MORNA GAUZETTE

November **2012**

President`s Corner

Well , winter has found us again. As I write this we have dug out from our first major snow fall . I have just started my term as President and I am excited to take on the new challenge. I attended the ORNAC board meeting in Toronto at the beginning of November. I was accompanied by Karen Sagness, our new President Elect. Two major issues were discussed at the meeting. Changes were made to the structure of ORNAC to be in compliance with the new not for profit laws. Plans were talked about for the upcoming International Conference in Ottawa.

We began our year at MORNA with our usual wine and cheese in September. It was a wonderful way to reconnect with old friends and welcome new members. Our first educational session in October was very well received. Ed Buchell talked about breast reconstruction, Karen spoke about organizing these cases, and we had a patient come in and tell us of her breast cancer journey. It was a very moving story.

I am looking forward to some great learning opportunities in the coming months. In the New Year we will be relocated from the CRNM building due to renovations. We were fortunate that the Education Building at St. Boniface Hospital was available to accommodate our meetings. They have telehealth capabilities there as well, and there is no cost. I am so pleased to have the rural hospital nurses join us for the second year and I hope that your numbers continue to increase. The MORNA spring workshop plans are well under way and I am sure it will be a great day.

Iris has been working on the MORNA website and all major events have been uploaded. Take a moment to check it out.

In closing I encourage you all to take the time to attend the meetings. There is always something valuable to take away with you. Enjoy the holiday season with family, friends, and colleagues.

Sincerely,
Monica Palmquist
President, MORNA



18-10-12..im

MORNA Meeting Dates 2012 – 2013

Date	Day of Week	Event	Host	Location
Sept 13, 2012	Thursday	MORNA Annual Wine and Cheese	Selkirk Hospital	St. Boniface Education Parlor Rm N1037
15/10/12	Monday	Business and Education Meeting	HSC & Childrens	CRNM Building
20/11/12	Tuesday	Business and Education Meeting	Concordia & Womens'	CRNM Building
15/01/13	Tuesday	Business and Education Meeting	St. Boniface & Misericordia	St. Boniface Hospital Education Building Multipurpose Room NG034
12/02/13	Tuesday	Business and Education Meeting	Victoria & PanAm	St. Boniface Hospital Education Building Multipurpose Room NG034
16/03/13	Saturday	MORNA Spring Workship	MORNA	VICTORIA INN
17/04/13	Wednesday	Business and Education Meeting	Seven Oaks & Grace	St. Boniface Hospital Education Building Multipurpose Room NG034
10-24/05/13	TBA	MORNA Annual Dinner	MORNA AGM	Norwood Hotel

*Check back for any changes in dates/location and for more info about the workshop

MORNA Saturday workshop

March 16, 2013	Saturday	MORNA Saturday workshop	Details to follow	Victoria Inn 1808 Wellington Ave. Wpg., Mb

MORNA Membership

Category	Fees	Send to
Active Membership	$50.00 July 1, 2012 (Due Dec.1, 2012)	Gladys Zinnick c/o OR Seven Oaks General Hospital 2300 McPhillips St Winnipeg, MB R2V 3M3
Associate Member	$20.00	
Affiliate Member	$25.00	
Honorary	complimentary	



Hospital Reps. 2012-2013

Manitoba Operating Room Nurses Association

Facility	Name	Address	Phone/Fax
Concordia	Colleen Ungrin	1095 Concordia Ave Winnipeg, MB R2K 3S8	Wk#(204)661-7198 Fx#(204) 661-7222
Grace	Elizabeth Gray	300 Booth Drive Winnipeg, MB R3J 3M7	Wk#(204)837-0120 Fx#(204) 897-2938
HSC - Adult	Stacey Brown	820 Sherbrook St Winnipeg, MB R3A 1S1	Wk#(204) 787-3524 Fx#(204) 787-3095
HSC - Children's	Jane Stone	840 Sherbrook St Winnipeg, MB R3A 1S1	Wk#(204) 787-2240 Fx#(204) 787-1178
HSC – Women's	Sherry Requeima	735 Notre Dame Av Winnipeg, MB R3E 0L8	Wk#(204) 787-1494 Fx#(204) 787-1078
Misericordia	Cynthia Davidson	99 Cornish Ave Winnipeg, MB R3C 1A2	Wk#(204) 788-8380 Fx#(204) 788-8529
PanAm Clinic	Kelly Kleinsasser	75 Poseidon Bay Winnipeg, MB R3M 3E4	Wk#(204) 925-1553 Fx#(204) 475-9486
St. Boniface	Lilian Brown	409 Taché Winnipeg, MB R2H 2A6	Wk#(204)237-2585 Fx#(204) 237-2587
Selkirk	Donna Shead	Box 5000-100 Easton Drive Selkirk, MB R1A 2M2	Wk#(204)482-5800 ext-20014 Fx#(204) 482-1293
Seven Oaks	Sheryl Chochinov	2300 McPhillips St Winnipeg, MB R2V 3M3	Wk#(204)631-3037 Fx#(204) 697-3077
Flin Flon	Tannis Stephanson	P.O. Box 340 Flin Flon,MB R8A 1N5	Wk#(204)687-7591 Fx# (204)687-8494
The Pas	Debbie Williamson	67 First St.P.O. PO Box 240 The Pas, MB R9A 1K4	Wk# (204) 623-9555 Fx# (204) 623-9614
Victoria	Harold Passley	2340 Pembina Hwy Winnipeg, MB R3T 2E8	Wk#(204) 477-3183 Fx#(204) 269-7683
Thompson	Lorna Dudas	871 Thompson Dr. South Thompson, MB R8N 0C8	Wk# (204) 677-2381 ext. 2233 Fx# (204) 778-1410
Boundry Trails	Christine Turnbull	Box 2000, Sta Main Winkler, MB R6W 1H8	Wk# (204) 331-8922 Fx# (204) 331-8924
Brandon	Dawn Affleck	C/O Surgical Suite 150 Mc Tavish Ave. East Brandon, MB R7A 2B3	Wk# (204) 578-4136 Fx# (204) 578-4959
Dauphin	Margaret Scott	625 3rd St. SW Dauphin, MB R7N 1R7	Wk# (204) 638-2229 Fx# (204) 638-2188
		Bethesda Hospital	

MORNA

2012-2013 Executive

Office	Name	Facility	Phone/Fax
President	Monica Palmquist RN OR Health Sciences-Adult	Health Science Centre-Adult 820 Sherbrook St. Winnipeg, MB R3A 1R9	Work# (204) 787-3524 Fax # (204) 787-3095
President – Elect	Karen Sagness RN-CRN-Adult-OR-Plastics, Burns & Reconstruction Health Sciences-Adult	Health Sciences Centre- Adult 820 Sherbrook St. Winnipeg, MB R3A 1R9	Work# (204) 787-3524 Fax # (204) 787-3095
Past President	Leah Restall CRN OB/GYNE OR Women's	Women's Hospital 735 Notre Dame Ave Winnipeg, MB R3E OL8	Work# (204) 787-1494 Fax # (204) 787-1078
Secretary	Iris MacMillan RN OR Seven Oaks	Seven Oaks Hospital 2300 McPhillips St Winnipeg, MB R2V 3M3	Work# (204) 632-3176 Fax # (204) 697-3077
Treasurer	Gladys Zinnick Patient Care Team Manager OR Seven Oaks	Seven Oaks Hospital 2300 McPhillips St Winnipeg, MB R2V 3M3	Work# (204) 632-3216 Fax # (204) 697-3077
Educational Coordinator	Karen Warcimaga RN Nurse Manager OR-PACU-MDR-DAY SURGERY Selkirk	Selkirk + District General Hospital Box 5000-100 Easton Drive Selkirk, MB R1A 2M2	Work# (204) 785-7418 Fax# (204) 482-1293

Standing Committee Chairpersons

Communications Committee & Newsletter — Iris MacMillan, Karen Warcimaga, Karen Sagness, Monica Palmquist (Ex-Officio)

Constitution & By-Laws Committee — Leah Restall, Monica Palmquist (Ex-Officio)

Education Committee — Karen Warcimaga

Nominations — **Leah Restall**





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Operation Walk- Winnipeg's First Mission

First, a little information about Operation Walk….. Operation Walk was started in 1995 by Dr. Lawrence Dorr in Los Angeles. Its mandate is to provide free hip and knee replacement surgery to people in developing countries. OpWalk has 13 chapters in the States, and until this past year had only one chapter in Canada. These chapters have provided joint replacements to people in Russia, Nepal, China, Cuba, the Philippines, Nicaragua, Peru, Guatemala, El Salvador, Panama, Vietnam, Dominican Republic and Ecuador.

Our involvement with OpWalk began several years ago when Alison Bartel attended an orthopaedic conference and heard a speaker's presentation about their trip to Guatemala. When she returned to Winnipeg, Alison began to spread the word about the possibility of us getting involved. She contacted the Canadian chapter of Operation Walk in London, Ontario, and we were invited to send a team to staff one of their four theatres in Guatemala that year, 2009. Two of our orthopods, Drs. Turgeon and Hedden, OR nurses, Alison, Shelley and Karen and one ward nurse, Sharon headed to Antigua, Guatemala that year and had the experience of our lives! We were committed to repeating the experience but when we approached them, the original group from Operation Walk Los Angeles instead asked if we would be interested in starting our own chapter. Two of their nurses flew to Winnipeg October, 2011 and, at a meeting held for anyone interested, they outlined what was involved in mounting o ur own mission. It seemed very daunting but they promised to help us on our inaugural trip. From the number of people that turned out for that initial meeting, it seemed like there was a lot of interest, so we all took a collective big gulp and decided to jump in. Perhaps we really could do this! L.A. encouraged us to head to Nepal but we could not imagine being able to raise enough money to get a full team and cargo to a country that far away! Instead, we chose to head to Nicaragua, where we had heard there was a real need.

Once we had decided to go ahead, the very first thing we had to do was to start fundraising. Most of us had never done any fundraising before, so it became a 'learn as you go' experience. Because Operation Walk does not want to burden the host country's resources, they send absolutely everything needed for a mission. We set a target of $100,000.00, but we really had no idea if that would prove to be enough money. We started off small, with bake sales, then moved on to raffles. We had a wine raffle, raffled off a "day off with pay". Some volunteers put together a Bud,Spud and Steak event with Silent Auction prizes, then we hosted a swanky $150.00 a ticket Wine and Cheese Event. Coupon books and Sobey's





cards were sold, a Benefit concert was held and we all approached churches, friends and families for support. An appeal letter was sent out to all of our previous joint replacement patients. The money slowly started to come in.

While the fundraising continued, the next job was to select a team. Three of our Concordia surgeons, Drs. Turgeon, Hedden and Bohm, were enthusiastic to go, and because we were going to have access to four ORs we would need a fourth. Dr. Crosby was recruited from the Grace Hospital! Staffing four ORs would have severely depleted Concordia's resources though, so Dr. Crosby was invited to bring two nurses and our management and the WRHA were approached to get permission to close some slates for the week. When approval was obtained, we chose the team; a difficult task as there were many more people interested in coming than there were positions to be filled. Eventually though, enough OR nurses, recovery and ward nurses, surgical assistants, anaesthesiologists, physiotherapists, MDR technicians, implant reps, and general volunteers were signed on. Our ranks had swelled to 39 people; LA would send 18 more to help train our team. Documentation had to be gathered for th e team, so Karen set about getting copies of everyone's passports, diplomas and licencing documents… only to find out after all documents had been FedExed, that each document needed to be notarized! Each step of the journey would prove to have a steep learning curve!

Meanwhile, supplies had to collected. Besides approaching the implant companies for donations of their implants and the loan of their instruments, every last medical and surgical item that our team would need had to be obtained; gowns and gloves, hats and boot covers, sutures and dressings, syringes and needles, cauteries and suctions, spinal trays and anaesthetic equipment, wheelchairs and walkers, crutches and commodes….and all the drugs we would need for between 50 and 60 patients. When we were unable to get things donated, we were forced to purchase them with our precious fundraising dollars. I know many of our hospitals collect unused surgical supplies for International Hope. Well, International Hope became a godsend to us. Besides being able to obtain some of our needed supplies from them, they also allowed us to use some of their warehouse space. They had the pallets and pallet movers necessary for us to amass our cargo. But getting the supplies proved the e asier part of that job! The more challenging part proved to be getting a full and detailed cargo list compiled to satisfy both the shipping company and the Nicaraguan government in order to enable our supplies to get through Nicaraguan customs without having to pay taxes and duties. Each item packed had to be listed, with exact amounts. Then we discovered that each item also needed to have its expiry date listed, so some of the already packed boxes needed to be opened to get that information. Teams of volunteers loaded the cargo onto pallets, the pallets were shrink-wrapped and labelled, ready to be shipped…or so we thought. We discovered, to our dismay, that it was not sufficient to label each pallet; we needed to label each box! Another 'work bee' was organized to label and then re-pack the cargo. Then the whole cargo list had to be translated into Spanish!

We were getting organized in Winnipeg, but things had to be arranged in Nicaragua as well, so in April, Alison and Karen headed down to Managua. With the help of the two teamleaders from Los Angeles, we met with the hospital administrators and the Nicaraguan department of health officials to ensure our mission could proceed without any hitches. We obtained a formal letter of invitation and requested the government's help in ensuring speedy (and free) passage of our cargo through customs. We needed the hospital to supply buses to transport our team from the hotel to the hospital and back. We needed them to provide the team daily lunches as there was no hospital cafeteria. We toured the ward and the O.R. and took many pictures. We needed to check out their sterilizers. We needed be sure that their electrical outlets would be compatible with our equipment, that our circuits would fit their anaesthetic machines. We would need locked areas to store our drugs and supplie s. Armed with all this information, and ninety sets of patient x-rays, we returned to Winnipeg for the final planning.

Our cargo was finally shipped out at the beginning of September and we waited anxiously to hear that it had at last arrived in Managua at the beginning of October. Then the day of real celebration arrived when we heard that the cargo had cleared customs! What a relief!
On October 15th, six of us departed for Managua. We would need to unpack cargo and sterilize the instruments before the team arrived on the 17th. We arrived at Roberto Calderon Hospital, ready to work…..however, despite assurances to the contrary, our cargo *had not* arrived at the hospital; it was in some warehouse at the Ministry of Health. We were assured it would arrive by 10 am…well, by noon for sure. We were getting nervous. Finally, at 4pm it arrived. We stacked and organized it all before heading back to the hotel that night.

Early the next morning, Crystal and Adrienne, our Medical device Reprocessing Technicians arrived at the hospital and directed the rest of us in getting the instruments wrapped and ready for sterilization. They wondered what they'd gotten themselves into when they saw the sterilizer for the first time. It was old and rusty…and was not working! Fortunately, Matt, the biomed tech from LA had seen it before and was able to do the necessary repairs to get it up and running again. Everything would be ready for the team the next day…or so we thought.

Unfortunately, when those first trays were unwrapped for the first cases, the sterilization indicators had not changed. More trays were unwrapped….more failed indicators. So everything had to be re-wrapped and changes made to sterilization times, wrappers and how many items could be done at the same time. And so began their whirlwind of activity. The MDR area was a good size but very limited in the equipment needed to handle the heavy orthopaedic instruments. There were no automatic washers; everything had to be washed and dried by hand. Anyone who was not needed elsewhere was pressed into service to help wash and dry. The one rusty cart was so overloaded with our supplies, it became bowed in the middle. And it was HOT! The temperatures in Nicaragua the week were 30 plus degrees, with a humidex of 40 plus. What air conditioning there was in the MDR could not compete with the steam and heat put out by the autoclave.

The local MDR staff were great. Although there was a language barrier and they were unfamiliar with our instruments, they were eager to learn and didn't hesitate to try and assemble the pans. They helped to wash and dry the instruments as well and wrapped the finished trays. Once our team left for the day, the local staff would continue to sterilize the rest of the instruments so that everything would be ready for us the next morning.

The rest of the team arrived in the evening of October 17th . Very early the next morning we were bussed to the hospital. Everyone was excited and eager to get started. We met outside the hospital for a quick team photo and received a five minute orientation to the hospital and the screening process. The OR staff left to set up the ORs and the rest of us

headed to the screening area … chaotic! People, charts, x-ray films everywhere!

The rest of us were divided into four screening teams. Each team included an RN, surgeon, anaesthesiologist, internist, residents, interpreter and Nicaraguan personnel. The screening rooms were small and hot, so there was barely enough room for the patient! Each room came fully equipped….. with a window to use as an x-ray viewing box!

Because many patients had very similar names, (lots of Maria's, Juan's and Jose's) each patient had a picture taken for identification and was issued an op walk number. Their pictures were stapled to their Opwalk chart and they were given an armband. A history and physical was done. Not one patient was on an analgesic stronger than ibuprofen.

Once the teams had finished screening, a conference was held. All of the charts were reviewed, the x-rays were templated and presented to the whole group then the patients were slated for surgery. A few patients had to be rejected; some were not medically stable, some could possibly wait a year or more for another team. The 39 patients chosen reacted as if they had won a lottery; they were jubilant! That afternoon, the first two surgeries were





performed.

While the screening was going on, the O.R. team headed to see the area where they would spend their next three days. They picked the supplies needed for their cases and readied the O.R. theatres. The operating rooms were a fairly good size, although were much emptier than our theatres back home. We did not have the table space or much of the high tech equipment that we are used to. The O.R. tables were rusty, but worked. The suction machines were the old portable Gomco bottle system. The cautery machines sent down by Los Angeles were not compatible with the grounding pads, so we had to use the 'ancient' grounding system of a large metal plate under the patient. We prayed there would be no patient burns. But the patients were not the only ones at risk of being burnt. The O.R. staff had to careful not to burn themselves as the instrument pans coming straight out of the autoclave were so hot they could not be handled.

There were other challenges as well. Part of the Operation Walk mandate is for every team member to teach one thing, which is difficult when you do not speak the same language. Everyone needed to be very creative in communicating with the local staff; teaching them about our standards for room cleaning between cases and using gloves for picking up dirty instruments. The locals were very eager to learn and willing to help in any way they could. Other challenges included the temperature fluctuations and dehydration and the power surges during the huge rainstorm we had one day.

But despite the challenge of working with team members from Winnipeg, California , Florida and Nicaragua, each with their own ways of doing things, the O.R. staff really felt like a unified team. There was a complete lack of ‘egos’ present in the O.R.s, with all members treated as equals, all working together to get the job done. We worked hard to ensure that every patient on the list would be done in the limited time that we had, and it was so gratifying to see those same patients later on the ward.

A whole ward had been emptied out for our use. We had a small storage area for our walkers, canes ,crutches, dressings meds and other supplies. We had to guesstimate quantities and various supplies that could/would be needed, including emergency supplies.

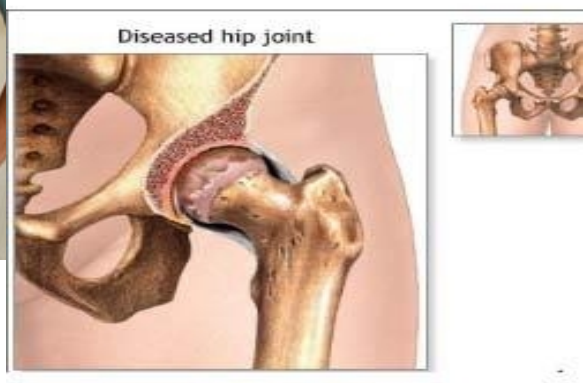
Unlike the Operating Rooms, the ward had no air conditioning and the very high temperatures and humidity made it very difficult to work. The windows in the patients rooms were without screens, and some were without glass, so the temperature outside was the same as inside, but without any breeze. The water we consumed was immediately converted into sweat. There was no point in changing uniforms, as we would immediately soak those as well. The fans donated by a local Winnipeg hardware store were put to constant use.

The beds were ancient, crank types that did not work. They were rusted and did not move up and down. This made things very difficult for our physiotherapists and nurses trying to get the predominantly short patients back into the very high beds. One son even crouched down to allow his mom to use his quads as a foot stool to climb up onto the bed. Bedsheets were almost nonexistent, although we brought some from home. Sinks were rare, did not work or leaked. This made proper hand washing very challenging. There was one bathroom with 4 separate toilets for the whole ward‘s use.

Family were in abundance and were quite helpful. Luckily we had brought some chairs, which aided in everyone’s comfort. The families were in attendance all day until quite late and







some even overnight. They fanned their loved ones, bathed them, provided them with food and water and helped us transfer them from stretcher to bed.

The recovery room was a little more comfortable and better equipped, although not like 'back home'. We had two RR nurses to both prepare all the pts for surgery and then to recover them after surgery. There were no curtains between beds so no privacy. Again, many patients were lying on bare mattresses.

There were no immediate complications and very few complaints of pain. Nausea was almost non-existent. One patient had taken his hypoglycemic meds and then fasted so his blood sugars dropped considerably post op. Other than that, most patients had very uneventful recoveries. The lack of complaints of pain and nausea were quite a marked difference from our Winnipeg patients.

Patients ambulated quickly (3 hrs post bilateral knees was the earliest) They were very motivated to do anything they could to speed their recoveries and took their exercises very seriously. All were discharged by post op day 2 or 3.

In total, we replaced 49 knees that week. On the last day, as we assembled the patients and staff for a huge photo, hospital management surprised us by having a mariachi band arrive and turn the hospital corridor into a ‘party zone’. A patient from another ward began dancing in the hallway. Tearful good-byes were said and promises extracted from us that we would return in the future to replace their other ailing joints, or to help another family member or friend in need.

Patients and families were incredibly grateful and many told tales of what a huge change their surgeries would make to their lives and their independence. We in turn felt very grateful to have been given this opportunity to share what we sometimes take for granted in our privileged lives in Canada. All of our preparations had been so worth it!

The team’s hard work was rewarded on the last two afternoons with trips to a local market, where we honed our bargaining skills, a local volcano and to a beach resort for surfing, horseback riding, beachcombing and relaxation! Then back to Managua, a quick sleep and onto the buses at 4 am to the airport for the journey home.

By: Alison Bartel RN BN; Karen Watchorn RN; Crystal Sidlar: Adrienne Sinclair;

Sharon Irwin RN; John Quagleini RN; Shelley Thiessen RN; Ann Reichert RN BN...





MANITOBA OPERATING ROOM NURSES ASSOCIATION

2013 SPRING WORKSHOP

SAVE THE DATE

SATURDAY, MARCH 16TH,2013
0730-1600 HRS
VICTORIA INN AND CONFERENCE CENTER
1808 WELLINGTON AVENUE
WINNIPEG,MB.

REGISTATION INCLUDES CONTINENTAL BREAKFAST,NUTRITION BREAK AND LUNCH

SPECIAL ROOM RATES AVAILABLE FOR OUT OF TOWN PARTICIPANTS

WATCH FOR REGISTRATION FORM and AGENDA

REGISTRATION DEADLINE—MARCH 8, 2013

HOPE TO SEE YOU THERE !!!

MANITOBA OPERATING ROOM NURSES ASSOCIATION

2013 SPRING WORKSHOP

Dear MORNA Members:

Our Annual Spring Workshop is fast approaching….our theme this year is

"COMMUNICATION WHO'S JOB IS IT ANYWAY??" Registration sheet attached.

SATURDAY, MARCH 16TH,2013
0730-1600 HRS
VICTORIA INN AND CONFERENCE CENTER
1808 WELLINGTON AVENUE
WINNIPEG, MB.

REGISTATION INCLUDES CONTINENTAL BREAKFAST,NUTRITION BREAK AND LUNCH

SPECIAL ROOM RATES AVAILABLE $129.00 (plus tax) Group #497667

WATCH FOR AGENDA TO FOLLOW

REGISTRATION DEADLINE—MARCH 8, 2013

HOPE TO SEE YOU THERE !!!

CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

CPN (C) Certified Perioperative Nurse Canada

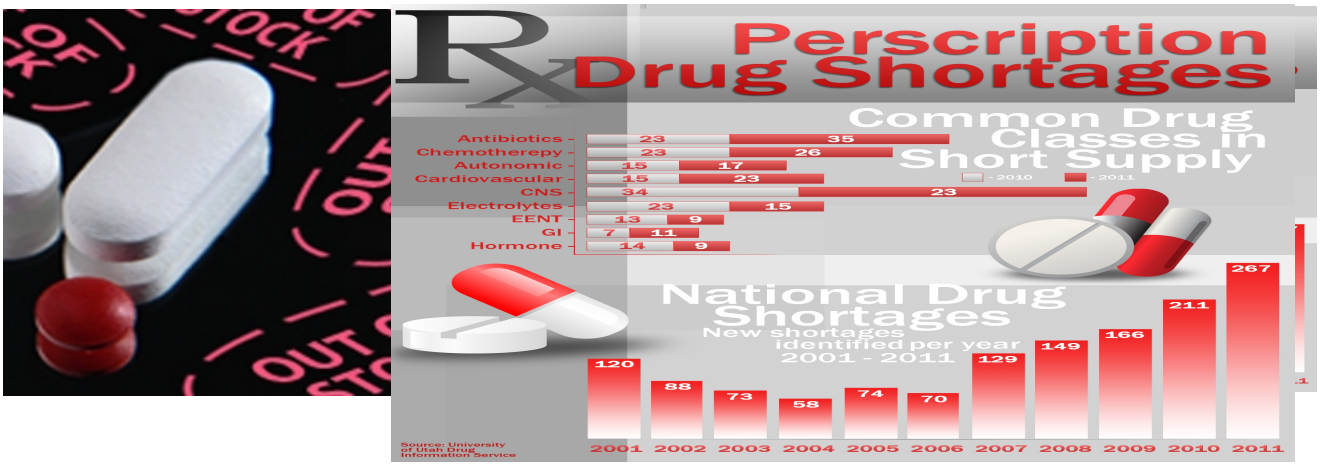
CNA CERTIFICATION/RECERTIFICATION

Consider becomng certified in your specialty as a perioperative nurse – CPN(C). The deadline for applications to write in 2013 is usually in November 2012, so check out the website and plan now to write in 2013. The deadline for certification renewal application for 2012 will be around the same time (Nov 2012).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.cad 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 **Become Certified!** 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 here.

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For comprehensive current information on the drug shortage, please go to:

- **WRHA Pharmacy Supply webpage:**

  http://wrhasharepoint.manitoba-ehealth.ca/clinserv/pharmsupp/default.aspx

- Contact the WRHA Pharmacy Drug Shortage Information Line at 787-2280 or pharmdrugshortages@wrha.mb.ca Monday to Friday 8:30am – 4:30pm.

Draw for Ornac-Conference free registration for April 2013 – winner in Ahmed Ibro (Victoria). Alternate draw name #1 is Christine Watsko (St. Boniface) and #2 if Donna Chuback (Womens). Congradulations!!!. The Alternate names are drawn in case the winner is unable to attend and then the runner up will be given the opportunity to attend and register in time. The 2nd runner up is in case neither the winner or 1st alternate name is unable to attend. The MORNA draw for a free registration for 2012-2013 year is from Brandon Ruby Nishimura.....Congradulations to you!!!!



JENNIFER BOTTERILL
Pursuit of Excellence Presentation!

I attended the Manitoba e health conference "On the right track" and was inspired by the presenter Jennifer Botterill, female Hockey Olympian in the 2010 Winter Olympics. I was struck by her positive energy, driven nature and how I could relate this to perioperative nursing. She explained how playing hockey and preparing for the Olympics is similar to working in healthcare.

- What are the important moments in life? Work?
- Impact others everyday
- Hockey is a Team Sport– High expectations
- How do you deal with pressure and expectations
- Choose how you look at that expectation
- What is your perspective?
- Challenging physical & emotional
- Revisit why you got involved
- See smile through the helmet cage
- Influential role – working together
- Maintain vision…this is a privilege
- Special opportunity that we get to be a part of something that is significant
- Importance of every person's role.
- Share in that experience
- Remember it is a privilege to be on the team!

<u>Take Care of Self</u>

- If I am my best self…this will help those around me.
- Realize those priorities
- At 15 years old Jennifer's ultimate dream/goal was to go to Olympics 2002. Her father asked her why not 1998? If someone else can be there, why not you?
- Over time she started to dream it. Never have to say….I wish I would have? Have No regrets in life.
- Do everything possible to reach that standard/goal!
- Life is a Fine balance → Focus on things you can control. Your performance!
- Bring out the best in others
- Be better because I was there
- Recognize what individual needs
- Why not be at your personal best?
- Why not have the best health care system? You contribute to it!
- Have a choice of how we viewed the challenge; Face the challenge and learn from it. Responding…not overreacting to challenges.
- Gained more momentum and belief
- Belief & confidence & focusing
- Best moment see the others get gold medal
- Can't always choose your role but can choose how you play it!

- Every person makes a difference
- Pursuing excellence
- Harvard – preformed my best with a free mind & clear heart, unburdened
- This moment will not define my worth as a person
- It is a Choice everyday
- Enjoy every moment
- Deliver a new standard of heath care
- Revisit why you got involved in from the start
- Every day is an opportunity & you choose how to live each day
- Be the best you can be!

Teamwork

- Trust yourself, trust your teammates
- Trust your preparation
- Belief & confidence!
- Energy is contagions: Positive or negative
- Everyone is a bit unique; appreciate their uniqueness!
- Sharing the experiences as a team, practice as a team and celebrate as a team.
- Chance to impact, inspire and to make a difference every day; to set the standard for health care.
- I believe in the power of you and I
- Reflect on your practice– Did you focus on the patient? Did you get to the right path? What would you do different?
- Exciting journey….enjoy it!

Respectfully submitted,

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Winnipeg Orthopaedic Trauma Course- booked for Saturday, January 26th, 2013 to be held at the "Inn at the Forks" Winnipeg Mb. You can click onto the link and register to attend-- **supported by: Depuy Synthes Canada**

For OR Personnel----Lectures, case discussion and hands-on-labs

Registration coming soon by end of November.

Contact Shelley Andre CRN @ sandre@hsc.mb.ca

