

THE MONITOR

Summer, 2014 EDITION



**Ontario PeriAnesthesia Nursing Association
(OPANA) is an Affiliated Interest Group of the RNAO**



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President's Address

Sunny Summer Greetings to All of Our Peri Anesthesia colleagues!

Yes, summer is finally here! What a terrific time of year to regenerate with some long awaited sunshine and vacation time, enjoyed with family and friends! I'll be trying out some new recipe's on the kamado grill...if you have any tried and true recipes that you'd like to share please feel free to send them to me in a quick email....I'll be sure to share my favorites before the fall.

Although the members of the OPANA Board of Directors (BOD) will be busy enjoying the summer sunshine, we will also be spending some time planning a workshop for the fall...some details will be available under the "upcoming events" section of the OPANA webpage. Please stay tuned for registration information. This workshop is guaranteed to "Energize" you and get you pumped with ideas for new personal and professional goals; as well as potential fall projects.

I'm interested to know...what have you done this spring to energize your PeriAnesthesia Nursing Practice? I was fortunate to have attended the American Society of PeriAnesthesia Nurses (ASPAN) 33rd National Conference, "Dealing with Challenges, Winning with Power, Practice and Purpose", held in Las Vegas in April! I have to say attending a conference as large as this is inspiring in itself. However, the most insightful thought that crossed my mind while attending different outbreak sessions was "I'm not alone!"

Not only is it comforting knowing ***you have allies***, but to hear of the different approaches that have been taken in an effort to overcome or at least make some issues more bearable. Sometimes the smallest of improvements can be all you need to ***put that extra wind in your sail*** and help you to get past what can seem like an insurmountable road block, which ends up being a speed bump that can eventually ***give you the momentum to carry on and do more great things...***

Don't underestimate the power in numbers...engaging in conversation with people that started out as strangers but end up as friends because of the passion you share...it could be your passion for PeriAnesthesia Nursing!

So Please make sure to join us at our Fall Workshop!!! ***Energize Your Practice... You are not alone... You have professional allies that can put that extra wind in your sail, that gives you the momentum you need to carry on and do more great things in PeriAnesthesia Nursing!***

Until then, please enjoy the summer sunshine and all it has to offer!
Take good care and be safe!

And as always....Thank You!!! For All that you do...for our PeriAnesthesia Patients and Colleagues!

Sincerely,

Carol 😊





ONTARIO PERIANESTHESIA NURSES ASSOCIATION

Congratulations!

**CONGRATULATIONS TO THE FOLLOWING OPANA MEMBERS FOR PASSING THE
INAUGRAL CANADIAN NURSES ASSOCIATION PERIANESTHESIA EXAM!!!**

WE ARE VERY PROUD OF YOU ALL!!!

Mojgan Banisaeed, Mount Sinai Hospital
Shelley Bondy, Leamington Hospital
Christopher Brown, Mount Sinai Hospital
Maria Cancellara, Niagara Health System, St. Catharines Site
Scott Campbell, Royal Victoria Hospital
Susana Carrusca, St Michael's Hospital
Janet Clarke, South Muskoka Memorial
Chris Dassylva, Quinte Healthcare Corp
Carol Duncan, Royal Victoria Hospital
Kathy Eeles, Trillium Health Partners
Paula Ferguson, NAPANc Immediate Past President
Tammy Gallagher, Orillia Soldiers Memorial Hospital
Anna Galloro, William Osler Health System
Janet Grootveld, Royal Victoria Hospital
Lynn Haslam, Sunnybrook Health Science Centre, HOAC
Lori Hewson, The Scarborough Hospital
Mary-Elizabeth Jones, London Health Science Centre
Nancy Knowles, Bluewater Health
Stacey Lauzon, London Health Science Centre
Kate Leto, Trillium Health Partners
Emerita Ligutan, Mount Sinai Hospital
Deborah Moore, Humber River Regional Hospital
Delia Moore Doodram, Toronto Western Hospital
Kelly MacInnis, Royal Victoria Hospital
Lori Ouellette, Royal Victoria Hospital
Maricia Silvera-Batson, Toronto Scarborough Hospital
Erin Staines, Sunnybrook Health Science Centre, HOAC
Karen Winter, Royal Victoria Hospital
Kimberly Yuayuan, Mount Sinai Hospital



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AND HERE'S WHAT YOU HAD TO SAY...

"I must say preparing for the exam produced a lot of anxiety, but I am definitely proud of the accomplishment. The new knowledge that I have gained as well as the 'old' knowledge that I've unearthed are being readily applied in our unit. I share this experience with two other RNs from our unit and can safely say that we would do it all over again we had too. It feels good to know that we are recognized as specialized nurses in the area of perianesthesia care"

"I am very happy, proud (and relieved) to report that I passed the Perianesthesia certification!"

"So glad to have passed! It's something to personally be proud of!"

"I did pass and no one was more surprised than me when I checked the mail box. It was not an easy exam!"

"I wrote the Critical Care CNA exam a few years ago. I've been certified to work in PACU for the past seven years now, and for 34 years in ICU. Each area, while having similarities, are unique unto themselves and that is why I love working in both of these areas. I wanted to challenge myself, and that is why I wrote the Perianesthesia exam this year. It was not easy to study for and it was a difficult exam. I am both relieved, thrilled and honoured to have passed it"

"I feel proud of this accomplishment!"

"I received the best brown envelope in the mail!! It had the certificate in it and I was very happy to know I had passed!"

Mark Your Calendar!



[For more information about this exciting international conference, click here!](#)



ONTARIO PERIANESTHESIA NURSES ASSOCIATION

Featured Article

Perioperative Management of Patients on New Oral Anticoagulants

Lai, A., Davidson, N., Galloway, S. W. and Thachil, J. (2014), Perioperative management of patients on new oral anticoagulants. *Br J Surg*, 101: 742–749. doi: 10.1002/bjs.9485

Correspondence to: Miss A. Lai, Department of General Surgery, Frenchay Hospital, Frenchay Park Road, Bristol BS16 1JE, UK

(e-mail: aida.lai@nbt.nhs.uk)

ABSTRACT

Background

New oral anticoagulants (NOACs) offer an alternative to warfarin for preventing stroke in patients with atrial fibrillation. NOACs are expected to replace warfarin and other vitamin K antagonists for most of their indications in the future. Knowledge of the use of NOACs in the perioperative period is important for optimal care.

Methods

Studies that reported on the use of NOACs were identified, focusing on evidence-based guidance relating to the perioperative period. PubMed was searched for relevant articles published between January 2000 and January 2014.

Results

The anticipated expanded clinical use of NOACs such as rivaroxaban (Xarelto™), apixaban (Eliquis™) and dabigatran (Pradaxa™) has the potential to simplify perioperative anticoagulant management because of fewer drug–drug interactions, rapid onset of action, predictable pharmacokinetics and relatively short half-lives. However, coagulation status cannot be monitored by international normalized ratio and no antidotes are currently available. In elective surgery, it is important to discontinue the use of NOACs, with special consideration of renal function as route of elimination. Guidelines for the management of bleeding complications in patients on NOACs are provided, and may be considered for trauma and emergency surgery. Haemodialysis could be considered for bleeding with use of dabigatran. Better options for reversal of the effects of NOACs when bleeding occurs may follow with novel drugs.

Conclusion

Management of NOACs in elective and emergency conditions requires knowledge of time of last intake of drug, current renal function and the planned procedure in order to assess the overall risk of bleeding. Currently no antidote exists to reverse the effects of these drugs.

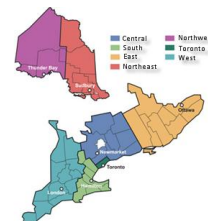
To read entire article click on link below:

[Perioperative management of patients on new oral anticoagulants](#)



ONTARIO PERIANESTHESIA NURSES ASSOCIATION

Ontario Regional Reports



Regional Report for the Greater Toronto Area: Farah Khan Choudry

New Graduate Perianesthesia Nurse Program at Mount Sinai Hospital!

Since 2012, the PACU at Mount Sinai Hospital has successfully implemented an initiative for the integration of new graduate nurses into the specialty of perianesthesia nursing. New nurses are hired through the Ontario Ministry of Health and Long Term Care (MOHLTC) sponsored Health Force Ontario's New Graduate Initiative (NGI), and are sent for training to a college level critical care certificate program. The NGI funding supports extended orientation and training for a total of 7.5 months.

In order to support successful training and integration of the new graduate nurses into the perianesthesia environment, a training plan based on Ontario Perianesthesia Nurses Association (OPANA) standards of practice is used. Upon completion of the 3 month critical care training certificate, the nurses complete an additional 4 months of hands on clinical training in the PACU environment. During this time, the nurses are considered supernumerary, and are paired formally with a mentor, and follow the nurse's schedule for the remainder of the duration of their orientation. Learning assessments and reviews are done on a regular basis, with targeted learning outcomes, with eventual goal of fully transitioning the nurses into full-time, part-time, or casual staff positions.

Outcomes from the initial onset of this initiative include increased staff morale, and stabilization of overtime, sick time, agency costs, and staff turnover.



From left to right:
Mount Sinai Hospital New Graduate
Nurses Wendy Emmett and Emily Park

Update from the Holland Centre – Lynn Haslam

We are integrating the Pain Best Practice Guidelines at the Holland Centre. The Holland has updated the current documentation to integrate these Best Practice Guidelines, in addition to Person Centred Care and a number of other guidelines. At the Holland we are also taking steps to integrate the PeriAnesthesia pathway that the Sunnybrook main campus has been using for the last year.

Update from Sunnybrook Health Sciences Centre – Ramona Hackett

I had the pleasure of attending and presenting at the National PeriAnesthesia Nurses Association Canada which was held in Regina, Saskatoon. I have to say, The PeriAnesthesia Nurses Group of Saskatchewan (PANGS) held an excellent conference and all of the speakers had interesting topics with new information to share. The 2015 National PeriAnesthesia Nurses Association conference will be held next June in Moncton, New Brunswick.

“Trauma Season” has definitely started here at Sunnybrook and our PACU is currently feeling the ICU bed pressures with regular overflow of ICU patients staying in the PACU for extended periods. It is a challenge keeping the OR's running, as well as ensuring adequate and safe staffing numbers, and I am so impressed with the PeriAnesthesia nursing team holding down the Fort. Thanks to everyone!

Wishing you all a safe and relaxing summer!

Ramona

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

Happy summer as we forge forward to nicer weather! It took awhile to get here but the weather has become stellar. My garden is thriving and with that so is my inspiration in PeriAnesthesia nursing. Having attended for the first time the ASPAN (American Society of PeriAnesthesia Nurses) conference in April with two of my OPANA colleagues, Nancy Poole and Carol Deriet, was a wonderful educational event and opportunity to meet others to find out what challenges or successes they have endeavoured. Las Vegas was the venue and what a city – one that never sleeps! However, you have the option to see and do as much as you want or kick back and relax. The ASPAN conference was hosted at the Vegas Hotel formerly known as the Hilton where over 2000 plus nurses attended from all over North America! The amount of work that went into the conference was evident and the topic presentations were top notch.

Some of the newer topics which were of vast interest to me were: Lipid Emulsion Rescue for Local anesthetic toxicity, Women and Heart disease; Past, Present and Future and the exceptional moving opening keynote address entitled “Unapologetically You: Releasing your Greatest Self.” Of course, there were three days of exceptional topics presented by dynamic and bright nursing colleagues from all over the USA and the ones listed are tiny snippets of topics from an action packed conference. Another personal highlight was meeting and listening to Pain Guru Chris Pasero, one of my all time modern heroines, who has so much knowledge in this field. Speaking with nurses from other health care facilities was intriguing to hear what their frustrations were but also how they were moving forward in different initiatives.

We look forward to hosting the OPANA Fall workshop At Hamilton Health Sciences- Juravinski site. Save the Date: November 8th. After summer is always a good time to reconnect in fall with nursing colleagues and be inspired to Energize Your Practice. Rest assured from the great line up of topics that we have in store at the workshop you will walk away with new vigor. OPANA looks forward to seeing you there. Until then, take time to enjoy your summer, be it from the garden, travelling to other destinations or relaxing at the cottage with a good book. It is important to take time for self, family and friends.

Respectfully yours in OPANA nursing,

Marianne Kampf & Nancy Poole



Marianne Kampf, OPANA Treasurer
Carol Deriet, OPANA President
Nancy Poole, Director of Membership



Regional Report for Western Ontario - London/Windsor Region:
Karen Rogers & Shelley Bondy

London and area have been head down in implementing HUGO which consists of computer provider order entry, closed loop medication administration, electronic medication administration record and electronic medication reconciliation. It has been a challenging transition and continues to consume our thoughts as we work to adopt the changes required to transition to a more electronic world and still keep the patient as the focus. Have a wonderful summer everyone!

Karen

NOTES FROM A SOUTH WESTERN RURAL HOSPITAL

(A PeriOperative / PeriAnesthesia Family of 18)



In a rural hospital a process improvement plan (PIP) always seems to move at a turtle pace due lack of man power and budget. As previously reported we are moving forward with streamlining the process for our Endoscopy program. The excitement of the project is improving as the 'Go Live' date approaches and barriers in flow were identified. We have rolled out our goals and are informing staff in bite size information with daily posters- "Fast Facts to Improve Flow".

- Quantity of work is decreased by streamlined documentation – less duplicate charting, MD Reports (an electronic record program). We went from 3 separate double sided forms to a single one fold document. The admission portion of the document is in an SBAR format for ease of hand-off to the procedural nurse. The idea of the document was to create an Endoscopy Story.
- Standardized assessments from admission through discharge, with patient focus, safety and evidence based practices. TIME OUT and DEDRIEFING was added to the procedure. The debrief includes an anesthesia assessment for the potential to fast track to day surgery utilizing the modified Aldrete score.
- Quality patient experience. Patients prep times were decreased from 120 minutes to 90 minutes, with plans to decrease further to 60 minutes after re-evaluation. The patient's admit area was moved to a more private location.

As with any PIP, the success is dependent on the re-evaluation. We have conducted time studies of each step in the process for this purpose and will review staff feedback and patient satisfaction surveys. I will continue to keep you updated in future editions of The Monitor.

I often refer to my colleagues as my hospital family. As a boastful sister, let me tell you of achievements with in our unit as we garnered an award, a degree and CNA certification success.

Our patients will be provided with a little extra special care from our 43 year veteran, Eva Lewis RPN. Known in our community on a first name basis, Eva was awarded the Lois A. Fairley Nurse of the Year Community Service Award. She was one of 28 possible nominees of this RNAO Windsor / Essex Chapter. Read more about Eva at:

<http://blogs.windsorstar.com/2014/04/23/leamington-hospital-nurse-eva-lewis-wins-award/>

Iwona Bilski RN successfully completed her Bachelor of Science in Nursing while juggling life- a full-time job and family (new baby, pre-teen and teenager included).

CNA certifications were awarded to 2 nurses, Therese Keefe RN CPN(C) and I, Shelley Bondy RN PANC(C).

There has been an atmosphere of pride that encourages others to 'Care to be the Best'. The achievements of these nurses emphasize our hospital mission statement "Quality Care Close to Home."

Should you desire to provide me with suggestions or feedback for our PIP or any other matter, I can be reached at bondyopana@gmail.com

Have a great summer!

Shelley

Regional Report for Dentistry & Free Standing Clinics: Cher Jackson & Susie Oxenham

To start the June report there are no new updates from the Royal College of Dental Surgeons of Ontario (RCDSO).

The dental anaesthesia forms presented at the last OPANA conference 2013 are to be sent to the RCDSO for comments and with hopes that the RCDSO will implement them as a standard in all dental offices.

A report from Out-of Hospital states that, the second cycle of program assessments will begin in June 2015. The assessments occur on a five year cycle, so that is fast approaching.

A particular form of general sedation in Dentistry and Free-standing Clinics is gaining traction and becoming more popular. It is infusion sedation after induction and intubation, with namely, Propofol and Remifentanyl by infusion pump. Results, from an advantage prospective, from this form of sedation, are noted as patients being: more hemodynamically stable, definitely experiencing less signs and symptoms of emergence delirium (a slightly longer emergence time though), not a trigger for malignant hyperthermia, considered for any age, less environmental gas pollution, and cost effective. Nursing awareness for standard with regards to use of Propofol (sedative/hypnotic) and Remifentanyl (opioid/analgesic) infusion should be employed.

Regional Report for Paediatrics: Nancy Rudyk

Wishing everyone a very happy summer!

As a regional representative my goal is to connect OPANA members and support the interest in pediatric perianesthesia care. I have recently begun a new role as the clinical educator in the PACU, Preadmission and Day Surgery Unit at St. Michael's Hospital. There are common issues that we share in our Perioperative / Perianesthesia units which include: the development of effective preoperative programs, completion of medication reconciliation and the transfer of patient information (TOA) between the various patient areas in the perioperative programs. As we continue to develop perianesthesia nursing practice, the focus must continue on the safe delivery of patient centred care.

PACU Nurses who recently completed their CNA certification In Perianesthesia Nursing at St. Michael's: Andrea Richards, Kirsty MacQueen and Deborah Moore.
Congratulations to all!!!!

WANTED

**OPANA is currently recruiting
PeriAnesthesia Nurses for the
following positions:**

- **Regional Director for North Western Ontario-
Thunderbay/Sault Ste. Marie Region**
- **Regional Director for North Eastern Ontario-
Sudbury/North Bay Region:**
- **Regional Director for Eastern Ontario-
Ottawa/Kingston/Peterborough**

**Contact: info@opana.org for
more information**



ONTARIO PERIANESTHESIA NURSES ASSOCIATION

OPANA'S MISSION STATEMENT

- To promote standards of PeriAnesthesia nursing practice which will improve care and promote safety for practitioners and patients
- To establish and promote educational programs which will contribute to the above.
- To provide a forum for the presentation and discussion of all matters relating to the practice of PeriAnesthesia nursing.
- To establish cooperation and liaison with all groups, associations, institutions, or bodies in matters affecting the objective of the association; and
- To further the public's awareness of the role of the PeriAnesthesia practitioner as a vital member of the Health Care Community.

Why Join OPANA?

...because 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

For more information on
OPANA membership
Visit www.opana.org

Membership Benefits include:

- ✓ Quarterly newsletters
- ✓ Reduced registration fee at OPANA-sponsored educational events including our annual conference and Annual General Meeting (AGM)
- ✓ Opportunities for members to apply for financial support for continuing educational activities (conference bursaries)
- ✓ Discounts on OPANA 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 the conference. A great reminder!





ONTARIO PERIANESTHESIA NURSES ASSOCIATION

OPANA STANDARDS OF PRACTICE, 6TH EDITION, 2009 CONTENTS:

- OPANA Mission Statement, Vision and Goals, Scope of Practice for PeriAnesthesia Nursing

ADMINISTRATIVE STANDARDS

- Environment and Equipment
- Staffing
- Orientation and Education
- Documentation
- Continuous Quality Improvement

CLINICAL PRACTICE STANDARDS

- Care of Patients Receiving General Anesthetics, Regional Anesthetics, Analgesics, Muscle Relaxants and Sedative Agents
- Airway Management
- Patient Comfort Related to Pain or Postoperative Nausea and Vomiting
- Management of Thermoregulation
- Assessment, Monitoring and Interventions of the PeriAnesthesia Patient in All Areas of PeriAnesthesia Patient Care
- Transfer of Care and Accountability in all Phases of the PeriAnesthesia Environment

RESOURCES

- PreOperative Screening in the PreOperative Phase or PreAdmission Unit
- Telepractice in the PreOperative Phase or PreAdmission Unit
- Recommended Staffing Guidelines and Patient Classification
- Care and Screening of the Patient with Obstructive Sleep Apnea
- Care of the Patient with Malignant Hyperthermia
- Management of Patients with Latex Allergies
- Guidelines for Visitors in All Phases of the PeriAnesthesia Environment
- Patient Safety Measures in All Phases of the PeriAnesthesia Environment
- Emergence Delirium
- Pain Management in PeriAnesthesia Nursing
- Infection Prevention and Control
- Discharge Criteria from All Phases of PostAnesthesia Recovery
- Managing Patient Process Flow through the PACU (Avoiding Delays in the OR)

POSITION STATEMENTS

- Minimum Staffing in All PostAnesthetic Phases of Recovery
- Role of the Nurse Practitioner in Anesthesia in All Phases of PeriAnesthesia Environments
- Roles of the RN and RPN in the PeriAnesthesia Setting
- Phase I Recovery as a Critical Care Unit
- Unregulated (Health) Care Providers in PeriAnesthesia Settings
- Do Not Resuscitate in the PeriAnesthesia Environment
- Fast Tracking of the Post Anesthetic Patient to Bypass Phase I Recovery
- Role of the Anesthesia Assistant in the PeriAnesthesia Environment

**To order your copy of OPANA standards, please go to
WWW.OPANA.ORG and order via credit card through our safe site**



ONTARIO PERIANESTHESIA NURSES ASSOCIATION

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