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**OPANA membership
Thank you!**

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www.opana.org**

OPANA President Report

Dear OPANA members,

I have just returned from beautiful Vancouver, British Columbia where the National Association of PeriAnesthesia Nurses of Canada held their 15th annual conference. Approximately 90 delegates attended, of those, 20 OPANA members were able to attend! It was wonderful being able to introduce myself and to discover the enthusiasm that lies amongst Ontario PeriAnesthesia nurses! It also made me realize, once again, how similar our issues are whether we are working at large, urban, multi-site centers or rural community hospitals.

I would like to share with you that Ontario has the largest membership of all the provinces when it comes to PeriAnesthesia nurses! Our current membership is at 260 nurses and we make up one third of the NAPANc membership. A reminder that if you are an OPANA member, you are also automatically a national member-something to include on your resume! I would like to take a moment to recognize all OPANA members for your continued support of your specialty nursing association. It is truly an honour for our association to represent PeriAnesthesia nursing at a provincial, regional and international level!

The 15th Annual National Association of PeriAnesthesia Nurses of Canada conference was a success! The speaker topics were fascinating and included topics such as Advance Care Planning in PeriAnesthesia, Pain & Addiction Management, The Vancouver Fentanyl Crisis, Gender Affirming Approaches for Transgender Clients, Red Cross work in South Sudan and Bullying in the Workplace, amongst others. The overall feedback was that this was a very informative conference with loads of information to bring back to our workplaces. It is always enlightening to learn from people from other professions, or nurses from other specialties to discover how we can do our own work better. I have walked away from this conference feeling re-energized and even more passionate about PeriAnesthesia nursing!



On the home front, OPANA is starting work on providing a PeriAnesthesia Workshop late September. This will be a one day workshop, designed to review PeriAnesthesia core competencies and inspire nurses to attain their CNA certification in PeriAnesthesia. Stay tuned for more information regarding registration and location. A friendly reminder that registration for the November CNA exam is now open <https://www.cna-aiic.ca/en/certification> The summer season is upon us, and I am hopeful each of you will be able to take some well-deserved time away from your hectic jobs to rejuvenate in the sunshine! Enjoy the weather and all the good times the summer has to offer! Wishing you good conversations, great company, and many memory-making moments! Be safe~

Warm regards,

Ramona



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)

President: *Ramona Hackett*
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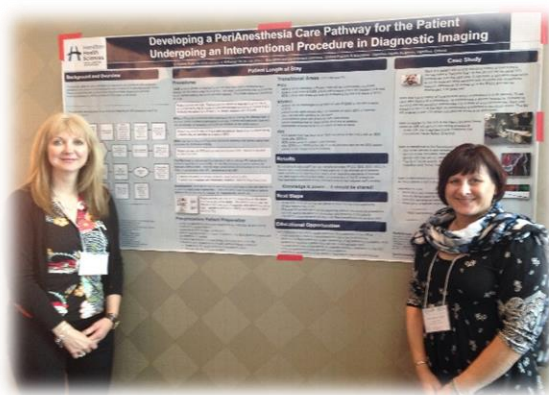
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Southern Ontario - Hamilton Niagara Regional Report: Marianne Kampf

Hello to all in the region as this past week we officially welcomed summer and solstice with the longest day of daylight hours. Embracing this news I am with open arms as many of us like to bask in the warmth of sunshine and longer days outside. I am still reeling with excitement having just returned from attending the NAPANc conference in Vancouver from June 9-11th.

Hats off to all the members of the conference planning committee who embraced the theme of celebrating Canada's 150th birthday with an array of very interesting and important topics. It was wonderful to meet, share and talk to so many PeriAnesthesia nurses from across the country with all provinces represented. It is such a great feeling. Topics were engaging from Caring for a women post childbirth to the very worrisome and real crisis on Carfentanyl to opening my eyes and ears about Transgender people and implications it can have in our practice where we can really make a difference.

I was so very fortunate to attend the conference with 5 other OPANA BOD members. My HHS work and OPANA colleague Caroline and I worked right up until the day we left for the conference on a poster. We presented our poster on an important topic entitled: Developing a PeriAnesthesia Care Pathway for the Patient undergoing an Interventional Procedure in Diagnostic IMAGING. We both discovered very quickly that this was a hot topic across the country and are willing to share our work to date.



I am also planning to share what I learned at the national conference with my PeriAnesthesia colleagues and staff and I encourage everyone to attend a PeriAnesthesia Conference. Truly every time I go, I learn, validate my practice to continue to improve in the care we provide, ignite my passion and feel reinvigorated supporting the Standards of Practice for this nursing specialty. Have a great summer and I encourage you to ask a colleague to join OPANA and tell them they will be glad they did. I have never looked back but only forward and with a smile of pride on my face and in my heart always.

Respectfully yours in PeriAnesthesia Nursing,
Marianne Kampf
Kampf@hhsc.ca



General Toronto Area: Sherry France & Linda Marshall-Masson

Trillium health partners recently sponsored 12 staff members to attend the Annual national conference of the NAPAN(c) that was held in Vancouver British Columbia June 9-11, 2017. The staff reported that it was a very enjoyable conference where they had ample opportunities to network with other PeriAnesthesia nurse, enjoy beautiful British Columbia and gain valuable knowledge that will directly impact their nursing practice.

In fact, a great deal of post-conference discussion among the participants was centered on a talk that was presented by our own OPANA President Ramona Hackett. Ramona's talk about *Advanced Care Planning in the Peri-anesthesia Environment* was quite a success. Great work Ramona! It must be wonderful to know that your talk had such impact to affect patient care all across Canada.

Credit Valley site at Trillium Health Partners is currently undergoing major construction and renovation projects. The staff continues to provide kind, compassionate, patient centered care while navigating through many temporary space and process changes. It makes me proud to be part of a team that has the courage to put aside their own frustrations and realize that the patients need reassurance and confident care despite such challenges.

Sherry France
Linda Marshall-Masson
Trillium Health Partners Mississauga

General Toronto Area: Report from Sunnybrook

During the spring, a new initiative was implemented as an adjunct for inpatients and/or patient SDM's who have already determined their goals of care and do not wish to be resuscitated in the event of a cardiac arrest. Some of these patients require surgery despite their No CPR status and therefore, Advance Care Directives are being sought to clarify direction in the event that the patient's heart should stop during surgery and Phase 1 Recovery. It is now **not** automatically assumed that the health care team will provide CPR/ACLS during the OR/PACU phase 1, and it now becomes the patient's/SDM decision to make **prior to surgery, in consultation with the anesthesiologist.**

The anesthesiologist has the opportunity to explain risk of anesthesia and intubation and answer all questions posed by the patient/SDM. The directions then available to the patient/SDM are as follows:

1. Full resuscitation measures to be employed regardless of the cause of the clinical event requiring resuscitation.
2. No resuscitation regardless of the cause of the clinical event requiring resuscitation.
3. Limited resuscitation. Resuscitation should be attempted only if, in the clinical judgment of the attending anesthesiologist and surgeon, one or more of the following conditions are met: A) the clinical events are believed to be both temporary and reversible (e.g. reversible complication) B) resuscitation efforts will support the following goals of the patient: _____

For example, some of the conditions the anesthesiologist may discuss pre-operatively with the patient and/SDM regarding temporary and reversible causes of cardiac arrest may be the following:

- Witnessed "shockable" rhythms: VF/VT,
- Anesthesia-induced cardio-respiratory arrest: medications, intubation;
- Surgical iatrogenic complications: bleeding

The new document entitled "Temporary Revision of Existing No CPR Order during OR Procedures and Phase 1 Recovery period in PACU" has been implemented and provides clarity as to the patient's/SDM's wishes and has helped provide continued person-centered care throughout the patient's perianesthesia experience. Once the patient has met the Phase 1 discharge criteria, the previous No CPR orders are re-instated.

Ramona Hackett,

Sunnybrook Health Sciences Centre

Care to Be the Best[®]

PeriAnesthesia Nursing



"PANC(C) nurses demonstrate their commitment to lifelong learning. Their specialized knowledge leads to better patient outcomes and provides a sense of job satisfaction that optimizes the standards of care that are being delivered. Being a certified nurse encourages me to keep current with best practices."

Laura McNulty, RN, PANC(C)

President, National Association PeriAnesthesia Nurses of Canada

Did you know over 140 perianesthesia RNs across Canada now have their national PANC(C) certification designation?

Alberta	23	British Columbia.....	7
Manitoba	11	New Brunswick.....	2
Newfoundland & Labrador	3	Nova Scotia.....	11
Northwest Territories.....	1	Ontario	70
Prince Edward Island.....	1	Quebec.....	7
Saskatchewan.....	5	Yukon/Nunavut.....	0

What distinguishes CNA-certified nurses

- Advanced clinical expertise with a commitment to lifelong learning
- Recognized specialty knowledge, authenticated by exacting national standards
- Dedication to evidence-based care and patient safety

What employers of certified nurses are saying about certification

- Confirms an RN's enhanced competency and specialized knowledge
- Helps to recruit and retain the best nurses
- Fosters safe, high-quality care and raises the entire education culture

IMPORTANT DATES

FALL 2017

Application window to write or renew by exam	➤ June 1 – September 1
Exam window	➤ November 1 – 15
Deadline to renew by continuous learning	➤ November 30

SPRING 2018

Application window to write or renew by exam	➤ January 10 – March 1
Exam window	➤ May 1 – 15

Note: Once CNA certified, your PANC(C) credential is valid for a five-year term.

getcertified.cna-aiic.ca



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Canadian Nurses Association PeriAnesthesia Certification Exam

On April 5, 2014 PeriAnesthesia Nursing was recognized as the 20th specialty designated by the CNA for certification. Being a certified PeriAnesthesia nurse nationally recognizes you as being committed to excellence in your practice and committed to lifelong learning. It identifies you to your employer, your colleagues, and to your patients, as someone who demonstrates specialized knowledge and enhanced professional credibility because you took the initiative to challenge yourself to achieve your goal of being a certified PeriAnesthesia nurse!

This year, for the first time, CNA is offering the examination in the Spring AND in the fall! Application to write the exam will be open from January 3 – March 1, 2017. A reminder that the exam is now conducted completely on-line.

Eligibility:

- You must be a registered nurse with current registration or licence in Canada.
- You need to meet the experience and/or education requirements (see below).
- Your supervisor and/or consultant in your specialty has to fill out the Endorsement of Experience form.
- You must pay exam fees at application time:
 - for CNA members \$570 + \$105 test center fee (+applicable taxes)
 - for non-CNA members \$756 + \$105 test center fee (+applicable taxes)

Experience requirements

Option A — experience only:

A minimum of 3,900 hours' experience as a registered nurse in your specialty area over the past five years in full-time, part-time or casual employment.

Option B — experience plus education:

A minimum of 2,925 hours' experience as a registered nurse in your specialty area over the past five years in full-time, part-time or casual employment

A formal post-basic course in your specialty area at least 300 hours in length and taken over the last 10 years.

- See more at: <https://nurseone.ca/en/certification/get-certified/eligibility#sthash.ljegovOD3.dpuf>

<https://nurseone.ca/certification>



Spring:

- **January 3 to March 1, 2017** — Applications to write or renew by exam
- **May 1 to 15, 2017** — CNA certification exam window

Fall:

- **June 1 to September 1, 2017** — Applications to write or renew by exam
- **November 1 to 15, 2017** — CNA certification exam window

Benefits of Certification

Becoming CNA certified is one of the most positive and powerful achievements for a nursing professional. As a certified RN, you will have:

- ❖ the only nationally recognized RN credential for nursing specialties
- ❖ an advanced level of knowledge, expertise and commitment to show patients, colleagues and employers
- ❖ a stronger sense of accomplishment and personal confidence in your practice
- ❖ greater opportunities for career advancement
- ❖ a broader network of nursing peers and more ways to showcase your knowledge, skills and experience
- ❖ a more focused continuous learning and continuing competence plan

What makes certified nurse's stand out?

CNA-certified nurses have:

- ❖ an advanced clinical expertise, knowledge and commitment
- ❖ specialty knowledge, authenticated by exacting national standards
- ❖ a clear dedication to quality, evidence-based care
- ❖ a resolve to pursue life-long learning, patient advocacy and professional practice
- ❖ a demonstrated commitment to continuing competence and specialized education
- ❖ maintained recognized standards of proficiency and professionalism

When you add the official certification credential after your name, patients, employers, licensing bodies and the public will be able to recognize your experience and competence in your nursing specialty or area of nursing practice. Once you're CNA certified, you'll stand out as an RN who cares to be the best!



The Relationship Between Direct-Care RN Specialty Certification and Surgical Patient Outcomes

DIANE K. BOYLE, PhD, RN; EMILY CRAMER, PhD; CATIMA POTTER, MPH; MARY W. GATUA, PhD, MSW; JAMES X. STOBINSKI, PhD, RN, CNOR

Abstract:

Specialty certification enhances patient safety in health care by validating that practice is consistent with standards of excellence. The purpose of this research was to explore the relationship between direct-care, specialty-certified nurses employed in perioperative units, surgical intensive care units (SICUs), and surgical units and nursing-sensitive patient outcomes in SICUs and surgical units. Lower rates of central-line associated bloodstream infections in SICUs were significantly associated with higher rates of CPAN (certified post-anesthesia nurse) ($b = -0.09$, $P = .05$) and CNOR/CRNFA (certified nurse operating room/certified RN first assistant) ($b = -0.17$, $P = .00$) certifications in perioperative units. Unexpectedly, higher rates of CNOR/CRNFA certification in perioperative units were associated with higher rates of hospital-acquired pressure ulcers ($b = 0.08$, $P = .03$) and unit-acquired pressure ulcers ($b = 0.13$, $P = .00$), possibly because of a higher risk of pressure ulcers in the patient population. Additional research is needed to clarify this relationship. Our findings lend credence to perioperative, SICU, and surgical nurses participating in lifelong learning and continuous professional development, including achievement of specialty certification. AORN J 100 (November 2014) 511-528. AORN, Inc, 2014.

<http://dx.doi.org/10.1016/j.aorn.2014.04.018> Key words: specialty nursing certification, certified ambulatory peri-anesthesia nurse, CAPA, certified post-anesthesia nurse, CPAN, certified nurse operating room, CNOR, certified registered nurse first assistant, CRNFA, patient outcomes.

To access the full article, please follow link: [1623221138_1.pdf](#)

Postoperative Urinary Retention and Nursing Approaches

Author: Simsek, Yaban Zuleyha, RN, PhD; Sureyya, Karaoz, RN, PhD

Publication info: International Journal of Caring Sciences ; Nicosia 9.3 (Sep-Dec 2016): 1154-1161.

Abstract:

Urinary retention is a problem, which is seen prevalently after an anesthesia or a surgical intervention. Defining PUR (Postoperative Urinary Retention) becomes a challenging problem due to the lacking of a universal urinary retention definition and the differences between diagnostic criteria. The common point among PUR definitions is being not able to urinate while having a full urinary bladder. Nurses have important responsibilities in sustaining the functions of the patients including the excretion. These responsibilities might be expressed as; determining risky groups, preventing postoperative urinary retention development, early realization and when developed, managing the urinary retention by using appropriate nursing attempts. It is expected from the nurses to do these responsibilities with a systematic approach and providing a care in cooperation with the doctor. This kind of approach is very important in shortening the time the patient spent in the hospital, increasing the comfort/satisfaction of the patients, preventing complications, avoiding unnecessary usage of analgesics and increasing the quality of life.

<file:///C:/Users/Chow%20Bella/Downloads/Postoperative%20Urinary%20Retention%20and%20Nursing%20Approaches.pdf>

The Michigan Opioid Safety Score (MOSS): A Patient Safety and Nurse Empowerment Tool

Authors: [Roy Soto](#), MD, [Branden Yaldou](#), MD.

Abstract:

Safely treating postsurgical pain continues to be a challenge, despite more than a decade of focus on its appropriate management. Overuse of opioids and undertreatment of pain continues, as does insufficient monitoring of patients at risk for opioid and pain-related complications. It is clear that relying only on numeric subjective pain scores is inadequate when treating pain. Appropriate bedside evaluation should also include measures of respiration and sedation. Furthermore, assessment of risk should be done with initial pain assessment and continued throughout the pain management course. The recently developed Michigan Opioid Safety Score integrates health risks and objective measures of respiratory rate and sedation, while encouraging the use of multimodal analgesia for all patients.

[http://www.jopan.org/article/S1089-9472\(15\)00070-2/pdf](http://www.jopan.org/article/S1089-9472(15)00070-2/pdf)

NAPANc National Conference



POSTER PRESENTATIONS

Internationally Educated Nurses: Joining the PeriAnesthesia Nursing Family

Authors: Terry-Anne Batticks, RN; Anita Damjee, RPN; Kaydion Fuller-Walker, RN, BScN; Kesikan Jayaraj RN, BScN; Preeja Sam, RN, BScN.

Please click on link to view poster: [NAPANc poster rh.pdf](#)

Fall Risk Assessment in Post-Operative Colorectal Patients

Authors: Xenia-Ana Cocord RN, BScN, MScN®, CGN®; Ramona Berndt-Hackett, RN, BA, MScN®, PANC®; Jennifer Onyeonoro, RN, BScN, MScN®.

Enhanced Recovery After Surgery (ERAS) includes standardized protocols to manage care for patients with colorectal cancer before, during and after surgery with the intent of promoting healing and early return to everyday activity. The ERAS protocol streamlines care with a focus on preoperative counselling, nutrition optimization, standardized analgesia and anesthesia regimens, and early mobilization (Melnik et al., 2011). Healthcare professionals utilize best practices based from evidence throughout the patient's surgical journey; and the patient is accountable to meet specific milestones in their recovery process. Early mobilization is one of the tenets of ERAS and patients are required to start mobilizing as early as the evening of their surgery and required to be out of bed for all meals and ambulate to the restroom starting post-op day #1. Fall prevention is a strategy utilized in facilities to reduce injury. Fall risk assessment and prevention is not a specific protocol in ERAS; yet, with early post-op mobilization it is prudent for nurses or allied health professionals to be aware of the patient's risk for falls during their hospitalization. With decreased length of stay as a goal of ERAS, it is important to assess falls risk assessment with a validated tool and implement practices to ensure safe mobilization of the post-operative colorectal patient.

Utilizing the Johns Hopkins Nursing Evidence-based Practice model and guide for practice implementation, this poster aims to show how a new practice initiative utilizing the Hendrich II tool can be implemented to provide greater patient safety during early post-operative mobilization, thereby ensuring patient milestones of the ERAS protocol are met.

Please click on link to view poster: [Fall prevention.pdf](#)

Developing a Perianesthesia Care Pathway For the patient Undergoing an Interventional Procedure in Diagnostic Imaging

Authors: C. Fellows-Smith, RN, BScN, CACCN®; M. Kampf, RN, BA, CNA, PANCC®.

Please click on the link to view poster:

[Large Poster - Care of the - CFS MK \(3\) dz.pdf](#)

The Ultimate Patient Experience: Creating a Preoperative Clinic Passport

Presenter: Candace Epworth, RN, BScN, PANCC®

Abstract:

Southlake Regional Health Centre delivers patients the Ultimate Hospital Experience and is committed to designing processes with patients at the centre. In response to feedback from patients and volunteers, Southlake's surgical team developed and implemented a Preoperative Clinic Passport to better inform patients of the steps they can expect during their pre-op clinic visit. When our patient arrives at the clinic the unit clerk gives them their passport and highlights for the patient which health care professionals they will see, what tests will be done and if they will attend a class during their preoperative visit. This helps patients feel more involved and in control of their experience, as they have a concrete document that tells them what to expect and tracks their progress. We have eliminated the number of patients who leave before they have completed the process. Four times a year our inter-professional team uses the passport to track the duration of each step in the visit so that we can correct any bottlenecks or find improvement opportunities. We also ask our patients to fill out an in-the-moment satisfaction survey. The information collected from the survey is reviewed regularly to identify opportunities to further improve flow and the patient experience. The Preoperative Clinic Passport is easy to implement and very cost efficient. The passport and questionnaire can be very easily changed if different data needs to be collected.

Please click on link to view poster:

[file:///C:/Users/Chow%20Bella/Pictures/Preoperative%20Passport%20-%20INNOEX%202017%20\(5\)%20\(1\).pdf](file:///C:/Users/Chow%20Bella/Pictures/Preoperative%20Passport%20-%20INNOEX%202017%20(5)%20(1).pdf)

ANNOUNCING: ANITA DAMJEE, OPANA'S WINNER OF THE NAPANc CONFERENCE BURSARY!



The following is an excerpt from Ms. Damjee's experience at the NAPANc conference this past June:

15th Annual National Peri Anesthesia Nursing Conference held on June 10 and 11 in Vancouver BC

The conference I attended was the 15th Annual National Peri Anesthesia Nursing Conference held in Vancouver BC on June 10 and 11. The conference addresses many topics that are of interest. Presenters are experienced educators who have practical knowledge and are willing to share their successes with attendees. This was my second time participating in a conference and presenting a poster but the first time in NAPANc representing the Ontario Nurses. It was great experience to meet and greet the OPANA nurses. I was surprised by how much I learned and was encouraged to share, and very fortunate in experiencing high quality sessions. I most enjoyed that the ideas that were put forward and the sessions I attended all actually gave strategies to implement. I shared some of my professional experiences and learned about Peri Anesthesia Health Care System in Canada. Some of the things that were new to me like policies, nursing laws and abuse of drugs.

I presented my poster in this conference. The topic of my poster was Internationally Educated Nurses in Peri Anesthesia Family. At this we all internationally educated nurses shared our experiences such as how we got into the peri anesthesia family at Sunnybrook Hospital and the challenges we faced being internationally educated nurses trying to get a job and license here in Canada. A qualitative design was used to explore five International Educated Nurses (IENs) from countries such as India, Pakistan & Jamaica. We shared experiences of our integration into peri anesthesia services at Sunnybrook Health Sciences Center. Individuals gave their personal experiences in a narrative way through group discussion, and common themes were found.

Congratulations Anita!



International Collaboration of PeriAnaesthesia Nurses ICPAN

Promoting Global Excellence in PeriAnaesthesia Nursing

EXPERIENCE 1ST-4TH NOVEMBER, 2017

Sydney!

2017

JOIN US AT THE **2017**
INTERNATIONAL CONFERENCE FOR PERIANAESTHESIA NURSES
ICPAN
Promoting Global Excellence in Perianaesthesia Nursing

Please click on the link for registration:

<http://www.icpan.org/>

OPANA Workshop

WHAT: Knowledge & Skill Refresher Workshop for Perianesthesia Nurses,
Brought to you by your OPANA board members!

WHEN: September 30, 2017

WHERE: Trillium Health Partners, Mississauga Hospital

WHY: Continuing Education Hours, Great preparation for CNA Exam,
Network and share ideas

COST: Details to follow soon



Continuing Education

Knowledge Translation (KT) Basics

Presented by:

Knowledge Translation Program, St. Michael's Hospital, Toronto, Canada

Workshop Overview

Knowledge translation (KT) is a bridge between research and real-world practice in an effort to strengthen health systems and improve health outcomes. But how do you apply evidence? At the KT Program, we believe that we can implement change in the health system better by thinking about change differently. Our approach to KT is rooted in theory and science, but our application of KT is uniquely pragmatic and focused on real-world impact. Our approach to training involves empowering individuals and organizations in the health system with knowledge and support on how to do KT.

Knowledge Translation (KT) Basics is a 2-day workshop on the **fundamentals of implementing change using best practices in KT**. In *KT Basics*, participants will learn how to:

- ✓ Identify key KT definitions
- ✓ Assess and prioritize implementation needs
- ✓ Use appropriate methods to assess the quality of available evidence
- ✓ Define the scope of change and ideal practices to be implemented
- ✓ Identify key processes that inform the selection of implementation strategies

This workshop will benefit anyone interested in learning more about how KT can be applied to their own work. Professionals and full-time graduate students involved in all dimensions of health (e.g., acute care, long-term care, public health, mental health, etc.) are welcome to attend.

Note: this workshop will not focus on best practices in disseminating evidence/end-of-grant KT.

Dates and Location

Dates: October 16 & 17, 2017 9:00 a.m. – 5:00 p.m. ET

Location: Li Ka Shing Knowledge Institute at St. Michael's Hospital, Toronto, Canada

Cost

Registration for the *KT Basics* workshop is \$850.00 CAD per person.

There are a limited number of spots reserved for students. Registration for full-time graduate students is \$425.00 CAD per person.

The cost includes participation in the 2-day in-person workshop, food (coffee/tea, snacks, and lunch), and access to take-home resources. Travel to and from Toronto and accommodation during the workshop is **not** included.

Application Instructions

To apply, please fill out the *KT Basics* workshop application form on the KT Basics website: <http://knowledgetranslation.net/capacity-building/our-courses/knowledge-translation-kt-basics>. The application deadline is **August 18th, 2017**. If you would like to discuss whether this workshop aligns with your learning goals and needs, please contact [Melissa Courvoisier](#).

DO THESE YOGA POSES EVERYDAY AND FEEL GREAT!



**Need to learn more about a topic or issue?
Any changes you would make?
Please send your feedback; we want to hear from you!
info@opana.org**

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



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

Membership Benefits include:

- ✓ Quarterly newsletters
- ✓ Reduced registration fee at OPANA-sponsored educational events including our bi-annual conference and Annual General Meeting
- ✓ 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