

Snips & Snaps

ORNAA NEWSLETTER



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ORNAA EDUCATION DIRECTOR MESSAGE

Welcome to the Summer Edition of Snips & Snaps. Since the last publication, a large contingency of Perioperative nurses from Alberta travelled to Halifax to participate in the ORNAC conference. I find the conference to always be a great mixture of networking, fun, and education.

Starting this edition, there will be a section that hospitals and their operating rooms. Take a glance and see what it's like to work in different parts of the province.

As always, even though there is a submission deadline for the sake of publishing each edition, I accept submissions at education@ornaa.org at all times.

Lauren Llewellyn, RN BScN, CPN(c)

HIGHLIGHT A HOSPITAL

SOUTH HEALTH CAMPUS, CALGARY

This is the new hospital in Calgary, officially opening on January 14, 2013. Our hospital is a patient - family centered hospital based on 4 pillars. The pillars are Collaborative Practice, Innovation, Patient and Family, and Wellness.

The Operating Room officially opened up April 22, 2013, starting with 2 Arthroplasty rooms with Dr. Stephan Miller and Dr. Marcia Clark. On April 27, 2013 the first emergency case was done, a tracheostomy by Dr. Phil Park. Following Arthroplasty, Ortho Trauma/Sport Medicine started in April. In May 2013 General Surgery started, ENT/ Plastics started in June 2013 and finally Gynecology started in Sept 2013. A total of 7052 surgeries were done that year. As of 2019 currently the Operating room runs 9 rooms with dedicated access rooms for General Surgery and Ortho Trauma every day. In addition there is 2 dedicated rooms for labor and delivery for C-sections. For 2018-2019, there has been total of 10785 surgeries completed.

This hospital is different from all the other hospitals as it does not have a sterile core. All of the equipment is kept down in MDR and the nursing staff have to call for any missing or extra items. There are some challenges to this process like always having to look up location of the equipment and the distance from the MDR to the room. All day surgery patients have a private room, and are brought directly to the operating room or to PACU for a regional block. There is a dedicated block area in PACU where a majority of patients receive a regional anesthesia or nerve block.

Hopefully in the future there will be funding to complete the remaining 12 operating rooms and expand different services and become the trauma center for south Calgary.



ORNAA AGM

Information and
Save the Date
poster for ORNAA
AGM will be
posted shortly on
the ORNAA
Website.

1800 AGM start

1830 Speaker:

Ethical
Considerations
of HOPE cases
with DCD and
Medically
Assisted Death

By: Gary Lepine

Lana Herd Memorial Award for Excellence in Perioperative Nursing

- Lana was a true Leader in the OR. She was an amazing Nurse, Mentor, and Team member. Her unconditional kindness to her peers and her passion for the Operating Room, Perioperative Nursing and Surgical Patients was extraordinary. Her smile and warmth made everyone around her feel appreciated and supported.
- Lana was a CORNA Member and Member of the RDRH OR. She held the position of Ortho Trauma Specialty Nurse and then OR Surgical Nurse Navigator.
- She tragically passed away driving home from work. She is greatly missed by many of her colleagues.
- This award is in her honor and memory.

CRITERIA:

- Member of CORNA.
- \$500 to be used towards improvement of knowledge and practice as a Perioperative Nurse.
- Name displayed on the commemorative plaque that resides in the RDRH OR.
- Exemplifying qualities of leadership, teamwork, kindness, commitment to ongoing learning, and passion for perioperative nursing.

2019 Lana Herd Memorial Award Recipient: ERIN CROSWELL RN BScN CPN(c)

Erin's Passion for the Perioperative Environment started early – way back in 2nd year of Nursing School. She continued on to her Preceptorship in the Peri-operative environment and a job in the OR. Currently she holds the position of Specialty Nurse for Orthopedic Trauma at the Red Deer Regional Hospital OR where she is a leader, mentor, and patient advocate.

“Although I have come a long way since my first few years of practice, there is always room for growth. I continue to grow as a nurse on a day to day basis. Sometimes it can be by questioning our everyday processes and finding ways to make patient's more comfortable and safe while they are in the theatre.” - ERIN CROSWELL RN BScN CPN(c)

Erin has a passion for the OR and is committed to her ongoing learning and personal goals. She wants to use the funds associated with this award to attend the American Academy of Orthopedic Surgeons (AAOS) Conference in Orlando, Florida in the Spring of next year.

Congratulations Erin on being the 2019 Lana Herd Memorial Award Recipient!

HIGHLIGHT A HOSPITAL

RED DEER REGIONAL HOSPITAL CENTRE (RDRHC)

How Many Operating Rooms:

8 OR Theatres in Main OR, 1 Cystoscopy Suite in Main OR, 2 Obstetric OR Theatres Connected to Labour & Delivery Unit

Type of Surgeries/Specialties:

General; Plastics; Orthopedic Trauma/Sports Medicine/ Total Joint Arthroplasty; Gynecology; Obstetrics; ENT; Ophthalmology; Dental; Urology

Care Level of Hospital:

Classified as a Level 2 Care Centre. Only main hospital in Central Zone. Serve Population of over 500,000 people.

Average Daily/Weekly Patient Numbers:

Main OR: 27 surgeries/day; 200 surgeries/week

OB-OR: 2 surgeries/day; 16 surgeries/week

Biggest Issue of Concern:

Staffing Problems- not enough nurses, overworked, stressed

Overcapacity of Hospital- has been fighting for a new hospital for a number of years, as the need continues to increase in the Central Zone

Resource Allocation- gets less per capita in funding dollars than almost every other center in the province.

Budget constraints

Population- serving over 500,000 people with one main hospital and many smaller rural hospitals can create issues for logistics of care and resources

Most Positive Aspect of This OR:

Teamwork- function as a close-knit effect team to serve patients

Resilience- work with resources we have to give best care

Efficiency- work very hard and pride ourselves on our 15min changeovers between cases

Variety- all nursing staff learn and are involved in all of the many different services and procedures

Ability to adapt to challenges and still have patient care at the heart of our values

Dedication of Staff

Anecdote From Staff:

"We are the Little Big Hospital that does more with Less"- RDRHC OR Nurse Alyssa Watkins

"Big City Care in a Small-Town Hospital" - RDRHC OR Charge Nurse Fauzia Gova

"We work hard and strive to do the best we can with the resources we have to provide excellent patient care."- Jill Clark RDRHC OR Nurse and CORNA President



The Cider Reports

The 2019 National Perioperative Conference ‘The Tides of Change’ was held in the lovely city of Halifax, far away from my home in Alberta. While education sessions were plentiful and provided professional growth, stimulating many discussions once we got home, I am not going to bore you with a session by session break down of what I learned. I am going to focus on some great beverages I enjoyed with my colleagues. I attended the conference with five of my coworkers and we quickly realized that we shared a taste for ciders. As nurses, we like to chart everything, so here are the notes we took on the ciders we enjoyed in a nursing point of view. Please note, we are not sommeliers, so we may have made up some of our flavor notes.

Angry Orchard: a sweet cider, apple juice with a kick. Colour – healthy urine. *A Hudson Valley NY cider that I think can be found across the country.*

No Boats on Sunday: a delicious light dry cider with a slight flower taste. Colour- light urine. *No Boats on Sunday is available across the county, including Nova Scotia, Ontario and British Columbia apples, depending on your region. I found it in a local store when I got home from the BC source.*

Bulwarks: the consensus (well, two of us) says it is better than No Boats on Sunday. It is sweeter than No boats but not as sweet as Angry Orchard. Colour – pale urine. *A Nova Scotian cider.*

Strongbow: a common cider we can all get at home, so we didn’t really analyze it when we drank. I have been advised that adding a shot of cranberry juice creates a lovely drink. But then it would be the colour of light hematuria!

Magner’s cider: a refreshing light apple taste, not too sweet. Colour- morning pee. *An Irish cider, may be available in your area.*

No Boat’s On Sunday Rosé: tart cider, I did not enjoy it as much as regular No Boats. Colour: CBI day 2

Brickworks 1904: an apple flavoured dry white wine. This was served on tap at the Alexander Keith’s social night. The cider is an Ontario product, but there is some partnership with Keith’s. Colour- healthy urine.

The opportunity to attend a national conference is amazing and I encourage all ORNAA members to try to attend. The education sessions are great for your professional health and growth, while the networking and meeting fellow professional from across the county is great for your mental health!

Call out for conference pictures!

If you have any great pictures that you would like to share from your time at the conference, please send them to me at education@ornaa.org so that I can add them to the next Snips & Snaps edition





EDUCATION PORTAL

ORNAC is trialing an education portal from ICN on the ORNAC website for members only.

Within the portal there are free and paid courses that can count to your education hours for CPN(c) renewal hours or your CARNA.

After one year, ORNAC plans to review and determine if it will continue to provide based on use by its members.

Course Examples from Education Portal:

Monitoring the Patient with a Major Burn; Prevention of Skin and Deep Tissue Injury in the Perioperative Department; Clinical Signs During Inhalational Induction; Principles of Invasive and Non-Invasive Monitoring



ORNAC STANDARDS UPDATE

The newest edition of the ORNAC Standards are set to be released this summer .

This edition has, once again, gone through the validation process with Dr. Kevin Woo and nursing students from Queen's University. Literature searches were performed through several academic databases, although evidence was limited for certain topics.

The Levels of Evidence, in which ranks the confidence in the ability of the study to be as close to the truth as possible, will be included in the references.

New additions to the Standards include:

- Enhanced Cleaning for Transmission Based Precautions
- Environmental Concerns

Revisions from the previous Standards include:

- Dress code for patients, visitors, and personnel
- Establishing and monitoring a sterile field—recommended process
- Cardiac Arrest
- MH
- Intraoperative Death—Debriefing

Spotlight on a Standard

2.19.11 (as found on Page 165 from the 2017 Edition of ORNAC Standards)

Hair shall not be removed unless it will interfere with access to the operative area or fall into the wound (AORN, 2014; Rothrock, 2015).

- Hair removal can traumatize skin and provides opportunity for colonization of microorganisms at the incision site.

If hair removal is necessary, it should be done:

- As close to the time of surgery as possible (Phillips, 2013);
 - With increased time between hair removal and surgery comes increased incidence of Surgical Site Infection (SHN, 2014)
- In a room where the procedure will not take place;
 - The dispersal of loose hair has the potential to contaminate the surgical site and surgical field (AORN, 2014; SHN, 2014).
- Following an assessment of the patient's skin (Goodman & Spry, 2014);
- Using clipper or a depilatory agent (AORN, 2014; Goodman & Spry, 2014; Phillips, 2013; Rothrock, 2015);
 - Razors increase the potential for wound infection. Hair should only be removed when its presence interferes with surgery (SHN, 2014).
- With single use clippers. If a clipper with reusable head is used it must be fully submersed and disinfected between uses (SHN, 2014).



Changes have been made for the next ORNAA conference to better serve the OR nurses of Alberta.

LENGTH OF CONFERENCE

Sorted to 2 ½ days, occurring Wednesday evening to Friday afternoon. September 30th to October 2nd, 2020

PRICE REDUCTION

Price reduced to \$295 for the full conference

FORMAT CHANGE

Opening of Vendor hall coinciding with Wine&Cheese and Final Keynote speaker Friday afternoon, with a bagged lunch to send you on your way at 1700h.

Reflection Article for Funding

by Lisa Exner

As I reflect on my most recent educational event I realize just how long it has been since I have written a reflection article. I am required to reflect on my practice and set goals each year by my governing body The College and Association of Registered Nurses of Alberta, CARNA, but nothing scholarly or lengthy is needed. It is a little anxiety provoking as I brainstorm where to begin when transferring my thoughts to paper as my university days were over ten years ago. Time to refresh and go for it!

As a Perioperative nurse I have access to endless educational events that all help mold and improve my everyday practice. I was fortunate to participate in a non-mandatory Advanced Cardiac Life Support, ACLS; course provided by a Registered Nurse specialized in Emergency Medicine. This course was shaped to provide material and simulation that is specific to the Operating Room, OR, environment.

Countless situations arise in the OR where the team is required to respond to rapid changes in patient status. The practice and team work that took place with simulation was a stress free and a very inclusive environment. We even found ourselves laughing as a team! The simulation case studies allowed me to better understand the algorithms used in emergencies. Throughout the day at this course we worked through algorithms for cardiovascular emergencies that were presented as case studies. We took turns in different responder roles. These roles included leading the code, documentation, administering medication, airway monitoring, as well as working with the defibrillator and giving compressions.

As a member of The Operating Room Nurses Association of Canada, ORNAC, I always like to reflect on the core values outlined in their promotion of perioperative excellence. This educational activity correlates with the core value of knowledge. This value describes the OR nurse as committed to education, research, and Perioperative Practice Standards as essential components guiding our practice. ACLS has offered me the opportunity to better respond and further advocate for my patient. Thank you SCORNA for your financial assistance in funding my attendance of this educational event.



ORNAA Board

Members (from left to right)

Back: Bryana Hahn, Gloria Nemecek, Christa Gibson, Lauren Llewellyn, Rana Sleiman, Katelyn Nielsen, Sandi Burton

Front: Jill Clark, Randi Galenzoski

Missing: Courtney Donais, Jody Fredrickson, Melissa Ronan, Darlene Rikley

ORNAA Website Update

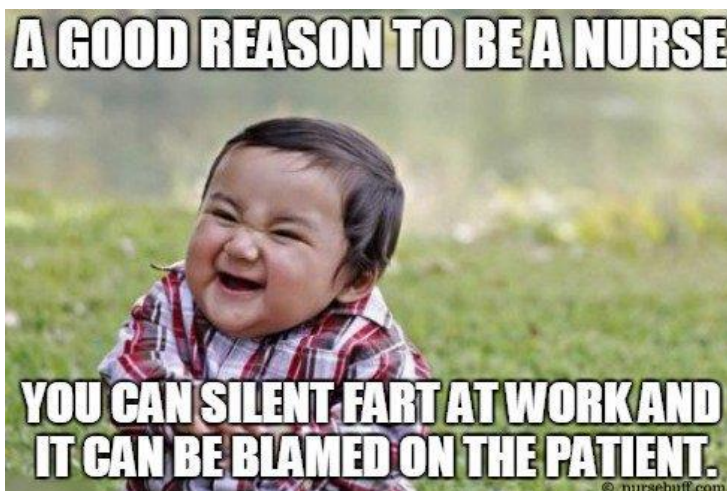
Christa, ORNAA Webmaster, has been working with Jeff from Horizon to make the ORNAA website more mobile friendly. The update allows for easier navigation of the site. It is now live; please pullout your phones and take a gander.

www.ornaa.org

ORNAA Board

We said goodbye to Darlene Rikley as Past President at the ORNAA Executive meeting on the 12th of June. Rana Sleiman now steps into this mentorship role. Randi Galenzoski is our new ORNAA President, while Bryana Hahn has been voted in as ORNAA President-Elect.

Katelyn Nielsen remains in the Treasurer role until the Fall Executive Board meeting, when a nominations for this position will occur.



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THE LOOK I HAVE



THE DAY BEFORE I GO ON VACATION.

About a Nurse



“It’s the hospital. They want to know if it would be too much trouble to fly back to work a shift.”

