

NBORN NEWSLETTER

“PASSAGES”

“BRINGING US TOGETHER – KEEPING US INFORMED”

“UNIS PAR VOIE DE L'INFORMATION”

EDITION 10,
DECEMBER 2007



Greetings NBORN members,

NBORN has continued to grow as an organization over the past several years. It is very rewarding to see our membership grow each year. Our colleagues and fellow members can be one of our greatest resources as we share our practices and experiences. I encourage each of you to tap into this resource by networking with other members. We are all much too busy to reinvent the wheel. I would also encourage members to submit articles for publication to CORNJ. I'm sure there are lots of great initiatives in the province which other Perioperative Registered Nurses would love to hear about.

The Provincial Conference is also growing annually and is an excellent opportunity for networking. I hope to see everyone at the Spring Provincial Conference in April in Saint-John.

Kim Reese RNBN, CPN(C)
President NBORN

Sharing what you have is more important than what you have.

Albert M. Wells JR



QUELQUES LIGNES DU REDACTEUR EN CHEF

Wow! Seulement une semaine avant Noël. Comme le temps passe vite ! Bien des changements se sont produit depuis la dernière édition du Passage. Je vous invite à lire et partager l'information incluse dans ce bulletin afin de propager les nouvelles a toutes nos collègues du Nouveau-Brunswick. J'aimerais inclure des extraits d'articles dont vous avez lu et trouver très intéressant. Donc, ne vous gêner pas a m'envoyer vos références.

A la dernière rencontre des membres au mois d'octobre, nous avons décidé de vous faire parvenir ce bulletin professionnel provincial deux fois par année. La publication va être liée aux rencontres provinciales soit au mois d'avril et d'octobre.

J'aimerais remercier tous ceux et celles qui ont participé a la création de ce bulletin provincial. Si vous avez des suggestions de matériel a couvrir, de sujet a discuter ou autre information que vous aimeriez lire dans votre bulletin provincial, prière de me contacter par courriel ou téléphone.

Vous pouvez aussi trouver le « Passage » sur le site Internet officiel de ORNAC.

J'aimerais vous souhaiter à tous

un Joyeux Noël et

Bonne et Heureuse Année.

A FEW WORDS FROM THE EDITOR IN CHEF

Wow! One week to go until Christmas. How time flies. Since the last publication of our newsletter "Passage", there has been several changes across our regions and administratively to our constitution, conference name change, etc. I invite you to read and share the information included in our 10th edition. In upcoming publications, I would like to include extracts from articles that you may have read and found very interesting. As such, don't hesitate to send me your references.

At our last general meeting in October, it was decided that the newsletter would be published twice yearly, correlated to our spring and fall meetings (April and October).

I would like to thank everyone that helped me produce this newsletter. If you have any suggestions with regards to material to present, things to discuss or any other information that you would like to see, please contact me via e-mail or/and telephone.

Once again the newsletter will be on the ORNAC Website.

I would like to take this opportunity to wish everyone a

Merry Christmas and

Happy New Year

Lynn Larivee

Oromocto Public Hospital (506) 357-4737 or Lynn.Larivee@rvh.nb.ca

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UPCOMING EVENTS

UPCOMING CONFERENCES

AORN	Anaheim, California	March 2008
ORNAC National Conference	In St John's, NL	June 7-12 2009
ORNAC National Conference	In Regina, SK	2011

NBORN GENERAL MEETING

Provincial Spring Conference	April 18 & 19 2008
Saint John – Fort Howe Coastal Inn	

Snapshots



"Oh, *here's* the problem. He's got a doohickey on his thingamabob."

20th October 2007
Fall General Meeting Summary

The membership year will be changing to Jan 1st –Dec 31st. This will bring us more in line with the national journal distribution. Dues will be collected in Sept prior to our fall meeting for the following year.

Cost for our dues will be \$35.00. The increase reflects new cost for national journal. Distributions of funds are as follow: Region 7, Province 5.28, ORNAC 10 and Journal 12.72.

There are several ORNAC Awards available. NBORN will form a committee to review all of them and their respective criteria. Karen Frenette will chair it with a member from each region. In Dec 07, the committee will start looking at the awards then there will be discussion with members. The committee will get together in the spring to review all of the information.

You may view the list of awards on the ORNAC website.

Our provincial conference (new name for Spring Institute) will be in Saint John April 18-19 2008 at the Fort Howe Coastal Inn. Our next general meeting will be the 19 April 2008.

Our National conference will be in St John's NL in 2009 and our next Atlantic Conference will be in 2012.

The power of imagination makes us infinite.

John Muir



Moncton Hospital (Region 1)

Reporter: Terri Bradley RN

We've been very busy this year at the Moncton Hospital orientating twelve new staff members. All are at different stages in their orientation. The processes can be both challenging and rewarding for everyone. Several are new graduates, two have taken George Brown course and some bring to us experience from a variety of other nursing specialties.

We've recently welcomed a new anesthesiologist, Dr Paradis and her husband orthoped Dr Dugas. We also have a new neurosurgeon Dr Kenny.

We have no new equipment to tell you about. However, one of our Urologists is now performing Interstem insertions for female urinary frequency. It's a two-part surgery where a lead is inserted and if results are good, the generator is implanted in about a week's time. He is also now doing male slings and artificial sphincters. Also, with family centered care in L&D expanding, our role for C sections has reversed so that we now scrub and second circulate in order that the L&D nurse can stay with her patient.

In late spring, we trialed not staffing the night shift. Although only A emergencies were to be done after midnight, the first nine nights saw evening staff either staying most of the night or being called back. The trial lasted about three weeks but we're told to expect another go in the near future.

We will soon institute our new Time out/Surgical pause policy. It will ensure the identification of correct operative site and is the shared responsibility of the entire operative team.

We would like to congratulate Judy MacQuarrie, Amanda Tilley and Kim Hall, all of whom successfully wrote the perioperative certification exam this year. Two nurses attended a MIS conference in Hamilton and three will be going to a Red Cross blood products seminar locally. Also, two other nurses attended the ortho trauma conference in Halifax.

Congratulations to Region 5 for organizing a great Provincial Conference in Fredericton this year. Additionally, five of our staff were able to attend the National Conference in Victoria.

Happy Perioperative Nurses Week to everyone! Our celebration plans included a get-together and Chinese takeout. We aim for something creative next year.

Merry Christmas and Happy New Year everyone.

DECRH (Region 5)

Reporter: Alice Doucette R.N., CPN(c)

It was a busy 1st quarter for region 5. It was nice to see many of you at the annual NBORN Spring Conference and we hope you enjoyed yourselves. We had approximately 110 members attend and 29 exhibitors present. We started the conference with an interesting talk about Endovascular Abdominal Aneurysm Repair from our very own "Dr. McDreamy", Dr. C. Schaus. We continued the morning with an informative talk from three of our Orthopedic Surgeons, Dr. S. Bowden, Dr. T. Barnhill and Dr. P. Burton on Orthopedic Trauma. After viewing the exhibits, our afternoon began with one of our staff nurses, Wendy Dawe, who spoke about her involvement with Preceptorship of New OR Nurses. She was followed by Elaine LeClerc who provided us with an enlightening session on the different generations that co-exist in our work environment and why we see and do things differently. This certainly will help us have a better understanding of each other. We would like to thank all our speakers, Dr. Schaus, Dr. Bowden, Dr. Barnhill, Dr. Burton, Wendy Dawe and Elaine LeClerc as well as many companies that provided exhibits on their latest products for making our conference a success.

We would like to congratulate fellow nurses Gail Arseneau, Angella Price and Mary Winton on their Perioperative Certification. Good job!

We have many new staff members amongst us. Our Nursing team is joined by Sarah Derrah, Angela Hood and Rebeka McGlinchey. They have completed the Operating Room course at George Brown in Toronto in May. Sylvia Mouzar comes to us from Winnipeg with a wealth of knowledge and expertise. Our Medical team has increased as well. Dr. Jonathan Prychitko, Department of Anesthesiology, comes to us from Ontario. Husband and wife team Dr. Brian Price, Department of Anesthesiology, and Dr. Gwyneth DeVries, Department of Orthopedics, come to us from Alberta. Welcome to everyone!

We have also had a few staff members leave our OR. Retirement has come for nurse Natalie Solomon-Grey. We thank her for her many years of service. Through military transfer, we lost nursing staff member Diane Rice whose husband was posted to Edmonton. We will miss her! Dr. Robert Nie, Department of General and Vascular Surgery, has left us for Ontario. We wish them all the best.

Our OR family has increased again. Shelly & Derek Christie welcomed their first child, a baby girl, Olivia in April. Tammy & David Jensen welcomed their second child, a baby boy, Timothy in May. Jody & Aaron Morton welcomed their first child, a baby boy, Ashton in July. Best wishes to everyone.

We would like to pass on our condolences to Holly McDougall on the sudden passing of her dad.

Merry Christmas and Happy New Year everyone.

Saint John (Region 4)

Reporter Sue Beaman RN, BN, MN CPN(c)

We currently have 44 members in Region 4.

We were very fortunate to have seven members attend the National ORNAC Conference in Victoria, BC. This was a great learning experience... both the conference sessions and learning a little about our West Coast. Several of the people attending went out to Victoria a few days early and were able to take in several activities within and around Victoria.

We have a new Cardiac Surgeon- Dr Pelletier. We also have a fairly new orthopedic surgeon- Dr Manson who has been doing minimally invasive spine surgery for the past few months.

We will have a busy year ahead, planning the Spring Conference April 18-19 2008. The theme for the conference will focus on Endoscopy, and we are trying to keep a nursing focus. Conference planning is coming together and you will just have to come to find out the rest of the details.

We have 2 members that wrote the CNA PeriOperative certification this year and 2 members are planning to write in April 2008.

Happy Holidays.

Edmundston (Region 6)

Reporter Denise Bouchard RN

Bonjour d'Edmundston. Ici à Edmundston c'est le ``full swing``, nos peratio fonctionnent en pleine force, quatre jours sur cinq. Le personnel restreint se fait un peut ressentir, comme à bien des places. Il faut dire que perataux doigts magiques de notre infirmière peratio, le perat de personnel n'est pas chose du peration même en prenant en peration ion toutes les demandes de perat.

Pour ce qui est des nouveautés, je tiens au nom du groupe, à accueillir chaleureusement tous les nouveaux perati que je ne me perat de nommer, par peur d'oublier certains noms. Un perat à souligner, celui de Charlotte qui a pris un poste à la direction des soins infirmiers. A noter aussi qu'Étiennete a pris sa retraite. Bonne chances les filles.

A l'automne nous avons débute une nouvelle peration urologique avec le laser. Aussi depuis approximativement six mois, nous offrons l'hystérectomie par laparoscopie. Nous attendons aussi, avec impatience, la venue d'une infirmière spécialisée pour l' peration spécifique, nécessaire au bon fonctionnement de la per d' peration. Ceci améliorera sûrement la performamance dans les salles ainsi que la qualité des soins aux patients. La voix du vent nous laisse aussi entendre que

l'année 2008 sera empreinte de changements majeurs. Je vous garderai au courant à mesure que les projets se concrétiseront.

Pour le moment je vous dit aurevoir et Joyeux Noel / Bonne et Heureuse Annee.

We have 14 members, with the possibility of a few more recruits. Jobs are now open to fill new RN positions as we will soon be covering pre-anesthesia clinic. Spring was a busy time for our newly re-organized NBORN group. We participated in the Fredericton spring conference and two of us had the chance to attend the Victoria ORNAC conference. Both activities were fun and educational.

Joyeux Noel et Bonne et Heureuse Annee

Region 3

Perth-Andover/Woodstock

Reporter: Debbie Cyr RN

Greetings! It has been an interesting summer in Perth and Woodstock. After 2 weeks of slow down, we just got back to normal when our only anesthesiologist had a sudden leave of absence, leaving us with no anesthesiologist coverage. Thanks to locums we have been open full swing since September. Woodstock has been busy getting ready for their move into their state of the art operating theaters on November 18.

The staff in Woodstock will go from 6 nurses to 9 full time and 2 part time nurses. They will be enjoying many new pieces of equipment and will need awhile to get use to all of it. They have welcomed a new staff member to the OR, Jill Walsh. They will also have a new nurse manager as Jane Gaddas is retiring and Charlotte Roach will be their new nurse manager.

Perth will be saying goodbye to one of our surgeons, Dr Tadross, who will be going to Waterville to work with Charlotte. We have successfully recruited a new surgeon. There is also talk of an OB/Gyn surgeon coming for 10 days a month. We have also recruited an anesthesiologist who we hope will be here in January. At this time we have locums covering our anesthesiology services.

Happy Holidays



Region 2

Reporter : Tara Hickey, RN

Miramichi: New nurse manager, Pam Tweedie as Tanya Rosengren will be leaving shortly on maternity leave. New staff includes Renee Richard, Patti Allison, Wendy Allison, Cynthia L'Huillier, Wendy Poupard and Debbie Vye. It has been very busy orienting staff. OR1 Suite is complete and now fully functional with Storz and Berctold products. We have a new Urologist Dr Vonkerman and a new Ophtalmologist Dr Riveros.

Three of our staff were able to attend the National Conference in Victoria. It was an excellent time.

Bathurst: Our new OR suite is under construction with a new tentative opening date of March 2008.

We have a new anesthesiologist Dr Abbass. Three of our staff also attended the National Conference in Victoria. Two staff just received their CPN Certification. Congratulation!

Merry Christmas and Happy New Year

ARTICLE OF INTEREST

Strategies for avoiding Medication errors in perioperative settings

Abstract from the October 2007 AORN Journal P.618

In Perioperative Settings, medications are removed from manufacturers' identifying containers; therefore, scrub personnel should label medications placed on the sterile field.

Compliance with medication labeling practice with the use of both blank and preprinted labels was tested in the OR at a Houston, Texas, hospital.

Scrub personnel were more likely to label medications and medication-delivery devices when preprinted medication labels were provided.

Data obtained from this project influenced the hospital's management team to supply pre-printed labels for all procedures to improve safety for surgical patients.

My question to you is, do you label medication used on your sterile field?

At OPH, we use commercially made preprinted medication labels. As in any implementation of changes in practice, we all had to get use to it. Now, it has become an everyday part of our patient safety practice.

From the AORN article October 2007 issue, “*Medication Safety: Just a label away*”, written by Jane Jennings, and Jan foster the following is said:

In 1999, the Institute of Medicine (IOM) published a report titled *To Err is Human-Building a Safer Health System* in which medical errors were defined as the

the failure of a planned action to be completed as intended... or the use of a wrong plan to achieve an aim.

The OR was specifically identified as a department in which a high likelihood exists for medical errors...The IOM's report concluded that errors are seldom the result of recklessness. More often, they are caused by faulty processes or conditions that may lead health care workers either to make mistakes or to fail to prevent mistakes from happening.

In 2004, the Medication Safety Self Assessment of OR Practices recommended that safe labeling policies and procedures be implemented in the perioperative setting, labels be provided and required on all containers and syringes and each medication be labeled properly when it is added to the sterile field and before any other medication is dispensed. In 2006, the Joint Commission added a new National Patient Safety Goal in which health care workers are instructed to

Label all medication, medication containers (e.g., syringes, medicine cups, basins) or other solutions on and off the sterile field in perioperative and other procedural settings.

In response to the growing concern about medication safety, AORN developed a guidance statement titled “Safe medication practices in perioperative settings across the life span,” which states that constraints should be implemented that made it difficult to commit medication error. Another recommendation in this guideline is that all medications, including chemicals and reagents, should be labeled on and off the sterile field. All containers and delivery devices should be labeled, even if only one medication is involved, when that medication has been removed from its original packaging.

Our own standards states in Module 3 p.38 article 10.9 « Confirming that all medications and medication containers (ei. Med cups, syringes, basins) on sterile field are labeled even if there is only one medication involved. (AORN, 2004, p.139) Labeling should include name, strength and dose of the medication. Labels can be developed by the facility or sterile labels are available commercially. All labels should be verified verbally and visually by the perioperative Registered Scrub and Circulating Nurses concurrently. (AORN, 2004, p.139)

Great changes may not happen right away, but with effort even the difficult may become easy.

- Bill Blackman

