has potential implications for all provinces) www.ciisoq.ca (Quebec perioperative nursing organization web address)
- - progressive ORNAC conference management (specifically registration/finances) with the implementation of improved website capabilities and direct involvement of ORNAC treasurer
- - revision of ORNAC Standards Module 4 is underway
- - new segments, focusing on ORNAC Standards, soon to appear regularly in CORNJ –
- - two new ORNAC national awards are being developed
  - -Gloria Stephens Educator award
  - -RMAC Surgical Safety Award
- - future direction of International Federation of Perioperative Nurses (IFPN) is under consideration in the global perioperative nursing community
- - acceptance of intent to pursue ORNAC approved core curriculum for managers

Please contact me for more information on any of the above ORNAA/ORNAC developments. president@ornaa.org

The activities of ORNAA and ORNAC clearly indicate that we are immersed in constant change. Although at times we are challenged by rapid change, perioperative registered nurses quite readily embrace it in their perioperative nursing practice, especially when the change results in improved surgical outcomes for patients and improved practice environments for the perioperative health care team.

"It takes a lot of courage to release the familiar and seemingly secure, to embrace the new. But there is no real security in what is no longer meaningful. There is more security in the adventurous and exciting, for in movement there is life, and in change there is power". Allen Cohen

Wishing each of you a wonderful and blessed holiday season and many positive changes in 2008!

Best regards,

Sue Styles

ORNAA president

Ugandan Clubfoot Project: An Inspiration

Submitted by Deb Ferguson
SCORNA

In attending the National OR Nursing Conference in Victoria, BC this past spring, I found one session I attended stood out as particularly memorable. Dr Shafique Pirani, professor in the Department of Orthopaedics at University of British Columbia, gave a talk on the Uganda Sustainable Clubfoot Care Project. His presentation began with a brief introduction then immediately led into a short documentary film that truly captivated his audience. The scenes of a typical Ugandan child afflicted with the social stigma of clubfoot deformity and the emotional toll on this young boy featured in the film were heart wrenching. It focused our attention and captured our hearts setting the stage for a captivating talk

The typical income in Uganda is less than $1 per day with a life expectancy of 45 years. The population of 28 million is 85% rural with 50% of the population under the age of 15 years. There are less than 20 orthopaedic surgeons to manage care in the entire country. In this environment, 1200 children are born with clubfeet each year. There are simply too few resources to afford surgical correction for all.

These hard facts were brought home with an analogy of what Canada would look like with such few resources. Uganda contends with the equivalency of one orthopaedic surgeon to service the entire province of British Columbia, from this we realised how very fortunate we are to live in Canada. While two thirds of the world's population lives in developing nations, 75% of the world's physicians reside in 5 countries: Canada, Australia, Germany, UK, and the USA.

Dr Pirani started his discussion of his involvement as the Project Director of the Ugandan project with a quote from Dr Alan M. Levine,

> *"First as citizens of an increasingly global society, we have a responsibility to become educated about the extent of the problem. Only if we are informed can we understand the problem and begin to devise and provide effective solutions. Second, it is our responsibility to seek out workable solutions. It has become apparent that one of the most useful approaches is to become involved in the education of local healthcare workers in techniques that are economically and socially feasible for their society."*

Dr Pirani explained that sending surgical teams of westerners yearly, to perform surgeries on a limited number of candidates was simply a drop in the bucket and would not provide the best solution for Uganda's problem. It was also not feasible for the local surgeons to provide surgical correction for the large numbers of clubfeet presenting. The non-surgical and low cost Ponseti technique was therefore regarded. This technique met the requirements set out by Dr Levine for educating local workers to provide care for their own that was both economically and socially feasible. In 1999, when the Uganda Sustainable Clubfoot Care Project began, the goal was to make timely treatment available to every child born with clubfeet using the Ponseti Method.

The Ponseti Method has been in use for 50 years and has shown excellent success rates. Dr Pirani explained that it is a minimally invasive treatment involving a series of five weekly castings that redirect the positioning of the foot. Tenotomy is performed at week four and then one last cast. At the end of the casting sessions, a Steenbeck foot abduction brace is used to maintain correction. The foot abduction brace is used for three months full time and then 2 to 4 years with night-time use only. Non-compliance in wearing the brace is found to be the most common cause of failure for this technique. The brace needs to be fitted to the

child with new braces fitted as the child grows. The cost of a brace in Canada is around $250 but locally made Ugandan braces can cost as little as $5.

The challenge, once the knowledge was gathered and the method of help identified, involved the need for the project to be accepted by the Ugandan community, government bodies and local healthcare workers. It also had to be economical and presented in an easily understood medium to be accepted by the Ugandan people. Partners in the project include the Ugandan Ministry of Health, the Makerere Orthopaedic Department, the Children's Orthopaedic Rehabilitation Project (UG) and the Rotary Foundation. Methods used included training the healthcare educators, getting administrators on board, developing education posters and pamphlets, and upgrading clubfoot treatment skills in each district hospital.

A major focus for this project was to enable local professionals to manage and provide care for the clubfoot patients through education and awareness. The targeted professionals included nurses, midwives, orthopaedic officers, medical students, orthopaedic technologists., physiotherapists, orthopaedic surgeons and residents.

One of the difficulties beyond teaching the Ponseti Method in the medical centres was in reaching rural outposts where the majority of Ugandans live. Mothers needed to recognise and identify clubfeet and to bring their children to the clinics. The project employed various methods of educating local council leaders, local immunisation nurses and midwives to enable early detection and facilitate education of the mothers. These methods included posters, pamphlets, models and various media with emphasis on the visual, so that the families could understand the correction process and combat stigmatisation.

I was very impressed with the efforts of Dr. Pirani's team on this project. The scope of the project allows for the ultimate goal of Ugandans helping themselves. These successes have turned the Ugandan program into a role model for clubfoot treatment in Africa. At the end of his talk, Dr Pirani was surprised by the number of nurses who came up to him to ask what they can do to help. His admonition was to find a need somewhere, apply these principles, and go for it. All who heard him agreed that he was a truly inspirational, gentle person who has given a great deal to others and is a fantastic role model.

1. Dr. S. Pirani MD., The Clubfoot in Uganda: From Quandary to Opportunity. ORNAAC National Conference, Victoria, BC, April 24, 2007.
2. ibid.
3. Alan M. Levine MD., Can We Make a Difference?. Editorial Journal American Academy of Orthopedic Surgeons, Sept. 2001

MONITORING THE PULSE OF THE COURTROOM: RECENT DEVELOPMENTS IN MEDICAL MALPRACTICE LAW

Lecture reported by Daisy Vicente, R. N., B .N. C .P.N. (C).
Foothills Hospital, Calgary, Alberta---- SCORNA District

This topic was presented at the 20th ORNAC Conference in Victoria, BC. April 22-27, 2007

Leslie Slater and Neil Carfra are both lawyers in Victoria who focus primarily on the defense of health law claims on behalf of hospitals (nurses included) and other health related organizations and medical professions.

Malpractice is the term used when a skilled and educated professional fails to act in a reasonable manner. A judge determines if the action was reasonable by evaluating how other professionals, with the same level of education and skills, would perform in the same situation. Physicians and nurses are professionals governed by their respective professional bodies and are all accountable, responsible, and liable for their actions.

Perioperative registered nurses have professional obligations to protect patients, uphold professional standards and protect themselves and their employers from liability. Perioperative nurses are required to be accountable for the quality of the patient care they deliver.

Today's OR nurse is faced with the challenges of increasingly complex surgical procedures, which give rise to increased patient needs. Documentation of the perioperative record (charting) by nurses records the nursing care, surgical times, procedure(s) performed and other essential data.

The focus of this lecture was the importance, in a court of law, of charting. Good charting serves at least three purposes:

1. Facilitation of communication.
2. Promotion of good nursing care.
3. Meeting professional and legal standards.

Legally, good charting:

>promotes risk management
>preserves evidence - what occurred and when
>records staff recollections
>enhances nursing credibility
>forms basis for establishing that the applicable duty of care was met

Tips on charting:

1. Be consistent with published nursing standards
> nurses must document timely and accurate reports of relevant observations, including conclusions drawn from these observations.

2. Be cognizant of employer policies
> all hospitals have charting/record keeping policies and forms
> charting by exception or inclusion. Charting by exception is the practice of making no chart notes unless something abnormal occurs; according to one judge's view however, this would seem, in a court of law, to be contrary to good practice .
> the recording of verbal orders
> the addition of late entries
> the creation of incident reports (a useful way is to keep notes about the incident and to record the time, date of incident, brief description of the incident and action taken)
> use professional judgement-- if change is needed, advocate for it

3. Chart your actions and observations.
> first hand knowledge - not hearsay
> chart care you personally provided (except in code blue/emergency situations if you are designated Recorder)
> failure to chart important events maybe taken as evidence that events did not occur.

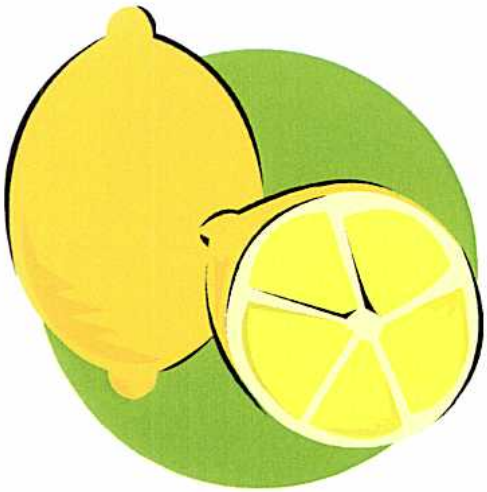
An example is a case where a sponge was left in patient's abdomen and removed few months later. The surgeon ordered that the incident should not be documented, as a result, nurses who failed to report the incident or alert their manager were considered negligent.

4. Record interactions with colleagues:
> telephone orders, reports to doctors, etc.
> failed effort to communicate - a case where nurses failed to document calls to the doctor when patient's toes became dark, cold and numb, resulting in amputation - court concluded nurses did not actually make the calls.

5. Be accurate, clear and legible
> use ink, write clearly and legibly
> be concise, accurate and factual
> identify your entries with your name/initials
> correct errors by crossing out and writing "charting error"
> make recordings at time of observation or as soon as possible thereafter
> chronological recording is best

6. Incident reports and later notes:
> should be done following unusual occurrences
> record actual care given - no blame or speculation
> report incidents to manager
> purpose is Quality Assurance and sometimes contemplated litigation
> personal notes / aide memoir for the nurse to keep for her own recollection later (3-5 years or more).

It is in their best interests for OR nurses to practice good charting. The best defense against a malpractice lawsuit is a complete and accurate chart, which is more reliable than trying to recall events that occurred days or years ago. In the end it is the individual nurse's responsibility to ensure that the chart is complete.



Sweet on Lemons

Submitted by Jeanette Holt, R.N. (CPNC)
Rockyview Hospital

Lemons grow in abundance all over the world in places like India, Sri Lanka, Malaysia, Mexico, the West Indies, Europe and Southern USA. The lemon tree, like other citrus trees, has its origin in Central Asia. Arabs introduced the lemon to Europe in the 12th Century. The simple lemon is a universally favourite fruit, a valuable commodity, and is admired for its many properties.
Here are some of the reasons to give healthy lemons a loving squeeze:

- Lemons are **high in nutrients**. They are an excellent source of dietary fibre, vitamin B6, iron, potassium, and vitamin C. Lemon juice contains more potassium than apples or grapes, which is beneficial to the heart. The vitamin C content of lemon improves metabolism of calcium, which is helpful in maintaining healthy teeth and bones.
- Lemons are **rich in bioflavonoids** (vitamin P). Vitamin P strengthens the blood vessels and prevents internal hemorrhage, useful in treating high blood pressure.
- Lemon juice has **powerful antibacterial properties**. It has been proven in experiments that the bacteria of malaria, cholera, diphtheria, typhoid and other deadly diseases are destroyed in lemon juice. Hot water and lemon juice (mixed half and half) make an effective gargle for mouth ulcers, canker sores, and sore throats. Lemon juice can also be dabbed on cold sores.
- Lemon juice may **lower cholesterol and blood sugar levels**. Lemon pulp and skin contains pectin, a compound that studies have found may reduce cholesterol levels, and lower blood sugar levels in diabetics. Modified pectin may also prevent the spread of cancer.
- Lemons can **make your meals healthier**. Lemon juice is so tangy and flavourful that you can add it to a variety of foods. Fresh lemon juice added to your drinking water makes an excellent replacement for soda and other sweetened beverages.

- Lemons assist in **treating various ailments**. Lemon has been used for many years in the treatment of gout and rheumatism. Lemon juice is a diuretic, giving relief in kidney and bladder disorders. It has been used to destroy intestinal worms, prevent vomiting, and help cure hepatitis and numerous other illnesses.
- Lemon juice makes an excellent **antiseptic cleanser**. A combination of baking soda, lemon juice and water makes a natural and safe cleaner that can be used in microwaves and showers, on countertops, bathroom surfaces and more. Lemon juice also acts as a bleaching agent that can be used to remove stains from cotton or linens.
- Lemons are **good for your skin**. If you have acne, rubbing slices of lemon onto your skin, then rinsing with tepid water will help clear pimples. Because lemons are acidic, you should use with caution if you have sensitive skin, and use a diluted solution of lemon juice and water. Lemons are a natural exfoliant and will help remove dead skin cells. When applied to the skin lemon juice can help prevent sunburn.

- Lemons are **used as balms** in highly concentrated forms. Lemon balms are known for their ability to break fevers by encouraging the patient's body to perspire. Lemon balms are popular treatments for cough and colds, hay fever, menstrual cramps, dizziness, headaches, flatulence and other digestive conditions. Psychologically, lemon balm is used to lift people's spirits, particularly those undergoing menopause and depression. It will calm anxieties, help to clear the mind and alter focus. Lemon is also rumored to improve memory and recall … worth a try!

Who knew the simple lemon could possess so many health benefits? So, when the world hands you lemons, go ahead and make some lemonade, or maybe a lemon balm! Cheers to lemons and to health.

ORNAA ARCHIVAL COLLECTION

The Operating Room Nurses of Alberta Association (ORNAA) is pleased to announce the development of an **ORNAA Archival Collection** that will be housed at the CARNA Library. The archival collection will preserve Alberta perioperative nursing history. The collection will include an extensive variety of items such as ORNAA business records, conference records/memorabilia, photos, pins, personal stories/anecdotes and other unlimited items of interest. All items will be catalogued to aid access to the archival documents and items for research and education.

Persons wanting to contribute relevant archival items to the ORNAA Archival Collection are encouraged to deposit items at the CARNA Library during office hours on any weekday.

College and Association of Registered Nurses of Alberta
CARNA Archives
11620-168 street
Edmonton AB
T5M 4A6

For further information please contact

Lorraine Mychajlunow – CARNA archivist
lmychajlunow@nurses.ab.ca
780.453.0534

ORNAC Convention, April 22 – 27, 2007

Joyce Lomax, RN, BN, CPN(C) SCORNA

An enlightening, highly motivating and invigorating conference offset the disappointment of Victoria's weather as over 950 delegates attended the 21st ORNAC Convention at the Victoria Convention Centre (right next door to the Empress Hotel). The speakers were informative and motivating while the exhibitors (the most at any ORNAC conference to date) showed us the newest and best of their products and equipment, as well as entertaining us at many different functions. Conference attendees came from across Canada, Great Britain, USA, Korea, and Australia. Having attended a number of national and provincial conferences in my 40 years of nursing (30 in the OR), I felt that this year's conference was second to none given the fact that all the work was done by volunteers.

Although the skies were frequently grey, the bright colors of the tulips and the rhododendrons could not but help brighten our spirits. Sunday's registration was off to a good start, the organizing committee had obviously worked hard - the organization and punctuality was to be commended (this should not have been surprising with OR nurses). After registration at 1300 on Sunday afternoon, there was time for a walk, a review of the convention package, a rest and return to the Empress for the reception. Meeting old friends and making new ones was the highlight of the evening. When one took the time to look around the room, it was obvious that perioperative nurses are getting older and few young nurses were present. This fact was drawn to our attention several times over the coming week by various speakers. Something to think about!!!

Except for Monday's sessions, the sessions ran concurrently, so each of us chose whatever we were interested in. It seemed that the ones I attended frequently had an underlying message about retention, recruitment and efficiencies.

Monday's sessions were held at the Royal Victoria Theatre, a few blocks from the convention centre.

Dr. David Naysmith, a plastic surgeon in Victoria, was the master of ceremonies for the opening session and set the tone for the day with his rendition and pictures of what OR nurses are really like:

There are "old nurses" (more than 5 years OR experience), and "new nurses" (less than 5 years experience). Old nurses have shoes that are older than some of the residents

Nurses working in the cysto room are advised not to wear their shoes outside lest they attract all the dogs in the neighbourhood. .....

He had us "rolling in the aisles"!!

Karen Neufeldt, President-Elect, CNA, reiterated the facts to which Dr. Naysmith alluded - nurses are getting older and OR nurses are the oldest. The average age of a nurse in Canada is 44 and that of an OR nurse is 46.7 years. More effort will need to be directed to the retention of older nurses whilst younger nurses are recruited. These concerns were voiced time and time again by different speakers throughout the conference.

Sr. Carole Taylor was the keynote speaker and prompted us to think about whether or not we are providing ethical treatment to our patients. Have we, as older nurses, become cynical and have we forgotten the hopes and dreams that we had as new graduates? She emphasized that we must maintain our passion for excellence, never forgetting that our patients come to the OR fearful and anxious and are putting their lives in our hands. "When we forget our power ... then it's time to quit". We must remain clinically competent but also ethically competent and we need to be able to recognize the ethical moment by having the ability to critique health care technologies.

In addition to Sr. Carole's keynote address, two other presentations were given:

Prevention of Wrong Site Surgery (a USA perspective) and Prevention of Swab Counting Errors (an Australian perspective). Both these presentations identified issues which are a concern in all operating rooms. Kim Hepper quoted Australian stats that showed 7.5% of patients experience an adverse event, of which 36.9% are preventable. We as

perioperative nurses must continually be aware of Sentinel Events. Surgical counts remain "best practice" and are used the world over.

ORNAC's Standard is that a count must be conducted where there is a chance of possible retention. Australian (ACORN) Standards are more prescriptive in that a count is done for all invasive procedures.

Prevention of Wrong Site Surgery is a standard developed by the AORN with 7 absolutes as part of the clinical model:

1) identify right or left

2) verify surgery with the OR slate and the medical records number

3) the patient will mark and identify the site in the presence of an RN

4) preoperatively, the OR nurse and the anaesthetist will check the OR list and speak with the patient

5) intraoperatively, the RN, anaesthetist and the surgeon will verbally confirm the site

6) after draping, the team members will STOP and confirm the site

7) the circulating RN will document "Time Out" and record the time.

Monday's events closed with a visit to the B.C. Museum. Not only was it a cultural event but also a culinary feast. Several food stations were set up throughout the museum, serving a wide variety of food, wine and desserts.

0600 is early to start any day but approximately 100 perioperative nurses showed up at the ARIZANT breakfast seminar on Prevention of Hypothermia. The presentation was a good reminder that maintaining a patient's temperature as close as possible to the benchmark of 37°C, promotes faster healing, decreases levels of pain and allows the patient to be discharged sooner. It is vitally important that we start to warm the patients preoperatively, there are lots of products "out there" to assist with this and we should be taking advantage of them in order to keep our patients comfortable.

While some of the presentations targeted large facilities, there was information in all presentations that could be extrapolated to the smaller perioperative environment. If applying operations research can improve quality of care by monitoring the OR schedule and start times in larger centres, it should work in the smaller environment. First case start times are a never-ending challenge!

Leslie Fudge (Britain) asked us to think about the ethics of nurse recruitment. Are we "stealing" nurses from poorer nations when those countries need the expertise as much, if not more, then we do?

The third session which I attended this day on was "Monitoring the Pulse of the Courtroom". Both presenting lawyers emphasized that charting is the most important thing we do. Charting facilitates communication and preserves evidence while records help with recollection of the event months or years later. This enhances credibility and meets the standard of care. Several tips were recommended but one of the most important was a reminder for us to record interventions with "important others", especially the recording failed efforts. This will allow for an accurate and clear history of an event.

Can you imagine approximately 500 nurses getting up for a 0630 presentation? Well, we did. Dr. Marla Shapiro talked about her experience as a breast cancer survivor. She is a mother of three, a family physician, an author and a TV personality. It was a wonderful presentation with lots of laughter and tears. She emphasized that when we say "I don't have time", it actually means to the other person, that what they are saying "is not a priority".

Perioperative managers from three Ontario hospitals addressed multiple topics of "Effective Targets and an Approach to … Surgical Wait Times in Ontario" Most of us have been involved in one way or another to these topics in our own provinces but in Ontario these are being measured and reported with systems and processes. There are five areas already being measured and more are being added. "Efficiency means working better, not necessarily faster".

PNDS(Perioperative Nursing Data Set) was the "new kid on the block" at this year's conference with two sessions devoted to this topic. This is a very large care plan able to identify appropriate interventions and measuring outcomes. This is a perioperative nursing process using a unique standardized language with unique codes. The OR is the most

complex of medical environments with ICUs and ERs close behind. There is a text available with manuals to support the same. Lots of learning ahead for all of us.

As our workforce ages and there is a decreased number entering the profession, Jane Reid (Britain) brought to us the "Changing Perioperative Roles" as it is occurring in England. While not everyone agrees with the direction this is going, members of all perioperative organizations are becoming inclusive. Team work is essential. Today in England, there are Nurse Endoscopists, Surgical Nurse Practitioners (nurses actually performing minor surgeries), Anaesthesia Practitioners and Assistant Theatre Practitioners (ORTs) – scrub positions. All these organizations are under one umbrella.

Muriel Shewchuk and Patricia Pocock discussed "Emerging Issues for Leadership in Perioperative Care". Muriel stressed that we have no room for BMWs (Bitches, Moaners and Whiners) in the OR if we hope to retain our young nurses. There is a significant amount of abuse by older staff towards younger staff and it must stop. We need to identify our young stars and encourage them to take on leadership roles. Disrespect is a form of abuse and we should be providing an environment of safety. Another area where change is needed is the schools of nursing, where for a number of years perioperative nursing has not been encouraged by instructors. Perioperative nursing has been viewed as technical and "not real nursing".

Dr. Tim Porter-O'Grady and Mark Tewksbury provided the wind-up of the convention on Friday morning. Dr. Porter-O'Grady pointed out that as nurses, we coordinate, facilitate and integrate. Doctors may change events but it's the nurses who control the environment. We "do not control change … change is". As nurses we need to build on evidence based activities and where best practices allow for best outcomes to be achieved. New technologies mean that we need to adjust – what was in the past is not going to be in the future. We will have to do more with less (less staff) as well as learning new technologies. There are no choices.

Mark Tewksbury drew on his experience as an Olympic medalist to remind us that we as perioperative nurses have a legacy that we will leave to upcoming generations of perioperative nurses. The foundation for this legacy is for us to embody the values (standards) of our profession, challenge convention and influence wisely. Added to this, we must have a purpose and show conviction for these values. We must embrace contradiction but never contradict our values, we must continue to be professional and human. Our profession and therefore we ourselves, will continue to evolve and make possible our dreams.

The conference, as so many said, had "a real buzz". It had the most attendees and the most exhibitors. 1200 attended the Museum Night and 1500 the Pep Rally. Each of us have learned something – whether about CORL or IFPN or were reminded of existing standards. Shopping in Victoria is always great even though the weather did not always cooperate.

I would like to express my appreciation for the funding support which I received from SCORNA. If not for this assistance, I may not have been able to attend. Thanks again

District Reports

NORNA

Greetings from the North and congratulations to *North Central* on hosting a successful conference. What a way to celebrate the 30th anniversary of our organization!

We were so very proud to have our very own Gillian Brooks (Randell) receive the first Promising Star award for our district. She truly demonstrates the characteristics of a perioperative leader.
Congratulations also to the Promising Star recipient from NCORNA and the recipients of the writing and leadership awards.

North District membership includes 38 members from different hospitals in Northern Alberta and the Territories.

Activity since June, 2007 report:

Our 2007-2007 Executive now consists of:

Past President	Sue Styles
President	Kelly Kuz
President Elect	Michelle Tolton
Secretary	Gillian Brooks
Treasure	Melissa Thompson
Co-Education directors	Tracey Rice
	Jodi Manchee
Executive member-at-large	Pat Elliot

We are proud to welcome Tracey Rice to the Executive in the role of Co-Education Director. She brings with her; knowledge, commitment, and a motivation to boost our district's activity. Under her direction our first education session of the year was held at the QEII in Grande Prairie and was a success. Our local CARNA representative, Kathleen Waterhouse, presented an interesting session on the CNA's 20/20 Vision. We had members from McLennan, Whitehorse, and Inuvik attend by telehealth.

Dates and topic for upcoming education sessions include:

- November 22, 2007 – Body Piercings and Surgical Complications – Presented by Margaret Farley – will include a dinner meeting. We are **all** very excited to welcome this ORNAC Past President to our district.
- February 21, 2008 – Bariatric Surgery – Presented by Dr. M. Erasmus.
- May 2008 – Ideas for an OR Open House – details TBA

Rural sites including Peace River, McLennan, High Prairie, Fairview, Yellowknife, Inuvik and Whitehorse have the opportunity to join our education sessions via Telehealth. We also welcome guests, such as Dawson Creek, High Level and Ft. McMurray, to join our sessions.

Our membership has been reminded that the new ORNAC Module 1 Standards are available.
Respectfully Submitted,
Kelly Kuz

NCORNA

Congratulations to the Provincial Planning Committee for an excellent conference.

Congratulations to all of you who worked so hard in getting Alberta the 2013 ORNAC National Conference.

Our current membership is 227 with 4 being honorary.

Our first dinner was held the beginning of Oct. It was hosted by the Stollery Hospital." Balancing Your lifestyle for Optimal Health" had Brian Hill lead us in a yoga session. The evening saw 47 members and 2 non-members in attendance. An election was held for President-Elect. We welcome Pamela Rooney to this position.

In celebration of OR Nurses week, Fort Sask. is presenting "Challenges of Nursing in Africa".

A Saturday workshop has been planned for January 2008 by the GREY Nuns Hospital.

Respectfully submitted,
Heather Johnson

CORNA

Our membership total to date is 41. Meeting information is as follows:

Sept - Information session with DTHR Director of Perioperative Services, Penny Richey and DTHR Perioperative Education, Liz Chapin
Nov - Ozone Sterilization, Dianne Denham
March - Spring Workshop Gastric Bypass & Dermatology
June - Chinese Medicine

A huge thanks to the DTHR Health region for once again funding all the conference registration for Perioperative nurses in our region attending the Oct 2007 conference.
Respectfully Submitted,
Tammy Dodge

SUPER BUGS THEY KILL!

Marina Hutchinson
Nurse Clinician PLC OR, SCORNA

I am reflecting on my recent summer - how I was looking forward to my vacation and some much needed time off.

My father in law became quite ill in June and passed away four weeks later, after acquiring MRSA and C. Difficile.

Two weeks before, he had a minor fall, fracturing a couple of vertebrae and decided to go to Emergency for some pain control; because he was 80 years old (but a young 80) he was admitted.

A week after being in the hospital, on a medical floor, he developed diarrhea, where did this come from? My first thought was, "I hope he didn't pick up C. Diff." but we were assured that the lab work had been done and nothing had shown up.

We concluded that maybe the hospital food or the medication had caused the problem. Things cleared up and my father in law was released and sent home.

He seemed fine for the first few days but then became confused and short of breath We went back to emergency, where after some investigations he was not only diagnosed with MRSA and C. Difficile, but also with related pneumonia.

A day later, he was admitted to ICU on a bipap machine and very close to needing intubation, something we were hoping to avoid.
The prescribed regime of antibiotics was started and we hoped for the best. He remained in ICU for 2 weeks with not much improvement and, according to the CT scans, some permanent lung damage.

We had a family meeting with the intensivist and my father in law, where the decision was made that, because of the lung damage from the infection, my father in law wouldn't survive a code situation.

We therefore designated him a "no code" and agreed to his being moved to a medical floor, provided with high flow oxygen therapy and comfort measures.

Discharge from hospital seemed doubtful, so we all took the situation in stride. My father in law was very stoic and never complained or felt sorry for himself. The only thing he wondered was how he could have contracted these "BUGS" in a hospital where things are supposed to be clean!

Being a nurse this was a tough question for me to answer, and when you think about it, you begin to ask yourself how could this happen?

As well as reviewing our practices, are we doing everything we can to help stop the spread of these SUPER BUGS?

There was no fairy tale ending to our story, after 2 more weeks on the floor, my father in law contracted pneumonia again and passed away. He left behind one of his best friends and admirers - my husband - and five grand children who adored their Papa.

As health care professionals, the question we need to ask ourselves is: "are we doing enough to help prevent the spread of these Super Bugs in our workplace....?"

Dear Marina,
I am sure I speak for everyone reading this when I say "Our hearts go out to you and your family. Thank you for sharing this personal experience with the ORNAA membership and encouraging us to evaluate our own practices."
Sincerely,
Tammy Dodge, ORNAA Education

25th AB Provincial Conference
NCORNA hosting
Achieving Milestones in Perioperative Nursing
Celebrate 30 years 1977-2007
Red Deer
October 24-27, 2007

Muriel Shewchuk Excellence in Leadership Award

The "Muriel Shewchuk Excellence in Leadership Award" is to be presented to an Alberta Operating Room Nurse who has demonstrated outstanding and consistent commitment to the specialty and the nursing staff of the operating room(s) through leadership roles in the area of clinical excellence, supervision and /or education as a role model and mentor. The award is presented to honor Muriel Shewchuk who spent over 42 years dedicated to Perioperative Service in Alberta.

The 2006/2007 recipient is
LINDA RAE RN, CPN (C)
Linda is a Clinical Educator at the Alberta Children's Hospital in Calgary.

Here are just a few of the reasons, Linda is being recognized for her excellence in Leadership:

-Through the eyes of an eager student nurse, Linda appeared calm and brimming with knowledge. She was the type of OR nurse that I wanted to emulate. As I now look back to the end of my student days; trying to decide what area to apply to, I think my time spend with Linda Rae influence my decision to work in the OR.

-She was instrumental in developing and teaching an ACLS course for the OR staff of the Calgary Health Region. She was also involved with the development of the highly successful compulsory education day of the OR staff of the CHR.

-She has an innate ability to sense stress or tension in her co-workers and takes steps to defuse the problem.

-Linda organized special lunches to raise money for the staff Christmas party or our charity Adopt a Hospital.

-Linda is the most compassionate and passionate OR educator that I have had the privilege to know.

-Linda incorporates an incredible sense of compassion to her students and fellow staff members. She has mentored new CNE's to the CHR since 1998.

-She presented a paper at the Operating Room Nurses Association of Canada's National Conference in Montreal (2004) on Perioperative Program and the importance of Nursing Student's in the Surgical Suites. Presented to the Alberta Operating Room Nurses Provincial Conference on Critical Incident Stress Management Kananaskis, Alberta. Linda was instrumental in developing, implementing and teaching the Post Graduate Perioperative Regional Course as part of a team of OR educators. She has recently participated/co-authored in the Perioperative Manual writing for the PG program.

-At the opening of the New Alberta Children's Hospital, she developed introduction tours for families and patients.

-Linda is a leader for development of Frontline staff on Crisis Management, Critical Incidence, Debriefing, Mentorship and Perioperative Nursing Specialty Knowledge.

-Linda helps staff deal with difficult and sometimes abusive situations through methods learned in the conflict resolution classes. Linda is the champion of crisis management component of compulsory education.

-Linda Promotes effective communication within her unit and throughout the Perioperative course to encourage promotion of effective relationships with anesthesia, surgery and other disciplines within the OR team. Linda advocates that there are always other perspectives and ways to approach challenges within the OR.

-Linda is not an individual to promote herself. She does her work with effective, quite efficiency. She would say that she is only doing what any other Perioperative nurse would do. Those of us that have had the pleasure and honor of working with Linda know that she is an individual that does not take the status quo as her goal. Linda strives for more, better and best for her; and in the end inspires us to expect the same from ourselves.

Do you know any Leaderships in Perioperative nursing that you would like to honor? Complete the Leadership Award Nomination form/letters and submit to the ORNAA education director. education@ornaa.org

Congrats to ALBERTA!

The ORNAA bid proposal to host the 2013 ORNAC National Conference was successful.

Alberta has been awarded the 2013 ORNAC National Conference! The conference will be held in Edmonton AB on May 5-10, 2013 at the fabulous Shaw Conference Centre on the banks of the beautiful North Saskatchewan River.

We are thrilled, delighted and excited etc., etc., etc.

Alberta has a proud history of hosting exceptional ORNAC conferences in 1984 (Jasper), 1991 (Banff) and 2001 (Banff). The 2013 ORNAC National Conference will be equally outstanding.

A call will soon go out for conference committee members.. The fun of national conference planning is about to begin!

Congratulations to the Calgary Health Region

on receiving ORNAC approval for your Perioperative Nursing Program! ORNAA is proud of your accomplishment!

Alberta now boasts 3 ORNAC approved perioperative nursing programs....a great comment on the quality of perioperative nursing education in our province.

- Calgary Health Region ORNAC approved perioperative nursing program
  Shanda.Naylor@CalgaryHealthRegion.ca
- Lethbridge Community College ORNAC approved perioperative nursing program
  rebecca.orr@lethbridgecollege.ab.ca
- Grande Prairie Regional College ORNAC approved perioperative nursing program
  kweber@gprc.ab.ca

Best of luck to all perioperative registered nurses who are preparing to write the CNA Certification in Perioperative Nursing Exam (Canada) – CPN(C) in April.

UPCOMING EVENTS

Visit www.ornac.ca (calendar events) for detail

ORNAA Provincial

26th AB Provincial
SCORNA hosting
Red Deer, AB
October 22-25, 2007
Chairperson: Donna Wapple

ORNAC Conferences

21st National	St. John's, NL	June 7-12, 2009
22nd National	Regina, SK	2011

Other

CORL	Toronto	May 5-6, 2008
muriel.shewchuk@shaw.ca		
CNA	Ottawa	June 16-18, 2008
AORN	Anaheim, California	Mar30-Apr3, 2008
ACORN	Australia	May 21-24, 2008

In the next newsletter:
2006/07 Promising Star Recipients