May 2008

Volume 30 #2

President's Report

Greetings to N&LORNA members,

Isn't it great to have that extra hour of day light! Thank goodness winter is on its way out and spring is in the air.

The executive continue to meet monthly via teleconference. If there are any concerns or comments you would like to make related to your provincial association please do not hesitate to contact anyone of the executive members. You will find the executive numbers and e-mail addresses with each newsletter. You can also access it via the ORNAC website – www.ornac.ca just click on to the NL site. The N&LORNA website has been updated with the exception of the number of members at each hospital throughout the province.

Please note the following for clarification - President's Report page 3 paragraph 2 of the December 2007 Newsletter should read the following:

This year at the provincial conference an updated Rules & Regulations CD was given to each liaison person to take back to their local membership. On behalf of the past executive I'd like to thank Lynn Anderson for her time and work in helping Angi complete this CD. I said earlier we follow in the footsteps of our past presidents well sometimes we continue to put those footsteps to use. For those new members who do not know Lynn she was a member of the N&LORNA executive for 6 years and continued on as the secretary of ORNAC.

(for some reason the first sentence of the paragraph was omitted).

This will be our second newsletter on line; we hope this provides a more efficient way of reaching the members. Recognizing that not all members have an e-mail address we would appreciate it if the liaison at each site could ensure their fellow members have access to a copy. Any feedback related to the way the newsletter is presented and accessed would be greatly appreciated; you can e-mail your comments to Pauline Parrill N&LORNA's Vice-president of Public Relations or any one of the executive members.

A reminder that membership renewal is due by June 30, 2008. The cost is $35.00 for active members and $25.00 for associate members. There will be a $ 5.00 late charge for any members applying after the June 30th deadline.

Good luck to all those who wrote the Perioperative Certification exam on April 5th. For anyone recertifying this year or writing for the first time information can be found on the CNA website – www.cna-nurses.ca. Statistics through CNA show 81 Perioperative certified nurses in Newfoundland, with 1 nurse writing the exam in 2007 and 12 nurses recertifying. At present there are no 2008 statistics available.

N&LORNA offers a Scholarship Fund to assist N&LORNA members, active and associate, to further their education. The application form and information can be found in your Rules and Regulations Manual or on the CD given to your liaison person at the provincial conference in Corner Brook. This application must be submitted to the President by June 30th.

Having been a member of N&LORNA for many years it has become clear how very little I knew about our national organization. As a result I have been gathering as much information as I can to pass along.

What is ORNAC and how do we fit in?

The Operating Room Nurses Association Canada (ORNAC) is a volunteer organization. Its membership is made up ~ 3500 Perioperative Registered Nurses from across the country. The ORNAC Board consists of 2 representatives from each province, a representative from CORL and RNFA (affiliate members) and 5 executive (president, president elect, past president, treasurer and secretary) for a total of 27 members. The two members from each province are the provincial president and the past president or president-elect. These two individuals have the responsibility of representing their province at the national level and reporting back to their own provincial association.

Everyone on the ORNAC Board is expected to participate on ORNAC Committees this is how the volunteer organization accomplishes its work. The following is a list of committees and their functions:

Awards Committee:

To nationally advertise all awards available to ORNAC members.
To receive and judge applications and arrange for the presentation of awards to the winners.

By-Laws:

To ensure policy is developed in accordance with existing By-Laws.
To review the R&R on an annual basis and ensure updates occur as required.
To review the By-Laws every 2 years and propose changes to the Board of Directors as required.

Canadian Operating Room Journal:

To provide peer review of articles submitted to the CORJ.
To assist the editor in assuring accuracy of articles.
To provide direction to the editor regarding current, relevant Operating Room topics and professional issues.

Finance:

To manage and direct all ORNAC funds.
To report recommendations to the Executive and Board of Directors.

National Conference:

To establish a protocol for conducting OR National Conferences thereby standardizing its functions and activities.

Nominations:

To obtain nominations for the positions of President-Elect, Secretary, and Treasurer, and to conduct the election

Research:

To promote Perioperative nursing research

Standards:
To recommend Standards of Practice, collaborate in the Certification Process, and liaise with agencies for provision of quality care in Operating Room nursing for Canada.

Public Awareness:
To increase the profile of Perioperative registered Nurses
To increase visibility of Perioperative Registered Nurses
To increase awareness of the role of the Perioperative Registered Nurse

Scope of Perioperative Nursing Practice:
Liaison with groups affiliated with ORNAC
To maintain registry for affiliated groups

Perioperative Nursing Education:
To ensure that the Recommended Core Curriculum" Perioperative Programs for Registered Nurses remains current, and to co-ordinate the ORNAC process for review and approval of Perioperative programs for Registered Nurses.

Members of the board also sit on outside committees such as the Canadian Anesthetics Society, the Canadian Nurses Association, the Canadian Standards Association, and the International Perioperative Nurses Association etc.

The Board will hold two face to face meetings a year which take place in the fall and spring. The first weekend in November and the first weekend in May unless it is conference year and at that time it will be held the weekend before the National Conference.

I am a member of the Standard's Committee. Initially we met via elluminate (the web site) every Sunday for 3 – 4 hours. This was very time consuming but enabled us to get the necessary work completed. Since last May we have decreased the meetings to monthly this will increase again based on workload and time limits. We presently meet face to face twice a year two days before the full board come together. Sue Pardy sits on the Awards Committee.

Sue Pardy and I sit on the National Committee, this is a given with the national being held in NL. We have the responsibility of taking your concerns/questions forward and disseminating any information from the committee back to the chairs/committee members. Margot Walsh will take on this role at the fall meeting in Sue's place.

For more information on ORNAC and its functions visit the ORNAC website.

Have a great summer and I hope to see you in St. Anthony in September.

Regards,

Corenia Price RN CPN(c)

President N&LORNA

VP EDUCATION REPORT
APRIL 2008

Hello to all N&LORNA members,

Spring is finally here. It's been quite a long winter. This is my first contribution to our N&LORNA newsletter as VP Education representative. Thank you for the opportunity.

I have enclosed information regarding ICD's and Pacemakers. There are, on average, six ICD's implanted at the HSC per month. As a result, there are more and more patients coming to our operating rooms with these implanted devices. It is imperative that we are knowledgeable regarding the care of these ICD's and pacemakers. I hope the information provided is helpful.

There have been some questions regarding the proper technique for delivering medications to a sterile field and the management of medications on the sterile field. I have enclosed information from ORNAC regarding this issue.

The ARNNL 54th Annual AGM will be held this spring, rather than the fall, at the Holiday Inn in St. John's June 3rd 2008. Also, in June, staff nurse Jim Feltham will assume the Presidency of ARNNL. He is the first staff nurse to assume this role.

The ARNNL and the NLNU Innovations Conference will be held in St. John's at the Holiday Inn on June 4-5, 2008. The theme of this conference is "Elder Care".

We are very excited to be hosting the ORNAC National Conference in St. John's June 7-12, 2009. The Continuing Education for ORNAC members is offering a chance to win a trip to this conference. You must register to complete 3 or more Educational Programs for CE Credit/Reflective Practice at Medline University. Please check the ORNAC website for more information.

While on the ORNAC website, you will notice the NURSE ONE Canadian Nurse Portal. It is a very informative tool.

There are presently 81 Perioperative certified nurses in the province. One nurse has written this year and 12 Perioperative nurses have applied for re-certification. If you have any questions, please call the CNA Certification team at 1-800-450-5206.

The RNFA is continuing to expand. In Gander there are currently 3 nurses in the RNFA role and there are 2 in St. Anthony. At the HSC there are 4 RNFA presently working in the cardiovascular specialty. This service is actively looking to hire 2 more RNFA's. The course is ready and has been revamped. The RNFA program now has ARNNL approval and Post-Basic Course status, therefore, is entitled for stipend.

This year, there were 4 applicants for the Post-Basic Program in Perioperative Nursing for RN's. 3 have completed the program, while 1 is waiting to complete the clinical portion.

There are 5 applicants near completion of the Operating Room Technician Course for Licenced Practical Nurses, which is offered through the Centre for Nursing Studies.

In closing, I would like to wish everyone a wonderful spring. Please feel free to contact me at any time with any questions or comments.

Sincerely,

Jennifer Long
VP Education

Hotline News

Does Placement of the Patient Return Electrode Make a Difference?

Valleylab clinical Information associates receive dozens of calls each month asking for patient return electrode (pad) placement suggestions. Placement of the patient return electrodes does make a difference to the safety of surgical patients.

During electrosurgery, the current is flowing from an area of high concentration (the pencil or other instrument) to an area of lower concentration (patient return electrode). To place the return electrode in the "safest" area, the nurse must consider these five points:

1) **Distance current must travel from active electrode to return electrode;**

The current must "push" its way through the body tissue. The farther it must travel, the more energy it will require. Example; if a return electrode is placed on the patient's calf during a head or neck procedure, the current must travel a great distance from the surgical area to the return electrode. The power setting must be increased, resulting in a greater likelihood that the current will divert from the intended path. The arms, flanks or even a muscular abdomen can be suitable sites for the patient return electrode. Remember, in an isolated system, the current returns to the generator through the return electrode but, in a ground referenced system, the current will attempt to reach ground through the path of least resistance. In either case, the current may take a path we do not intend. Keep the intended path as short as reasonably possible.

2) **Selection and maintenance of a clean, dry pad site;**

Consider the length of the procedure. If it is a long procedure and/or the patient's position will be changed, the pad site should be easy to reach throughout the surgical procedure. Select a location near the surgical site, but take care that the return electrode is not so close to a surgical area that it may become jeopardized by fluid invasion. Prep solutions, body fluids and irrigation may divert the electrical current which can potentially harm the patient. It may be necessary to protect the return electrode with an impervious adherent drape; however, do not enclose or seal over entire return electrode with an impervious drape. Doing so could increase the temperature, cause precipitation, and possibly dislodge the pad, resulting in a contact quality ("REMT System") alarm.

Pad sites must be free of lotions, oils and excessive hair. Body oils, lotions and excessive hair increase the resistance at the pad to patient interface. In these instances, wash and dry the site and remove hair of necessary. Likewise, do not choose a dry skin site due to the potential for high resistance.

3) Resistance of the tissue under the return electrode;

Electrical current travels easily through vascular and muscular tissue, but less well through adipose, bone and scar tissue. These non-vascular tissues, as well as some drugs and diseases, will increase the impedance at the pad to patient interface. This may result in a need to increase the power setting. To avoid using higher power settings, place the return electrode on a well vascularized muscular area. A bony prominence may cause "tenting" of the return electrode and will also cause current concentration at the tissue surrounding the bony prominence.

4) Prosthesis, pacemakers, or metal "attachments"

Some prosthesis, whether metal or plastic, are large and will have scar tissue encircling the implant. Scar tissue is high in resistance. Placing a return electrode over an area of high resistance may result in a temperature increase at the pad to patient interface. As the electrical current attempts to exit the body via the least resistive (muscular/vascular) tissue, the skin temperature under the return electrode at the area of current concentration will increase and could compromise skin integrity. Other joint prostheses, such as finger and knee replacements are not considered good sites for return electrodes because of the convex, concave and irregular nature of the area.

For patients with existing pacemakers contact the pacemaker manufacturer. If surgery is necessary, bipolar electrosurgery is recommended. If monpolar electrosurgery is required select a pad site which will direct the current away from the heart and pacemaker generator. ICD's (internal cardiac defibrillators) must be deactivated prior to surgery. Contact the manufacturer.

(Refer to Valleylab Hotline Newsletter Volume 1, Issue 2)

All jewelry should be removed pre perioperatively to help prevent current diversion. This includes body piercing jewelry. Metal of any kind can attract the current as it travels from the surgical site to the return electrode. Removing all metal objects and decreasing the distance between the surgical site and the pad will decrease the incidence of current diversion.

(Valleylab Hotline Newsletter Volume 1, Issue 1)

5) Hotline News. Is electrosurgery safe for patients with pacemakers?

As Clinical Information Associates, we are frequently asked if it is safe to use electrosurgery on pacemaker patients. The answer is YES, if the following guidelines are followed closely.

- Consult the manufacturer of the patient's pacemaker and follow the recommendations for electrosurgery. Also, consult the operators' manual supplied with the electrosurgical generator for additional information, contraindications and warnings.
- Use bipolar electrosurgery if possible. In bipolar electrosurgery, the current enters and leaves the patient at the surgical site. The bipolar forceps include the active and return electrode and only the tissue grasped between the tines of the forceps will be included in the electrical circuit. This contrasts with monopolar electrosurgery, where the electrical current must find a pathway through the patient's body from the active electrode to the patients return electrode. If the patient's pacemaker is included in the pathway, a problem could occur.
- Prior to the use of electrosurgery, double check the quality of all connections on the active and patient return cables to protect patients from metal to metal sparking that can cause neuromuscular stimulation.

- When using monopolar electrosurgery, place the patient return electrode as close to the surgical site as possible to minimize the current's path through the body and at a site that directs current flow away from the heart and pacemaker.
- Always monitor patients with pacemakers throughout surgery and always evaluate the pacemaker post operatively for proper function.
- Always keep a defibrillator ready for use on paced patients during a surgical procedure.
- Always use the lowest possible generator power settings. Whenever possible use the cut mode rather than the coag mode because the cut mode has a lower voltage than the coag mode, this tends to reduce the likelihood of interference.
- Always turn an AICD (Internal defibrillator) off prior to surgery. The unit may be re-programmed by the surgeon or cardiologist following the procedure.

Clinical Information Hotline
1-800-255-VLAB (8522) Ext 2005
Email: clinical.hotline@valleylab.com

ICD's

1. **Indications for ICD implantation**
   - Survived at least on episode of cardiac arrest (not due to a transient or reversible cause)
   - Spontaneous V.F.
   - History of V.T. causing syncope
   - Symptomatic V.T. with left ventricular ejection fraction <35%
   - Strong family history of sudden cardiac death i.e. LQTS.ARVD

2. **Implantation Procedure**
   - I.C.D.'s setting programmed (rate and/or morphology detection)
   - Total of 2 test shocks, 5 minutes apart (patient anesthetized)
   - Shock on T wave to induce V.T./V.F. (Test shock at 18 joules, programmed to shock at 27-40 joules

3. **Implantation Procedure**
   - Takes approximately 10 seconds to sense the rhythm and deliver therapy
   - Programmed specifically to patient's needs (dual chamber / single chamber pacing)

4. **History of I.C.D.**
   - 1960 – device conceived
   - 1976 – animal implant
   - 1980 – first human implant
     - General anesthetic
     - High energy shock
     - Device longevity 1.5 yrs & Thoracotomy; multiple incisions

5. **Modern Day I.C.D. Therapy**

- First line therapy for patients with V.T. / V. F.
- Transvenous / pectoral approach
- Local anesthetic, conscious sedation
- Device longevity – 9 yrs.
- Single, dual chamber, biventricular
-

6. **Patient Teaching**

- Avoid moving affected arm above head for 2 weeks
- Observe for s/s infection
- Avoid M.R.I. ,Lithotripsy
- Avoid airport security wands (show I.C.D. card)
- Avoid arc welding, large magnets

Delivering Medications to the Sterile Field

Before administering any medication, a verification process should include a review of the product label for the medication name, strength, and expiration date. This review process should be accomplished in conjunction with an examination of the written medication order to confirm that the correct medication is to be administered. A visual inspection should be made for any indication that the medication was compromised during the storage process (e.g. particulates, discolouration).

-Confirm all medications listed on the physician's preference list with the surgeon before delivery to the sterile field.
-Orders with abbreviations, symbols, or acronyms should be clarified with the ordering clinician to minimize confusion or misinterpretation.
-Verify medication in its original container for the correct name, strength, dosage, and expiration date as the medication is passed to the sterile field.
-Actively communicate the medication name, strength, dosage, and expiration date as the medication is passed to the sterile field.
-Verbally and visually confirm all medications delivered to the sterile field, including medication name, strength, dosage, and expiration date.
-Medications should be verified concurrently by the circulation registered nurse and scrub person.
-If there is no designated scrub person, the circulating registered nurse should confirm the medication visually and verbally with the licensed professional performing the surgical procedure.
-Deliver one medication at a time onto the sterile field.
-Do no remove stoppers from vials for the purpose of pouring medications.
-Use commercially available sterile transfer devices when possible (e.g. Sterile vial spike, filter straw, plastic catheter).
-Reconfirm maximum dose limits.

Managing Medications on the Sterile Field

Communication is a vital key in the success of the medication delivery system.

-Verbally and visually confirm the medication (i.e., medication name, strength, dosage, and expiration date) upon receipt from the circulation nurse even if only one medication is involved.
-Label the medication container on the sterile field immediately before receipt of the medication. Avoid distractions and interruptions during the labeling process and while dispensing medications onto the sterile field.
-Label all medication containers and delivery devices with a minimum of the medication name, strength and concentration when needed.
-Name and visually confirm the medication name, strength, and dose by reading the medication label aloud while passing a medication to the licensed professional performing the procedure.
-When patient hand-offs (e.g. personnel relief) occur, the medication verification process should take place. The medication should be confirmed for accuracy (i.e. product label reviewed for the medication name, strength, and expiration date) in conjunction with a review of written medication order to validate that the correct medication is on the field.
-Discard any solution or medication found on or off the sterile field without an identification label.

The following information was taken from AORN 2006, pages 324-325.

Education content submitted by Jennifer Long. VP Education.

The 29th Annual Newfoundland & Labrador Peri-operative Nurses Conference

"Rural Peri-operative Nursing"

September 18-20, 2008

St. Anthony, Newfoundland & Labrador

On behalf of this years planning committee, I would like to extend an invitation to Peri-operative Nurses to register for a conference showcasing

" Peri-operative Nursing In Rural NL"

This is our debut for hosting an N&LORNA Conference.

We shall endeavor to provide a unique Northern experience, whether it is your first or repeat visit.

Our educational sessions will include a variety of topics from the history of rural practice to current day practices. The exhibits, lectures & luncheons will be held in the Grenfell Interpretation Centre.

<u>Social Agenda: St. Anthony Haven Inn</u>

Thursday Night:

The Wine & Cheese

Friday Night:

Theme: "Black & White"

Dinner & Dance

(Let your imagination run wild)

See <u>You</u> at the conference!

Kerry Decker, RN, Nursing Unit Coordinator

Surgical Services, CSCMH

Chair, 29th Annual N&LORNA Conference

<u>Accommodations must be booked on or before August 18th, 2008</u>.

Book rooms under the "<u>Operating Nurses of NL"</u> to ensure conference rates:

The following venues are:

<u>St. Anthony Haven Inn</u> – 1-877-428-3646

Rates: Single & Twin -	**$ 75.00**
Doubles, Large Doubles &	
Housekeeping units	**$ 90.00**

<u>Grenfell Heritage Hotel & Suites</u> – 1-888-450-8398

Rates:	**Standard Suite**	**$ 95.99**
Deluxe Suite		**$103.99**
Double Room Suite		**$111.99**
One Bedroom Suite		**$119.99**

<u>Vinland Motel</u> – 1-800-563-7578

Rates:	**Single**	**$ 60.00**
Double		**$ 70.00**

29th Annual N&LORNA Provincial Conference

September 18-20th, 2008

Grenfell Interpretation Center, St. Anthony, NL

Registration Information

Name: _____ **Hospital:** _____

Dept.: _____ **Position:** _____

Home Address: _____

Home Phone: _____ **Work Phone:** _____

N&LORNA Member: **Yes** _____ **No** _____

Fee Structure

	Members	Non-Members
Full Conference Fee	**$80.** _____	**$95.** _____
Daily Rate	**$45.** _____	**$55.** _____
(Check Day Attending - below)		
------ Friday ------ Saturday		
Dinner and Dance (Friday Evening)	**$40.** _____	**$40.** _____
Total	_____	_____

Please send completed registration and cheque to:

N&LORNA Conference 2008

Attention: Kerry Decker, Chair
P.O. Box 1078
St. Anthony, NL
AOK 4SO

Phone: 709-454-2294 Work: 709-454-3333, ext. 252

Booking should be made on or before August 18, 2008

Book referencing "Operating Nurses of NL"

Rural Perioperative Nursing

(tentative agenda)

Thursday, September 18, 2008

1800-2000 – Registration – Lobby of the Haven Inn
2000 hrs – Social Meet & Greet

Friday, September 19, 2008

0730 – 0830: Registration at Grenfell Interpretation Center
0830 – 0900: Opening Ceremonies and Greeting
0900 – 1000: Keynote Address
Dr. William Fitzgerald
"Topic – TBA"
1000 – 1020: Coffee Break

1020 – 1100: Dr. Massey Beveridge
"Topic – TBA"
1100 – 1300: Exhibitor Opening & Viewing of Exhibits
1300 – 1400: Lunch
1400 – 1500: Sheri Rumbolt
"Topic – TBA"
1500 – 1520: Coffee Break
1520 – 1630: Tour of Grenfell Premises

Saturday, September 20, 2008

0800 – 1000: Annual General Meeting
1000 – 1030: Coffee Break
1030 – 1130: Annual General Meeting
1130 – 1230: Exhibitor Viewing
1230 – 1330: Lunch
1330 – 1400: Beverly Pittman
O.R. Renovations & Infection Control
1400 – 1430: Maggie Linstead
RN First Assist in a Rural Setting
1430 – 1500: Rev. Jean Brenton
"Topic – TBA"
1500 – 1520: Coffee Break
1520 – 1600: Closing Comments & Ceremonies

ATTENTION ------- N&LORNA Members

Our 2009 National Conference is fast approaching and the planning committee would like to invite our provincial nurses to showcase your expertise in perioperative nursing. If you or someone you know would be interest in submitting an abstract or poster presentation, please contact Glenda Tapp or Helena Kearsey. We look forward to your response.

Call for Abstracts and Posters

Operating Room Nurses Association of Canada
21st National Conference
St. John's, NL June 7th – 12th, 2009

Share your accomplishments in the fields of perioperative clinical practice, education, professional development, research, and administration! The 2009 Conference Program Committee invites you to submit an abstract for paper or poster presentation at our 21st ORNAC National Conference. The theme of our conference is:

The Depth of Perioperative Nursing, What Lies Beneath

Abstracts will be considered for presentation in one of the following forums:

Poster: A visual display. Posters will be displayed at the conference

Paper: A 15 minute presentation by the author(s) plus 5 minutes for questions & answers.

Posters will be selected based on relevance and implications for perioperative nursing and those in keeping with our theme. Criteria are available at www.ORNAC.ca

Abstract submissions should have a maximum of 150 words on a single-spaced page, typed in a size 12 font. The Abstract heading should include title, author's name(s), institution name, city, province, contact information, and specific field of focus.

The deadline is August 31st, 2008. Please send three (3) copies of abstract, by the deadline to:

Glenda Tapp
Program Coordinator
21st National ORNAC Conference
7 Rosalie Place,
CBS, NL, A1W 2H4
Phone (709) 777-5773
Fax (709) 7775372
Email: Glenda.tapp@easternhealth.ca

Helena Kearsey
Program Committee Member
21st National ORNAC Conference
15 Queen's Road
St. John's, NL, A1C 2A2
Phone (709) 739-1486
Email: hkearsey@nl.rogers.com

Unsigned, incomplete, or late submissions will not be processed.

Liaison Reports

Hello from Health Sciences Operating Room to all our fellow OR nurses.

Finally winter is over and hopefully warmer weather is on the way. We have certainly had enough of this winter here on the Avalon!!!

Our O.R. continues to be very busy-nothing changed in that regard.
We have lost some of our staff to greener pastures. Karla Faulkner and Krista Locke left us in early April. Karla went to the Janeway and Krista to Mental Health.
Darlene Pond and Paula Taylor have both accepted positions in the Janeway O.R. and D.J.Yetman has accepted a position at St. Clare's. We hate to see them go but wish them all well in their new jobs. Is there anything we can do to make you change your minds?
We also have some mommy news-Amy Hogan and Natasha Fulford are expecting and Kim O'Brien is back to work after finishing up her maternity leave.

Our membership continues its fundraising efforts. We have a sub sandwich sale coming up this week and have had a few other events over the winter. Hopefully we will be able to send lots of representatives to St. Anthony for the conference in September.

We are also busy preparing for the national conference in June '09.We have several committees and members are working hard to prepare for what will be a great conference.
We're hoping as many delegates as possible will be attending and will be looking for your help to carry it off. It is sure to be a memorable experience!!

Well that's all the latest from the HSCOR.
Take care everyone.

Karen Healey

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Greetings from the West Coast

Western Health Care OR remains to be a busy OR. We have been training new personnel. Steve Connolly and Deanne Blanchard are two RN who are doing the perioperative course. Tanya Keeping, a new OR tech is now doing her orientation to the department.
Dr. Arnold Vermooten has taken on the title of chief of anaesthesiology
Dr. Saritha Kathir is leaving us in June to take up a position at the Trillium in Mississauga, Ont. She will be thoroughly missed. We wish her the very best in her new endeavor.
Dr. Chris VanNiekerk has taken on the role of Chief of surgery.
Susan Pardy will be out of the OR setting for 6 months. She has taken on the task of core team leader of OR management committee. We know this will be a great undertaking for Susan.
Sherry Goodland, OR nurse is expecting twins. Sherry and John already have a daughter, Lindsey.
Barbara Travers, RN in Day Surgery is retiring in June. Barbara has had a varied career at Western. We wish her the very best in her retirement. She and husband, Paul intend to do a little traveling this summer on their motorcycle.
Our local is starting a fund raiser to help with expenses for the fall conference. It is a framed piece of cross stitching done by Jennifer Day. Whoever wins this will have a beautiful piece of work.
Connie Lamswood has already booked our accommodation for the St. Anthony conference.
Hope everyone has a wonderful summer and we look forward to seeing you all in St. Anthony come September.

Liaison.
Western Memorial Regional Hospital
Roslyn Dominey

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Happy Spring Nursing Colleagues,

It was snowing a couple of days ago, and I was scraping frost off my windshield this morning, so I'm not so sure about the "Spring" thing!

At a recent local N&LORNA meeting we elected a new executive for the next two years.
President Debbie Keough
Vice President Michele Battcock
Treasure Joanne Picco
Secretary Janet Angel
Liaison Shirley Taylor

I would to take this opportunity to welcome three new ORTs and one new RN to our Operating Room
Virginia Woodman (ORT) replaces Bev Davis who retired last Sept.
Amanda Critch (ORT) replaces Rita Locke (who will be retiring the end of May)
Lisa Neil (ORT) replaces Roseanna Penton (who is transferring to the Case Room)
Lindsey Pearson (RN) who will be in a Temp Full Time position to help us this summer
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We also have Lynn Maloney (RN) starting a clinical placement for a Post-Basic O.R. course from Grand Prairie, so it is quite a challenge at this time to assign them all to the various services required, but Glenda Tapp, our Clinical Educator, is sorting this out, thank goodness.

We have preceptored two Nursing students for an eight wk stent, one is just finishing. They both did very well, in fact Lindsey did so well, she is staying for the summer. We continue with the various nursing students who come to follow their patients through the Perioperative experience. I would like to say thank you to all the Nurses who preceptor these students and ensure that they have a meaningful experience.

I would like to welcome Dr A. Poon, our new Oral Surgeon and Dr. M. Hogan, a new General surgeon to St. Clare's. The group of visiting Oral Surgeons will not be coming q 6 wks now that we have a permanent Oral Surgeon.

A recent two day Leadership Conference was attended by three of our staff, 2 RNs and 1 ORT, and one RN from PACU. Everyone attending felt it was a fabulous conference and they learned a lot.

We continue with our weekly inservices. The policy group (from HSC and SCM) meets on a regular basis and is currently working on the Legal Specimen Policy, Narcotic Policy, and changes needed in various policies due to the introduction of the Pos. Patient Identification Process by Eastern Health.

We have made recent changes to our Bowel Technique Procedures in keeping with potential problems identified by the Safer Health Care Now Group. This group is currently looking at standardizing Antibiotic Protocols for the Head and Neck group of surgeons for their more extensive surgeries and may also look at Vascular Surgery.

We have just finished evaluating the Navigation systems for ENT, and we may look at a system with newer technology that will soon be available in Canada. We are evaluating various Harmonic Scalpels and Ligatures etc as many surgeons have been requesting this technology for awhile now, we just need lots and lots of money!!

The Skin Prep Project that I mentioned last time is ongoing, with a survey being completed by nurses and surgeons, the data should be collected and tabulated by the end of this summer.

Many of our staff had winter vacations to ward off the depression of winter, and those that did not fly south attended the various wine tasting nights, as a way to get through the winter. I'm not sure that the normal procedure of rolling the wine around your palate and then spitting it out was followed by many !!!

We are planning to have our next meeting at Janet Angel's cabin and have a sleep over, I think, this too, may involve a little wine tasting.

I hope you all have a wonderful spring and can get out in your gardens or go for a walk, whatever it takes to help ease the stress of today's busy living.

Respectfully
Shirley Taylor
Liaison, St. Clare's, N&LORNA Branch

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NOTE : I hope you enjoyed this Newsletter. If you have anything for submission in the Newsletter, please email me at gordon.parrill@nf.sympatico.ca

To all liaison's, submission for the next N&LORNA Newsletter (September issue) is September 1st 2008

Thank you, Pauline Parrill
VP Public Relations N&LORNA
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