MORNA GAUZETTE

May **2010**

President's Corner

Wow, where did the last four years go. It seems like just yesterday that I accepted the position as President Elect at our last Provincial Conference in 2006. The President's gavel was passed to me in May 2007 with Audrey Hiebert's unexpected departure. It has been an honour and pleasure to serve as your MORNA President and your representative on the ORNAC Board where I have learnt so much. It was with great pride that I carried the MORNA flag in at the opening Ceremony at ST John's last June.
Thank-you to the various Executive and Board members (hospital reps), without your help and support MORNA would not have been able to provide the Educational opportunities to Perioperative Nurse of Manitoba.
I was looking for a Pearl of Wisdom to leave you with and found one from Helen Cluett, RN, MSN who had a 33-year career as a nurse Educator.

"I never expected any student or colleague do to anything I wouldn't do myself. I also tried to instil the importance of being professional and remembering that it's a privilege to be a nurse because the nurse has that special bond with the patient – the nurse is truly the patient's advocate, especially in the OR where the patient cannot speak or make decisions on their own"

I strongly believe that one of the most important roles of the Periopertive Registered Nurse's is that of patient advocate. If you treat every patient as you would want yourself or family member to be treated that you will never go wrong in your perioperative practice.
On May 18th, I will pass the gavel to Leah Restal and I know you will support her and hope she will enjoy being President as much as I did.
I look forward to my new role as Past President and your continued support. Enjoy the summer and see you in September for The Wine & cheese Mixer.

Donna Fallis
MORNA President

2009-2010 EXECUTIVE

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CONFERENCES - INTERNATIONAL AND CANADIAN

DATES INTERNATIONAL

2010 June 11 AfPP (Ass'n for Perioperative Practice) Regional Event "Difficult Airways & Keyhole Surgery",Anglia Regional Study Day www.afpp.org.uk/events

2010 June 19 AfPP Regional Event " Trent Regional Study Day: ENT Specialist Educational Event Education Centre www.afpp.org.uk/events

2010 Sept 16 – 17 1st International Conference of the Internation Collaboration of Orthopaedic Nursing, Dublin, Ireland www.icon2010.com

2010 Oct 4 – 7 4th European Nursing Congress; Older Persons: The Future of care, Rotterdam, The Netherlands www.rotterdam2010.eu

2010 Oct 14 – 16 AfPP (Ass'n for Perioperative Practice) 46th Annual Congress & Exhibition, Harrogate, UK www.afpp.org.uk/events

2010 Nov 11 – 13 Periop Nurses College of NZNO Conference, Roorua Convention Centre, Roorua, NZ www.nzno.org.nz/Activities

DATES CANADIAN

2010 May 29 – June 3 CHICA (Community & Hospital Infection Control Ass'n) Canada, 2010 National Education Conference, "Golden Opportunities…Soaring to New Heights" Vancouver, BC www.chica.org

2010 June 2 – 5 5th IPCRG (International Primary Care Respiratory Group) World Conference, Toronto, ON "Making Every Breath Count" www.ipcrg-toronto2010.org

2101 June 4 – 6 Canadaian Celiac Ass'n National Conference, Victoria Inn, Winnipeg www.celiac.mb.ca

2010 June 4 – 6 SORNG (Saskatchewan OR Nurses Group) Provincial Conference, Regina, SK www.ornac.ca/chapters/SORNG

2010, June 7 to 9 - the (CNA)Canadian Nurses Association Biennial Conference, Halifax, NS "Innovation in Action: The Power of Nursing www.cna-nurses.ca/2010

2010 Aug 5 – 7, Best of AUA (American Urological Ass'n) Annual Meeting, Montreal, PQ www.auanet.org

2010 Oct 14 – 16, 21st National Conference of AWHONN Canada (Ass'n of Women's Health, Obstetric & Neonatal), Montreal, PQ www.awhonncanada.org/

2010 Oct 20 – 23 28th Annual ORNAA (OR Nurses' Ass'n of Alberta) Conference, Red Deer, AB "TEAM (Together Everyone Achieves More) O.R." www.ornaa.org

2010 Nov 9 – 12 SOOR(Corporation des infirmieres et infirmiers de sale d'operation du Quebec) Le 33e Congres de la CIISOQ a Laval, PQ www.ciisoq.ca/Congres



Sources of funding

Any of these pique your interest?

Go to **www.ornac.ca/chapters/MORNA/** for MORNA funding guidelines

1. WRHA – $500.00 each year Jan to Dec, plus 3 days salary replacement, to a maximum of 3 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 or go online at (must have been a member in the previous year).

HOSPITAL REPS

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CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

CPN (C) Certified Perioperative Nurse Canada

CNA CERTIFICATION/RECERTIFICATION

Consider becoming certified in your specialty as a perioperative nurse – CPN(C). The deadline for applications to write April 9, 2011 is October 15, 2010. Check out the website and plan now to write in 2011. The deadline for certification renewal application for 2011 is November 26, 2010.
You must have completed 3900 hours in your specialty prior to applying. Applications are accepted from Sept 1, of each year to ~mid Oct/Nov. Visit www.ornac.ca and www.cna-aiic.ca for more information. MORNA has funding available for active members, $150.00 toward certification or recertification fees. This is separate from the educational funding and does not influence the amount of educational funding available to you. There are other sources of funding available, follow the financial assistance link under obtaining certification on the CNA website.
The fee schedule is available on the CNA website noted above. Click on **CNA Certification** on the left hand side of the home page.

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 her

Report to MORNA on 21st National ORNAC Conference

Presentation – More than Just the Colour on the Wall
By Lucia Pfeuti RN BN CPN(C)
& Lyndsay Lingard RN BN BSc

The presentation focused on ways to deal with waste within your facility and more specifically the surgical suite. It proposed a "green approach" could be applied on a daily basis by staff within the operating room. The focus was on a rule of 4 Rs - Rethink, Reduce, Reuse and Recycle.

Some factors that were identified contributing to waste included:

- Concern of exposure of OR products to blood borne disease - best practice "if in doubt throw it out".
- A move to disposable products
- An increase in plastic consumption

A review of waste revealed that waste is often misclassified and that waste is not being separated at the point of production. It was felt that 92% of waste was incorrectly sorted and actual biohazard waste identified as not fit for recycling was minimal to what was actually being discarded as biohazard waste.

The following are suggestions for waste reduction according to the 4Rs.

RETHINK

- Rethink what we are sending to landfills, filter at the point of production. Send only what is really contaminated.
- Start with educating staff on the amount of waste generated and the need to reduce the amount and cost of the waste we are sending to the landfill.

By starting small we can have an effect. Suggestions included:

- Consolidating shipments and participating in bulk purchasing to reduce packaging waste.
- Use of reusable shipping and storage containers rather than card board containers.
- Get involved in committees that make decisions on hospital waste. Develop waste management policies in your facility.
- Environmental preferred purchasing.

REDUCE/REUSE

- Conserve materials – follow the pick list and open only what will be used.
- Take only what you need. Avoid taking excess items into an environment that could offer biohazard contamination.

- Donate unwanted or no longer used items to missions or others institutions that can use.
- Turn off devices that require energy when not in use. Shut down computers, anesthetic machines, OR lights, have electronic faucets and low flush toilets installed where possible.
- Use waterless hand scrubs to decrease the amount of water used in scrubbing.
- Choose reusable rather than disposable. It was noted that disposable suction containers alone can account for up to 40% of biohazard waste.
- Move to electronic medical records reduces paper and printing supplies.

RECYCLE

- Form a "Green Team". There is power in a larger group. Start small and build.
- Don't forget to focus on the lunchroom. Recycle plastic pop bottles, aluminum cans and glass. Use a reusable lunch container. Separate recyclables from actual garbage for composting.
- Install appropriate recycling bins. If made available they will get used.
- Recycle materials for other uses. Recycle your blue wrap. Communicate and share your ideas.

Report Submitted by
Ray Larkins RN CPN (C)

MORNA Membership Information

1. **Active Membership is $45.00 as of June 1, 2010**
2. **Deadline for membership is Dec 1, 2010**
3. **Send completed membership forms to:**

MORNA Treasurer
Gladys Zinnick
Seven Oaks Hospital
c/o OR
2300 McPhillips St
Winnipeg, MB R2V 3M3

Greening an Operating Room: More than just the Colour on the Wall.

Presented by Lucia Pfeuti and Lyndasay Lingard

This presentation was about greening our Operating Rooms by analyzing our Medical Waste. In their attempt to become greener they looked at what was classified as *Biohazardous Waste* and what was misclassified as such. The added expense of disposal for our health care system and our environment was staggering. Their presentation focused on 3 things: Rethink, Reduce/Reuse, and Recycle.

Rethink:
Consolidate shipments and bulk purchases, have cardboard boxes replaced by reusable totes and buy from local vendors and green vendors. They were encouraging us to become more involved in decision making regarding purchases and companies that reduced excess packaging and of course influencing government to support our green efforts.

Reduce/Reuse:
Encourage the education of staff to open only what is necessary, turn off computers, excess lights and equipment that can be placed in power saving mode. To look at equipment that is reusable versus disposable and to encourage physicians to consider reusable products. Encouraging another way to warm patients besides the multitude of warm blankets that each patient is given both pre op and post op. Encouraging electronic records to reduce the amount of paper generated for each hospital admission.

Recycle:
You were encouraged to compare how green your OR was. I immediately thought of our current practices that are green. Our plastic water and saline bottles are recycled. Our opened and clean supplies are sent to the missions or to the nursing schools for teaching. Our table packs save us both time in opening supplies and paper waste and the cardboard boxes are recycled. The soiled sponges and drapes that are saturated, medication bottles and syringes are sent to biohazardous waste. The “clean” garbage is sent the incinerator. However, after hearing the presentation I had to think there was more we could be doing for the environment given how much clean paper and plastic garbage we throw out each day. Suture and glove boxes and plastic wrap from supplies are all recyclable articles that at the present time are not. We at our hospital save the wrappers from supplies for staff that are moving or who know someone that is. There was a moving company that used our supply wrappers however that is no longer done. Perhaps there is another company that could make use the wrappers and other packaging that is currently thrown out. Our use of flannel blankets for positioning increases our needed supply. Positioning aides that are reusable would be a better alternative. The cost of all the blankets needed to warm patients could be greatly reduced by providing the patient with a warming blanket that could be utilized both in Pre Op Holding and Post Op?

What other areas could we look at to reduce our environmental impact? Think of your OR and see what we can do to encourage a more green working environment.

I would like to thank MORNA for their continued support . by Nancy Lackey

ORNAC Presentation
"Working Toward Zero Infection Rate"
By Maureen Spencer

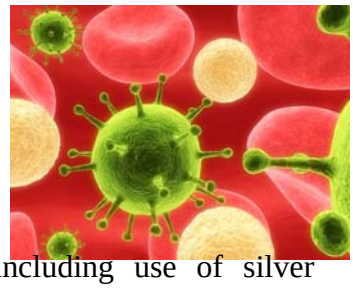
Surgical site infections increase morbidity and mortality among surgical patients. Infections may begin with practices within the operating room. Accreditation Canada ROPs require that surgical site infections be monitored. It was for this reason that I chose to attend Maureen's presentation. Below are some highlights from her presentation.

Maureen presented on the findings from New England Baptist Hospital, an orthopedic centre of excellence, in Boston Massachusetts. The hospital performed approximately 10,000 orthopedic surgeries per year consisting of 4000 total joints, 2000 spine/sports related surgeries, and the remainder being outpatient surgeries. Total joint orthopedic surgical site infections may result in the need for hip and knee aspiration, irrigation and debridement, removal of hardware, insertion of antibiotic spacers, revision procedures, and long term IV antibiotics. In 2003 the New England Baptist Hospital established a multidisciplinary team consisting of OR nurses, sterile processing staff, orthopedic surgeons, anesthesia, managers from infection control, healthcare quality, and facilities and environmental services personnel. This team evaluated:

- current procedures and practices;
- facility design;
- environment of care issues; and
- patient risk factors.

The intent of the work was to work toward zero healthcare associated infections.

Plan:



- In 2003 the team reviewed and implemented practices related to:
    - traffic control;
    - surgical attire;
    - operating room cleaning;
    - processing of instruments;
    - air handling system
    - and laminar flow; and
    - surgical hand scrub.
- In 2004 the team looked at measures to prevent surgical infections including use of silver postoperative dressings.
- In 2005 antibacterial sutures were trialled.
- In 2006 a 2 ½ year program was introduced to eradicate MRSA and MSSA.
- 2008 introduced the use of chlorhexidine preop, intraop, and postop.
- The plan for 2009 was to have nurses apply postop antimicrobial dressings.

Some of the practices that were evaluated, monitored, and/or changed include:

- Improve traffic flow patterns;
- Cloth hats required to be covered in surgery and total hair coverage was monitored;
- Hand hygiene was monitored and education;
- Performed a perioperative environmental evaluation consisting of creation of an overall maintenance schedule and ensuring HVAC filters were changed, and that there was adequate air exchange quality and quantity;
- Development of environmental cleaning schedules for departments;
- Reviewing of terminal cleaning practices;
- Review autoclave maintenance and instrument processing practices;

- Review of orthopedic instrument reprocessing practices. It was discovered that some instruments could not be disassembled. Better per-soaking and rinsing of instruments in the operating room before contamination in the MDR department was found to be beneficial.
- OR facilities (new floors, fixed walls, paint) were upgraded;
- HVAC systems were upgraded and filters were replaced;
- Single use micro fiber mops used for cleaning;
- Use of silver disinfectant spray that kills organisms up to 24 hours on surfaces was used in ambulatory care units, radiology, and PACU/Pre-surgery unit;
- Implementation of daily check sheet for room cleaning and precaution cases;
- Implemented annual massive equipment cleaning in the OR, radiology, and nursing units;
- Use of warming blankets (warming patient);
- Surgical antibiotic prophylaxis;
- Use of clippers for hair removal;
- Increasing oxygen to patients;
- Infection control established a process for testing, treating, and surveillance of patients pre and post surgery;
- Routine use of iodophor impregnated incise barrier drape was discontinued related to no data to support the use of these drapes reduced SSI;
- Approved limited use of Bacitracin/Polymixin irrigation for revisions, allografts and infected cases also related to no research to support that it prevents SSI;
- Use of silver dressings that was useful for exudative incisions. The dressing could be covered by a transparent dressing and was left in place until discharge. Use of these dressings showed a 50% reduction in Staph aurens and MRSA spine infections;
- Use of dermabond incisional adhesive for incision closure;
- Use of antimicrobial sutures found a 45% reduction in SSI caused by staph aurens and MRSA in the 1 year trial period. Total overall reduction in total joint infections in the same time period was from 0.48% - 0.34%; and
- Implementation of CHG preop showers the night before and morning of surgery. Surgical skin prep consisted of 2% CHG/70% alcohol skin preparation;

Outcomes:

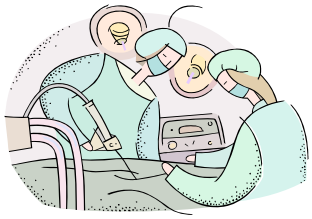
- 63/8837 orthopedic infections in 2003 (overall infection rate is 0.7%)
- 37/8884 orthopedic infection in 2008 (overall infection rate is 0.4%).

Tools for success:

- Need involvement of senior leadership and Board of Trustees;
- A structured program with clearly defined goals of zero tolerance for health care acquired infections;
- Effective and consistent communication;
- Ongoing and creative education for staff; and
- Financial support to Infection Control Department.



Submitted by Carol Shack



Last year, I travelled to the most easterly point of North America and attended the 21st National ORNAC Conference. St John's hosted an amazing Conference, and we all experienced the friendly hospitality of Newfoundland.

We had a week of excellent educational sessions that were both diverse and interesting. We also had an outstanding week of social activities, in which we were wined and dinned, treated to numerous gifts, and hospitality beyond everyone's expectations. Lastly, the exhibitors brought with them many new products and a wealth of information. They were very generous with their give-a-ways, and their sponsorships of many social activities. I especially had fun with my bright orange Time-Out Towel, which I have used on occasion to get everyone's undivided attention during time-outs.

There were so many educational sessions; it is difficult to choose just one to write about. Instead, I would like to share with you one important message I took home. I left the weeklong conference with a sense of motivation. Our first keynote speaker was Rex Murphy who many of you might remember from CBC television and radio. He was extremely funny, interesting, articulate and yes, motivating. He spoke very highly of nurses and stated that we were the most respected profession in Canada. I think we all sat up a little straighter after that comment. Mid week, we listened to Wendy Mesley speak of her challenges in dealing with Breast Cancer. Listening to her verbalize all the obstacles she had to overcome was very inspiring. On the last day of the conference T.A. Loeffer spoke to us about her hopes, dreams and adventures of climbing mountains, including Mount Everest. Her presentation was humorous but talked of sustaining life changes through hope, vision, possibility, and inspiration.

At the end of all of these extremely motivating speeches, I felt empowered and excited to return to work. I was looking forward to sharing new knowledge and the latest in product development. The feeling of burn out and the need for change was transformed. If all the above speakers could climb their mountains, then I could return to Winnipeg to help promote excellence with safe patient care in the perioperative environment.

Thank-you so much to MORNA for helping sponsor my trip to St. John's!

Terry Nicholson

WHY I CHOSE PERIOPERATIVE NURSING

Author: Joan Porteous

I was lucky. As a student in a 3-year hospital nursing program, we were given the opportunity to participate in 2 senior student practicums. Having no idea about the role of the nurse in either specialty, but finding the idea of each one intriguing, I decided to go to the Emergency and OR Departments. At that time, the program did not have a surgical patient "follow-through" experience, so luck was definitely involved.

I enjoyed both experiences, and I loved the OR. One might say the real question for me would be "Why did I choose to remain in perioperative nursing?"

Working in the OR gave me a wonderful opportunity to focus all my nursing skills on each patient…one patient at a time! It was an excellent example of nursing at its finest. As competencies developed, I found that this job soothed my nurse's soul.

Working within a multi-talented surgical team and being able to do one's role well is an extremely satisfying experience. Being respected by one's peers and other disciplines as an integral member of the surgical team, is both motivating and rewarding.

A careful nurse is a good nurse. A lawyer once told me that a good nurse works a little scared….because things happen. If that is true, perioperative nurses must be a very, very good indeed, because we often are working scared! Working a little scared is probably a positive thing, as it keeps us alert in a very challenging and quickly changing environment.

Perioperative nurses need to know what to expect in order to keep one step ahead of the surgeon and have equipment and supplies ready before they are needed. We support our anesthetists, plan care for patients with many challenges, trouble-shoot equipment problems, and often set the mood for our team's day. We coordinate activities with radiology, pathologists and other disciplines that are involved in each surgical procedure. Often during these extremely busy and challenging times, we are also in the process of teaching a new nurse. Prioritizing and performing all these activities in a fast-paced emergency trauma situation is the ultimate challenge. Doing them well while keeping our patients safe, is the ultimate reward.

One of my most memorable experiences occurred at a time when I scrubbed for my first renal transplant. The procedure was at the stage where the transplanted kidney's vascular supply had just been connected. When the vascular clamp to the kidney was removed, the little kidney came to life immediately before our eyes. It became a healthy pink color and quickly began to produce small drops of urine. This small and vital kidney had been given another chance at life so it could fulfill its destiny. I will always remember that moment. The kidney's donor gave the ultimate gift that would make another person's life immediately and profoundly better. It was an honour and a privilege to participate in that process.

How many people are so fortunate to have the opportunity be an integral part of such miracles on a daily basis? We replace painful joints, and allow our patients to move along through life without pain. We enable a malignancy to be removed and create a turning point in a patient's life. To be able to be present at this monumental time for so many of our patients is truly a gift.

We also experience sad times, when the surgical team is unable to completely remove a tumour or completely repair an injury. Although our patients are often unaware of our sadness and compassion at these times, it flows from us, and surrounds them. We are always with them in spirit.

We have the skills to enable our patient's to feel safe when they are about to enter into this extremely stressful time in their life. They come to us without their glasses, their dentures have been removed, perhaps with a stranger translating for them, and they are at their most vulnerable. My brother once told me that when he went for surgery he was extremely anxious, but the nurse who cared for him in the OR made him feel safe. What a wonderful compliment to that nurse!

The perioperative nurse is ever watchful, caring for each patient because they are special. We laugh with them when they make a joke, but we know that this may not represent how they truly feel inside. We teach them, advocate for them, reassure them, comfort them, and let them know we care. We accomplish this by making them chuckle, explaining things to them, holding their hand as they submit to the effects of medications, and give up their ability to even take a breath. Trusting, hopeful, frightened, brave and always unique: we see them as do few others. They give themselves completely into the care of our team. Our patients trust us to do everything for them; to make them better, to keep them safe, to do no harm, to give them breaths, and if their heart stops, to make it start beating again.

They trust us to do all that we can to prevent bad things from happening: infection, burns and disabilities. They trust nurses on sight to do our job well: to be able to recognize warning signs, to be scientific, to be skillful in our assessments, to be efficient, helpful, accountable and professional.

Perioperative nurses are supportive, respectful, pleasant, communicative, humorous and helpful as we work with our surgical teammates. We need to be knowledgeable, strong and firm with our colleagues as we strive to achieve and maintain national standards of care. We respect the roles of each discipline, each an expert in their own field, as we all combine our unique knowledge and skills to help each patient to safely achieve the best quality of health possible. Such closely integrated teamwork and trust brings out our very best.

For the past 34 years, I have shared my passion, compassion, hope, abilities, knowledge and experiences. I continue to choose perioperative nursing every day. When I analyze why, these words come immediately to mind: fulfilling, challenging, satisfying, profoundly and utterly… right.

Report from Spring Workshop

March 13, 2010

For those members who did not make it to the Spring Workshop, you missed a wonderful day. One of the presenters was Dr. Dean Bell, an anaesthetist who spoke on a very timely topic. “Checklists, pit stops, and teamwork: Concepts that should not be foreign to healthcare.”
A set of checks is needed to ensure that stupid but critical things are not missed. (These are for doctors putting in a Central Line in ICU but it is applicable to any anaesthetist who inserts them in the O.R.

Checklist:

Doctors are supposed to:

1. Wash hands with soap.
2. Clean patient’s skin with chlorhexidine.
3. Wear a cap, gown, mask and gloves.
4. Use sterile drapes.
5. Use sterile dressings.

There should be a Central Line cart with ALL material required. Nursing staff need to be empowered to STOP the procedure if the list is not being followed.
One of the problems of the high rates of surgical site infections result from inconsistent timing of antibiotic prophylactics. If on the check list, it would be known if the antibiotic was given and at what time.

Advantages of a checklist is that it is customizable to local settings and needs. It is supported by evidence. It can be evaluated in diverse settings and promotes adherence to established practices.

Minimal resources are required to implement a checklist. The list addresses problems of

a. Correct patient, operation, and operative site.
b. Minimizes the risk of infection.
c. Effective team work (communication is the root cause of nearly 70% of errors)

Health care should consider a broader view of the lists and include pre and post-op briefing, team trainging, formalized handovers.

There are good ideas that can be drawn from other industries if we would just look beyond our borders.

Respectfully submitted,

Sheryl Chochinov

Bursaries & Awards

1. Johnson & Johnson Medical Products Bursary – **The deadline for application for the J&J Bursary is January 15, 2011. ORNAC and J&J jointly fund this bursary to assist ORNAC members in furthering their education in areas that will enhance perioperative nursing practice. There are two awarded per year, numbers of applicants are often limited.**
2. National Conference Awards **Now is the time to start thinking about nominations for these awards. Applications must be obtained and submitted by December, 2010. They will next be awarded at the National Conference – 2011 in Regina, Saskatchewan**
    - Isabel Adams Award for Excellence in Perioperative Nursing Practice **presented to an outstanding nurse, who throught major commitment has made a significant contribution to operating room nuring in Canada.**
    - Lorne Flower Award **Awarded to recognize the talents, knowledge, and outstanding contributions to the ORNAC Board.**
    - Gloria Stephens Award for Excellence as an Educator of Perioperative Nursing **The award will celebrate a nurse recognized by students, peers, and managers as an outstanding educator and role model in the field of perioperative nursing. Nomination forms shall be submitted nolater than Jan 15th of the conference year.**
    - RMAC Patient Safety Award **Presented during conference years for a CORNJ article published in the 2 years between conferences, a poster presentation or oral presentation at or during the ORNAC National Conference.**
    - Muriel Shewchuk Leadership Award **Presented by ORNAC to a perioperative registered nurse whose leadership has made an outstanding contribution to the profession of perioperative nursing at the local, provincial/territorial, national or international level.**
    - ORNAC/Johnson & Johnson drake Thomplson Writing Award **presented annually to the author(s) of an article published in the Canadian Operating Room Nursing Journal.**
    - Medline Mentorship Award **presented to the top 6 perioperatiive registered nurses who are recognized by their peers as outstanding mentors and role models during the National Conference year.**
3. Cardinal Health Research Grants **An annual grant of up to $5000 sponsored by Cardinal Health and administered by the ORNAC Research Committee is available to researchers who meet the criteria. Letters of intent are required by November 15th.**

For more information on these Bursaries, Awards & Grants go to www.ornac.ca drop down menu under Bursaries, Grants & Awards.

Operating Room Nurses Association of Canada

&

Manitoba Operating Room Nurses Association

Membership Registration July 1, 20__ to June 30, 20__

*****Registration Deadline Dec 1, 20__******

Active ☐ Associate ☐ Honorary ☐ Affiliate ☐

CRNM Reg #_____ CPN (C)☐ Year of (re)Certificaton :_____ CPN (C) # _____

Personal Please Print

Last Name: _____ First Name: _____

Address: _____City:_____Province:_____ Postal Code:_____

Telephone #:_____ Fax #:_____ Email:_____(MORNA Gauzette will be received via email if email address submitted)

Hospital/Employer

Name:_____

Address:_____ City:_____ Province:_____ Postal Code:_____

Telephone #:_____ Fax #:_____Email:_____

Area of Practice

Please indicate if other than OR _____

Full time ☐ Part Time ☐ Retired ☐

RN☐ CRN☐ Specialty:_____ RNFA ☐ Educator ☐

Staff Nurse ☐ Management ☐ Research ☐ Other: ☐ Please Indicate Area :_____

Education

Diploma☐ Post-Graduate OR Course☐ Baccalauteate☐ Master's☐ PhD☐

Currently enrolled in an educational program☐

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For Signing Officer's Use

Date Rec'd_____Cheque ☐ Cheque #:_____ Cash ☐ Membership #:_____

District/Region:_____