

The Monitor

January 2016



Registered Nurses'
Association of Ontario
L'Association des
infirmières et infirmiers
autorisés de l'Ontario

**OPANA is an Affiliated
Interest Group of the RNAO**

Happy Perianesthesia Nurses Week! *February 1-7, 2016*

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Thank you!

Contact OPANA today: www.opana.org

President's Address



OPANA President's Message, January 2016

Hello Everyone!

HAPPY PERI ANESTHESIA NURSES WEEK 2016!

What are you and your colleagues doing to celebrate your nursing specialty?
We'd love to know and share your celebrations in our next edition of The Monitor!

What is OPANA doing to celebrate?

We would like to offer the opportunity for you to **win a free registration to the National Conference** being held in our favorite city, Toronto, November 2016!!!

Please submit your pictures and share what your PeriAnesthesia Nursing Week Celebrations, February 1 to 5, 2016 ...and you could be the lucky winner!!!

Winner to be announced on the OPANA website May 1, 2016!
Submissions accepted until February 25, 2016 and will be shared on the OPANA website.

Just like a fresh blanket of snow the New Year is off to a fresh start for OPANA!
We have many new faces around the OPANA Board of Directors table!

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I can't wait to share their new ideas! I'm sure together, we are going to make 2016 the best ever, for PeriAnesthesia Nursing in Ontario!!!

I hope you enjoy the pictures taken at last November's conference, Breathing Changes. We have included some of them in this newsletter with more posted on the OPANA website. The conference was very successful! A summary of the feedback we received can also be found on this newsletter. The biggest success at the conference was the recruitment of new members to our Board of Directors...

Ladies and Gentlemen, I am very happy to present to you, the OPANA Board of Directors for 2016!!!

Executive:

President: *Carol Deriet*

President Elect: *Ramona Hackett*

Treasurer: *Marianne Kampf*

Treasurer Elect: *Nancy Poole*

Secretary: *Lynn Haslam-Larmer*

Regional Directors:

General Toronto Area - *Linda Marshal-Masson and Sherry France*

Southern Ontario – *Marianne Kampf and Caroline Fellows-Smith*

Central Ontario (Georgian Bay Area) *Vacant*

Western Ontario (London Area) *Nancy Rudyk*

Eastern Ontario (Ottawa Area) *Katie Poser and Morag Mercer*

Northwest Ontario (Greater Sudbury, Sault Ste. Marie Area) *Farah Khan Choudry*

Northeast Ontario (Thunder Bay Area) *Vacant*

Directors at Large:

Dentistry and Free Standing Clinics (*at large*) *Vacant*

Director of Educational Resources: *Lynn Haslam & Katherine Poser*

Director of Communications and Newsletter: *Nelisha Bhaloo & Nicci Chow*

Director of Membership: *Nancy Poole & Jurist Rosales-Tran & Arlene Bernardino*

Director of Website: *Carol Deriet & Dhyvia Eapen*

Director of Student Recruitment: *Hannah Skinner*

We are very fortunate to have such a diverse team, with great skills, qualities, dedication and passion...

the OPANA BOD and Membership will ensure that OPANA will shine brighter than ever before in 2016!

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Thank you for joining us and making this happen!!!

If you are looking for the opportunity to contribute and/or share how you will positively impact PeriAnesthesia Nursing in 2016, please email me at president@opana.org. All of your contributions will be recognized and appreciated. You will be rewarded in so many ways!

With sincere thanks, I wish All the Best that 2016 has to offer to you!

Sincerely

Carol

OPANA President

president@opana.org



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NATIONAL ASSOCIATION OF PERIANESTHESIA NURSES CANADA PRESIDENT'S REPORT:

January 17, 2016

Dear Colleagues

As we prepare to celebrate PeriAnesthesia Nurse's Week February 1-7, 2016 let us be mindful of who we are and our contributions to our professions, community and society.

As you are well aware our speciality is a very diverse group consisting of nurses from Day Surgery, PreAdmission, Dental Clinics, Endoscopy and Post Anesthetic Care Units. There are two kinds of people in this world, the givers and the takers. I believe that nurses definitely fit in the giver category.

To our community we have given families that we have taught to be loving, caring and sacrificial for others.

To society and nursing we have given ourselves through the attention and energy to expand our knowledge and become nurses. We endured rigorous studies to reach that first milestone, the "nursing license". That was only the beginning, from there we moved into our specialty PeriAnesthesia Nursing. Those who have attained their CNA PeriAnesthesia Certification once again completed many additional hours of study. Some of us have remained as direct care givers in PreAdmission, Day Surgery and PostAnesthesia Care Units, while others have taken positions as educators or nurse managers. No one position is more important than the other. We all need and compliment the work of each other.

As time passes some of the enchantment and excitement has grown thin. This is precipitated by staffing cuts, unregulated workers, decrease in resources and the demand to do more with less. As a result we skip lunch, forget to drink and keep ourselves hydrated and sometimes even put off going to the bathroom. Once again we have set ourselves aside for the benefit of others.

Deep down we still carry a passion for PeriAnesthesia nursing and continue to demonstrate our endless dedication to the patient and our profession. I am very thankful for each of you and what you contribute to PeriAnesthesia nursing. The hours of study to keep current, nightshifts, the tears when it doesn't turn out the way we think it should.

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As we celebrate PeriAnesthesia Nurses Week be proud of yourself and what you bring to our specialty.

For the next fifty one weeks may we continue to celebrate each other! May our caring and giving continue as we awaken each morning and know that we are making a difference!

I am very proud, but humbled to be a member of such amazing group of "PeriAnesthesia Nurses".

Let us remember to always give ourselves and each other gratitude and respect. My thanks to you all for your contributions to our specialty and thanks be to God for each of you.

Sincerely
Laura McNulty RN, PANC(c)

President National Association PeriAnesthesia Nurses of Canada (NAPANc) 2014-

Update on the 2016 PeriAnesthesia Nurses Certification Exam:

CANADIAN
NURSES
ASSOCIATION



ASSOCIATION DES
INFIRMIÈRES ET
INFIRMIERS DU CANADA

CNA is working with a testing company, Assessment Strategies Inc. (ASI), to begin delivering the 20 certification specialty examinations as computer-based tests. The certification application and eligibility processes will be entirely online starting in 2016.

Important timelines:

- CNA and ASI will collaborate over the next few months on making the transition from paper- to computer-based exams.
- Applications/renewals will not take place this fall. We expect the online application process to open in late winter/early spring and will provide specific dates once they are confirmed.
- The first computer-based exams will take place in fall 2016. Eligible candidates will be able to write their certification exam between September 19 and October 7, 2016.

OPANA'S VISION, MISSION AND VALUES

Vision:

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

Mission:

To recruit and retain high caliber nurse leaders who influence excellence in perianesthesia patient care

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

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)

NEW MEMBERS TO THE OPANA BOARD OF DIRECTORS

Director of Website: Dhivya Eapen

My name is Dhivya Eapen and I am a PACU RN. My perianesthesia journey started at Mount Sinai Hospital four years ago when I joined the PACU team as a new graduate and I have continued to grow, learn and expand my practice area. In my new role with OPANA, I aspire to support our nursing specialty and professional organization to access shared knowledge and communication of ideas that influence positive change in practice. OPANA is an excellent forum to network with peers, be inspired and to encourage one another, especially when advocating for best practices.

Regional Director for Southern Ontario: Caroline Fellows-Smith:

As a new Board of Director member, it has been an extremely busy fall season, that was highlighted by my first OPANA conference, representing Diagnostic Imaging at “Breathing Change”. It was an amazing experience that was especially rewarding since I had the privilege of presenting a poster representing the hard work and dedication of some of the DI Nursing staff on : **Uterine Fibroid Embolization** . I was able to exhibit the newly developed order set specifically created by DI Nursing staff at MUMC (Deb Pinto RN, Carolyn Kippers RN, Joyce Alexander RN) for UFE’s and the current pain management plan of PCA (these patients previously were managed with epidurals). Nursing Staff in collaboration with Anesthesia: Dr Bruno Borges, Interventional Radiologist Dr Mehran Midia, and Senior MRT for IR at MUMC Charles Meli helped based on current evidence , new pain and improved pain management for our UFE patients! The response from fellow conference participants was amazing, as I was able to expand on , and in some cases it was a new knowledge and enlightening as to the nature and how the procedure is performed. My sites are already on next years National OPANA conference in Toronto. I am planning and have asked the assistance of one of Interventional Radiologists , so stay tuned!

Director of Communications & Newsletter: Nicci Chow:

Hello everyone, my name is Nicci Chow, I have recently become the Co-Director of Communications within OPANA. I have felt fortunate to become part of such a diverse and dynamic team who are passionate about Nursing and its future. Since 2001, I have had opportunities as a Staff Nurse to provide care in such areas as Med-Surg, Cardiovascular ICU, Critical Care ICU and presently in the PACU at Sunnybrook Health Sciences Centre. As well, I am a unit representative for the PACU in the Nursing Council at Sunnybrook. I look forward to sharing knowledge and expanding experiences

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within OPANA, I am excited to meet the challenges ahead for 2016 and I look forward to hearing from you!

Director of Communications & Newsletter: Nelisha Bhaloo:

As a new OPANA Board of Directors member, I am thrilled and honored to be working closely with a strong group of passionate Peri-Anesthesia nurses. I started my Nursing career in 2008 as a new graduate on the Acute Care Nursing Resource Team. In 2010, I completed the ICU certification course and worked on the Critical Care Nursing Resource Team. It was then I became interested in Peri-anesthesia Nursing and started my journey as a Peri-anesthesia Nurse. For the past two years, I have been the team leader of the recovery room at Sunnybrook Health Sciences Centre. I hope to build on my passion for education, quality improvement & patient safety within the peri-operative area. I look forward to networking with colleagues, advocating for best practice within peri-anesthesia and having fun! Looking forward to work with you all!

UPCOMING CONFERENCES:



The Patient Experience in Ambulatory Care: Striving for Excellence

Toronto Westin Prince Hotel: May 12th-13th, 2016

For more information:

<http://www.canadianambulatorycare.com/2016-conference1.html>

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2015 Inspirations Conference: Breathing Change

On the following few pages we have included a few photographs from the conference, as well as valued general comments from Day 1 and Day 2. Please know that the conference committee does take this information into account, and review the comments prior to our next conference.



Carol Deriet



Nancy Poole



Nicci Chow & Nelisha Bhaloo



Caroline Fellows-Smith

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General Comments |

#	Response
1.	we sent patients out with 2 dermatones of regression have all ortho epimorph; no neuro at our hospital
2.	informative and relevant to clinical practice, ACLS accronyms innovative and useful ie: vomit/mona
3.	topics on MH, staffing modules (RPN in the PACU) role of charge/resource nurse. Staff/pt rations, # of bays to recover vs amt of rooms, discharging from Phase I, oxygen toxicity the over use of oxygen
4.	Fabulous! Can AGM be in separate meeting room over lunch? Due to noise/interruption or during breakfast before start of conference?
5.	great day-thanks for all your hard work!
6.	No AGM etc during lunch-not very peaceful or restfull
7.	Great presentations and enjoyed silet auction, meet and greet. Thought the General meetig could have been at the end of lunch. Thank you!!!
8.	ECT-Dr. Morningstar and Sherry France were knowledgeable and engaging. Case Study questions and concerns re: consent not addressed/answered
9.	Nicely done! Good catering! Maybe bonfire not necessary....and did not have appropriate attire to attend anyway.
10.	Breakfast and lunch were amazing. So much food! Room was bright and warm good location. great work
11.	Tables introducing where they work/hospital etc. enjoyed the fact that there was a volunteer
12.	Potential Topics: Ongoing and increasing dilemmas about patients begin discharged after a day surgery procedure who is going home without adequate support services in place
13.	good food, great facility
14.	frustrating that the topics of critical care skills and horizontal violence were changed. Although I don't attend conference for "the bag" I must say that I feel money was wasted on these. Mouse pads are obsolete now and most people no longer use bookmarks.
15.	Pros: thought conference wel organized and engaging-refreshing. Food and place of stay excellent. Venue was amazing the littel details water mints then paper at tables. CONS: bonfire, should have been complimentary and inclusive "Free" Lunch and AGM should not have been had @ same room "no down time" quite time flower bouquets @ front pranel obstructed view of speakers
16.	1. the OPANA meeting during lunch hour should have been done at the end 2. the food selection was excellent 3. the podicum is too high for some presenters 4. bonfire good idea but \$10 fee is too much

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General Comments

#	Response
1.	Swag bag was poor. No need for sue of a mouse pad or bookmark with todays technology. Would be more engagin if speakers tood at podium rather than on the floor (hard to see them from back). some talkswer focused on other things than what the title indicated (Horizontal violence & critical care skills)
2.	Jana Bartley: even though this is not relevant to my nursin practice, it is good to know that there are resources/options available for patients (who can be our family members)
3.	Delirium screening: need to talk more about short term dlirium in PACU setting, not ICU. Jana Bartley: not relevant to PACU practice: Food=great choices!
4.	delegate name badges would have been helpful
5.	name tags would have been helpful
6.	Behavioural Assessment Tool: Some repetition
7.	Fabulous! Thank you it was great!
8.	Jana Bartley: not related to PACU. the food was sometimes not warm enough

9.	Behavioural Assessment-Brilliant!, best site in 14years I have been attending.
10.	overall was a good conference, maybe OSA protocols?
11.	Beautiful venue but quite expensive for many. would be nice if in future attendess would be given copies of "tools" that speakers use to bring back to our facilities. Also, I found it unfortunate that it ws \$10 to attend the bonfire and smores as I know many found this quite expensive
12.	Too many extras to pay for-Bonfire. A wine tou would have been a reat activity with the the conference day Saturday. Lunch should have been without AGM OPANA business
13.	slightly chilly. Great job by the team. Conference starts a little early.
14.	Teh venue was reat. Place is spacious good lighting and good ventilation. unlimited coffeee/???? excellednt. Accessible to hwy and shopping centres (Plus) well organized but needs more time for Q&A
15.	Good range of topics to covery many levels of Perioperative Care. Not all topics were directly related to my practice but I was able to learn something new and informative from each session.
16.	This venue was amazing. Spa---fantastic, nice treat. Great food, friendly staff, overall an amazing experience. As far as speakers-hearing from MDs is fine but I think the nursing prespective is more appropriate. Suggestions: regional anesthesia, SDC D/C planning

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17.	Great venue! Great food! Pleasant staff at hotel and OPANA Organization Committee
18.	would have liked to have wine tour organized for Saturday night
19.	alarm fatigue very helpful and informative and pertinent to PACU environment
20.	Amazing conference! my first and not my last! Food and stay was excellent. Wish the bonfire was free.
21.	the location was fantastic! ? Ottawa would be lovely too! Enjoy the stie surrrounding the hotel. Nice to have conference in an area where there are other things to do
22.	more case studies is most informative. encourage interactive discussions from audience. next suggested topics OSA-sleep apnea in PACU
23.	conference was well organized. Amazing food and service. location and accomdations were perfect. i'm looking forwad to attending the next OPANA conference
24.	would have enjoyed more protein at lunch. eg: chicken instead of lots of carbs.
25.	Behavioural assessment: not a huge peads population that comes through my PACU, Delirium screening: emergent delirium more relevant; Patient navigation-good informtaion to have if needed. Likes the door prizes and 50/50. the delirium talk-relevant to ICU and CVICU and ward patients, did not address PACU issue: "emergent delirium" more relevant
26.	overall I enjoyed the conference. Certain topics were too in depth, for example int eh L&D presentation, the speaker explaining how to mix certain drips etc. seems like a small detail but with so many speakers, we become inundated with information. I found the hotel to be comfortable. Food was okay, a little chilly for me in the room we used
27.	name tages for all, use a 3-5 minute buzzer or sign for presenters so they know their time is

Overall, the 2015 OPANA Inspirations conference was a great success! This is the first time we have provided transparency on the comments received from attendees and hope that you find these comments as interesting and helpful as the conference committee does. There is a lot of work that goes on behind the scenes and we strive to provide a variety of presentations of interest for the wide variety of members we have. We are grateful to all of our speakers who volunteer their time to provide information on their expertise and are willing to share their experiences. As our next conference planning starts, OPANA would like to extend an invitation to our members to provide future ideas on speakers or presentations. The National conference will be held in Toronto in November 2016. Please don't be shy...send your ideas to info@opana.com

Scholarly Work

A new difficult airway management algorithm based upon the El Ganzouri Risk Index and GlideScope® videolaryngoscope. A new look for intubation?

D. CALDIROLI, P. CORTELLAZZI

Department of Neuroanesthesia and Intensive Care, Neurologic Institute Carlo Besta, Milan, Italy

ABSTRACT

Background

An El Ganzouri risk index test (EGRI) score of seven and the ability to achieve difficult laryngeal exposure with the GlideScope® may represent a highly predictive decisional threshold. Hence, we hypothesized that a new difficult airways algorithm that is EGRI- and GlideScope®-based may enable tracheal intubation in every patient.

Methods

Thirteen staff practitioners trained in videolaryngoscopic intubation followed the algorithm from 2008 through 2010. Elective and emergency neurosurgical patients assessed as having an EGRI score of seven and higher underwent flexible fiberoptic bronchoscopy (FFB) intubation while conscious. Those with a score of six and lower were intubated with the GlideScope®, excluding patients with morbid obesity or pharyngo-laryngeal or neck tumors. A decision to perform alternative procedures, difficult laryngeal exposure [Cormack and Lehane (CL) grades III-IV], difficult ventilation and failure to intubate were recorded.

Results

The decisional rule was applied in 6,276 patients and resulted in six FFB intubations in conscious patients. The overall incidence of CL grade III-IV views was 0.2%. Difficult videolaryngoscopy was found in 14 patients (0.14%) with a score of 6 and lower. Post-hoc examinations of FFB intubations revealed five difficult laryngeal exposures. The positive predictive value was 85.7%, while the negative predictive value was 99.9%. The incidence of difficult ventilation and difficult laryngeal exposure was 0.03%. Two patients with neck tumors were assigned to alternative procedures.

Conclusion

Adherence to the decisional process of the algorithm and to GlideScope® videolaryngoscopy achieved successful tracheal intubation in our cohort of

<https://www.youtube.com/watch?v=7jb2tbqQ6VQ>

Regional Reports

Hamilton-Niagara:

Happy New Year to all,

As we come away from the superb 2015 Inspirations conference hosted in November and holidays it is a time to reflect once again. My direction this time takes me to asking you about your practice in your organization regarding epidural pumps and current practice. I sent out a query regarding this and found that there were mixed results making me think, why?

Currently, we use the CADD Solis pump for continuous epidural infusions for our patients and we currently: do NOT clear our pumps at the end of a shift and we do keep an accumulative running total. I will attach our findings to date. The next question is why does the practice vary? Is it evidence based, historical in nature or no reason is known. I encourage you to please send me your response as to what you do at your hospital if it is not listed in my findings. This is how we can start to standardize practice by asking what and why.

On another note we have started to work smarter and have developed a dedicated PACU education day for new hires where we include all the PACU units at Hamilton health Sciences instead of working in silo. It has been well received and has provided staff with up to date content and allowed us to understand better each other's surgical population to where they are aligned in site.

Another exciting venture as been personal where I have been developing study guide questions for the competencies related to the PeriAnesthesia CNA exam and will also be a reviewer. I so encourage you to register for this exam. You would be surprised by how much you know and how much you will be surprised by what you did not know, all soaking it in for professional development. I would be happy to support a study group for anyone interested in our region for the coming 2016 writing in April.

Respectfully submitted by,

Marianne Kampf & Caroline Fellow-Smith

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Health & Wellness



Roasted Butternut Squash Soup

Serves 6 to 8

Prep time: 10 mins

Cook time: 45 mins

Ingredients:

- 1 Large Butternut Squash, peeled, seeded and cut into large chunks
- 1 Large Yellow Onion
- 2 Carrots, peeled and cut into large chunks
- 3 Stalks of Celery, cut into large chunks
- 6 Cloves of Garlic, peeled but not chopped
- 8 or so Leaves of Fresh Sage
- 3 to 4 Tbsp of Olive Oil
- Salt and Pepper, to taste
- 2 tsp of Chili Powder
- 4 cups (or a bit more) of Vegetable Stock
- Goat Cheese for serving (optional)
- A Few Dashes of Hot Sauce

Process:

Preheat your oven to 375 degrees. On a large baking sheet, toss together the butternut squash, carrots, celery, onion, garlic, sage, oil, salt, pepper and chili powder. Roast the veggies for about 45 minutes to an hour or until tender. Puree the veggies with a splash of stock in a blender. Add your pureed mixture to a saucepan, add enough stock to get your desired consistency (this soup should be slightly on the thicker side) let it simmer for about 5 to 6 minutes. Ladle into a bowl and serve with a slice of goat cheese on top and a few dashes of hot sauce if you like a bit of heat.

Nursing Word Search

R M I J D T C Q M A E E P E G C H M Y K
D A U C L R E D A T S V G W Y O F E E T
T H E R M O M E T E R S Q A S H U R T I
N K A J V F G V E I C X I P D S R C S N
M E M Y X M C A R I N G I S T N Z Y U B
L G E Y O O Z P N Z G T Q R T L A R B H
X Z Z D L C C O I W A H O K M A S B E N
N V V L L I W O T L Y P C H P E N J J Y
M D Y Z J E Z F Y U E E C Q R K Y C L J
E N I C I D E M B R U T F Q E T D O E T

assistance

bandage

caring

comfort

hospital

maternity



medicine

mercy

needle

nurse

reports

thermometer



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Why Join OPANA?

Being a member promotes:

- ✓ Opportunity to network with peers
- ✓ Pride in having a professional organization
- ✓ Affiliation with NAPANc, 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!

For more information on OPANA membership

Visit www.opana.org