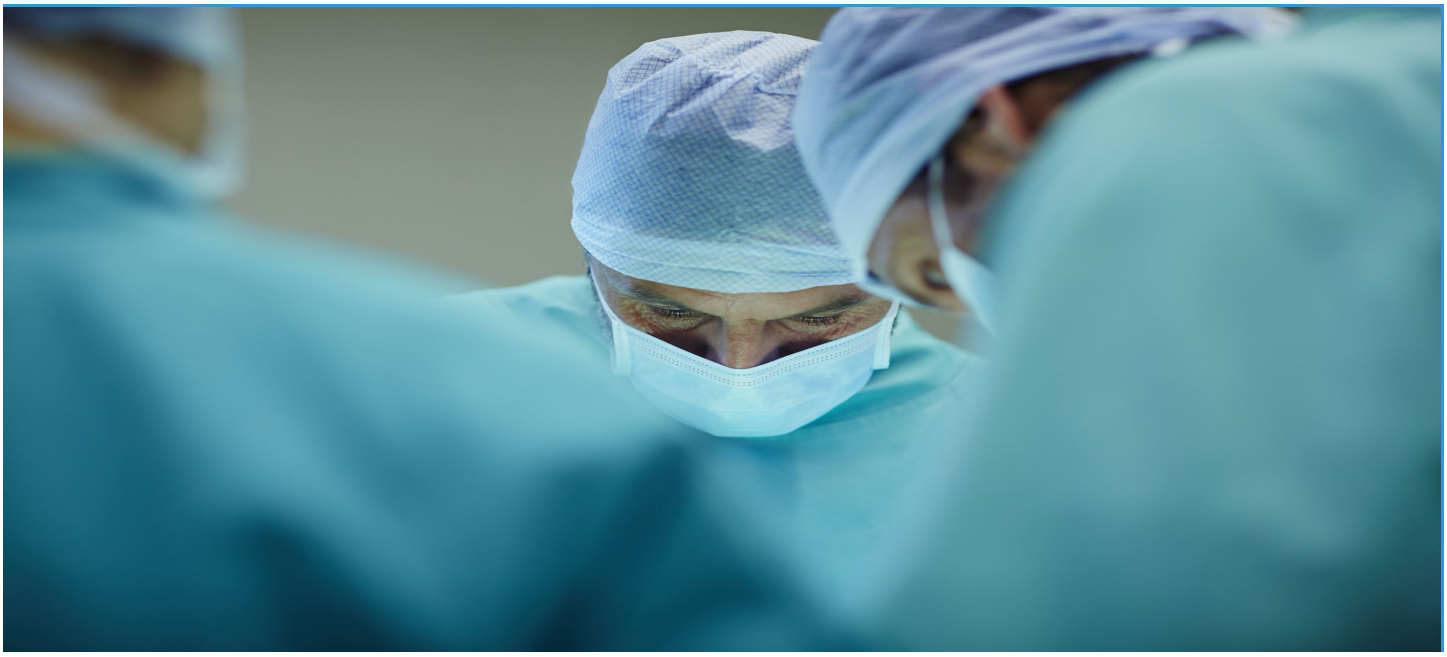
Snips and Snaps

ORNAA NEWSLETTER



EDUCATOR DIRECTOR MESSAGE

As restrictions are being lifted and we return “back to normal” NCORNA is busy planning the 45th ORNAA Provincial Conference Sept 28-30th,2022 to held in Red Deer, AB

ORNAC has announced the next National Conference April 26-30th,2023 in Quebec City, QC with the Virtual Conference June 2-4th, 2023 if you are unable to attend in person.

Mark your vacation calendar.

Christa Gibson RN

ORNAA DISTRICT UPDATES

Continue to visit www.ornaa.org for any district updates.

NORNA – Grande Prairie Hospital and Cancer Center has officially opened their Operating Rooms.

NCORNA – Busy planning the 2022 ORNAA Conference "Behind the Mask- Agents of Change"

SCORNA – Spring Workshop April 9/22

Writing Articles

Memories

Memories are made of things
That happen everyday
Moments as we lived them
Things we do or say

Little bits and pieces
Of laughter mixed with tears
Paragraphs and pages
Written though the years

The careful days of childhood
The growing pains of youth
A few illusions shattered
In the endless search for truth.

The friendship we remember
Mistakes that we regret
The ending of a love affair
We never could forget

Yes memories are happenings
Each one a different kind
Each separate chapter
That is printed on the mind

We can't erase the sadness
Or edit out the tears
We can't undo the wrong we've done
We can't relive the years

But since memories keep building
Each day can be the start
Of making new and happy ones
To store within the heart

Submitted by,
Laura Phillips
CORNA

Writing Articles

Our First National Zoom OR Conference

What a difference two years makes! Who would have dreamt when we were in Halifax, looking forward to participating in the next national conference in Victoria, that we would be in the midst of a worldwide pandemic? Good grief!

"Charting the Future of Perioperative Practice" was not just the theme of the conference, but of our lives these days. Although I, like many others, were disappointed to not have the opportunity to physically go to Victoria, I was intrigued to see how the zoom sessions would transpire.

I know that over the past decade we have had decreasing numbers of attendees, for a variety of reasons. The challenge of getting time off of work, non-existing educational funding, the cost of travel and registration are all viable reasons. The low registration fee was very attractive and the flexibility of "attending" the sessions was great for a lot of people. 626 Registrants (Attendees and Exhibitors) was definitely a positive reflection of our current situation.

For myself, I missed the networking, the social events, hands-on with the exhibitors and hugs from old friends. Considering that the broadcast was nationwide and must have been challenging on relatively short notice to get everything coordinated, I thought that it was a wonderful job overall. I don't know what the logistics would be to offer both options for future conferences, but it may be something to consider.

As always, there were a couple of speakers who were obviously just reading their material and could use a lesson on how to utilize some inflection and enthusiasm in their voice when presenting. Overall, the sessions were very good and the chat rooms were often well used and quite lively!

What is the future of our perioperative practice and our self-education opportunities? Will there be any more physical national conferences? No location has been named for 2 years hence. For myself, I hope that there will be resurrection.

Respectfully submitted,

Heather Lifeso

Highlight a Hospital

Rockyview General Hospital Calgary

So Why Do They Call It A RUST BUCKET?

In 2015, when I started thinking and talking about applying for a position at the Rockyview General Hospital, one of the surgeons that I worked with at the time (whose identity shall not be revealed to protect him from repercussions :)) asked me: Why on earth would you want to go to that Rust Bucket? (I have added the capital letters, I don't think he meant for me to do that. He would have preferred rust bucket).

I will spare you my responses, because they were serious and thoughtful, and instead focus on the purpose of this article, which is to explain why the Rockyview is not a Rust Bucket, not even a rust bucket with Capital Letters.

I've been at RGH since October 2015 and have learned so much about the variety of exciting, interesting, and mundane things that we do at RGH. Sure, parts of the building are old and could do with some modernization, but the Operating Rooms are good, solid places where patients receive amazing care.

RGH has a total of 15 Operating Rooms (you can see I like my capitals for important words). Two of those rooms are on the 3rd floor and are dedicated to Urology cases. ENT, General Surgery, Gynecology/Obstetrics, Ophthalmology, Orthopaedics, Plastics, and Urology share the other 13 rooms on the main floor.

Our three biggest programs are Ophthalmology, Orthopaedics and Urology. These services run between 2 and 6 rooms every day.

RGH is the **Ophthalmology Center** for Southern Alberta with a catchment area that extends from Red Deer to the southern border of the province and includes parts of southern British Columbia (up to Kelowna) and Saskatchewan (up to Saskatoon). In this region, RGH is the only facility for Ophthalmology trauma and retinal specialty surgeries. Ophthalmic surgery performed at RGH deals a whole range of eye issues from problems with the vitreous to retinal detachment to macular matters and traumas.

The **Southern Alberta Institute of Urology** is the home for many of our 13 urologists, all of whom have their subspecialty.

One of the subspecialties is Urethral Reconstruction. Honestly, it is amazing to see the cases in this specialty. Before I started working at RGH, I had no idea a person could 'break' their urethra. I have now seen the delicate

work that is done to collect buccal mucosa and use it to connect two ends of a severed urethra in order to reconstruct a mess of tissue into a functioning urethra. Truly amazing.

Other urologists specialize in bladder and kidney cancer, urology/gynecology (pelvic floor issues), kidney stones, urinary tract problems, and sexual dysfunction. I can also tell you that the RGH Operating Room has the only Urology Robot in the city (see those capital letters again!). It is used for prostatectomies, removal of kidney tumors, partial cystectomies, and nephro-ureterectomies. We do the most robotic urology cases in the Alberta, and, fun fact, have the fastest robot room change-over in the country. (That's a feather in our urology nurses' cap, because we all know that fast changeovers are accomplished by awesome nurses, whereas slow changeovers are almost always caused by other team members.)

The third of our largest programs is **Orthopaedics**. The bulk of our elective cases is total joints (hips, knees, and shoulders), and we do the most total joints in the city. We are considered by some to be a total joint revision centre (notice my delicate wording around this … I might be reporting on a wish, not a fact.) We run an ortho-trauma room every day, as I believe all hospitals do, and we do a little bit of sports medicine.

One of the truly unique events that started in our Orthopaedic program is the TELUS SPARK broadcast. Three or four times a year, one of our surgeons does an interactive telecast with the TELUS SPARK centre. Groups of high school kids come to watch a live broadcast of a total knee replacement. The kids are encouraged to ask questions throughout and the surgeon answers as he operates. All of the team members have a little time dedicated to explaining what their role is in the surgery, so it is also a great way to introduce the students to different health professions. The broadcast can be accessed by floor nurses who then get the opportunity to see what actually happens to their patients before they come to their floor.

Urology has also joined the TELUS SPARK program, and they broadcast a Robotic Prostatectomy. Both broadcasts are super well received by the students.

I realize now that I have given the Big Three a lot of space in my explanation of why RGH should not be considered a Rust Bucket, and you are probably tired of reading my scattered thoughts. Hang in there though, because I want to say a little bit something about the other programs. After all, I need to go to work and face the people who might feel ignored.

The **General Surgery** program is pretty straight forward. We run 2 or 3 rooms every day, so there are always lots of cases. The one thing we do that you might not be familiar with at your site is laparoscopic inguinal hernia repairs. Otherwise, we do the usual elective case that you no doubt do at your site. There is always one access room for emergencies.

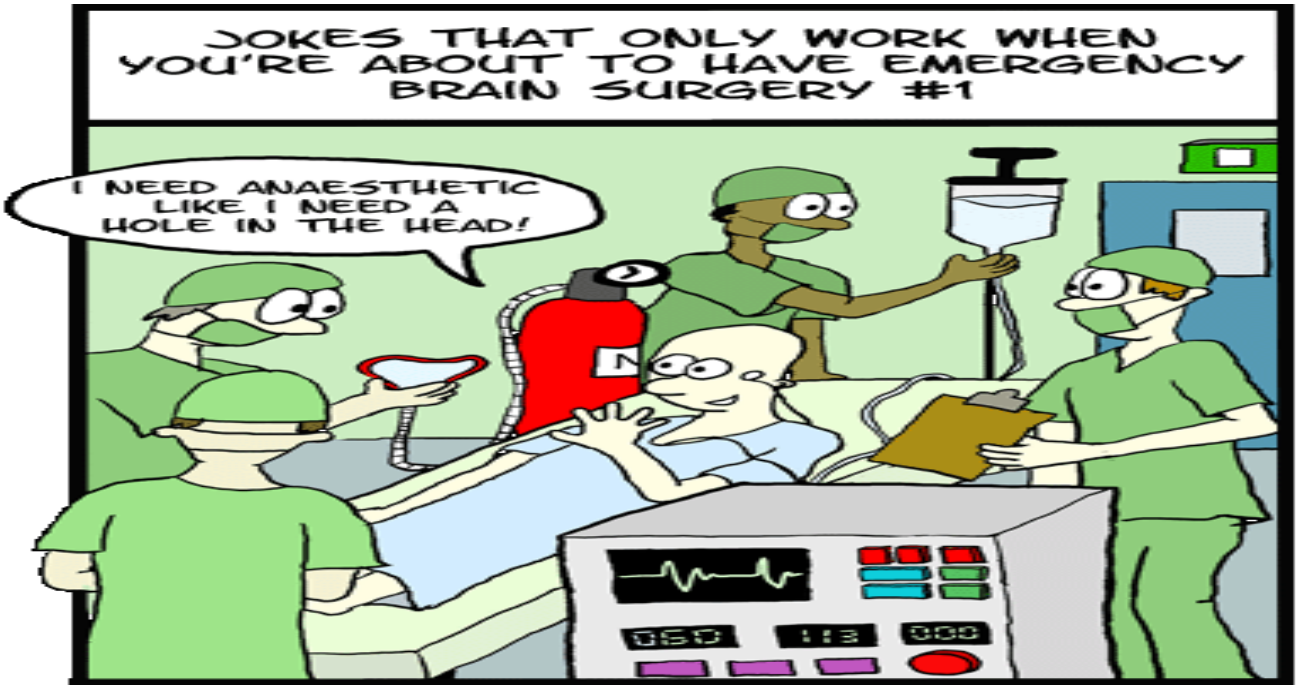
ENT/Plastics usually runs one room for each service. We are the Rhinology Centre, and as a result do the most sinus surgeries in the city. In Plastics we do a diverse range of cases with an emphasis on breasts and hands. To distinguish this specialty from the others at our site, the surgeons wanted me to mention that they are a great group of surgeons. I have no issue with that, so I am repeating it here.

The last program (but by no means the 'least') is **Obstetrics/Gynecology**. We actually don't do a lot of Obstetrics, because our Maternity Unit has two operating rooms where they perform C-sections. We do only the occasional C-section, though at night we always have one room dedicated to emergency C-sections. For Gynecology we do the usual from laparoscopic, open, and laparoscopic assisted Hysterectomies and Salpingo-oopherectomies, to D&C's and Hysteroscopies. We mostly run one or two rooms for this service.

I hope that you too now ask yourself why anyone would consider this lovely Operating Room a Rust Bucket, even with Capital Letters. We are the home of a vibrant group of professionals with a great range of skills and interests, who all get along amazingly well. And we have a ROBOT for crying out loud, AND we do an innovative broadcast of our surgeries. So there.

Submitted by:

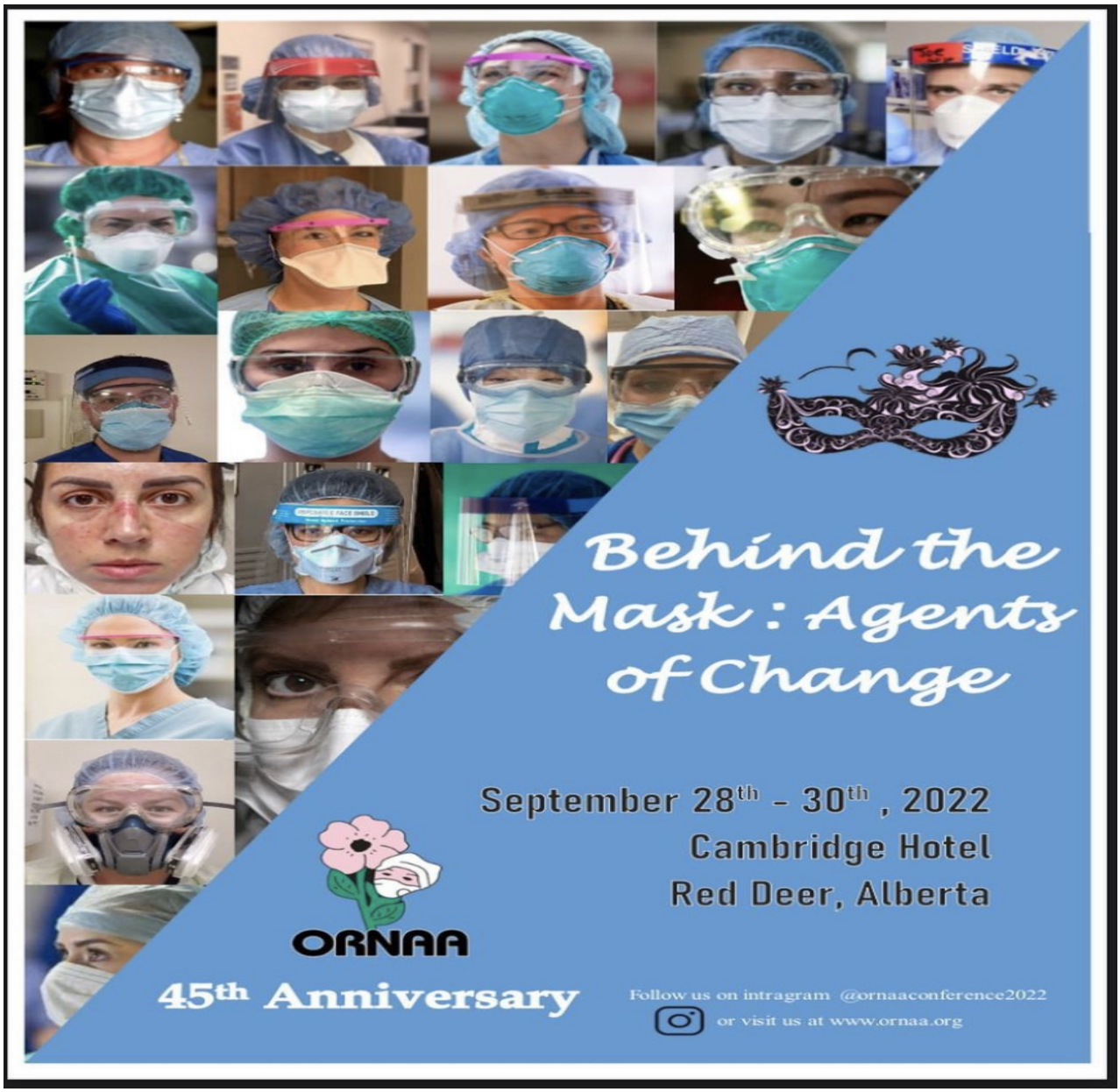
Magda Waldner RN



ORNAA and ORNAC Conference

ORNAA Conference

Mark your vacation calendars!!!! Sept 28-30,2022. Visit www.ornaa.org for further information as registration will start soon.



ORNAC Conference

Next national conference has been announced!! It will take place in Quebec City, QC. April 26-30, 2023. This also falls into this year's vacation calendar so if you are thinking about going make sure you mark it in.

ORNAC Standard Review

Emergency Count

3.15.85 In an emergency, when an initial count is not performed, the scrub nurse shall attempt to account for sponges, sharps, and miscellaneous items.

3.15.86 In the event that a surgical count was not performed, the circulating perioperative registered nurse shall:

- notify the surgical team;
- consult with the surgeon and arrange for an x-ray at completion of the procedure and prior to the patient leaving the operating room, if the patient's condition permits (Phillips, 2017; Rothrock, 2015);
- if the surgeon declines an x-ray, document as per healthcare facility policy;
- complete a safety report as per healthcare facility policy (Phillips, 2017);
- carry out any other action(s) as required by healthcare facility policy; and
- document on the perioperative record the reason an initial count was not performed and the action taken at completion of the procedure.

The perioperative patient record must reflect what occurred including the count results and action(s) taken.

Reference: Operation Room Nurses Association of Canada (ORNAC) 14th Edition (2019)

ORNAA Executive Contact Information

ORNAA President
Bryana Hahn president@ornaa.org

ORNAA President Elect
Jill Clark presidentelect@ornaa.org

Treasurer
Melissa Ronan treasurer@ornaa.org

Education Director
Christa Gibson education@ornaa.org

Secretary
Heather Lanouette secretary@ornaa.org

Website Coordinator
Christa Gibson webmaster@ornaa.org

Alberta Director
Bryana Hahn ornacrep@ornaa.org