

As We Begin The New Millennium

By Marlene Hill, RN, CPN(C)

The media has been highlighting major events that have transpired during this past century - technological changes that have occurred, the great strides in telecommunication, transportation advances and adjustments in the workplace. Inventions were created and modified in an attempt to create an atmosphere that is 'user and environmentally friendly'. Our universe has dramatically changed.

What will the future bring? Will changes occur at the sky-rocketing pace evident in the late 1900's? In this address, I will dwell on one area that has changed dramatically and another that, although some progress in its decline has been made, still requires much attention.

Gone are the days where nurses were hired to full-time positions upon graduation and remained in the same institution until retirement. Financial restraint, restructuring of health care delivery, and the shift from diploma to baccalaureate programs are some examples of change that have made a great impact on the nursing profession. Today, some of our members are investigating other areas of employment and alternate careers.

Further reduction in the number of practicing registered nurses will continue to negatively affect Canada's delivery of health care.

On the other hand, the image of nursing, if enhanced, could attract people in other careers looking for a change. The public has always thought highly of registered nurses.

Government and health care leaders must be innovative and develop ways to increase the number of graduating nursing students, enable RNs to remain in Canada to practice, and encourage existing registered nurses to continue employment in the field of nursing.

Canadian Nurses Association, (CNA) has identified the problem of the 'shortage of nurses' and is endeavouring to develop strategies to resolve this issue. We, as perioperative registered nurses, can also affect the future of nursing by:

- encouraging students to enroll in nursing programs;
- assisting nursing students and new staff members, treating them with courtesy and respect;
- working with CNA to supply solutions; and
- providing government agencies with attractive yet realistic incentives for Canadian RNs working in other countries to return to Canada for employment, (including the return of those who have left the field of nursing for other careers).

Now is the time to speak up and be pro-active rather than re-active. The evolution of nursing is occurring and we can each help guide the process in a positive way.

The area that has been in decline but still requires much attention is smoking addiction. Hopefully, the target audience will have diminished by this printing.

The Media is predicting that people will use the 2000 milestone as a special date to start improving life-styles, i.e. exercising, eating sensibly by following Canada's Food Guide, improving relationships with families, and/or quitting undesirable habits, i.e. smoking, excessive alcohol intake, etc.

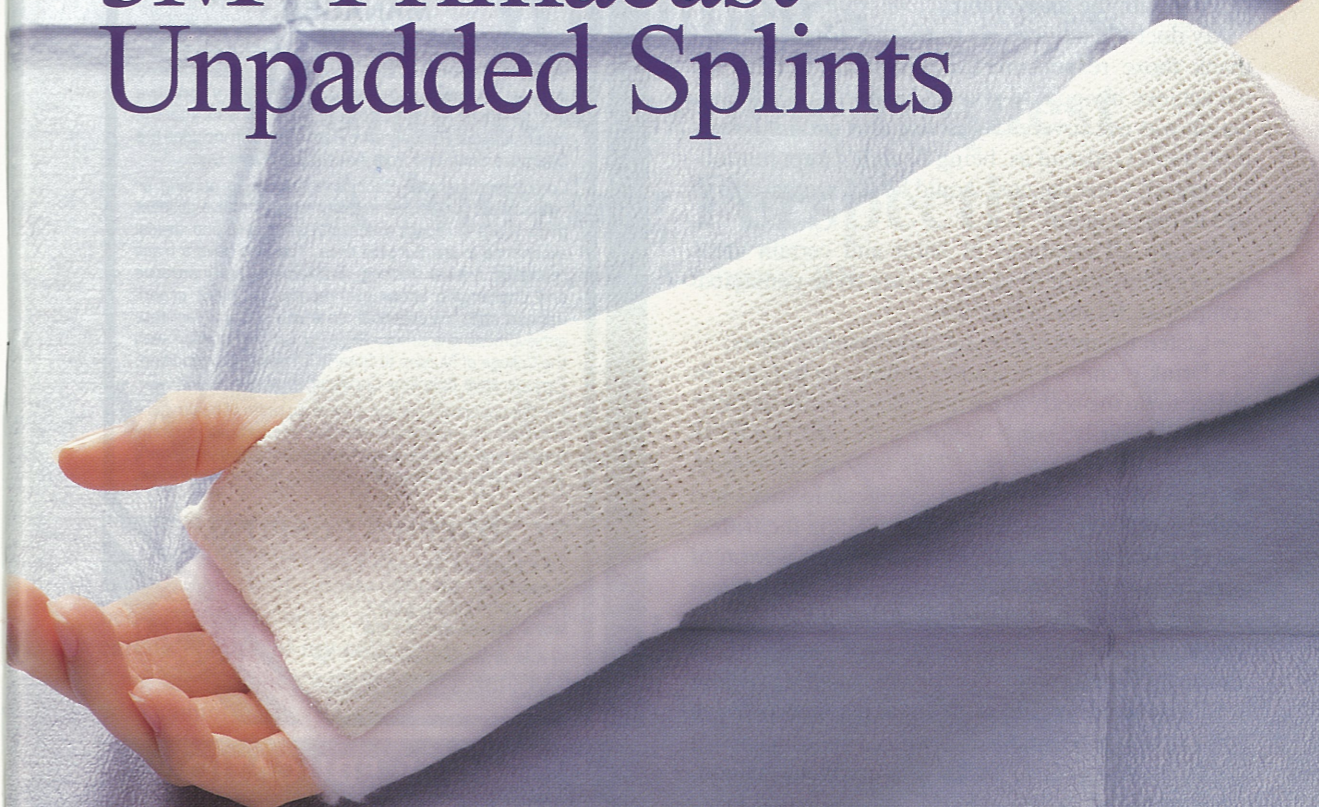
Until several years ago I was one of those 'smokers'. I knew all the dangers of smoking but the urge was too strong - I was and always will be addicted.

One day while routinely checking my BP, I discovered it had elevated somewhat. I was shocked! The last sign of being at a high risk for heart and stroke disease had been reached. Major changes had to be made; reality finally set in.

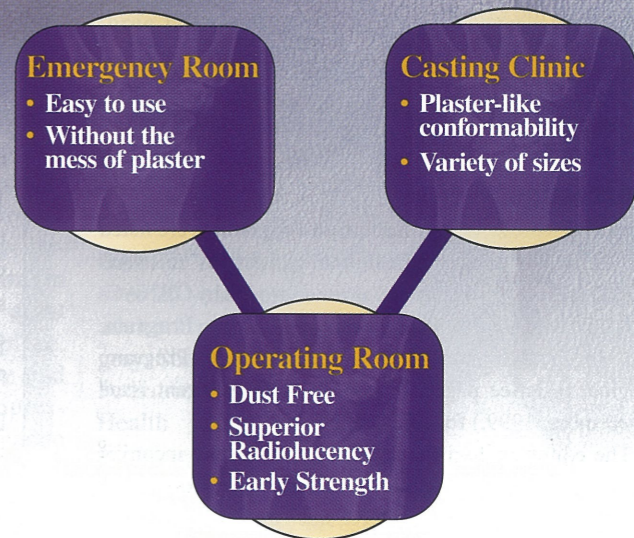


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My objective is to provide an incentive to those who are afflicted with this addiction and to encourage them with ways that I found beneficial in dealing with the nasty habit.

My doctor's advice was to try the 'patch'. Now, I thank those responsible for such an aid as it helped me achieve my goal to give up cigarettes. The medication was not covered by Blue Cross and in the end that was a Godsend as, being Scotch, I kept reminding myself what the cost would be if I regressed and had to begin again.

We are all creatures of habit and certain areas require adjustment if addictions are to be contained/conquered. Examples include:

- Listen to smoking cessation/relaxation tapes;
- Drink plenty of fluids excluding alcohol, tea, or coffee to rid the body of harmful agents more quickly;
- Temporarily, some weight gain will occur, so resign yourself to the fact. This may be decreased, however, by keeping foods, i.e. vegetable sticks and fruit, readily available and within sight in the fridge;
- Replace the after-meal cigarette with a form of exercise as this helps to lessen weight gain, reduces craving, and increases energy levels;
- At first, attend movies instead of parties where alcohol will be served;
- Replace a 'favorite chair' with another in which you did not smoke; and
- In the beginning, choose the company of non-smokers to lessen temptation.

Come join the many who have decided to regain control of their lives. It is not easy but, believe me, it's worth the effort!

On behalf of the ORNAC Board and Executive, I wish you happiness, good health, and prosperity in the new Millennium. May your dreams come true and your goals be realized. ■

Correction

Canadian Post Basic OR Education Programs were listed in the June, 1999 issue of the Journal (p 5 & 6) as "ORNAC Approved". Only two programs are approved by ORNAC-St. Paul's Hospital Perioperative Nursing Program, Vancouver, BC, and SAIST Wascana Campus Program, Regina, SK. See pages 28 and 29 of this current issue (December, 1999,) for full details.

The editor apologizes for this error and any inconvenience caused by the publication of this misinformation. All other Programs listed have not as yet applied to receive ORNAC's endorsement.

The criteria for ORNAC's Approval Process is being revised and five other programs have applied to receive an application. Updates will appear in early issues of the Journal in 2000.

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We thank all applicants, however, only those under consideration will be contacted. No telephone inquiries please.



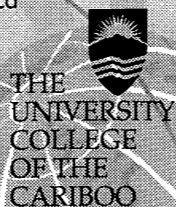
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Kamloops, British Columbia

Winnipeg's Pediatric Cardiac Inquest - A Nursing Perspective

By Carol J. Youngson, RN

What happened to my colleagues and me over the past 5 years is something that every nurse has experienced in some way and to some degree in his or her career. What happened to us can happen to any nurse - anywhere.

Our story will ring true to all nurses who have been in the front lines of the health care system, because that is what nurses are ...the front line caregiver. One of my colleagues put it so well... "we are the ones who hear, see and do for those who cannot".

Patient advocacy is so important to nurses - it is the foundation upon which we build the trust of our patients and their families. In 1994, as nurses involved in the pediatric cardiac program, we tried to advocate for our patients and were not allowed to do so, thus putting us in a situation of moral compromise.

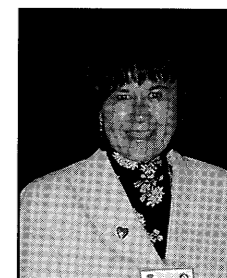
In 1994, I was the nurse in charge of the Pediatric Cardiac Operating Room at the Health Sciences Center in Winnipeg. I held this position for several years and was looking forward to working with a new surgeon, Dr. Jonah Odim, who had been recruited from the United States. Our previous surgeon, Dr. Kim Duncan left the hospital in June, 1993 to practice in the U.S. About eight months later Dr. Odim arrived to take his place. The Cardiac Team was pleased that the Centre had been able to attract a physician with such impressive credentials. We were told he had an Ivy League Education, years of training, and perhaps most impressive was his training at Boston Hospital For Sick Children, a world-renown center for pediatric cardiac surgery. Our expectation as a team was that we would restart the Cardiac Program on a gradual basis beginning with low risk cases, and then to

eventually increase the complexity of the procedures as we got to know each other and gain familiarity with the procedure.

Over the 10 months, we were to learn that what looks good on paper does not necessarily translate into practice. Almost immediately, we began to see problems with technical issues in the operating room. Problems included children who were encountering excessively long pump runs, surgical repairs failing and having to be redone, and bleeding far in excess than what we had experienced in the past. What we had always considered routine cases, were turning into marathons with infants and children with severe and life threatening complications. About a month into the program we had done several cases. Some cases had gone well, but three patients out of the three Ventricular Septal Defect repairs that had been performed by Dr. Odim were dead. These cases were considered low to medium risk and had, in the past, been routine for us. In all three cases the child had bled to death.

Author

Carol J. Youngson, RN, has over 20 years experience in adult and pediatric heart surgery. She was Charge Nurse, Pediatric Cardiac Surgery, Health Sciences Centre, Winnipeg, during the events described in this article.



She is currently Investigator for Chief Medical Examiner, Manitoba Department of Justice. This is an adaptation of her team presentation to the 16th National Operating Room Nurses Association Conference, Halifax, June, 1999.