

SPOTLIGHT ON ORNAC MEMBERS

AN INTERVIEW WITH BARB SAWATSKY, RN

Submitted by: Catherine Harley, RN, eMBA, ORNAC Executive Director.

Barb Sawatsky is a Perioperative Registered Nurse who has worked in the operating room setting since 1990. She is originally from St. Catharines but began her career at the Toronto General Hospital in Toronto, ON. In 1992 she returned to St. Catharines to work at the St. Catharines General Hospital which has since become part of the Niagara Health System (NHS). Over the years she has worked in the OR, in Recovery, and in the ICU. In the OR she has worked as a staff nurse, charge nurse, and in 2008 she became the Regional Educator for the NHS. She was involved in the planning of the OR, for a new hospital site, from 2006 to 2013. Barb is a member of ORNAC and the Perioperative Nurse Educators of Canada (PNEC). She is married with 2 children and enjoys spending time at her cottage on the French River.



Barb Sawatsky, RN



Can you tell us a bit about the role that you play in the NHS?

The Niagara Health System has six sites and three of them have perioperative services - Niagara Falls, Welland, and St. Catharines. Since 2008 myself and another educator have shared the education responsibilities for these three sites. I cover St. Catharines and the other educator covers Niagara and Welland. We are regional educators with 80 percent program responsibilities and 20 percent corporate responsibilities. Our

program covers operating room, PARR post anaesthetic recovery room, and day surgery.

In addition to my regular role I had the pleasure of being actively involved in the planning of the OR at our brand new facility. My role in the planning also crossed-over in to other departments as needed.

What was your involvement in the design of an operating room?

I had the opportunity during this project's planning to work with a great perioperative team (the perioperative director, perioperative manager, nurses from the three departments, and a physician). The planning stages for this state-of-the-art hospital involved many steps.

Functional plan: In the beginning we put together a plan that was submitted to the government for approval. This is the "bible" upon which all future decisions will be based. The functional plan needs to have all the details in writing and is used as a basis for design.



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Design and build: This was a fun stage but involved lots of late night meetings. We worked with the builder and architect to look at all the flows (patient, work, supplies, waste, codes) and with the equipment planner (who organizes the equipment for each room). These design meetings also involved representatives from the building trades such as electrical and plumbing.

Equipment procurement: This stage was quite a learning experience. We learned all about RFPs (Request for Proposals) and Broader Public Sector (BPS) guidelines. Our first RFP was for the OR integration, lights and articulating arms, and the articulating arms for the ER, ICU, labour & delivery, and endoscopy. We worked with purchasing, finance, the builder, and the end users to write this RFP. It was then posted for vendors to submit supply proposals. All submissions were first reviewed by the project planning team and then by the clinical RFP team. We travelled to different sites to see equipment and talk with users at each site. The scores from the project planning and RFP teams were tallied and then the successful vendor was announced to us by the project planning team. We then began to work to put all the details in place.

Operational readiness: The Manager of the OR had the role of Operational Readiness Manager. This stage of development involved a focus on creating an environment of operational readiness that was conducive to care. Our focus became creating “a million square feet of care.” We participated in LEAN events (to reduce waste), there was planning of instrument and supply location and flow, the addressing of human resource issues, the ramp down

and ramp up plans for elective surgery and emergency coverage, and the provision of education and support from the vendors.

Move plan: This stage involved the most people. A company was hired to plan and implement the move and our role was to organize what was moving, and to which room, and then label everything. We had emergency case carts at both sites as we had to provide emergency operating service to both sites during the move. It was amazing to watch how well organized this team was.

Staff and physician education: For this stage we used some different methods of educating staff and physicians including:

- Education manuals were developed for general orientation and program orientation.
- General orientation to all staff and physicians with a PowerPoint presentation outlining the features of the new hospital and then tour through the hospital;
- Several Program Orientations were held:
 - Physician program orientations included a PowerPoint describing the new department features, and a tour that showed all of the features and new equipment of the OR, PARR, Day Surgery and MDR; and
 - There were 2 mandatory orientation days for staff at the new site. We did some team building and an amazing race throughout the department and surgical areas. There was a PowerPoint session describing the features of the department and sessions with vendors and new equipment. Staff were also encouraged to come to department tours that were held in the evening.

What are some of the challenges that you faced?

It is important to have all the important details in the Functional plan and

SPOTLIGHT (cont.)

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Project Specific Output Specifications (PSOs). This is what is approved by the government and is your design “bible”... if it’s not in there it can’t happen.

There was a very large time commitment especially during the design phase when many hours were spent in meetings discussing everything from layout to electrical outlets.

It was quite a learning curve – not only were we looking at planning but we also to learn, very quickly, all about RFPs, equipment procurement, and BPS guidelines. The level of detail was quite important as we had to ensure that everything about each specific piece of equipment was included in the RFP.

Any words of advice for anyone taking on the design or redesign of an OR?

Details early in the functional plan are very important. And having a mock up, to help visualize the room layout, is also very important.

What is next in your career?

I would like to have the opportunity to do this again. I found it challenging and stimulating to be involved in this design and would love to find other ways to utilize what I have learned and help others benefit from my experiences.

Any words of wisdom for our readers?

No words of wisdom, old people are wise.... I haven’t grown up yet. Well perhaps those are my words of wisdom... remember there is always more wisdom to acquire!

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