Ontario PeriAnesthesia Nurses Association

OPANA

THE ROAD TO RECOVERY

March 2018

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www.opana.org

Ramona Hackett

INSIDE THIS ISSUE:

Brought to you by:

NELISHA BHALOO & NICCI CHOW

Co-Directors of Communication and Newsletter

Dear OPANA members,

I hope you all enjoyed the Holiday Season and have settled into 2018 with good health! This flu season has hit our healthcare system hard with many hospitals being over-census and patients surging into creative spaces, including perianesthesia environments. To all of you and your colleagues, thank you for working extra-hard during this busy time! The OPANA Board of Directors has been busy since the workshop we presented at Trillium Health Partners-Mississauga Hospital. We had a fantastic turnout, and the overall feedback was very positive! It was a fast-paced day that covered highlights of all areas of PeriAnesthesia, helping to prepare those of you who challenged yourselves to write the certification exam. For others, we hope it inspired you to consider writing.

There is an Ontario Telehealth Network video of the workshop which can be accessed through the following link: http://webcast.otn.ca/
User Name: thpopana
Password: trillium

The National Association of PeriAnesthesia Nurses has received notice from the Canadian Nurses Association (CNA) that PeriAnesthesia Nurses are in jeopardy of losing the ability to become certified/re-certified as we are not meeting the national minimum threshold of having 100 nurses per year registering for the exam. To that end, OPANA has agreed to provide certification funding to three nurses per exam sitting-that's six bursaries per year to provide incentive by covering the cost. Last sitting, OPANA presented two nurses with bursaries –congratulations Jeffrey Lee & Jessica Anteo. There was no third person who applied for the bursary, even though there were more than two nurses who became certified in Ontario! I encourage you to visit www.opana.org to find out more about our bursaries!

On a national level, mentors have been identified to buddy up with nurses who have written the exam with those who are studying. If you require a mentor, please contact info@opana.org A study package has been developed and is currently being reviewed so that it becomes an accredited learning opportunity. This will be provided free to those who register for the exam and will be an adjunct to the study guide. We are actively trying to find ways to support our PeriAnesthesia Nurses and to keep our designation as a specialty within nursing!

Coming Up:

- U of T:PeriAnaesthesia Review Course
- NAPAN(c)conference
- CAAC conference
- ASPAN conference
- CNA certification
- OPANA conference

President's Address

I am pleased to announce that the next edition of the National Association of PeriAnesthesia Nurses of Canada Standards of Practice is available for purchase! You may order your copy at www.napanc.ca Again, these Standards of Practice have been reviewed and revised to reflect current practices and current literature related to our specialty. Please, also encourage your employers to purchase one for your unit! Discounts will apply for anyone who is a member of their provincial association – another reason to encourage your colleagues to become an OPANA member!

OPANA continues to be challenged by not having access to all of our members email addresses. For those of you who register for OPANA membership through the RNAO, please be advised that the RNAO has made changes to their privacy policies and will no longer provide interest groups with personal information of their members, including email addresses. OPANA forwards emails intended for our members to the RNAO office, and in turn emails are forwarded to our members; but we recognize that there is a possibility the emails are filtered into member's "junk" mail. (I know this is happening to me!) A new OPANA site is now available on the RNAO website and all emails will be archived for our members. If you are an RNAO member please visit http://chapters-igs.rnao.ca/interestgroup , login and you will be able to see all emails sent to members.

Early in January, the OPANA board of directors held a retreat in Niagara-on-the-Lake. This is the first time we have held a team-building day to work on our role profiles, determine goals, and start planning for the 2018 October conference. Conference planning is starting early this year and our President-elect, Candy Eapen, is taking the lead with co-chairs Caroline Fellows-Smith and Gail Fellows. If you have ideas for presentations, presenters, sponsors, donors or vendors, please contact info@opana.org
On April 7, 2018, the University of Toronto's Bloomberg School of Nursing will be providing a PeriAnesthesia Review day. I encourage you to attend, this year the agenda will be slightly different. For those of you who are studying for certification or requiring hours for continuing education towards PANC(C), this is a great opportunity!

The annual NAPANc conference is being held at the Fantasyland Hotel in the West Edmonton Mall in Edmonton, Alberta June 2 & 3, 2018. I just had a quick look at the room-they look like so much fun! Save the Date and let's spend some time with our colleagues from the PeriAnesthesia Nurses Association –Northern Alberta Chapter (PANAnac) who is hosting this event. Register at www.napanc.ca

So...Lots going on in the world of PeriAnesthesia Nursing! I hope to meet you at some of the events happening this year – please don't hesitate to reach out to me at president@opana.org
Last, but certainly not least, I would like to wish each and every one of you a very happy PeriAnesthesia Nurse Awareness Week from February 5-11th. Thanks to each and every one of you, and your colleagues, for all the excellent care you give to your patients. **PROUD TO BE A PERIANESTHESIA NURSE!**
Wishing you health and happiness this year!
Warm Regards, Ramona

Cambridge Memorial Hospital

It has been a very fruitful winter season for the PACU at Cambridge Memorial Hospital (CMH). We have increased our part time staff to twice its size to accommodate for the increase in surgical cases. Also, in collaboration with the perioperative team, CMH has implemented a new policy that aims to reduce catheter- associated urinary tract infections (CAUTI). Patients who require surgery are not automatically inserted a urinary catheter where possible. Those identified as candidates of not having an indwelling catheter are now assessed by the PACU nurse on arrival from the OR by the use of a bladder scan. The decision is then made on whether to insert an intermittent catheter or not in recovery. That decision is based on the following guidelines as well as the use of clinical judgement.

- If urine volume less than 250 ml, repeat scan in 4 hours
- If urine volume between 250 and 400 ml repeat scan after 2 hours
- If urine volume 400 ml or greater, perform intermittent catheterization and repeat scan in 4 hours

This new policy has had a substantial impact in our practice. Most of our orthopedic patients are now being scanned post operatively in PACU. The nurses feel that of those scanned; approximately 30 % have more than 400 cc of urine in the bladder and therefore need intermittent catheterization. There are some challenges that come with the implementation of any new policy but we are working towards meeting the specific needs of the unit to be able to successfully adapt to this change in practice. These include having immediate access to the equipment (bladder scanner) as well as coordinating with the OR staff to have patients void prior to surgery. Also, patients that need intermittent catheterization in PACU often have had spinal anesthesia, which makes the catheterization more challenging due to patients having motor block on arrival. We are making sure we are adequately staffed on days where there are a high number of surgical cases to ensure we are accommodating for the potential increase in nursing workload associated with new policy. In close collaboration with our clinical leaders we aim to overcome these challenges to reach the overall goal of reducing CAUTI in our hospital and optimizing patient care.

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Hamilton-Niagara

Hi Everyone,
Like many policies, our organization at HHS (Hamilton Health Sciences) has been undertaking a revision and updating the old Moderate Sedation Policy (10 years!) It will now be known as the Procedural Sedation Policy. I think I prefer this title better. As it better captures the process of what we are doing. It defines the roles of the participants: The Procedural Physician, the Monitor: RN, and the process. The process is based on evidence, the CSA (Canadian Anesthetic Association) with input from all stakeholders: Professional Practice Chiefs, Interventional Radiologists, General Surgeons: GI/ Endo, Various Managers, Front line Nurses from a variety of areas including PACU, procedure rooms… . What we now are asking all areas that are performing and administering procedural sedation (and based on an environmental scan conducted by various educators involved) will reflect current practice and what needs to change! Different drugs based on the area: Fentanyl, Versed, Propofol, ketamine, Morphine. A core group of educators from these recovery/ procedural areas are now working on the supporting education for this initiative. We have determined there will have to be three streams:

1. For new staff coming to these areas
2. For experienced staff that have been doing this for years
3. For experienced staff that do this infrequently

The education plan will look different for the various groups. It will involve e-learning, workshops, annual review of concepts with testing, simulation: a specific team lead by a Critical Care Physician that will arrange to bring the simulation into the specific areas that these staff work in to create as real as an experience as possible for the staff. In addition to attaining a competency sign off that could lead to a certification process.
There are many more layers to this policy and I will update you as we work through this process.
Another new direction comes in the form of the Acute Pain Service (APS) committee at HHS which is meeting monthly after a hiatus (2 year hiatus!). Currently the model at 2 of our acute care sites is a nurse from PACU and anesthesiologist working together on the team. At the 3rd acute care site the model changed (2 years ago) where the anesthesiologist is the prime physician who rounds on APS patients receiving epidural pain management therapy or patients who are complex cases.
For patients receiving PCA analgesia that care pathway is now under the umbrella of the surgeon who consults with the anesthesiologist if need be for support. This model has been in place for 2 years now but there is discussion to review the model by the APS committee to see if this should be the model.
I am also collecting data from hospitals across Canada with respect to epidural continuous infusion practices. Finding out what centres clear the pump at the end of the shift and what centres do not but keep an accumulative total. From the preliminary responses coming the current practice is varied. I will most certainly share this data with the APS committee and in a future Monitor edition.
It is never too late to ask why we do a practice and then find out what is the best practice. My goal is for standardization and to do what is best care and safest for the patient with the team. Stay tuned!
Remember to take time to Acknowledge PeriAnesthesia Nurses' Week February 5-11, 2018!

Celebrate YOU and your team!

Yours in PeriAnesthesia Nursing,
Caroline Fellows-Smith
Education & Development Clinician Diagnostic Imaging all sites HHS & Marianne Kampf Education & Development Clinician, PACU ICU, CICU Juravinski Hospital HHS

Trillium Health Partners & Credit Valley Hospital

Along with many organizations in Ontario, Trillium Health Partners is facing capacity challenges due to influenza outbreaks and resultant number high volume of no bed admits. Credit Valley Hospital is dealing with construction constraints alongside capacity issues. The Credit Valley Day surgery team were very happy to finally move into their new day surgery space, only to be moved out one week later in order to accommodate ER no bed admits. The new PACU had to be broken up into two spaces to provide sufficient space for the overflow.

The entire THP staff have been exemplary in dealing with overnight admits to PACU and Day surgery, rescheduled/cancelled cases and staffing issues. It is a great group of people who can effectively work together under such restraints yet maintain a consistent level of professionalism and competency to ensure the patients receive quality, compassionate care.

In the background at THP, the educators are working hard with the Clinical orders team to standardize day surgery order sets for all three THP sites in preparation for the launch of Entry Point software. This will allow the physicians to enter post-operative orders at the point of care and generate population specific order sets. Stay tuned for successes and lessons learned.

Congratulations to our own THP peri-anesthesia nurse, "Jessica Anteo," who was recently named one of two OPANA bursary award winners for the successful completion of her Peri-anesthesia nurse's specialty certification last November!

More to come on other initiatives the Peri-anesthesia group is working at THP include:

- Timely draw of Parathyroid Hormone post Partial Thyroidectomy to facilitate safe discharge on Post-operative Day one.
- Working with lab to ensure all women have access to day of surgery serum Beta HCG to definitively rule out the possibility of pregnancy; without delays in OR start times.
- Continued work on standardizing and following best practice guidelines for Pre-operative assessment Clinic process, ERAS and QBP initiatives.

Thank you,
Sherry France and Linda Marshall-Masson
OPANA Co-directors GTA region.

Trillium Health Partners

Nurses' Perceptions of Patient Care

Continuity in Day Surgery

By Marja Renbolm, PhD, RN, MNSc, et al.

Nurses' Perceptions of Patient Care
Continuity in Day Surgery

Marja Renbolm, PhD, RN, MNSc, Tarja Suominen, PhD, RN, Pauli Puukka, M
Helena Leino-Kilpi, PhD, RN

Purpose: *The increase in day surgery has brought about a significant change in patient care and care continuity. The purpose of this study was to analyze nurses' perceptions of the realization of continuity of care in day surgery. Continuity of care is examined from the perspectives of time, flow, co-ordination flow, caring relationship flow, and information flow.*
Design: *Descriptive study.*
Methods: *A questionnaire including demographics and questions about continuity of care was completed by 83 of the 120 eligible nurses (response rate, 69%) in one hospital district in Finland.*
Findings: *According to the nurses, continuity of patient care is mostly well realized. On the day of surgery, information flow was the domain that was best realized. In the opinion of the nurses, continuity of care was least realized at home before surgery and at home during the period after surgery.*
Conclusions: *Based on nurses' perceptions, continuity of care was relatively well realized.*

Keywords: *nurses' perceptions, continuity of care, day surgery, ambulatory surgery.*
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THE SIGNIFICANT INCREASE in the number of day surgery procedures has brought new kinds of challenges to patient care and its continuity. To ensure the continuity of care, the development of day surgery practice calls for regional collaboration, such as between primary care and specialized care. Day surgical care provides clear benefits for the health care organization,[1] and patients and staff have also been satisfied with day surgical care.[2]

Nurses working in day surgery units need to know and understand the entire pathway of the day surgical patients to be able to improve, sup
confirm the continuity of care. However,
previous studies, this is not always the c
ensure continuity of care, nurses and oth
care professionals have to consider patie
a whole throughout the day surgery expe

Nurses make up a large professional grou
significant task to ensure high-quality
care and continuity of care. Studying nu
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care in day surgery is therefore well mot

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Conflict of interest: None to report.
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"Nurses make up a large professional group with a significant task to ensure high-quality patient care and continuity of care."
Marja Renbolm, et al.

For the full article, please see the attached PDF:
https://doi.org/10.1016/j.jopan.2015.08.013

Tips, Tricks, and Techniques for
Managing the Chronic Pain Patient in the Ambulatory Setting

By Kate E. Dubos, BSN, RN, CCRN, CPAN

AMBULATORY SURGERY

Tips, Tricks, and Techniques for Managing the Chronic Pain Patient in the Ambulatory Setting

Kate E. Dubos, BSN, RN, CCRN, CPAN

TREATING A PATIENT with chronic pain in the ambulatory care setting can pose quite a challenge. Oftentimes, both the nurse and patient can leave the postanesthesia care unit with feelings of dissatisfaction. The patient may report that pain was not effectively addressed, or the patient may express concern regarding future pain management plans of care. Patients can experience anxiety around the actions of the health care providers throughout the perioperative process. The nurse may question why the patient's reported pain was not successfully treated or managed. Is that just it? Reported pain. Do we as a profession believe that pain is what the patient says it is? A pain management physician cautioned a nurse, "Be careful with how you treat the chronic pain patient." "Having an algorithm for treating chronic pain will result in failure 60% of the time." Treat the individual! Most perianesthesia nurses initiate patient- and family-centered plans of care. However, perianesthesia nurses are often met with obstacles. Time, staffing, financial burdens, knowledge deficits, and patient census can all be contributing factors that prevent individualized care.

Pain has a true purpose of focusing attention to an area of injury. What is chronic pain? Chronic pain has been defined as pain that has lasted beyond an average healing time for a particular injury, usually lasting longer than 3 months. Chronic pain can be the result of previous surgeries or injuries. However, it is now accepted that a tissue injury may not be the source of chronic pain. The Institute of Medicine estimated that approximately 116 million American adults suffer from chronic pain, which costs the nation up to $635 billion each year in medical treatment and lost worker productivity. This is an overwhelming and complex problem that every registered nurse and health care provider must manage daily. What do we as nurses have in our arsenal to combat a problem of this magnitude?

If a patient reports 10/10 pain, what strategies can be used to achieve homeostasis? Jarzyna reviews nonpharmacologic interventions to assist the patient with comfort. Distractions are key: use of music, DVDs/TV, and access to visitors may help with relaxation. These resources shield the patient from pain by increasing sensory input from other sources.[1] Essential oils such as lavender, ylang ylang, sandalwood, and vanilla are other options that may be beneficial to the patient to assist with relaxation.

One of the few techniques that can be agreed on in the literature is the use of regional anesthesia. Peripheral nerve blocks, including both regional and catheter placement therapies, are strongly supported for the patient with chronic pain. Souzdalnitski et al.[2] emphasize the importance of the regional anesthesia team's assessment, instruction, and communication in the preoperative phase. The importance of education, communication, and expectation clarification beginning in the surgeon's office is discussed. Souzdalnitski reminds readers of the importance of recognizing that a patient with chronic pain may often have an increased sensitivity associated with regional anesthesia. The patient should have adequate sedation and the provider could consider using buffered sodium bicarbonate mixed with the local anesthetic to decrease the pain associated with the injection.[2] The patient with chronic pain can more easily tolerate peripheral nerve blocks that

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Conflict of interest: None to report.

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Click on the hyperlink for the full article:
https://www.sciencedirect.com/science/article/pii/S1089947217304215

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https://www.aspan.org/Events/2018-National-Conference

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IMPORTANT DATES

SPRING 2018	January 10 – March 1 May 1 – 15	Application window to **write or renew by exam** Certification **exam window**
FALL 2018	June 1 – September 10 November 1 – 15	Application window to **write or renew by exam** Certification **exam window**
	January 10 – November 1	Application window to renew by continuous learning

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- ✓ Reduced registration for workshops
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- ✓ 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