Hello Everyone!

HAPPY SUMMER!

It seems as though we have been waiting for my favorite season for forever! I am really looking forward to spending some time by the water in cottage country, relaxing and spending time with good friends and family. I’ve been spending a lot of time in my gardens cleaning them up, planting and prepping them for low maintenance so I have more time to have some fun in the sun! I hope you are making plans to do the same.

I am really excited to announce:

OPANA 2015 Inspirations Conference “Breathing Change”

White Oaks Resort & Spa

http://www.whiteoaksresort.com/index.html

Niagara on the Lake
November 14 & 15, 2015
What's exceptionally great about this conference is the group of volunteer members that are assisting us with the planning of this event! I know that they are going to make sure that YOU have a GREAT TIME!!!

Please visit our website to find out more as the conference plans develop. Don't forget to submit your abstract for the poster presentation. There will be many prizes, fund raising events, and an awesome list of speakers that will present information on current hot topics in PeriAnesthesia Nursing Practice. Our aim is to ensure the information shared at the conference will captivate you, be applicable to your practice, and let you walk away feeling inspired and excited to “Breath in the Changes” with vigor and confidence in your ability to lead.

A very important personal goal of mine is to fill our currently vacant Board of Director positions:
- Central Ontario (Georgian Bay Area) Vacant
- Western Ontario (London Area) Vacant
- Eastern Ontario (Ottawa Area) Vacant
- Northwest Ontario (Sudbury, Sault St Marie Area) Vacant
- Northeast Ontario (Thunder Bay Area) Vacant
- Dentistry and Free Standing Clinics (at large) Vacant

I would like to thank our current Executive Board Members and extend a very warm welcome to Caroline Fellow Smith who is our newest recruit, replacing Nancy Poole as our co-Regional Director of Southern Ontario.

Nancy Poole, thank you for all of your contributions as co-Regional Director! Thank you for staying on your very important role of Director at Large of Marketing & Membership! I speak for the entire BOD when I say, you do an amazing job!

I would also like to acknowledge and thank the current Executive and Regional Directors:
- President Elect Ramona Hackett
- Treasurer Marianne Kampf, (looking for treasurer elect to be mentored)
- Secretary Lynn Haslam-Larmer (looking for secretary elect to be mentored)
- Metro Toronto Farah Kahn Chowdry/ Nancy Rudyck
- Southern Ontario Marianne Kampf / Caroline Fellow Smith

Advisory Council:
- Medical Advisor: Dr. Michael Parrish
- Professional Nursing Advisor: Lynn Haslam
- Professional Nursing Advisor of Pediatrics: Nancy Rudyk

Thank You for All that you do to positively impact PeriAnesthesia Nursing!

Wishing all of You All the Best for a wonderful, fun and active summer that inspires you and fills you with positive energy that you can bring back to your PeriAnesthesia Nursing Practice!

Sincerely,

Carol
OPANA President
president@opana.org
OPANA is committed to providing leadership opportunities to our Provincial PeriAnesthesia community. We recognize that people lead very busy lives inside and outside of work and we are therefore cognisant of time commitments. Many hands, makes light work! Our goal is to further the goals of OPANA in a collegial and educational manner by sharing our knowledge and resources between each other and members across the province. In order to do this, we need representation from your region! We are eagerly looking for volunteers from the following regions: ☑ Central Ontario, ☐ Western Ontario, ☑ Eastern Ontario, ☐ Northwestern Ontario, ☐ Northeastern Ontario

Please contact info@opana.org for more details

Upcoming Events:
Conference Information

The Ontario PeriAnesthesia Nurses Association (OPANA) conference planning committee invites you to submit abstracts for posters to be presented at their 2015 annual conference.

This year’s theme: Breathing in the Change!

Meet with practitioners from across the province to foster clinical excellence, share latest information and clinical findings in the area of PeriAnesthesia nursing.

ABSTRACT GUIDELINES:

Your abstract should include:
• Presenter name(s), credentials and email address
• Title of poster
• Relevance to PeriAnesthesia Nursing
• Typed single spaced in font size of 12 not to exceed 350 words
• Poster size to be no larger than 4’ X 6’

Deadline for abstract submission: July 31, 2015

Please submit your abstracts via email to Fareah Khan Choudhry at khanf@nathanfill.com

Authors will be notified of the acceptance of their abstracts by August 7, 2015 and confirmation of participation must be received no later than August 21, 2015.
An early reminder from OPANA regarding CNA Certification for 2016. Payment for the next year's exam is usually due sometime in October, and it always comes as a surprise when the fees are due! The exam is usually written in April 2016. Be prepared now, so you can become certified next year!

What can you expect when you become a CNA-certified nurse?

- More job opportunities (some employers list certification as a preferred qualification)
- Career advancement and greater responsibility
- Potential salary differential and/or reimbursement of your certification exam costs
- Formal recognition in the workplace
- University credit toward your nursing degree
- Future opportunities to participate in exam development activities and mentor the next generation of certified nurses while earning continuous learning hours for certification renewal

For more information about the International ICPAN Conference, click here!
We hope that you will join us for our Bi-annual Conference – Inspirations!

This year’s theme is “Breathing Change”. We know that our OPANA group members represent a variety of perianesthetic environments, and as such, have developed a diverse group of talks for you, including:

- Spinal regression (panel)
- Awake craniotomy
- Critical care
- ACLS changes
- Electroconvulsive Therapy (panel)
- Alarm fatigue
- Nursing in Guatemala – a Personal Experience
- Pediatrics behavioural assessment
- Delirium assessment & screening
- Patient navigation

Register now! The first 50 OPANA members to register will receive a $50 gift certificate.

Early bird rates → OPANA members $275, non-members $310. Registration opens August 1, 2015

Further information will be available in our Brochure on the OPANA website www.opana.org
AIRLINE INDUSTRY SAFETY RECORDS have gained the attention of the health care system in recent years, and surgical centers and hospitals are adopting many of the safety protocols used by airline pilots and crew members to maintain passenger safety. Checklists and standardized procedures are being used in health care facilities that mirror the procedures used in the airline industry, with the goals of minimizing errors and maintaining patient safety. Although implementation of such protocols has proven beneficial, these mundane and routine procedures can interfere with the opportunity to “connect” with passengers or postoperative patients. The two stories here (one from the airline industry and one from a PACU nurse) remind us of the joy, gratitude, and meaning we can experience when connecting with our customers and surgical patients amid the often imperative but mundane tasks that must be done every day.

Faye Lane, a flight attendant as well as a wonderful storyteller, told a story on “The Moth” radio program titled “Fireworks from Above,” referring to one of the best things she had seen from a plane—fireworks from above, as the plane flew over. What a magnificent sight! She also told of the horrible things she had seen from the sky, including the twin towers smoking for months and the floods from Katrina. She noted how hard it is to be a flight attendant. People who are flying are nervous. They are often self-centered, worrying only about themselves. People do not see the need or do not want to follow all the rules when flying. And sometimes passengers are rude.

Faye Lane’s Story of Finding Great Meaning in Mundane Tasks

Faye noted how hard it used to be for her to say “Thank you” when people gave her their garbage as she walked up and down the aisle. She also got tired of asking people to put their seat backs up, stow their tray tables, and fasten their seat belts, over, and over, and over. Some passengers do not see the need to follow the rules or just do not want to comply. She told how hard it was to be a flight attendant right after September 11, 2001. Everyone was on edge: the flight crew, the passengers, and the airport staff. She was working on a flight from New York to Los Angeles, when a man got on the plane and proceeded to do many things that irritated her. His carryon was a black garbage bag. “Really?” she thought. A roller bag can be bought for $10. Then he put it in the overhead bin in row 2, and closed the bin, although many more passengers would need to use the bin. She thought, “I bet he isn’t even in Row 2.” Then, he just stood in the aisle, with his hand on the bin, like he was “guarding” it. He was in everyone’s way. Finally, he sat down, in his assigned seat in row 2. All through this, Faye was tempted to talk to him, but she decided not to. She finished getting the flight ready to go, then took her seat in the jump seat facing the man in row 2.

Just after the plane took off, another passenger got up and went into the bathroom before she could say anything. The man in row 2 also stood up, waiting for the bathroom. Faye told him, “The fasten seat belt sign is still on.” She wanted to say, “The turbulence can get bad unexpectedly. We flight attendants get bruises on the bottoms of our feet from walking down the aisles when there is turbulence. One of my colleagues was literally thrown into the air and broke her foot on the ceiling during a totally unexpected jolt of turbulence.” But she did not say those things. Instead, she listened as the passenger said, “I know,
but I have to go to the bathroom really bad, and I just can't sit here anymore.” She decided to say what all flight attendants say. She asked, “So, are you traveling for business or pleasure?” He answered, “Neither. I live in L.A. My son was a first responder in the twin towers on 9/11. He died. I came to get one of his uniforms from his station. It's all I have of him. It's in a plastic bag in the overhead bin.” At that point, Faye knew her job was to make his flight the best she could make it. By making a connection with him, she remembered why she was a flight attendant, and she was grateful for the opportunity to serve. So now, when she says “Thank you” when passengers hand her their garbage, she is really saying, “Thank you, for this job. Thank you for these comfortable shoes. Thank you for the opportunity to fly. Thank you for the chance to ensure people have a safe and enjoyable flight. Thank you for the fireworks from above.”

Being Grateful Prevents Burnout

Faye reminds us of an important lesson. It is impossible to be angry or resentful when we are grateful. One of the best ways to find joy in mundane routine tasks is to be grateful. Faye's story also reminds us that one reason nurses become burned out and leave nursing is because of emotional exhaustion and depersonalization. We too have patients and families who are nervous, self-centered, worrying only about themselves, and sometimes rude, not understanding or not wanting to follow the rules, even though those rules are what make surgery safe. Performing the routine mundane safety tasks every day is what prevents freak occurrences in the PACU—just like the seatbelts on an airline prevent people from flying out of their seats during unexpected turbulence. At the same time, like Faye, when we connect with our patients and are grateful for our opportunity to serve others, we continue to find joy and meaning in the work that keeps us and our patients safe. And like Faye, when we are grateful, we see our own “fireworks from above” as we are present in the moment to witness the miracles of surgery. Surgery may be routine, but PACU nurses see surgeries every day that restore people's sight, relieve pain, remove tumors, and provide relief from many chronic conditions—truly miracles of modern medicine.

Remembering the Patient in Routine Tasks

Like flight attendants, PACU nurses must do mundane tasks every day. Although direct patient care is individualized, much of the time spent as a PACU nurse can become repetitive. Checking code carts, clicking on the boxes in the electronic medical record, administering medications, assessing pain, and noting physician orders are all highly repetitive activities that nurses engage in throughout the day. A recent national survey reported that checklists, logs, and data collection were named by 49% of nurses as the most time consuming of their responsibilities. Although all these activities are necessary for patient safety, often they mimic an assembly line, and it is easy to get distracted by the mundane tasks that make up a “day at work.” It is easy to forget about what the surgical patient, lying on the stretcher or the bed is going through. This may be the first hospitalization for the patient, so fear and anxiety about the unknown are high. Lowe, the editor of the *Journal of Obstetric, Gynecologic, and Neonatal Nursing* recently shared her experience of being emergently admitted for a life-threatening event and noted the importance of nurses being aware of the extreme vulnerability that even knowledgeable people experience when hospitalized. Do we think of these things when we go about our daily routine of PACU nursing? Even the physical position we take in relation to the patient can convey the wrong message. Since the introduction of the electronic medical record, many patients find themselves facing the back of their health care provider while they are being interviewed or data are being placed in the system. Can we really assess or connect with our patient if we physically create a barrier? As Lowe noted, nurses and patients alike end up being the victims of technology. Again, this is a routine part of our day and no harm is intended, but patients may leave with a less than stellar impression of their experience.

What if we took the time to simply connect with each surgical patient? What if we were intentional about listening to our patients and learning their story? Research shows that nurses find meaning when we become involved with our patient's suffering. Faye found great meaning by becoming involved in the suffering of the man in row 2, and he became much more than just another passenger.

Sheri’s Account of Finding Meaning in Mundane Tasks

Sheri (one of the authors) told a story of Adam, a patient that shared his suffering with her as she provided postoperative care. And because of her actions, Adam was not just another patient. Adam was in the PACU after a shoulder arthroscopy. He was drowsy but oriented. As Sheri was passing by his...
stretcher on her way to retrieve pain medicine for her other patient, he casually asked, “Hey, do you mind putting a Foley catheter in me?” His question caught Sheri off guard. Typically, PACU nurses get requests for pain medicine or warm blankets from patients, but not often do we get patient requests for a Foley catheter. Most patients are desperate for Foley catheters to be removed, not inserted! Sheri responded, “Let me talk to your primary nurse and look at your history and physical and I'll let you know.” He got a twinkle in his eye and responded, “Yeah, I know. That's a pretty unusual pick-up line. I'll give you time to think about it.” Sheri smiled to herself and was eager to learn more about this patient's story. Turns out, Adam was a paraplegic. He had a rare and debilitating neurological disorder that affected his spine and rendered his legs useless. Although he had the function of both arms and typically catheterized himself because of a neurogenic bladder, the shoulder immobilizer prevented him from doing so. As Sheri gathered the supplies for the catheterization, she began to ask more questions about him. He lived independently, worked from home, and his primary caregiver was his partner “Bill.” Bill clearly took great care of him as his skin was in excellent condition with no reddened areas or decubitus.

It made Sheri think of the obstacles these two must have faced over the last several years…. navigating through life not only with a major disability but also being gay, which is not always well accepted or honored. And yet, both Adam and Bill were survivors. Adam continued to work, contributing financially to the household, and Bill was Adam's caretaker and advocate. What started out as a simple patient request for a catheter turned into a story that Sheri was privileged to hear. She made a connection with Adam and became involved in his suffering. What started out as a routine day in the PACU ended with the opportunity to connect with a special patient, which proved to be inspiring. It reminded Sheri of the importance of taking the time, every day, to connect with her patients and listen to their stories.

What else can we as PACU nurses do to bring joy to the simple tasks we do every day? When we call the patient by name, accompanied with a smile at eye level, a gentle squeeze of a hand, a simple statement of empathy, an inquiry of “what can I do to make you feel better?”, these actions communicate to our patients a deeper level of caring. Meeting a patient's needs in these seemingly routine ways is not dramatic, but it is the reason nursing exists. When we connect with our patients, relieve their suffering, and contribute to their improvement, we not only improve the quality of our care, we also find meaning and satisfaction in our work, no matter how mundane or routine the task. And, just like Faye, in those moments, we are reminded why we became nurses, and we become grateful for the opportunity to serve.

Acknowledgments
The authors gratefully acknowledge the vision, inspiration, and editorial assistance of Ms. Elizabeth Tornquist, MA, FAAN and the wonderful assistance of Mrs. Dawn Wyrick with this article.

References
Regional Report for GTA: Nancy Rudyk

Wishing everyone a very happy and restful summer!

We are looking forward to meeting you at the OPANA 26th bi-annual Fall Conference Nov 13-14, 2015. The conference is being held at the beautiful White Oaks resort and spa in Niagara on the lake! We have terrific line up of topics and speakers which includes: spinal regression, awake craniotomy, pediatric assessment tool and much more……………………

A question to consider as we move into Fall 2015!

- TOA in PACU – TOA in Day Surgery – how does your unit complete this information?

Also … Would your hospital in the GTA be interested in having an OPANA board member provide an update in perianesthesia practice? Please contact me directly and I will arrange a visit, perhaps during one of your staff meetings.

I look forward to hearing from you and I will post responses in the next newsletter.
Please email: rudykn@smh.ca

Regional Report for Hamilton Niagara Region: Marianne Kampf & Nancy Poole

We are in the midst of one of my favourite seasons of year and a few themes are coming to mind. The flowers are beginning to bloom; green grass for us to see awakens my senses as we enjoy the sunlight and longer days. Themes from our Fall workshop come to mind when each of us on the OPANA Board were asked what leadership within OPANA means to you. The verbs I shared were from Kouzes and Posner at the time: model, inspire, challenge, enable, encourage.

Here is an update since last time.

‘Model’ the way. We will be sharing at our upcoming Fall Inspirations conference the work/findings to date on spinal regression and discharge of patients from PACU with a motor block of 0 and 2 dermatome sensory regression. We will let you know how we did it and how it has improved flow in our unit, decreasing the ever so common phrase, known as bottleneck. From our pilot we will be expanding this model to our CICU unit with our post op orthopedic patients who have had coronary risk identified preoperatively and will be admitted to our level 2 CCU beds for post op monitoring and care. This second phase of our project will launch live in August with the education commencing in July.

‘Inspire’ a shared vision. Our current charge nurse in PACU with another frontline staff nurse are reflecting, researching together and developing new guidelines that outline the expectations, role of the PACU charge nurse, not only on the day shift but also for all other shifts: evenings, nights and weekends to promote consistency in practice and good role modelling. This in turn represents expectations of professionalism/accountability within the role and the development of future leaders within a nurturing environment. Inspiring others to be good leaders.
‘Challenge’ the process. Currently PeriAnesthesia Nursing is recognized as the 20th nursing specialty from CNA, Canadian Nurses Association. We have a certification exam for our specialty alone and I congratulate everyone who has written this exam and challenge those who have not. Learning is a lifetime activity. Do not let yourself be afraid to write or become stagnant, challenge yourself. OPANA will support members financially to write the exam and details are available upon request.

‘Enable’ others to act. We are very excited to share with you our latest recruit who has accepted the position of Hamilton/Niagara Regional Director for OPANA. Her name is Caroline Fellows-Smith. Caroline joined us at our recently held Board of Directors meeting hosted at the RNAO. She inspires me and we are enabling Caroline to bring Diagnostic Imaging nurses to our group to share their concerns and work towards safer practice and best care for patients in those areas. Enclosed is a picture of our new board colleague. Welcome Caroline!

‘Encourage’ the heart. There is goodness in all of us and I encourage you to read this month’s article ‘Finding Joy, Gratitude and Meaning in Routine PACU Tasks.’ The author reminds me why I became a nurse and it will make you reflect too. Let your heart accept the good and encourage that good feeling. You will be amazed what a difference it can make not just for you but for the people you have made a difference to, that is to say, our patients.

Enjoy the remainder of the Spring and have a wonderful summer! Stay tuned and watch for our upcoming Inspirations conference brochure with detailed information program outline on our website. Excitement lies ahead and we look forward to seeing you there at our Fall conference!

Yours in PeriAnesthesia nursing,

Marianne Kampf & Nancy Poole

ONTARIO PERIANESTHESIA NURSES ASSOCIATION

Vision, Mission, Values and Goals

OPANA VISION:
A respected nursing practice that leads high quality patient care throughout the perianesthesia road to recovery.

For more information on OPANA membership Visit www.opana.org
OPANA MISSION:
To recruit and retain high caliber nurse leaders who influence excellence in perianesthesia patient care.

OPANA VALUES:
- Promote respect, positive communication and collaboration among all members of the patient/family/healthcare team
- Value excellence and integrity in all interactions
- Be accountable and ethical in our nursing practice through our actions and decisions
- Commit to excellence in nursing by promoting a culture of lifelong learning that integrates evidence-based practice, research, professional development and competence
- Demonstrate genuine respect for uniqueness and diversity
- Face our challenges through innovation, creativity, shared knowledge and experiences
- Collaborate with inter-professional colleagues to deliver the best quality of care

OPANA GOALS:
- To promote and subsidize research that leads to evidence-based best practices
- To provide venues to share education and learned experiences
- To build a data base of topics that influences perianesthesia nursing practice
- To promote interconnectedness (universal oneness) with perianesthesia nursing associations and related interest groups around the world (e.g. NAPANc, ICPAN, ORNAC, Ambulatory Clinics, Surgical Specialty Groups)

Why Join OPANA?

Being a member promotes:
- ✓ Opportunity to network with peers
- ✓ Pride in having a professional organization
- ✓ Affiliation with NAPAN©, our national association
- ✓ Nursing excellence
- ✓ Advocacy with other qualified perianesthesia nurses

Membership Benefits include:
- ✓ Quarterly newsletters
- ✓ Reduced registration fee at OPANA-sponsored educational events including our bi-annual conference and Annual General Meeting (AGM)
- ✓ Reduced registration for workshops
- ✓ Opportunities for members to apply for financial support for continuing educational activities (conference bursaries)
- ✓ Discounts on NAPANc Standards of Practice
- ✓ Membership in the National Association of PeriAnesthesia Nurses – Canada (NAPANc)
- ✓ Opportunity to vote on important OPANA issues
- ✓ Networking opportunities
- ✓ Access to our on-line forum

Ways to register to become an OPANA member:
- ✓ Use our website: www.opana.org and join online. Cost per membership is $50.
- ✓ Member of RNAO? Add OPANA to your membership.
- ✓ Even better, if you are already a member of RNAO and paying your fees with an employer payee deduction, consider adding OPANA to your membership. It would calculate out to less than $13.00/pay for RNAO & OPANA. No hassle, renewal or fuss!
- ✓ Membership runs from November 1-October 31. Membership is aligned with the RNAO membership dates, as well as the annual OPANA conference. Renew your membership when you register for our conferences. A great reminder!
NEW!!! OPANA is pleased to announce that we are officially endorsing the 2014 Standards for Practice, 3rd Edition prepared by the National Association of PeriAnesthesia Nurses of Canada (NAPANc). To purchase your copy, please contact www.napan.org with your request.
OPANA EXECUTIVE BOARD OF DIRECTORS

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