

Snips & Snaps

ORNAA NEWSLETTER



Pages 2-4

Across the Province
Perioperative Nurses Week
2019; Highlight a Hospital;
Poem "On Call Nurse"

Page 5

ORNAC News

2020 ORNAC
Registration/Renewal; ORNAC
Standards; Education Portal

Page 6-9

Education and ORNAA

Spotlight on a Standard;
Education Funding Article;
ORNAA changes and updates;
contact info



ORNAA EDUCATION DIRECTOR MESSAGE

Welcome to the Winter Edition of Snips & Snaps. I apologize for getting this out a week late. Since the last publication, Summer has come and gone and schools are back in session. BUT more importantly, ORNAA had our AGM October 17th. For the education portion of the AGM, Gary Lepine gave a very informative and thought provoking presentation on the ethical considerations of HOPE cases. Thank you to all the members that were able to attend this year.

I would also like to thank every single one of you for choosing the specialization of Perioperative Nursing. I hope you all were well celebrated during Perioperative Nursing Week, November 10-16, 2019. I am looking forward to seeing the videos and written submission winners from ORNAC's contest.

Merry Christmas and Happy New Year!

Lauren Llewellyn, RN BScN, CPN(c)

Perioperative Nurses Week Celebrations

CORNA held OR FAMILY DAY: OPEN HOUSE. This event was held at the Red Deer Regional Hospital in the Operating Room on November 16, 2019. Family Day saw 51 families; comprised of 97 children and 121 adults come through the OR. During the event the participants: dressed like an OR nurse; had their picture taken; explored 3 OR theatres full of demonstrations and fun activities, a virtual reality station where they practiced putting in a Femoral Nail, a raffle draw, and had so much fun.

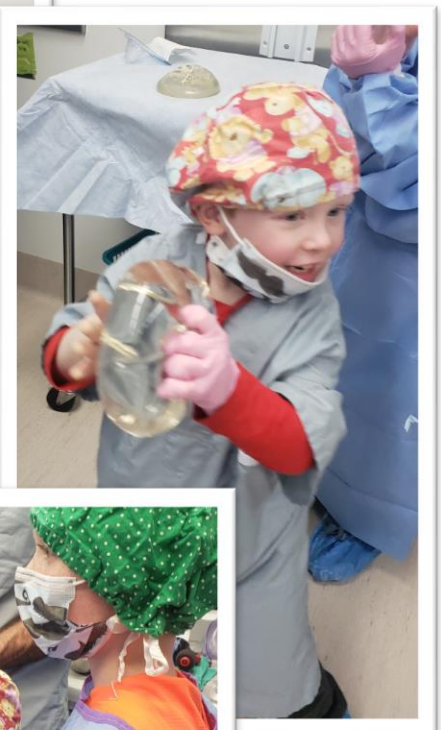
Family Day would not have been possible without the support of the OR management at RDRH, the committee who planned this event: Reeshma Ullmann, Rochelle King, Claudia Huska, and Laura Phillips, and for the countless volunteers. Attendees enjoyed this event very much, and CORNA was proud to be able to provide this event for Perioperative Nurses Week.

In Addition to OR Family Day, CORNA also sent letters of thanks with Tim Horton's Gift Cards to the Hospitals in the District. We also went information about our November Membership Drive and our next CORNA District Meeting on November 28, 2019.



Jill Clark

CORNA President



HIGHLIGHT A HOSPITAL

Royal Alexandra Hospital, Edmonton



The Royal Alexandra Hospital (RAH) is a large and long serving hospital located north of Edmonton's downtown core. The RAH serves a diverse community stretching from Downtown Edmonton to western and northern Canada. The total area the RAH provides treatment is equivalent to 1/3 of Canada's land mass; stretching north from Downtown Edmonton including both the Northwest Territories & Yukon territory, and stretching as far west as British Columbia. The RAH is Western Canada's biggest and busiest hospital. The RAH is a teaching hospital and trauma center.

The RAH is home to 4 OR suites: The main OR, also known as the Diagnostic Treatment Centre (DTC) OR, the Lois Hole Hospital for Women (WOR), the Eye Institute of Alberta (GOR), and the Orthopedic Surgery Centre (OSC). The DTC OR services but not limited to Neuro, Ortho, Plastics, OMF, specializing in Thoracics, General surgery including bariatrics specialty, and urology including robotics. The WOR specializes in women's health including robotics. The GOR specializes in eyes. The OSC specializes in primary joints. Thousands of surgeries are completed every year to help decrease surgical wait times and meet the health needs of Albertans.

ON CALL NURSE

By Jill Clark, RN BScN CPN(C)

CORNA President

The phone rings and we wake with a start,
We jump out of bed,
Put on some sweat pants,
And rush out the door.

Someone's loved one needs us,
We arrive to the OR out of breath,
Ready for anything and everything,
Mind Racing and Heart Pumping.

We get dressed into our greens,
As fast as humanly possible,
Donn our hat and put on our running shoes,
We know that we will need them.

We head into the OR Theatre,
The room is busy,
Everyone has a job to do,
We get to work.

The patient arrives,
We see their fear and feel their pain,
A hand is held and reassurance is given,
All while being quick.

Surgery starts,
We work hard with skilled hands,
Altogether as a well-oiled team,
So calm, precise and efficient.

The successful procedure is finished,
The patient awakes,
We offer support and comfort.
And then say Take Care.

Back to the Theatre,
Clean-up and put things back,
Debrief and say goodbye,
Then it's time to go back home.

Drive to the house,
Open the door,
Be quiet and careful,
Don't wake our family.

Our head hits the pillow,
Finally time to rest,
Close our eyes and fall asleep,
And then again,
The phone rings and we wake with a start.



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



Spotlight on a Standard

Unfortunately there will not be a spotlight on a standard for this edition as I have yet to obtain the 2019 edition of the ORNAC Standards.

Although I could have chosen one from the 2017 edition, I didn't want to provide incorrect/un-updated information for the standard that I chose.

Next edition, spring 2020-released March 15th, will include a standard (or maybe 2) from the Standards.

Thank you for your understanding.

ORNAC MEMBERSHIP

ORNAC Membership Registration and Renewal is currently underway for the 2020 year. The ORNAC year runs January-December, with registration/renewal opening October 1st.

For all returning members, sign into www.ornac.ca, hit that Join/Renew Today! Option in the "My Links" column on the left hand side of the page.

For all new members, pick the membership link in the "membership" drop-down list at the top of the page on www.ornac.ca. From there you will need will need to make a profile.

A reminder to please make sure you are selecting the correct district before submitting. If you pick the wrong district, you will miss out on info about meetings and events, and may have delays with being approved for district funding.

10 or more?

At the recent national conference in Halifax, the first time attendees were asked to stand. I was heartened to see that there were a lot of them. In these tough staffing and financial times, our Operating Room Nurses Association has seen a drop in members, and especially participants, at all levels.

Next, people who had attended more than 5 national conferences were asked to stand. Again, there were quite a lot of people who rose.

Then, they asked for anyone who had attended 10 or more national conferences to stand. I saw one other person stand beside myself. Wow! This is partly a reflection of the aging nursing demographics and the financial constraints placed upon our working lives and our professional development.

Those of us who have attended a number of provincial and national conferences can attest to the fact that they are opportunities for learning, motivation and self-assessment. There are lots of things to be learned from the lectures, but many of the “aha!” moments come from the social events and networking.

Back in the “good ‘ol days”, before massive health regions and huge conglomerate companies, nurses actually had a say in what the OR used and purchased. We are told that there is better purchasing power now, but it doesn’t do much good when people who never use the products make the decisions based on cost alone. Then we have to try and make an inferior product work. It also gave the smaller vendors a chance to succeed with some good products. Sadly, those days are gone. Many small companies don’t have a chance to succeed with all of the contracts going to massive companies that encompass a variety of products.

My first national conference was in Vancouver in 1986. I was hooked. Since then, I have missed 2 national conferences. With the first one, I had just returned to work in a new position, after a lengthy illness. With the second one, we had just moved and it didn’t seem right to abandon my husband, when he hates moving to begin with!

The nationals started on even years, then switched to odd, so there were two conferences back to back. So, by my reckoning, that means I’ve attended 16 national conferences. PDG! Plus, the multitude of provincial conferences, the variety of seats that I’ve held at the regional, provincial and national levels have all contributed to being where I am now and who I am now.

Over the years, many different people have questioned my desire to spend my own time and money on something that I didn’t get paid for. Monetary recompense isn’t the only reason to do something. We are professionals, who have the responsibility to expand our knowledge base for our own betterment and that of our patients and workplace. We all face professional challenges these days and it’s comforting to know that we’re not alone. It’s also very empowering to realize that there are a lot of us out there and we can affect change if we work together.

Many of us spend more time with our work family than we spend with our own family. That type of support is priceless. There are few jobs or workplaces where people have that opportunity. Take pride in your accomplishments, your contribution to improving your workplace and the lives of your patients and work family. They may not know all that you’ve done, but you do, and at the end of the day, that’s what really matters.

Respectfully submitted,
Heather Lifeso, RN, BTSN(P)

The Operating Room Nurses Association of Canada's conference took place this year in Halifax, Nova Scotia from April 26-30.

One of the lectures that peaked my interest was titled "Leadership and Patient Safety: Intentional Development" given by Deborah Roberts RN, MN, CPN(C), Dip. Adult Education, from Queen Elizabeth Hospital in Charlottetown, Prince Edward Island. Little did I know that a story I had read to my children years ago would be referenced at the end of her presentation, and would now resonate with me in a whole new way.

The following article will highlight how I feel my career path has followed the story detailed in the book, "Oh, the Places You'll Go" by Dr. Seuss and explore the connection between patient safety and leadership.

The story is one of the tales in the Dr. Seuss series written by Theodore Seuss Geisel. It was published in 1990, a year before he died at the age of 87. The book, in my opinion, is reflective of advice and lessons learned over a life-time, written in a fun, whimsical way. Some people relish advice, others are loath to accept it, but when delivered in a humorous way, it can be thought provoking. In my case, it triggered reminiscence over my career in the Operating Room. I have worked in the Operating Room (OR) for 27 years, in 3 different countries, 1 province, 1 territory, 9 different hospitals and had 5 different jobs all within the OR.

When I chose nursing as a career, "Oh, the Places You'll Go" was the phrase I had in mind, with a very literal interpretation. I have dual citizenship with Canada and the UK; I spoke four languages by the time I graduated from university and had written both my Canadian and American licensure exams. I literally considered the world my oyster. I thought I had all the right tools to help me succeed in my new career. I had wanted to be an Operating Room nurse from the day I did my 3rd year follow-through as a student on the surgical floor at the Royal University Hospital in Saskatoon, Saskatchewan. I loved the team aspect of the OR; so many people in the room to look after 1 person at a time. Everybody working independently, but seeking each other's opinions. The surgery I got to observe was a low anterior resection, and I remember the nurses, anesthesia and the surgeon all taking the time to make sure Mrs. R (I do remember her name!) was positioned properly in the stirrups, that her hands were placed just so by her sides.

Nurses and medical staff spoke to each other respectfully and took each other's advice. My first stop was Williston, North Dakota, USA. Little did I realize how different working just across the Saskatchewan border in a different medical model could be. Within months of starting my new job, my new career, I felt I got "hung up in a prickly perch". I felt like I had been left "in a lurch". "Un-slumping" myself was not "easily done." My experiences there left me wondering if I had chosen the right path, as everyday my mistakes were handed to me on a platter, with not a lot of encouragement. Thankfully not all the staff were like that, or I doubt I would've lasted very long in nursing all together. I was convinced that I needed to head out of that town, to somewhere where "it's opener there in the wide open air".

My next place was University Hospital in Denver Colorado. I went from a 5 room O.R. to at least 10 rooms (I can't remember exactly). When I went to Denver, I moved to a city where I knew no-one, now an 18 hour drive from Saskatoon as compared to a 6 hour drive. So well described in the passage where "the streets were not marked, some windows are lighted. But mostly they're darked." I was unsure I had chosen the right path, but had faith that the next place couldn't be any worse than where I had been.

My acclimatization there was much more successful, and I believed that I had found "the bright places where Boom Bands were playing". I know that if not for others, I might not have tried to do anything differently than what I was already doing. Colleagues and managers encouraged me to try new roles that I hadn't considered or even believed I had the ability to do. Otherwise, I may have ended up in "the Waiting Place..."

In my desire to come back to Canada, I wrote my American certification exam, Certified Nurse in the Operating Room (CNOR) because I didn't have an OR course and it was starting to become popular on job postings in Canada.

I'd had experience monitoring different services for team-leads, or charge nurses, with my now 3

Funding Article by Cathleen Clarke

Based on:
Leadership and
Patient Safety
Intentional
Development
Deborah Roberts
RN, MN,
CPN(C), Dip.
Adult Education

years of American experience. When I came back to Canada and still couldn't get a full time job, I saw working casual at 3 hospitals as something necessary to do in order to earn a paycheck. I didn't see the positive spin off all that experience would provide, not to mention all the contacts and the networking opportunities it gave me.

Deborah Roberts' presentation emphasized the connection between leaders creating a positive environment, and how that plays a role in providing safety for patients. Her message was that leaders can lift others with their strengths. As a leader therefore, it is important to recognize your own strengths and apply them to your area.

Her Safety Core Beliefs are:

- Set the tone
- Empower the Staff
- Measure Perceptions
- Discuss mistakes and learn from near misses.

Leadership can often be a scary concept. Some come by it naturally and some are pushed into it.

Much of good leadership comes from a person's ability to pass on the lessons they have learned from others as they went on their journey of "going places". A good leader is able to give freely their experience and knowledge and build a culture of kindness around them. Good leaders help us "move mountains" not build them up. When you feel safe, it is much easier to look out for others and ensure not only the safety of our patients who are the priority, but also for our colleagues. Together, we can all "be seeing great sights"!

The book, to me, symbolizes the optimism that most people have when they embark on their career. Where has nursing taken me? My journey took me to Williston, North Dakota, USA, Denver, Colorado, USA, Calgary, Yellowknife, NT, St. Albert, Edmonton and Quito, Ecuador. I have been a staff nurse, a Nurse Clinician for General Surgery, Clinical Nurse Educator, Supply Coordinator and Manager of Surgical Services. I have been a member ORNAC since 1996 in 3 different districts: SCORNA, NORNA and NCORNA.

There were also plenty of times I did feel like I was all alone, where I did "meet things that scare you right out of your pants." There were also lots of people who helped me on the "way up" and helped me to "soar to high heights". To all my mentors, I am extremely grateful. I would not be where I am today without you.

As Dr. Seuss states "Life's a Great Balancing Act." And I have always sought "to never mix up your right foot with your left." I very much enjoyed Deborah Roberts' presentation. I found it insightful, well laid out and thought provoking. Her perspectives on how patient safety can be enhanced through strong leadership practices resonated greatly with me. Her connection to the Dr. Seuss book was the icing on the cake. It gave me pause to reflect on the places I have gone over my career, but under a new lens of how it shapes the way I contribute to being a better leader and improve patient safety. Because all of us have followed our own paths to get to our own places, our experiences are all unique and help to form where and what we can input to our teams.

So to end with one more quote from Dr. Seuss "Today you are you, that is truer than True. There is no one alive who is you-er than you" (from "Happy Birthday to You", another book in this wonderful series.)

I had a wonderful time in Halifax. It was a real treat to connect with colleagues old and new. Every conference fills me up with confidence and enthusiasm to continually seek other places to go!

Thank you, NCORNA!

References:

Seuss, Dr. (1990). Oh, the Places You'll Go. New York: Random House Children's Books.
Seuss, Dr. (1959). Happy Birthday to you! New York: Random House Children's Books.
Roberts, Deborah. (2019). Leadership and Patient Safety: Intentional Development. Paper presented to Tides of Change, Oceans of Perioperative Excellence, Operating Nurses Association of Canada 26th National Conference Halifax Nova Scotia April 26-30 2019

ORNAA Biennial Conference: Changes starting in 2020

CHANGES TO PROGRAM

We will be kicking off the conference with the Opening of Exhibits and Welcome Reception in the Vendor Hall.

Having the Opening of Exhibits on the Wednesday evening allows us to change the vendor hall from daytime Friday to the Wednesday evening. The Exhibitors will be answering all our questions Wednesday evening and Thursday during the day.

CHANGES TO COST

The price for 3-day registration will be decreasing from \$395 to \$295, a \$100 reduction for the full conference fee.

There is currently no decrease in price for single day conference fees.

CHANGES TO LENGTH

We're cutting the length of the conference by one day. No longer do we run into the weekend. Conference starts Wednesday evening (1900h) and ends Friday afternoon (1600h).

This upcoming date is Wednesday September 30th to Friday October 2nd, 2020.

ORNAA Board

The ORNAA board welcomed Hanna Zezula into the Treasurer position at our September ORNAA executive board meeting. She is replacing Katelyn Nielsen, whose term as Treasurer ended June of this year.

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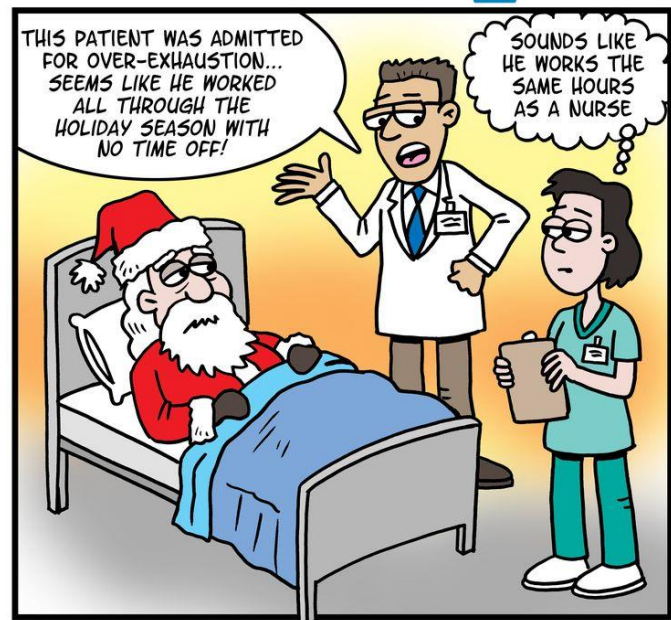
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The Best Medicine



NURSE JOKES

A Miracle?

Patient: "Will I be able to play the piano after this operation?"

Nurse: "Sure! Of course!"

Patient: "That's awesome because I couldn't before!"

Nurseslabs

