MORNA GAUZETTE

February **2008**

The Front Page

Donna Fallis is away on a well deserved holiday. Her President's Corner message will appear in the next MORNA Gauzette in May 2008.

In the meantime there is an incredible amount of material for you to read in this issue.

Look for new information such as Lipid Rescue by Joan Porteous and What's New at the WRHA submitted by Carol Shack.

The upcoming conferences page seems to expand with almost every issue. The number of conferences listed is limited by the amount of time spent looking for information. A few nursing subspecialties are listed but they really are only the tip of the iceberg. These concentrate mainly on perioperative themes. There are a number of conferences coming up right here at home in Winnipeg. The MAPAN conference May 23 – 25, 2008 looks really interesting. The links associated with these conferences should work for those receiving the Gauzette online.

If anyone is aware of any upcoming conferences not listed that would be of interest please let someone on your Newsletter Committee know. The newsletter committee consists of Leah Restall (President-Elect) Chair, Glenda Osnach (Secretary) Co-Chair, and Jacqueline Dutfield (Educational Coordinator) Co-Chair. The email addresses are on the right side of this page.

The last two pages of the Gauzette are the March Workshop poster and registration form. Feel free to copy the registration form.

Many members have submitted their articles fulfilling their funding obligations to MORNA. There is still one more issue this year for those who have not yet submitted items. It will be last issue for people who obtained funding to attend the ORNAC conference in Victoria last April.

I hope everyone enjoys the pictures from the 22nd ORNAC conference in Victoria last April. Thank you to Lucette McLean and Karen Warcimaga for them in this issue of the Gauzette and in the November 2007 issue. For those of you receiving a print copy it is worth going to the ORNAC website anywhere you can access a computer just to see them in colour, black & white really doesn't do them justice. Don't miss Ray Larkins and the MORNA group on page 7, Brenda Badger and Karin Long on page 14 at the ORNAC Rally in Victoria – a good time was had by all!

Yours truly, Glenda Osnach – Secretary

2007-2008 EXECUTIVE

President
Donna Fallis
OR Educator
OR Concordia
(204) 661 7268
(204) 661 7222 Fax
djfallis@shaw.ca

President-Elect
Leah Restall
CRN Ob/Gyn
OR Women's
(204) 787-2325
(204) 787-1078 Fax
lrestall@HSC.MB.CA

Past President
Brenda Badger
RN, CPN (C)
OR Seven Oaks
(204) 632 3176
(204) 697 3077 Fax
brbadger@hotmail.com

Secretary
Glenda Osnach
RN, CPN (C)
OR Seven Oaks
(204) 632 3176
(204) 697 3077 Fax
gosnach@gmail.com

Treasurer
Gladys Zinnick
Patient Team Care Manager
O.R. Seven Oaks
(204) 632 3216
(204) 697 3077 Fax
gzinnick@sogh.mb.ca

Educational Coordinator
Jacqueline Dutfield
OR Educator
OR Victoria
(204) 477-3183
(204) 269-7683
dutfield@shaw.ca

CONFERENCES - INTERNATIONAL AND CANADIAN

DATES INTERNATIONAL

2008 Mar 30-Apr 3 — AORN's 55th Annual Educational Conference. "*Share Your Passion, Illuminate Our Profession" A*naheim CA www.aorn.org

2008 April 4-5 Irish ODN (Operating Department Nurses) Annual Conference, Gallway Ireland INO Live- INO Live

2008 May 21-24 ACORN 13th National Conference, "Between the Flags", Queensland Australia (conference brochure on line at www.acorn.org.au)

2008 June 25 – 27 "Healthy People for the Healthy World", Bangkok, Thailand; Mahidol University Faculty of Nursing in collaboration with Department of Nursing of Ramathibodi Hospital and is co-sponsored by the University of Michigan School of Nursing and the University of Alberta Faculty of Nursing (www.healthyconf2008.com)

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2008 June 29 – July 3 International Nursing Research Conference, Facing the Challenge of Health Care Systems in Transition; The Israel Society for Nursing Research; Jerusalem, Israel Nursing Research Conference

2009 April 17-19 5th EORNA European OR Nurses Ass'n Congress, Copenhagen, Denmark www.eorna.org

2009—Durban, South Africa, ICN Congress

2009 Mar 15 – 19 – AORN Chicago, IL

2010 Mar 14-18— AORN Denver, CO

AORN also has many workshops available throughout the year. www.aorn.org

DATES WINNIPEG/CANADIAN

2008 March 15th MORNA Workshop, Sam Cohen Auditorium, St Boniface Hospital, Winnipeg, MB MORNA March workshop

2008 April 1 & 2 Safer Health Care Now 5th National Learning Session; Delta Hotel, Winnipeg MB; Safer Healthcare Now!

2008 April 18th 18th Annual Pediatric Nursing Conference/Hilton Suites Winnipeg Airport, Winnipeg, MB "Changing Faces in Pediatrics" www.hsc.mb.ca

2008 May 23 – 25th MAPAN (Manitoba Ass'n of PeriAnesthesia Nurses) hosts 7th National Ass'n of PeriAnesthesia Nurses of Canada Conference, "Winnipeg, Center of Diversity, The Warmest Place to Meet", Delta Winnipeg Hotel. www.napanc.org

2008 June 4 – 8 5th World Conference on Breast Cancer, Heart, Soul & Science "It's a Small World After All", Winnipeg Convention Centre www.wcbcf.ca

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2008 April 27-30th, 31st annual CONA (Canadian Orthopaedic Nurses Ass'n) Conference, "Grow With Us in Orthopaedic Nursing", Best Western Lamplighter Inn, London Ontario. www.cona-nurse.org

2008 May 4 – 6; CORL,(Canadian Operating Room Leaders), Network Conference, Toronto Airport Marriott, Toronto, Ontario www.ornac.ca for more information

2008 May 29 – June 5th, CHICA (Community & Hospital Infection Control Ass'n) Canada, 2008 National Education Conference, Palais des Congrès Montréal, Québec CHICA-CANADA - 2008 Conference

June 6 & 7, 2008 ORNANS, Annual conference Operating Room Nurses of Nova Scotia; Amherst, NS "Opening Doors of Opportunity" www.ornans.ca

2008 June 15- 18 ORNAO (perioperative RN's Ass'n of Ontario) 10th Biennial Conference, "Perioperative Nurses: Paving the Way to Patient Safety", Toronto, ON conference.ornao.org

2008 June 16-18 CNA, Ottawa The Canadian Nurses Ass'n is celebrating its centennial this year, check it out! Congratulations to ORNAC Past President Marg Farley, one of CNA's 100 nurses to know in 2008www.cna100.ca

2008 Sept 11 & 12 CCSVN(Canadian Chapter Society for Vascular Nursing)- 8th Annual Meeting Bessbourgh Fairmount, Saskatoon, Saskatchewan CCSVN

2008 Sept 17-20 5th International Council of Nurses International Nurse Practitioner / Advanced Practice Nursing Network (INP/APNN) Conference, Toronto, Canada www.inpapnn2008.com

2008 Oct 23 – 25 AWHONN Canada's (Ass'n of Women's Health, Obstetric, & Neonatal Nurses)19th National Conference, Ottawa www.awhonn.org Canada

2008 Oct 29 – 31 32e Conférence Provinciale de la CIISOQ au palais des Congrès, Québec.

2009 June 7 – 12 St. John's NF for 21st ORNAC National Conference "Come to the rock for the view from our Atlantic Coast" www.ornac.ca

2011 22nd ORNAC National Conference, Regina, SK
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HOSPITAL REPS

Concordia Hospital
Colleen Ungrin
OR 661 7198
1095 Concordia Ave R2K 3S8
Fax 661-7201

Grace Hospital
Leanne Moyer
OR 837-0120
300 Booth Drive R3J 3M7
Fax 837-0493

Health Sciences Centre Adult
Jade Chambers
OR 787-3524
820 Sherbrook St. R3A 1S1
Fax 787-3095

Children's Hospital
Mary-Jane Wasney
OR 787 2240
840 Sherbrook St. R3A 1S1
Fax 787-1178

Women's Hospital
Karen Gilchrist
OR 787-2087
735 Notre Dame Ave R3E 0L8
Fax 787-1078

Misericordia Hospital
Clara Bettencourt
OR 788-8380
99 Cornish Ave R3C 1A2
Fax 788-8529

Pan Am Clinic
Ardith Hammerling
OR 925-1553
75 Poseidon Bay R3M 3E4
Fax 475-9486

St. Boniface Hospital
Iva Joslin
OR 237-2585
409 Tache Ave R2H 2A6
Fax 237-2587

Selkirk Hospital
Karen Warcimaga
204-482-5800 ext 209
Selkirk, Manitoba R1A 2M2
Fax 204-482-1293

Seven Oaks Hospital
Sheryl Chochinov
OR 632-3176
2300 McPhillips Ave R2V 3M3
Fax 697-3077

Victoria Hospital
Iris MacMillan
OR 477-3183
2340 Pembina Hwy R3T 2E8
Fax 269-7683

Any of these Conferences pique your interest?
Sources of funding

1. WRHA – $500.00 each year Jan to Dec, & 3 days salary replacement, to a maximum of 6 days per year. (Those outside of the WRHA contact your local HA).
2. MNU – $200.00 per fiscal year (available to all MNU members, contact your ward rep). Some locals have additional educational funds.
3. MORNA members – contact your rep for funding guidelines (must have been a member in the previous year).

ORNAC Standards
Module 1, 8th Edition
ORNAC Beliefs and Professional Standards
June 2007

This module from the ORNAC Standards has been revised. The new edition is available on the CSA website via www.ornac.ca or www.csa-intl.org/onlinestore. It costs $18.75 and includes a glossary for all modules, that replaces the separate module's glossaries. (I found it easier to locate via the ORNAC site).
Remember we must know our standards, the lawyers certainly do!!
Let your hospital library know as well so they can update.

Important notice re Canadian Operating Room Nursing Journal (CORNJ) subscriptions

Please ensure that MORNA has your correct & current address. These addresses are submitted at the beginning of each year to Clockwork. If the journal is considered undeliverable, the cover is ripped off and the journal is discarded by Canada Post. The cover is then delivered back to the publisher with a C.O.D. charge of $0.65 for each cover. ORNAC pays for all returned journals decreasing final profits. Any changes of address also need to be submitted as soon as possible to prevent any delays in subsequent mailings. Subscription problem inquiries should be directed to the MORNA executive, not directly to Clockwork/CORNJ.***Your change of address can be done directly on the ORNAC website. Go to http://www.ornac.ca, then journals, select subscriptions. The change of address window can be found here.



Election Announcement

This year we are to elect a new President Elect and a new Secretary!
Both are elected for a 2-year term, which begins July 1, 2008.

Duties of the President Elect

1. Assumes the duties and responsibilities of the President during the President's absence.
2. With the President attends the Board meetings of ORNAC. Represents MORNA on ORNAC national conferences.
3. Is a signing officer for MORNA with the President and Treasurer.
4. Chairs the Communication Committee, with the Educational Coordinator and Secretary as Co-Chairs. Responsible for the production of the MORNA newsletter (minimum of 3 copies per fiscal year) and maintenance of the MORNA website.
5. Organizes the dinner and entertainment as required for the Annual Meeting.
6. Performs other duties as requested by the President.



Duties of the Secretary

1. Records and distributes the minutes of all MORNA meetings.
2. Maintains an accurate record of attendance at all MORNA meetings. Provides an annual verification of attendance report as required for members' purposes, e.g. certification or educational funding.
3. Completes correspondence as directed by the Executive or Board of Directors.
4. Maintains all MORNA records, documents and correspondence for the most recent 2 years, then forwards to the historian to be archived.
5. Forwards all minutes of meetings to the Associate Chapter President(s).
6. Participates on the Communications Committee as Co-Chair, with the Educational Coordinator (Co-Chair) and President Elect (Chair). Responsible for the production of the MORNA newsletter (3 per year) & maintenance of the MORNA website.
7. Confirms the rooms for all the meetings.
8. Distributes all notices of meetings and education events.
9. Performs other duties as requested by the President.

Duties are recopied from the MORNA Constitution and Bylaws, available from your MORNA Rep.
The election will be held at the MORNA Annual General Meeting, May 22, 2008.
Please forward nominations to Brenda Badger (Past-President, Chair Nominating Committee)

Vascular Conference, Montreal 2007 – submitted by Ingrid Klassen

I attended the Canadian Chapter Society for Vascular Nursing (CCSVN) annual conference in Montreal from Sept 26-29, 2007. The CCSVN has promoted vascular nursing to such a degree that the nursing conference is essentially as large as the surgeons'. I attended the first day of the nursing conference and then the 2 days of the surgeons' conference.

The first morning session at the CCSVN was an excellent presentation on EVAR (Endovascular Aneurysm Repair) by Dr. Cherrie Abraham.

Endovascular aneurysm repair is a minimally invasive procedure which has proven to be a viable option in the treatment of a wide variety of aneurysms and traumatic injuries within the vascular system. Through the use of two small incisions in the patient's groins, surgeons use wires and catheters, guided under fluoroscopy, to locate and repair aneurysms and dissections, by deploying grafts into the vascular system.

The greatest benefits to the patient are a minimally invasive technique, typically bypassing ICU, and a short hospital stay. Discharge home can be as quick as post-op day one or two. There are some limitations in the selection criteria such as tortuous vessels, renal artery involvement or unacceptable landing portions in the aorta for the endovascular device, however, patients with high anesthetic risks are better suited to this form of aneurysm repair. Usually an arterial line and spinal is all anesthesia requires for these cases.

With experience worldwide over the past approximately 15 years, more complicated anatomy is being repaired in this fashion. This includes fenestrated endografting and Group IV thoracoabdominal aortic aneurysms. Some Canadian centres, such as Calgary and Hamilton are leaders in performing these treatments.

Vascular surgeons have shown that through the use of a mini sternotomy and a combination of open transpositions and bypasses of the greater vessels, endovascular stent grafts can then be deployed into the aortic arch to exclude aneurysms and repair dissections of the aortic arch. These procedure have eliminated the need for complex cardiovascular surgery which involved extensive dissection, aortic cross-clamping, the use of cardiopulmonary bypass and hypothermic circulatory arrest.

In Winnipeg, both Health Sciences Centre and St. Boniface General Hospital offer endovascular surgery for vascular and thoracic aneurysms.

Reference: Elizabeth Pawlowski, RN, BScN, MHS(C), Hamilton Health Sciences 2007

The following information is a summary that was received at the 2007 Canadian Western Leadership Conference in Winnipeg. The presenters were very knowledgeable and dynamic nurses Beth Brunsdon-Clark, Helga Bryant, Lori Embleton, Cathy Rippin-Sisler and Brenda Stutsky.

WRHA Nursing Leadership Development Program

The WRHA nursing leadership development program is a free self assessment and self study web accessed leadership program. The website was developed for nurses within the Winnipeg Regional Health Authority (WRHA). The resources within the website allow nurses to assess, enhance, and evaluate their own nursing leadership competencies. The framework used was originally developed for the Dorothy Wylie Nursing Leadership Institute.

website is : http://www.hsc.mb.ca/leadership

A *thread* is defined as an inherent tenet woven throughout the entire Leadership Development Framework. Threads also represent key theories within the literature as well as approaches embraced by the WRHA.

The following are threads identified for this framework.



- Critical Thinking
- Change Management
- Professionalism in Nursing
- Accountability
- Novice to Expert
- Learn Not Blame
- Complexity Science

The WHRA Nursing Leadership Development framework is comprised of 4 main components:

Business of Health Care

Determination, execution, and evaluation of policies/directives, which allows for an organized effort to deliver health care services to attain a set of pre-determined health related goals for a given population (Hodgetts/ Cascio,1993)

Competencies of Leadership

It is a set of skills and practices that builds confidence thus allowing the leader to guide those within their circle of influence through: (Kouzes and Posner, 2002)

Use of Self

Is a composite of self-knowledge, self-management, social awareness and relationship management relative to a given situation or set of conditions. Use of self is the essence of leadership.

Profession of Nursing

Nursing is a self-regulating profession by virtue of the provincial/territorial governments' statutes conferred upon the profession. This means that those most knowledgeable about the domain of nursing are responsible for developing and monitoring fundamental underpinnings such as entry to practice, scope of practice and standards of practice.

Within each of the main components are elements defined as the most basic unit of a component.

Completing a self-assessment is an important part of the Nursing Leadership Development Program. A self-assessment in each of the 19 elements of the framework will provide you with a personal baseline from which you can measure your progress over time.

I encourage you to visit the website and continue to develop your own perioperative Leadership style. Explore web based learning!



Sincerely,

Lesia Yasinski RNBN, MSA

OR Program Team Manager

St. Boniface General Hospital



MORNA's Spirited Energy at ORNAC, Victoria BC 2007

LIPIDRESCUE: RESUSCITATION FOR CARDIAC TOXICITY

Submitted November 20, 2007
By Joan Porteous, RN, BN, CPN(C)

It has been reported that severe systemic local anesthetic toxicity occurs at a rate of 1:10,000 for epidurals and 1:1000 for peripheral nerve blocks, depending on the type of block. There have been several fatalities secondary to lidocaine toxicity associated with liposuction procedures reported in the New England Journal of Medicine (1997).

LipidRescue resuscitation refers to the use of an intravascular infusion of a lipid emulsion to treat severe, systemic toxicity. It was originally developed to treat local anesthetic toxicity, but recent literature suggests that it may be equally effective in treating other types of toxin-induced cardiac arrest.

Studies indicate that lipid infusion increases resistance to local anesthetic toxicity and impreoves success of resuscitation from local anesthetic overdose.

Results of intralipid administration are so dramatic that several WRHA Ors have incorporated a LipidRescue Kit on all cardiac arrest carts. The treatment protocol is as follows:

In the event of local anesthetic-induced cardia arrest that is unresponsive to standard therapy, in addition to standard CPR, Intrlipid 20% should be given IV in the following dose regime:

- Intralipid 20% 1.5mo/kg over 1 minute
- Follow immediately with an infusion at a rate of 0.25ml/kg/min
- Continue chest compressions to circulate the lipid
- Repeat bolus every 3-5 minutes up to 3 ml/kg total dose until circulation is restored
- Continue infusion until hemodynamic stability is restored. Increase the rate to 0.5ml/kg/min if BP declines
- A maximum total dose of 8ml/kg is recommended

In practice, when resuscitating and adult weighing 70kg:

- Take a 500ml bag of Intralipid 20% and a 50ml syringe
- Draw up 50ml and give IV push X 2
- Then attach the Intralipid bag to an IV infusion set and administer IV over the next 15 minutes
- Repeat the initial bolus up to twice more if spontaneous circulation has not returned.

ORNAC National Conference

On April 22 – 27, 2007 I attended the ORNAC National Conference in Victoria, BC. This was my Victoria provided a gorgeous setting. I was unprepared for the natural beauty; virtually everything was in bloom! Unfortunately, coming from our warm Winnipeg spring weather I was also unprepared for the cool, wet Victoria weather, not having packed enough long sleeved tops. (I was not alone in my assumptions as I heard many others from Winnipeg lamenting the lack of warm clothing.) Fortunately, one of the exhibitors, AMT Surgical, was giving away umbrellas.

There were over 900 peri-operative nurses from all over the globe attending; delegates from every province and territory (except Nunavut) in Canada as well as nurses from Australia, New Zealand, South Korea, Papua New Guinea, the UK and the US! It was inspiring to see all these nurse committed to improving themselves and the field of perioperative nursing. It was so interesting to meet nurses from other places and to hear about their experiences.

From the opening ceremonies, MC'd by a Dr. David Naysmith, who must certainly double as a stand up comedian – he painted a realistic (and hilarious) picture of all our peri-operative team members, poking fun at his surgical colleagues as well as the nurses – to the motivating and inspirational keynote speaker, Mark Tewksbury who closed the conference, the experience was packed with interesting educational opportunities.

The topics varied widely from self care issues like compassion fatigue, burnout and harassment; to patient issues such as organ and tissue donation, consent and legalities and the tumor tissue repository; to the technological advances – everything from minimally invasive herniated disc surgery to instrument management systems. (oh, how wonderfully organized our OR's could be if we had unlimited budgets to get some of these instrument management systems!) The poster presentations provided a great illustration of some of these technological advances. So there was truly something for everyone, no matter which areas of OR nursing your interests lie. Besides the formal educational sessions, there was ample opportunity to meet other OR nurses and share ideas and experiences.



I found Mark Tewksbury's keynote address to be particularly inspiring. Mark had certainly done his research on both ORNAC and peri-operative nursing and so was able to draw parallels from his career as an Olympic gold medalist in swimming to the challenges of creating a legacy of excellence in peri-operative nursing. He challenged us to not accept our own personal performance as 'good enough' but to strive to be even better; to strive for excellence in both our work and in our interactions. He spoke about maintaining honesty, integrity and high standards. His enthusiasm was contagious. At the end of his presentation, after our hearing in detail about his long, hard road to that gold medal, he asked the audience whether we would like to see the race. The response was immediate and positive. You would not have guessed from the cheering of the audience that the video clip of the race was fifteen years old and that the outcome of the race was already known. An unexpected bonus to the week was that Mark boarded the same airport shuttle and sat behind, me so we chatted on the way to the airport.

Many thanks to MORNA for assisting me to attend the conference. I returned to my workplace stimulated and inspired. And I would certainly recommend to my fellow nurses to take the opportunity of attending an ORNAC National in the future.

Submitted by Karen Watchorn

Instrument Management Systems: How Can They Help OR Nurses?
By Barbara Bolding RN MBA
Clinical Education Consultant for Advanced Sterilization Products, a Johnson & Johnson company.

I would like to share a bit of what I learned at our 20th National Conference in Victoria, last May.
Imagine not wasting another minute looking for a misplaced instrument, or instrument tray.
Imagine having computer software, which enables you to assist in training new staff in central processing. This software enables staff to identify instruments, learn the proper care and handling as well as tray layout for sterilization. This software is tracking instruments out for repair, and utilized for tracking instruments to patient use.
This woman certainly captured my attention and I busily wrote a page and half of notes as she spoke. Barbara spoke of the new standard in instrument management, allowing a better handle on inventory management. I was also very interested in the time saving element. Have you ever kept track of the time wasted looking for an item which was not put away properly, multiply that by many other staff members doing the same thing……it is a frustrating fact of life in the OR setting.
Barbara spoke of the use of barcode technology to allow accurate and immediate workflow processes, to locate any surgical instrument set. Lost or missing instruments and their associated costs can be linked to a specific OR room or specialty. Imaging and video capability can provide on-line processing instructions. Automated sterilization load tracking and documentation can be achieved. Processing costs can be captured by cost center or department.
Of course this is not achieved without some work on our part. There is a considerable, time consuming aspects of implementing instrument management software. Entering thousands of instrument descriptions, and instruments sets into the database requires hours of work. Instrument care instructions would also be entered in the data base, this information is then available at the swipe of a bar code.
I do look forward to the day that this time saving device will be installed at our facility and free up more time for patient care.

Lucette Mclean

Rally Night

ORNAC 2007



2007 Conference Article

Submitted by: Sandra Schultz

I had the privilege of attending the 20th National ORNAC Conference in Victoria, BC, in April 2007. I found it to be a very interesting and informative conference. One of the most interesting sessions was a session given by James Harrison entitled Workplace harassment, an Australian Perspective to an International Problem.

James Harrison is a Registered Nurse who has been working as a Perioperative Nurse for 20 years. He is currently President of the International Federation of Perioperative Nurses (IFPN).

James discussed what constitutes bullying and harassment in the workplace as well as defines the effect and implications of the behaviour. He examines legislation and strategies that can be used and discussed our role in developing an optimal working environment.

Definitions of bullying;

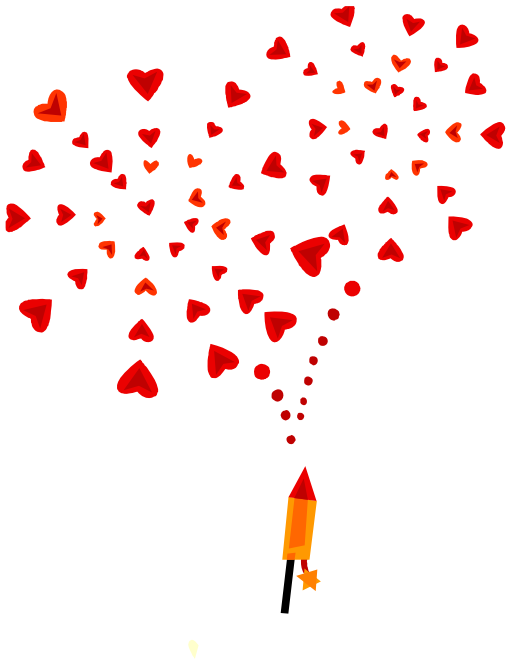
- Various definitions result in confusion and a lack of clarity
- People have differing ideas about what constitutes bullying, particularly in the workplace.
- Most highlight bullying behaviour as negative to the recipient, it is persistent and long term in nature.
- Repeated, and over time, offensive behaviour through vindictive, cruel or malicious attempts to humiliate or undermine an individual or group of employees (2003).

ILO/ICN/WHO/PSI definition:

ILO – International Labour Organization
ICN – International Council of Nurses
WHO – World Health Organization

Who?

- Usually in a position of authority, power, responsibility and trust
- Men and women bully equally
- Managers account for some of the bullies, however.....
- Colleagues also bully as often as managers



How?

Some Examples

- Overruling of decisions
- Public humiliation
- Undervaluing and belittling of staff/colleagues
- Ignoring or excluding staff or colleagues
- Failure to acknowledge a job well done
- Lack of autonomy
- Constant criticism
- Withholding of information
- Shouting
- Target of gossip
- Deliberately impeding progress/development

Harassment:

- Like bullying, harassment is part of a wider issue, that of occupational violence
- It has been prevalent but unrecognised in nursing for a long time

- There is research evidence within Perioperative and other nursing specialities stretching back at least two decades
- There is a lack of clarity and consistency around the terminology

Definition of Harassment

Behaviour that is unwelcome, unsolicited, usually unreciprocated and usually (but not always) repeated. It makes the workplace or association with work unpleasant, humiliating or intimidating for the people or the group targeted by this behaviour. It can make it difficult for effective work to be done. (Australian Public Service Commission definition, 1994)

Types of Harassment

- Harassment can be verbal, physical or sexual.
- It can have a racial or disability overlay, that is physically or mentally disabled or those of minority races (compared to the dominant culture) are targeted more than other.

Why don't we hear more about it?

- Under-reported and frequently surrounded by a culture of silence
- Victims do not realise they are being bullied or harassed
- Do not know what to do about it, or
- They believe nothing can be done to improve the situation
- Additionally nurses think they will not be believed or taken seriously
- They fear retaliation (Birman, 1999) or
- When they complained it has not been dealt with properly (NAIN, 2002)
- Non-reporting also reflects the influence of organisational culture (Mayhew, 2002)
- As in other occupations in Australia and elsewhere, it is difficult to estimate their incidence or severity. Bullying, harassment and horizontal violence.....were not acknowledged less than a decade ago

Distinguishing harassment from bullying

- Harassment can be one event;
- Bullying tends to be repeated over time, often escalating in intensity;
- Harassment can have a physical component or a sexual connotation;
- Bullying is primarily psychological in nature, at least initially

Comparisons

- Harassment in some instances, particularly when associated with assault, or sexual harassment, can have a criminal element;
- This tends not to be the case with bullying.

Importantly...

- Harassment and bullying are similar concepts, in that both are an abuse of power in the workplace;
- There tends to be a gendered aspect to both bullying and harassment. Women are victims more often than men, however....
- Women are also perpetuators of these unacceptable behaviours;
- Now cyber violence is being reported, with people being harassed and/or bullied via the telephone and email.

Legislation related to harassment

- There are various acts and codes of practice within Australia, such as NSW Occupational Health and Safety Act (2000) and the Tasmanian Workplace Health and Safety Act (1995)
- The Australian Human Rights and Equal opportunity Commission Sexual Harassment Code of Practice (2001)

What to look for:



Physical Symptoms

- Disturbed sleep
- Loss of appetite
- Headaches
- Inability to relax

Psychological Symptoms

- Loss of confidence/self esteem
- Acute anxiety
- Self doubt
- Paranoia
- Depression

Taking Action

- You can advise them to confront the bully and tell them to stop;
- Ask if they have talked to colleagues to see if they are experiencing the same (but caution is needed);
- Make them aware of local policies;
- Suggest they keep a diary (especially if you feel it is not a one time incident from a normally reasonable colleague);
- Be accepting and non-judgemental;
- Talk to your manager/HR and seek advice;
- Keep a record of the meeting;
- You may need to intervene and talk to the alleged bully, seek their version of events;
- If you are satisfied their behaviour is inappropriate a warning may be necessary, along with clear instructions on the behaviour expected;
- More formal education may be needed.

Duty of Care

- Fundamental principle that all employees have to observe
- Bullying and harassment at work can damage employees health and the NSW O H & S Act (2000) and Tasmanian Workplace Health and Safety Act (1995) note employees are responsible for maintaining a safe workplace; this includes psychologically safe
- Clear defined policies are necessary, as is strong leadership
- We also owe a “Duty of Care” to our colleagues to work with them collaboratively and cooperatively in a reasonable manner

Rock and a Hard Place

- The dilemma for managers is that they have a responsibility for their employees and yet they may not even be aware that bullying is happening between and/or amongst their staff or...
- They may be aware of what is going on but have insufficient information to act or victims refuse to pursue the issue
- Additionally they may try to address it via their own manager or HR department only to receive an unsympathetic response
- It is partially vexatious to deal with bullying adequately, it the perpetrator is in a powerful position, for example, a surgeon
- They need to take a proactive approach and try to *prevent* bullying (eg via enforceable policies), as well as take a zero tolerance approach if it is detected, this may not be easy

Taking a leadership role

- Heighten awareness of issues
- Policies need to be available to all
- They should contain clear definitions
- Organizations should adopt a policy of zero tolerance of unacceptable behaviours and foster a supportive work environment
- Policies need enforcing
- Role model the behaviour you expect of staff
- Training sessions need to be offered, which spells out acceptable AND unacceptable behaviours
- Act immediately if you have any concerns – in line with staff grievance procedures

Always act by the rules of natural justice – this is

- Confidentially
- Impartially
- Fairly
- Sensitively
- Seriously
- Fast
- Without Victimisation

In Conclusion

- Bullying and harassment are on the increase
- Nurses are the healthcare organizations prime asset – a healthy organization has healthy assets but only if they are protected from unsatisfactory behaviours
- The manager has a clear role but one that is not always possible to enact





Rally Night at the 22nd ORNAC Conference, Victoria, BC; April 2007

****Regional News from the WRHA****
Did you know!

I. There is a Regional Informed Consent Policy

- Regional forms will be coming to your site in March 2008 (until then facility specific forms are required)
- Consent is valid for ONE YEAR. Any significant change in patient's condition requires new consent.
- Consent from one WRHA facility is valid at all WRHA facilities.
- Responsibility for obtaining Consent is the surgeon's. Nurses do not obtain Informed Consent.
- The new policy allows for obtaining of blood sample from the patient for testing of transmissible infections when obtaining of a separate informed consent may be delayed due to length of surgical procedure or inability to provide consent due to anesthetic agents.
- A list of procedures/treatments and investigations requiring written Informed Consent can be found in the Regional Policy.

2. There is a new Regional Policy for Management of Implanted & Explanted Medical Devices.

- All implanted Medical Devices shall be purchased sterile if available.
- Explanted Medical Devices shall
    - Not be given to patients;
    - Not be reused;
    - Be sent as Specimens except for orthopaedic, plastics, neurosurgical or ENT plates, nails, and screws or clips for tubal ligation'
    - Not be decontaminated or sterilized prior to sending to pathology; and
    - Be tracked from the OR to pathology
- Informed Consent is required for implantation of "Special Access Devices".
- Implanted Medical Devices must be registered with Health Canada
- If Implanted Medical Devices are required to be facility sterilized (orthopaedic, plastics, neurosurgical or ENT plates and screws only)
    - Emergency flash sterilization shall not be used. Only exception is if patient safety is at risk; and
    - Biological indicator is required for each load and load shall not be released until biological has been read.

3. There is a Regional Policy for Control of Traffic and Visitors to the OR (Including Obstetrical Operating Room)

- Patient must give verbal consent for a visitor to be present during their surgical procedure. The person requesting the presence of the visitor obtains verbal consent and documents in the patient health record; verbal consent was obtained, visitor's name, and purpose of visit.
- Visitors shall wear ID.
- Visitors include:
    - Staff not involved in performing or participating in the surgical procedure
    - Interpreters
    - Maintenance and Clinical staff
    - Security or law-enforcement personnel
    - Sales reps
    - Students participating in job shadowing
    - Researchers
    - Media
    - Family/friends

4. Infection Prevention and Control has a Regional Policy for the use of "Gels"

- Sterile gels shall be used for procedures penetrating mucous membranes or involving sterile environments.
- Sterile or Bacteriostatic Gels shall be used for Endoscopy on intact mucous membranes or on-endoscopic procedures on mucous membranes.
- Single use packages shall be used for Sterile Gels.
- Multi use gels may be used for frequently performed procedures.
- Multi use gel containers shall be dated when opened and shall be discarded after one month.

For more information these Regional policies may be viewed on the WRHA INTRANET website (this duffers from the general public WRHA website and is accessible at WRHA facilities) or contact your educator/facility policy manual.

Next time in "Did you know……"

1. Revisions to Surgical Count Policy
2. Cleaning of Non-Critical Reusable Items
3. Who can mark for Correct Site, Correct Procedure and Correct Patient for Surgical Procedures
4. Update on WRHA Perioperative Orientation Sessions Sept 2007 – March 2008.

Submitted by –
Carol Shack
Regional Perioperative & MDR Nurse Educator

Leading the Way; The Challenge of Leadership

Fourth Western Nurse Leaders Forum
held at the Convention Center 15-17 Oct 2007

"The key to successful leadership is influence, not authority." by Ken Blanchard

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader." by John Quincy Adams

"Far and away the best prize that life has to offer is the chance to work hard at work worth doing." by Theodore Roosevelt

I had the privilege of attending the Fourth Western Leaders Forum held at the Convention Center 15-17 Oct.

The one session that particularly inspired me to work at developing the employee was called PREP: The Practitioner Remediation Enhancement Partnership. An employee that is struggling to keep up with the fast and furious pace in any work environment is now presented with options on how to further develop and achieve the standards of nursing practice. This session was presented by Peggy Martens from the CRNM. Although this program was created for nurses, I see parts of the concept as a useful tool for enhancement training for employees no matter what their occupation is or what their scope of practice is.

PREP is a system in which CRNM works in partnership with the employer and individual registered nurses to identify competency deficiencies *i.e.* mistakes or minor violations of the Registered Nurses Act or wherever clinical performance fails to meet the accepted Standards of Practice for R.N.'s of Manitoba.

"PREP is a voluntary alternate to traditional remediation for a registered nurse who demonstrates deficits of knowledge, skills, attitude and judgment." This program is deemed to be a positive approach as opposed to Labor Relations meetings. It offers an opportunity for improvement and enhanced clinical competency as a non-disciplinary non-punitive intervention.

One of the criteria for eligibility for PREP is that the R.N. must be employed at a facility that:

1. supports the process
2. have no previous serious practice issues
3. continue to be employed
4. be willing to be involved in PREP
5. meet the criteria for referral from CRNM

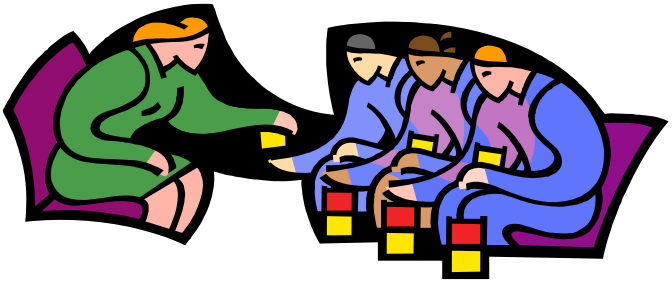
The advantages of PREP are:

1. the concept benefits the public by improving patient safety
2. is associated with increased retention by nursing staff
3. increased recruitment of nursing staff
4. increased staff morale.

The program offers a positive approach to improve and maintain competence in members apart from the traditional complaints and discipline process.

For more information on PREP, please contact a CRNM Nursing Practice Consultant at (204) 774-3477 or (800) 665-2027 (Manitoba toll free) or www.crnm.mb.ca.

I hope to have given some options and clarity as to the importance of nurturing
Reference: PREP (Practitioner Remediation Enhancement Partnership) published: 05/2007.Dianne MJ Hyra-Kuzenko R.N. CPN© SPT





MANITOBA OPERATING ROOM NURSE ASSOCIATION

SPRING WORKSHOP

DATE: Saturday, 15 March 2008

PLACE: Samuel N. Cohen Auditorium
St. Boniface General Hospital Research Centre
Winnipeg, Manitoba

TIME: 0730 – 1600

Workshop Program

- **Reprocessing and Sterilizing Medical Devices:**
  Challenges Operating Room Nurses Deal With Today
  Colleen Landers RN – Member of the Canadian Standards Association

- **Hypothermia and the Surgical Patient - Dr. Frank Ewert, Anesthetist**

- **Surgical Energies - Maggie Zed RN**

- **What Motivates You to Come to Work - Lesia Yasinski RNBN, MSA**

COST: $40.00 for MORNA MEMBERS

$75.00 for Non Members

*Nutrition break and lunch included with registration

Registration Deadline: 11 March 2008 - Registration forms available from your facility representative or can be printed from the MORNA Web page

For further registration information please contact: Gladys Zinnick (W) (204) 632-3216



MANITOBA OPERATING ROOM NURSES ASSOCIATION
SPRING 2008 WORKSHOP REGISTRATION FORM

Name: _____ Title: _____

Facility_____

Home Address: _____

City: _____ Province_____

Postal Code: _____

Phone Number: Home: _____

Work: _____

Fax: _____ E-mail:_____

❒ MORNA MEMBER $40.00 MORNA MEMBERSHIP #_____

❒ NON – MEMBER $75.00

***Registration Fee includes lunch and refreshments**

****** Your Receipt will be issued on the day of the workshop**

Please make cheque payable to MORNA

Please send your registration to:

Gladys Zinnick
Suite 5, 667 Leila
Winnipeg, Manitoba
R2V 3T5

Workshop Contact: Gladys Zinnick (W) (204) 632-3216 or (H) (204) 589-8930

⇨Registration Deadline: 11 March 2008

Cheque Number: ____ Date Received_____ Receipt Issued____