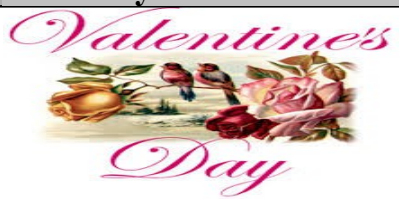
MORNA GAUZETTE

February **2014**





President`s Corner

Welcome to the Manitoba Operating Room Nurses Association. We are a dynamic group of perioperative nurses with different backgrounds and experiences. Our membership includes nurses from Winnipeg and throughout the province.

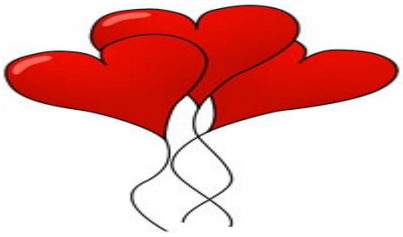
We have had a change in venue for our monthly meetings for a year now due to renovations at CRNM building. We were fortunate to find it at no cost to the group. It is exciting to be back at CRNM as it is central to all members, and through telehealth we are thrilled that the rural hospitals now join us for our meetings and educational sessions.

Morna provides many opportunities for our members. We support continuing education and provide funding for conference costs and reduced registration fees. I am pleased to say that we have welcomed new members into our group this year, including both new and senior nurses. Please continue to encourage people to join us. Our monthly educational sessions are always interesting and well received. Nurses get a chance to hear of new procedures and advancements going on at other centers. This is valuable as programs change and hospitals become more specialized. Each hospital takes a turn hosting and arranging a speaker, insuring a varied array of topics.

Our annual March Spring Workshop will be held March 15th at the Victoria Inn, on Wellington Ave, and the planning is almost finalized. We have many exciting quest speakers, presenting topics that will lead to numerous discussions. We look forwards to seeing you all out to learn about new technology in the field of perioperative nursing.

The 24th Bi-Annual National Ornac Conference is scheduled for 2015 in Edmonton AB, and I would like to encourage all nurses to attend this event.

Monica Palmquist
MORNA President



2013-2014 EXECUTIVE

President
Monica Palmquist
OR-Health Sciences-Adult
(204) 787- 3524
(204) 787- 3095 Fax
palmtre1@mymts.net

President-Elect
Karen Sagness-CRN
OR- Health Sciences-Adult
Burns & Reconstruction
(204) 787 3524
(204) 787 3095 Fax
mornamatters@gmail.com

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

Secretary
Iris Mac Millan
OR- Seven Oaks
(204) 632 3176
(204) 697 3077 Fax
lifeandhome@shaw.ca

Treasurer
Wendy Rodgers
OR- Childrens Hospital
(204) 787-2240
(204) 787-1178 Fax
wendy_m_rodgers@hotmail.com

Educational Coordinator
Graciana Medeiros
BN-Perioperative & MDR
Nurse Educator
Concordia General Hospital
(204 926-1023
(204) 938-5726
askgracemorna@gmail.com

Any of these pique your interest?

Sources of funding

1. WRHA – $500.00 each year Jan to Dec, plus 2 days salary replacement, to a maximum of 2 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). www.ornac.ca/chapters/MORNA/ for funding guidelines

CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

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 in 2012 is usually in November 2012, so check out the website and plan now to write in 2012. 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.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 **Become Certified!** on the left hand side of the home page.

NOMINATION FORM FOR

PUBLIC REPRESENTATIVE 2013-2015

Term: September 1, 2013 to August 31, 2015

---

1. DATE:

2. **NOMINATOR** (choose one of the options below)

(a) IF jurisdictional member of CNA

Name of jurisdictional member:

Signature of president:

Signature of executive director/chief executive officer:

(b) IF individual nurse member of CNA

Name:

Name of CNA jurisdictional member:

3. NOMINEE

Surname:

Given names:

Full mailing address:

Telephone (with area code):

Fax (with area code):

E-mail address:

Current position:

Employer:

STATEMENT OF NOMINATION (maximum 200 words).

The statement should indicate the nominee's rationale for accepting nomination and outline the ability to bring to the board a broad perspective from outside the nursing profession that informs and strengthens dialogue and decisions at the board table.

Fill in (200 words max)

CONSENT TO SERVE (please sign):
Please attach a brief **curriculum vitae (CV)** of the nominee.

***PLEASE E-MAIL/FAX DOCUMENTS**
TO BE RECEIVED NO LATER THAN 23:59 EST, MARCH 22, 2013, TO:

Governance Coordinator
Canadian Nurses Association
50 Driveway, Ottawa, Ontario K2P 1E2
FAX: 613-237-5275 abaker@cna-aiic.ca

* *Only those nomination forms completed in full, accompanied by the nominee's CV,* ***and received by e-mail or fax by 23:59 ET, March 22, 2013****, will be considered.*

PRIVACY POLICY: Personal information collected on this form will be used only for processing nominations and related follow-up.



MANITOBA OPERATING ROOM NURSES ASSOCIATION

SPRING WORKSHOP REGISTRATION FORM

15 MARCH 2014

Name: _____ Title: _____

Facility_____

Home Address: _____

City: _____ Province_____

Postal Code: _____

Phone Number: Home: _____

Work: _____

Fax: _____ E-mail:_____

❒ MORNA MEMBER $60.00 MORNA MEMBERSHIP #_____

❒ NON – MEMBER $85.00

***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:

Wendy Rodgers
14 Wyoming Street
Winnipeg, Manitoba
R2M 4T7

Contact: Wendy Rodgers (H) (204) 955-4761 or
Email: wendy_m_rodgers@hotmail.com for more workshop information

Registration Deadline: 07 March 2014

Cheque Number: ____ Date Received_____ Receipt Issued__

MORNA

Manitoba Operating Room Nurses Association

2013-2014 Executive

Office	Name	Facility	Phone/Fax
President	Monica Palmquist RN OR Health Sciences-Adult palmtre1@mts.net	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 mornamatters@gmail.com	Health Sciences Centre-Adult 820 Sherbrook St. Winnipeg, MB R3A 1R9	Work# (204) 787-3524 Fax # (204) 787-3095
Past President	Leah Restall RN CRN OB/GYNE OR Women's leah24@shaw.ca	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 lifeandhome@shaw.ca	Seven Oaks Hospital 2300 McPhillips St Winnipeg, MB R2V 3M3	Work# (204) 632-3176 Fax # (204) 697-3077
Treasurer	Wendy Rodgers BN OR Childrens Hospital wendy_m_rodgers@hotmail.com	Childrens' Hospital 820 Willian Ave Winnipeg, MB R3A 1R9	Work# (204) 787-2240 Fax # (204)787-1178
Educational Coordinator	Graciana Medeiros BN Perioperative & MDR Nurse Educator askgracemorna@gmail.com	Concordia Hospital 200-1155 Concordia Ave Winnipeg, MB R2K 2M9	Work# (204) 926-1023 Fax# (204) 938-5726

Standing Committee Chairpersons

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

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

Education Committee — Graciana Medeiros

Nominations — Leah Restall

MANITOBA OPERATING ROOM NURSES ASSOCIATION

2014 SPRING WORKSHOP

SAVE THE DATE

SATURDAY, MARCH 15TH, 2014

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 AGENDA AND REGISTRATION FORM

REGISTRATION DEADLINE—MARCH 10, 2014

HOPE TO SEE YOU THERE!!!





MANITOBA OPERATING ROOM NURSES ASSOCIATION

2014 SPRING WORKSHOP

When: Saturday, 15 March 2014

Where: Victoria Inn and Conference Center
1808 Wellington Avenue, Winnipeg, Manitoba

TIME: 0730 –0800 Registration and Continental Breakfast
0800 – 1600 Workshop

GUEST SPEAKERS:

- **Michael Routledge MD, MSc, CCFP, FRCPC, Chief Provincial Public Health Officer**
  Epidemiology of viral Blood Borne Pathogens and post exposure assessments
- **Dr. Pamela Hebbard**
  Surgical Cytoreduction with Hyperthermic Intraperitoneal Chemotherapy (HIPEC Surgery)
- **Dr. John Embil**
  Infection Prevention and Control: Understanding What We Do
- **Dr. Rick Nason**
  Head and Neck Cancer: Overview and Surgical Management
- **Dr. Michael Moon**
  Updates in Cardiac Surgery & Aortic Catastrophes
- **Dr. Thomas Turgeon**
  Operation Walk Winnipeg

COST: ⇨**$60.00 for MORNA MEMBERS**

⇨**$85.00 for NON MEMBERS**

*Nutrition break and lunch included with registration

Registration Deadline: 07 March 2014
Registration forms are available from your facility representative or they can be printed from the MORNA Web page (www.ornac.ca – Provincial Councils for MORNA Link)

For further registration information please contact: Wendy Rodgers (H) (204) 955-4761 or Email: wendy_m_rodgers@hotmail.com

Election Announcement

This year we are to elect a new **Secretary** and a new **President-Elect!**
Both are elected for a 2-year term, which begins July 1, 2014.

Duties of the Secretary

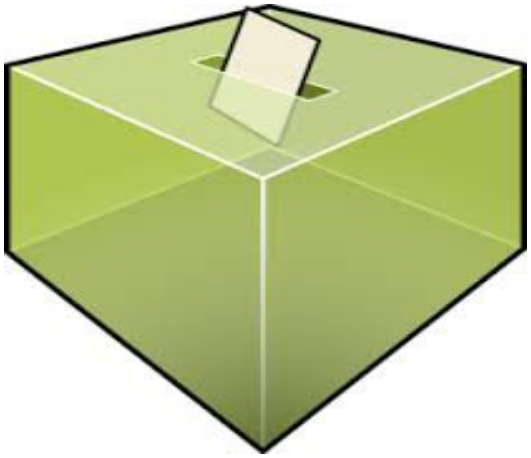
1. Records and distributes the minutes of all MORNA meetings.
2. Maintains an accurate record of attendance at all MORNA meetings. Provides an annual verification of attendance report as required for members` purposes, e.g. certification or educational funding.
3. Completes correspondence as directed by the Executive or Board of Directors.
4. Maintains all MORNA records, documents and correspondence for the most recent two years, then forwards to the Historian to be archived.
5. Forwards all minutes of meetings to the Associate Chapter President(s).
6. Participants 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 (minimum of three copies per fiscal year) and maintenance of the MORNA website.
7. Confirms the rooms for all meetings.
8. Distributes all notices of meetings and educational events.
9. Performs other duties as requested by the President.

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 committees.
3. Is a signing officer for MORNA, with the President and Treasurer.
4. Chairs the Communication Committee, with t Educational Coordinator and Secretary as Co-Chairs. Responsible for the production of the MORNA newsletter (minimum of three 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 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, 2014**





CAMDR | Canadian Association of Medical Device Reprocessing







JOIN NOW

The Canadian Association of Medical Device Reprocessing (CAMDR) provides healthcare workers access to comprehensive and industry-leading development tools to promote quality excellence and advance the medical device reprocessing profession.

MEMBERSHIP BENEFITS

- Latest industry news and trends
- Reduced rates at conferences and events
- Scholarship, bursaries, and awards
- Networking opportunities
- Volunteer opportunities
- Membership to a professional association

MEMBERSHIP LEVELS

Employed MDR personnel

Active Member	**12 months**	**$50**

Allied individuals with MDR

Associate Member	**12 months**	**$50**

HOW TO JOIN

Register online at *www.CAMDR.ca*

Print the form online and mail it to:
Canadian Association of Medical Device Reprocessing
147 Parkside Drive
Oak Bluff, MB R4G 0A6

CAMDR 2014
MDR Leading the Way
Winnipeg, MB

Be Part of the First National MDR Conference in Canada

Delta Hotel | RBC Convention Centre
Winnipeg, MB
October 16-19, 2014

Register online at www.CAMDR.ca | Early bird deadline: June 30

CAMDR | Canadian Association of Medical Device Reprocessing

Inaugural Conference

Delta Hotel | RBC Convention Centre

Winnipeg, MB | October 16 - 19, 2014

MDR technicians, MDR managers, OR managers, OR nurses, educators and infection prevention & control staff



Opening Keynote Speaker

Dr. Dave Williams
Motivation & Peak Performance

Featured Plenaries

Kelly Chapman
Team Building in the OR and MDRD

Dr. Michelle Alfa
Can We Effectively Ban the Biofilm?

MDRD Jeopardy

Concurrent Sessions

Vendor Exhibition

Closing Keynote Speaker

Sylvia Yaeger
Respectfully, Up Yours: How to Play Nice at Work

For more information and registration: www.CAMDR.ca

CAMDR 2014
MDR Leading the Way

Registration	Rates	Closing Dates
Existing Members	$225	October 1, 2014
Early Bird + 1 Year Membership	$300	June 30, 2014
Regular Rate + 1 Year Membership	$325	October 1, 2014

NATIONAL CONFERENCE

Excellence through Leadership Coast to Coast

Perioperative Leaders • Managers
Supervisors • Directors • Educators

Date: **May 4-6, 2014**

Conference Location: **Toronto, Ontario**

Venue: **Centre for Health & Safety Innovation**
Mississauga, ON

Hotel: **Courtyard by Marriott Mississauga-Airport**
Corporate Centre West

Hotel Reservations: **1-800-943-6706 on or before**
Friday April 4th, 2014

Management Sessions:

- How to achieve Normothermia using SSI guidelines;
- Quality Process Improvement: Lean Management;
- Surgical Wait List: Electronic Registry;
- Financial Management: Case Costing;
- Maximizing OR Efficiencies: Utilization Optimization;
- Crucial Conversations: Speaking up when stakes are high; and
- Influencer: "The power to change anything".

REGISTRATION:

CORL Member
Before March 31 $240; After $275

Non-Member: $325.

Registration form available on CORL website
www.operatingroomleaders.com
Enquiries contact Deborah Roberts
daroberts@ihis.org
1-902-894-2487

Payment c/o Valerie Zellermeyer
83/4165 Fieldgate Dr., Mississauga ON L4W 2M9



How Do I Know If I Am A Good OR Nurse?
Submitted by
Dawn Affleck RN, BScN, CPN©
Clinical Educator
Surgical Suite
Brandon Regional Health Center
Brandon Manitoba

First, thank you Manitoba Operating Room Nurses Association for your support in attending the ORNAC Conference in Ottawa, April 21st -25th, 2013. Additionally, my thanks to the MORNA executive for your time and contributions to promote excellence in perioperative nursing practice and to help OR nurses in community hospitals connect with our provincial colleagues.

As I listened to Rhona Flin's presentation entitled "Thinking Ahead of the Surgeon: Non-Technical Skills for Scrub Nurses", I began to think about my own practice as a perioperative nurse.

In Flins' words, there are "certain behaviors the best people do all of the time". Flin is a PhD, Professor of Applied Psychology and Director of the Industrial Psychology Research Center at the University of Aberdeen (Scotland). Her biography includes but is not limited to conducting research on human performance in high risk industries such as aviation and healthcare with projects that include studies of leadership, culture, teamwork and decision making.

Of more interest and consequence to us in the operating room, Flin has also led research projects at University of Aberdeen who developed similar rating systems for anesthetists (ANTS) and surgeons (non technical skills for surgeons-NOTSS) using experienced scrub nurses and consultant surgeons from Scottish hospitals for the interview. Flin asserts the importance of non-technical skills (cognitive and social) for safe and effective performance in teams in higher risk work settings based on psychological research. Currently, she is studying non-technical skills in medical teams and drilling crews, decision making by surgeons and senior manager safety leadership abilities.

So, getting back to the statement, **"the behaviors that the best people do all of the time"?!?!...**This statement was meaningful to me as a perioperative educator. I was also very sure this statement would be of interest to my nursing colleagues in the operating room each and every time they provide care for our patients.

How does one define "the best" behaviors in perioperative nursing? Where does one begin to characterize these behaviors?

To provide a brief history, Flin highlighted the impact of multiple aviation disasters and near misses that occurred in the 1970's and 80's, where multiple miscommunications resulted in enormous tragedy and concern for the safety of crews and passengers. This safety concern was, in part, the impetus for massive change in the aviation industry and for the development of Crew Resource Management (CRM). CRM was developed during a time when the captain of the aircraft was considered "God"….sound familiar?

The aviation industry determined the need to focus on the human aspects of flying an aircraft rather than solely focusing on the technical aspect. After all, the pilots were technically sound yet displayed a deficiency in people skills. In short, Crew Resource Management is a framework that involves programming and situational awareness training, practice, feedback and recurrent training, and continuing reinforcement (Retrieved January 23rd, 2014, from http://www.crewresourcemanagement.net.). CRM is now mandatory training for all airline pilots.

The concept of CRM is gradually moving into the departments of surgery and anesthesia within the UK and USA. In fact, just recently, the University of Manitoba's Dr. Eric Jacobsohn, Professor and Head of Department of Anesthesia delivered a powerful presentation and message about bullying and civility in the OR. Dr. Jacobsohn spoke about the impact of non-technical skills such as professionalism, communication and collaboration being an antidote to bullying and incivility. In addition to implications to the workplace environment, he spoke of the impact to patient safety and how nontechnical skills such as the habitual use of communication and sharing of knowledge between the professionals in the operating room leads to improved patient outcomes.

First, let us break down the concept of CRM to better understand how this impacts our perioperative nursing practice. At some point, our technical knowledge and skills were tested as a basic requirement to practice in the perioperative environment. This may have occurred by means of a perioperative course or perhaps by completing the CNA perioperative nursing certification exam or advanced nursing competencies.

However, how often are perioperative nurses' cognitive skills such as mental processes used for gaining and maintaining situational awareness, for solving problems and for making decisions graded or appraised? What about our interpersonal skills such as communication and a range of behavioral activities associated with teamwork evaluated?

Some of my colleagues may think differently but let me ask this. How would you feel if you knew the pilot flying your aircraft had only been tested once at the beginning of his career? What if his non-technical skills such as situational awareness and communication and teamwork were never evaluated? What if you knew he had trouble communicating with others or that all crew members were afraid of him? Would you settle back into your seat and enjoy the flight?

Allow me to transfer this to the operating room….How would our patients feel if they knew their nurse or surgeon bullied others in the theatre environment? Or that their nurse was afraid to speak up for fear of reprimand or reprisal….how comfortable would our patients be taking a journey into the operating room.

As a perioperative educator and continuous lifelong learner, the very idea that one could, in a tangible way, measure themselves or others was extraordinary. Furthermore, to be able to reassess on a continual basis with a concrete tool to maintain competency was enlightening. We are not a homogenous group. We may receive our basic nursing/perioperative nursing training yet the trajectory of our growth and proficiency in clinical practice is dependent not only on our experience but more so, our desire and motivation to excel within our clinical environments.

So allow me to share the work of Flin and her colleagues Scrub Practitioners' List of Intraoperative Non-Technical Skills (SPLINTS) framework. I believe our profession could ascertain what a good scrub nurse does and it may broaden and to define what a good circulating nurse does as well.

SPLINTS- occupation specific, behavioral rating systems; developed by reviewing nursing, surgical and psychology literature; observations and interviews with experienced scrub nurses and consultant surgeons, from different hospitals to identify the most important non-technical skills necessary for effective scrub practitioner's performance.

Essentially, it is a deliberate and precise framework for describing nontechnical skills and integrating them into the training process. The following categories used to rate are defined below:

- **Situational Awareness**-developing and maintaining overall awareness of relevant

aspects of the theatre environment(patient, team, time, instrumentation and equipment) by watching and listening; understanding what the cues mean and anticipating what might happen next.

- **Task Management-** Organizing resources and required activities to achieve individual and team oriented goals and maintain standards with minimum stress to the team.
- **Communication and Teamwork-** Sharing information, knowledge, goals and understanding among team members, to facilitate smooth progression through the surgical procedure

.

Therefore SPLINTS articulates and identifies behaviors that the best scrub nurses do all of the time. Wow…..this is exciting……and scary too!!!! How do I know if I am a good perioperative nurse? Have you ever asked yourself that? Do you assume that you are? Or are afraid to know and ignorance is bliss? Or do you assume that you are not because you only hear what you did wrong?

The following is a sample of the SPLINTS Skills taxonomy Categories and Elements. These are a few of the elements that Flin proposes we use to articulate and identify good practice.









SITUATIONAL AWARENESS	
ELEMENT	**EXAMPLE GOOD PRACTICE**
Gathering Information- Actively seeking information in the operating theatre environment by observing, listening, questioning and recognizing cues from the surgical process, theatre environment, equipment and people.	
	Checks patient consent; demonstrates awareness of location of equipment and movement of staff on floor; watches surgical procedure; conducts frequent scan of the environment; collects information from other team members

Task Management	
ELEMENT	**EXAMPLE GOOD PRACTICE**
Providing and Maintaining Standards	
	Protects sterile field and instrumentation; controls volume of music and inappropriate conversation in theatre; follows theatre guidelines and encourages others to likewise; arrange for colleague to enter theatre if it appears surgeon would benefit from assistance.

Communication and Teamwork	
ELEMENT	**EXAMPLE GOOD PRACTICE**
Coordinating with Others- interacting and working with other team members by sharing thoughts/ideas and performing physical tasks in a collaborative manner that facilitates the smooth flow of the surgical procedure.	
	Communicates to other team members if there is a foreseeable change in plan/requirement to stop; priorities multiple concurrent requests from other team members; suggests alternate options/equipment; deals appropriately with interruptions from others; supports others by providing help and assistance; verbally acknowledges request from scrub team members

(University of Aberdeen and NES 2011).

Perioperative practice leader is to use the SPLINTS system rating scale to rate the skill elements noted above of the perioperative scrub nurse. Rater is to make brief notes about observations on the form during the case if possible (things seen, not seen, key events, and behaviors). After the case, evaluator/peer makes rating based on these observations. Rating options are the following: **4**=Good, **3**=Acceptable, **2**=Marginal, **1**= Poor, **N/R**= Not Required.

In closing, the SPLINTS system may assist perioperative leaders with providing invaluable performance/feedback to their entire nursing team. In a practice environment where it is sometimes difficult to explain exactly how the professional did or did not manage to perform adequately, or where they did not pick up on important cues in the environment which may have enabled them to follow the

procedure more effectively, this tool may enable perioperative nurses to strive for excellence in patient care.

If anyone is interested in implementing this tool, please let me know and I would be happy to work together. Perhaps there could be some excellent research data to put together a presentation for a national conference.

Thankyou.



Multidisciplinary Approach to Enhanced Recovery Surgery
By Val Stephens, RN @ HSC Adult Operating Room

At the 23rd ORNAC National Conference in Ottawa last April, I was lucky to attend all of the Breakfast Sessions. I learned so much from each session, that it was difficult to pick just one to write an article about. I decided to share the information on the topic of Enhanced Recovery After Surgery (ERAS) sponsored by Covidien. It was presented by Dr. Liane Feldman (Director of General Surgery, Professor of Surgery, Steinberg-Bernstein Chair of MIS, MUHC,) Donna Stanbridge (Associate Director of Nursing, Perioperative Services, MUHC,) and Debbie Watson (Nurse Clinician, Clinical Care Pathway Coordinator, MUHC.)

ERAS involves an evidence-based protocol or plan for a patient to guide them through the preoperative, intraoperative and postoperative steps of their surgery. The guidelines were drawn up by a multi-disciplinary group, consisting of surgeons, anesthesiologists, nurse managers, physiotherapists, pharmacists, nutritionists and a hospital medical librarian.

ERAS involves more than the Fast Track approach. The primary goals are not only to shorten recovery time, but also to decrease morbidity, improve efficiency and decrease variability.

Patient education is very important. Patient care plans were developed to encompass the different stages of the surgical experience. Patient education helps the patient to understand and recall information. It helps to decrease the patient's anxiety and allows patients to participate in their own care. The care plans can be found on the site: www.muhcpatienteducation. Patients having bowel surgery were the focus of this discussion.

The main principles of the program include:

- Preoperative patient education and preparation for surgery. This starts with a preadmission visit for evaluation and risk stratification.

(c) Patients are encouraged to quit smoking to help reduce postoperative complications.
(d) Nutritional status is assessed and if necessary, supplemental nutritional support may be required. (Fluid and carbohydrate loading.)
(e) An exercise regime may be started pre-operatively.
(f) No prolonged fasting. (May have clear fluids until two hours before surgery.)
(g) No/selective bowel preparation.
(h) Antibiotic prophylaxis.

(i) Thrombo-prophylaxis.
(j) No premedication or short-acting premedication to reduce anxiety, only.

- Intraoperative management includes:

  a) Minimally invasive surgical techniques, when possible.
  b) Use of fast acting IV induction agents with short-acting anesthetic agents. (e.g. Propofol with desflurane or sevoflurane.)
  c) Mid-thoracic epidural anesthesia/analgesia.
  d) No drains.
  e) Avoidance of salt and water overload.
  f) Maintenance of normothermia.



- Postoperative issues include:

  a) Use of mid-thoracic epidural anesthesia/analgesia.
  b) No nasogastric tubes.
  c) Prevention of nausea and vomiting.
  d) Avoidance of salt and water overload.
  e) Early removal of catheter.
  f) Early oral nutrition.
  g) Non-opioid oral analgesia/NSAIDS.
  h) Early mobilization.
  i) Stimulation of gut motility. (Chewing gum is encouraged.)
  j) Audit of compliance and outcomes.

Patients and care-givers are told the expected hospital length of stay preoperatively. Patients are ready for discharge when:

a) their oral intake is adequate
b) their pain is well controlled on oral analgesics
c) they are voiding without difficulty and are passing flatus or stool
d) they are ambulating independently and feel ready for discharge.

A three day stay for colon surgery and a four day stay for rectal surgery is the target.

Information regarding the Enhanced Recovery After Surgery approach can be found on the website: www.acssurgery.com. (ACS Surgery Online Edition, Table of contents and sample chapter, #1-Basic Surgical and Perioperative Consideration, #9- Enhanced Recovery Pathways: Organization of Evidence-Based, Fast-Track Perioperative Care.)



2014 Orthopedic OR Personnel Course Program

8:00 Registration / coffee & continental breakfast

8:25 Welcome ..... Tufescu

Principles and Advances in Plating

8:30 Conventional plates and screws (15min) ..... Tufescu

Plate design, techniques and description of lag screws

8:45 Locking plates and screws (15min) ..... Graham

Locking plate design, indications, advantages and technique

9:00 Intro to the Small Fragment Locking set (15min) ..... Andre

9:15 LAB 1: Lag screws and plating (60min) ..... Graham

Video; Conventional and lag screw; conventional and locking plate

Proximal Humerus Fractures

10:15 Proximal Humerus ORIF (15min) ..... Old

Indications for proximal humerus ORIF with locking plate; room and patient setup, surgical steps.

10:30 Intro to the Small Fragment Locking set (5min) ..... Andre

Specific focus on the proximal humerus locking plates and adjuncts.

10:35 LAB 2 Proximal Humerus Locking Plate (60min) ..... Old

Video; instrumentation and application

11:35 – 11:50 COFFE BREAK

The Femoral Distractor

11:50 The Femoral Distractor (15min)..... Tufescu

Indications and uses, case examples, and assembly directions.

12:05 LAB 3: Femoral Distractor competition (20min) .....Tufescu

NO Video, directions will be displayed, recognition of winning group

12:25 – 1:30 LUNCH

Tibial IM Nail

1:30 Tibial nails (15min) ..... Pilkey

Indications for tibial nailing; tibial nail design; intra-op patient setup; nailing technique; common intra-op technical problems.

1:45 Introduction to Tibial nail set (15min) ..... Decelles

2:00 LAB 4 Tibial nail (60min) ..... Pilkey

Video and application

3:00 – 3:15 COFFEE BREAK

Hemiarthroplasty for Hip Fractures

3:15 What is it and what's available (15min) ..... **TBA**
Indications for hemiarthroplasty, designs, techniques, and approaches

3:30 Intro to the Hemiarthroplasty set (15min) ..... **Andre**

3:45 LAB 5: Hemiarthroplasty (60min) ..... TBA

Hemiarthroplasty of the Hip: video and hands-on

4:45 CLOSING REMARKS.....**Tufescu**

4:50 WINE AND CHEESE - Sponsored by DePuy Synthes Companies 

Welcome to the ORNAC Conference ……

The journey begins, five days of informative sessions, to broaden our minds and awaken our peri-operative spirits.

The topic that I chose to write about is the momentum that is felt as we travel back to our workplace. Leaving Ottawa with our tanks refueled and a new found energy to take on the challenges of working in today's Operating Theaters.

A meshing of peri-operative nurses, along with the invited speakers, sharing ideas that promote leadership skills, communication techniques and problem solving. You leave the conference with a sense of rejuvenation, a pride of our vocation, knowing that we do make a significant difference.

Inspirational talks from varied professions, such as Dr. D. Williams, an astronaut, discussing risk management, or Lieutenant-General Romeo Dallaire, sharing his experience as a leader, with a humanitarian approach. Nurses from around the world, Belgium, Australia and Korea, engaging in their challenges as peri-operative nurses, to overcome, trouble-shoot and brainstorm, common barriers in our workplace settings.

The conference offers 3 days of exhibits from healthcare companies, boasting their latest innovations. The exhibits enable the ORNAC members to experience these products hands-on and a chance to establish relationships with the company's representatives. Nurses have a voice in trialing products beneficial to the patients and/or health care professionals, potentially improving our work environment.

Social events are planned to form friendships, creating a bond with fellow nurses, who understand our concerns and experiences. A sense of empowerment is generated and celebrated, as we take pride in what we do 'behind closed doors', in the operating room. A place of mystery, where many can only imagine what we do everyday,

My desire to write about the conference is to promote involvement in ORNAC. It is an opportunity for growth, expanding our knowledge and creating positive relations for future endeavors.

In closing, I would like to thank my sponsors, enabling this learning opportunity: MORNA, WRHA, and MNU.

Respectfully,
Lia Jonk-Anderson
Operating Room Nurse,
St. Boniface Hospital

MALIGNANT HYPERTHERMIA
NURSING CHECKLIST

Submitted by Joan Porteous, HSC Adult OR

Introduction:

A surgical patient who demonstrates signs of an intraoperative malignant hyperthermia (MH) response represents a true clinical emergency that requires a rapid team response which includes a variety of concurrent treatments…the ultimate challenge for any surgical team! It is difficult for any team to provide efficiency because an MH crisis occurs so rarely. However, efficiency is critical, because it can and will happen unexpectedly….perhaps with your very next surgical patient.

Below is a nursing activity checklist which will allow the team to become immediately organized, in an unexpected and time-sensitive intraoperative crisis. It can also be used during mock MH education sessions. Rather than individual nursing activity cards, one laminated double-sided page allows everyone to have a global prspective of what everyone else is doing as well as their own role.

NURSING CHECKLIST

FOR A MALIGNANT HYPERTHERMIA CRISES

Assign nurses' responsibilities: 5 nurses if possible:
One nurse to mix and administer Dantrium only
One nurse to assist anesthetist with hyper-ventilation (if squeezing bag is required)
One nurse to assist scrubbed team and assist with cooling (ice packs) and insert Foley catheter, etc. (See Circulator # 1
One nurse to assist anesthetist with medication administration, line insertion, etc (See Circulator # 2)
One nurse to document

2. **If only 2 nurses are available:**

Circulator # 1: Assist Scrubbed Team

- **Call for MH kit from anesthesia storage room JL225**
- **Call charge nurse and ask for help**
- **Give perioperative aide a copy of this checklist**
- **Option: Call MH Hotline at 9+1-209-417-3722 (Canada) and put on speaker phone if required**
- **Document patient's weight in kilograms on white board (Dantrolene loading dose is 2.5mg/kg)**
- **Assist scrubbed team with supplies and cold irrigation as requested by surgeon**

- ❖ **Place ice packs along patient's torso, neck, axilla, and groin**
- ❖ **Apply cooling blanket if possible**
- ❖ **Prepare for intraoperative Foley catheter insertion and monitor urine output**
  - **Observe urine for cola color (myoglobin in urine) and Increased concentration (indication of heart failure)**

See Reverse for Circulator #2 and Perioperative Aide

Circulator # 2: Assist Anesthetist

- ❖ **Reconstitute each vial of Dantrolene Sodium with 60 ml of sterile water for injection and give IV push as per anesthetist's request.**
  - **Recommended loading dose is 2.5 mg/kg of body weight**
    - **Higher doses may be required**
  - **Keep administering Dantrolene until symptoms reverse as per anesthetist's request**
- ❖ **Assist anesthetist as required with medication administration, etc.**
- **Document meds given, cooling times initiated, etc**

Perioperative Aide:

- ❖ **Bring MH kit into theatre. Kit is in JL225 (anesthesia storage room)**
- ❖ **Bring 2-1000ml bottles of cold saline for irrigation and 1000 ml IV bag of chilled saline from OR desk fridge**
- ❖ **Bring several buckets of crushed ice into the theatre**
- ❖ **Position Code Blue cart outside theatre door**
- ❖ **Assist to make ice packs by putting crushed ice into large plastic bags (1/2 full) and tie shut**
- ❖ **Remain outside theatre and assist as required:**
  - **Deliver stat specimens to laboratories or to anesthesia aide as appropriate ex. Blood glucose checks, blood gas analysis, etc.**
  - **Bring supplies as requested**

After the Code:

- **Notify PACU/SICU to prepare for patient's arrival**
- **Complete a Patient Safety Event Report**
- **Restock MH kit**
- **Restock fridge at OR desk with IV and pour saline**

Orthopaedic Trauma OR Personnel Course
Registration Form

February 22, 2014
8:00 a.m. – 4:00 p.m.

Canad Inns Destination Centre
Health Sciences Centre
Room: Ambassador A
720 William Avenue
Winnipeg, MB R3E 1B2

Name(s): _____

_____

_____

Mailing Address: _____

_____

Hospital Affiliation: _____

Fee: $65.00 per person (Payable upon submission of this Registration Form)

Please make cheque payable to:

Orthopaedic Trauma Special Fund

Mail Cheque to:

Orthopaedic Trauma Surgery
c/o Susan Rubin
AD218 – 820 Sherbrook Street
Winnipeg, MB R3A 1R9

A Certificate of Attendance and receipt will be provided at the end of the program. Should you be unable to attend, the receipt will be mailed to you at a later date.