
L'EXCELLENCE POUR L'INFIRMIÈRE AUTORISÉE EN SOINS PÉRIOPÉRATOIRES

POUR REHAUSSER LA QUALITÉ DES SOINS AUX POINTS DE SERVICE – RENDEMENT EXCEPTIONNEL

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INTRODUCTION :

Le rôle de l'infirmière autorisée professionnelle (IA) travaillant au bloc opératoire / en salle d'opération est l'un des rôles les plus sous-estimés, mal compris, craints, complexes, intégrés, tout en étant l'un des plus enrichissants dans le domaine des soins infirmiers. Les patients traversent une période où ils sont plus vulnérables et ils dépendent des connaissances et des compétences exceptionnelles des infirmières, de leur esprit critique et de leur capacité de défenseure au sein de l'équipe. Il n'existe tout simplement aucun autre rôle de ce genre dans le domaine des soins de la santé. Si votre passion est d'exceller par le biais de l'apprentissage continu, si vous possédez un esprit critique et des compétences de réaction de type A, si vous tolérez bien les comportements liés au stress des autres, si vous avez l'endurance pour travailler fort et que vous êtes un leader, que vous faites preuve d'attention et de respect pour

offrir du mentorat ou de la formation continue et que vous vous épanouissez pleinement au sein d'une équipe multidisciplinaire, les soins périopératoires peuvent être la carrière idéale pour vous. La longue liste d'attributs est essentielle, mais peu les possèdent tous.

Si vous envisagez cette profession comme un « emploi » où vous aurez les fins de semaine de congé, il sera alors difficile pour vous de vous épanouir dans ce choix de carrière! Toutes trouvent leur place. Sans excellence dans la pratique, attribut distinguant les IA en soins périopératoires, le choix de travailler en salle d'opération peut s'avérer un choix de carrière très difficile, ayant possiblement des répercussions à long terme négatives sur l'IA et ses collègues.

Cet article vise à déterminer les attentes en matière d'excellence dans la pratique pour toutes les IA travaillant aux points de service en service interne et externe.

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PERIOPERATIVE REGISTERED NURSE EXCELLENCE

RAISING THE BAR AT THE POINT OF CARE – STAR PERFORMANCE

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INTRODUCTION:

The role of the professional Registered Nurse (RN) employed in the Surgical Suite/ Operating Room (OR), is one of the most misinterpreted, misunderstood, feared, complex, integrated, yet rewarding roles in the nursing field. Patients are at a vulnerable time, are depending on the outstanding knowledge, skill, critical thinking and advocacy of the RN within the team. There is simply no other place like it in health care. If your passion is to excel through continual learning, possess Type A critical thinking and response skills, have tolerance for stress related behaviours of others, stamina for “hard work”, are a leader, exhibit kindness and respect, providing continual teaching/mentoring, and thrive within a

multidisciplinary team, Perioperative nursing can be the best life long career. The long list of attributes are essential, but also a very tall continuous order.

If you are viewing the position as a “job” with weekends off, then it will be difficult to thrive in this career choice! There is a right place for everyone. Without the excellence of practice attributes embedded within the Perioperative RN, the OR can be a very difficult career choice, with potential long term and negative impact on the RN and teammates.

The focus of this article is to define the expectation for excellence of practice, for all RN’s, working at the point of care for the scrub and circulating role.

EXPECTATIONS FOR ALL SURGICAL SUITE/ OR REGISTERED NURSES

“You can make or break the surgeon’s day!”

- **Orientation and Continual Training:** Conscientiously practice the detailed skills and patient care taught in orientation. Ensure the full orientation has been completed. Always aim for a high level of competence. Take advantage of continual learning, online opportunities, ensure a Bachelor Degree and start working on a Master’s Degree. Most leadership and education position opportunities require advanced education, hence be prepared for your future in Perioperative services.
- **Surgical Specialty skills and practice:** Each surgical specialty builds on the orientation base and requires RNs to advance from novice to expert over a period of months. Expert levels of patient care, by the scrub and circulating team, must be provided on all shifts, whether the situation is elective, urgent or emergency status.
- **Role Models:** Associate with, and model your practice, after star performers. Acknowledge and commend your role models!! Strive to become a role model, teacher and mentor.
- **Gown & Gloving:** During orientation practice gowning and gloving yourself and others, to ensure you are confident, credible and competent, before arriving at the point of care! Closed gloving and re-gloving are challenging skills to master, for novice nurses, however, once learned never forgotten!

Unlike other areas of practice, a single OR room/Theatre is a “unit of care for each patient”.

- **Standardized Practices:** Comply with standardized practices to reduce the risk of errors, delays, stress, and mediocre performance. Expect all team mates to comply. Politely point out the approved practice, always in the interest of patient safety best practice.
- **Policies & Procedures:** It is mandatory for employees to comply with facility Policies, from a legal perspective. Use due process to inform Management/Education members for updates/clarification/changes required for outdated or conflicting information. Procedures may have some variability, based on a number of factors including patient needs, interdisciplinary practitioners, and situations. Policies and Procedures should be current and accessible on the room/theatre computers.
- **Standards of Practice:** Comply with ORNAC and Infection Prevention Standards, understanding principles, rationale and evidence-based reasons, as opposed to ritual traditions and outdated practices. Current ORNAC Standards should be accessible for all staff and preferable loaded on all OR computers.
- **Documentation:** Ensure documentation is accurate, complete, timely, and legible. Upon reflection, ask yourself “will I be credible and proud of my accurate and legible documentation?” You may have to defend your actions and could face a challenging prosecutor, during a court case, some five years from the incident. You have nothing to refer to except compliance with Policies and Procedures and your accurate legible documentation! In the legal system, “You are what your documentation is!” Ensure discussion with surgeon to confirm accuracy of documentation of procedure details performed, and specimen specifications.
- **ON TIME!** It is very important to arrive at work before the beginning of the shift and in full OR dress code. Arriving late is a sign of disrespect to all. Arrive at the specified theatre, immediately after shift reports, commence work – make use of very minute to expedite efficiency, patient care, time, scheduling and cost implication for the team members. Expect the same from all team members. On time is also important expectation for patients and families.
- **Hand Signals:** A seemingly forgotten art and skill. Focused attention, credibility of the scrub nurse, nonverbal communication, noise and distraction reduction, are base requirements throughout a surgical case. Nurses should use as many hand signals as possible to communicate so as to not distract the team. Hand signals can be used for “need more sponges or another suture”, “going to coffee”, and “doing a good job.” The scrub nurse should have in-hand the next anticipated instrument and a second option in the alternate hand.
- **Volunteer/Influence Decisions:** Take the opportunity to serve on Department Committees such as Clinical Practice, Safety, Quality Improvement, and social activities. Experience and credibility, especially from the point of care team, influences good decisions, best practice, ensuring care can be more efficient, effective, safe and satisfying for all.
- **Leadership:** Unlike other areas of practice, a single OR room/Theatre is a “unit of care for each patient”. In every case the circulating nurse for the case must always take a leadership role in organizing the room, supporting the scrub nurse, managing efficiencies, and supervising the team and safety activities.
- **Medical Device Reprocessing (MDR):** Establish a good working relationship and communication with MDR members to reduce the stress related issues surrounding supplies, case carts, device and instrument sets. Treat staff with respect! Practice assembly/disassembly of complex devices in MDR, to ensure skills and competency in handling and use of all instrumentation, for the surgical team.
- **Attitude and Behavior:** Maintain a positive attitude; and ensure negativity does not invade your practice environment. Follow facility direction, for handling bully, intimidation, mediocre performance, risks and errors. Poor/mediocre/average performance, and unacceptable conduct, both verbal and non-verbal, must be managed in a professional, zero tolerance manner to order to achieve effective sustained outcomes.

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Manage the Change-Over between surgical procedures / patients to the minute!

- **Computer Skills:** Excellent computer skills are necessary to support the documentation, associated medical supply, lab, radiographic, education and other systems. Take advantage of facility and community training sessions. Facilitate colleague's computer use by using positive approach. Computer use is the now the "way of the world, including the full scope of Perioperative care.
- **Set Learning Goals:** Establish, with Management, learning goals and request timely guidance and performance appraisals to assist in achieving the goals as well as areas for improvement. Attend and support professional organizations, functions and educational sessions. Maintain personal, current records of achievements, certificates, educational topics, with dates, subject and length of time to support continuing education units (CEU) reporting.
- **Certification:** Once two years of experience has been attained, every perioperative RN should become Canadian Nurse Association (CNA) Certified in Perioperative Nursing – CPN(C) – followed by recertification every five years. Certification demonstrates professional accountability to the patient and teammates.
- **TEACH, TEACH, TEACH:** It is the professional responsibility of all RN's to teach colleagues, using a professional respectful and supportive manner to promote a learning environment that is focused on excellence and patient safety.
- **Personal Cell phones and Tablets:** Personal electronic communication devices shall not be brought into the point of care by staff. Personal messages can be checked on regular break times. All attention must be focused on the patient and team. Personal urgent/emergency calls, to staff members, should to be directed to the main OR desk. Yes, Surgeon and Resident cellphones and pages need to be answered by the Circulators. Remember there are many patients, other physicians, unit staff and office staff that require the surgeons' attention.

CIRCULATING RN ROLE – EXPECTED EXCELLENCE

"You make or break the day for your team"

- **Point-of-care Team Lead (TL)/ Charge:** The lead circulating RN plays a major role in the efficiency, safety, quality and tone of each room. A designated position of TL/ Charge Nurse may be accountable for one to several rooms with specific responsibilities and accountabilities. When the TL is not in the room senior circulating RN must assume leadership of the room. It must be clear to all member "who is charge" of theatre activities. Duties include direction of professional and support staff caring for the patient, noise control, full attention to and support of the scrub nurse. Included is general supervision, teaching for any member of the team, or visitors, preparation for subsequent procedures and monitoring an efficient changeover.
- **Advance Surgeon Preparation:** Ensure advance conversations occur regarding surgeon/patient special needs, over and above the standard "Pick List", in order to reduce delays, stress and potential cancellation. Ensure all arrangement and sterilization time lines can be met especially in the case of loaner and complex orthopedic sets.
- **Staff Assignment:** Assign the scrubs on the previous day. Expect full preparation, by the scrub nurses, which includes review of the "Pick List", surgical steps involved in the procedure, skills required for handling instruments/ devices /tools/devices, standardized efficient organized setups and counts, and a rapid, safe, organized end-of-case including dismantling.
- **Support Staff:** Coordinate support staff for positioning assistance, change-over, and supply/case cart acquisition. Treat support staff with respect. Include in staff huddles, at beginning and end of day, to determine issues for discussion/ resolution; always assessing "what could we have done better." Listen to the issues of support staff!

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- **Patient Admission:** Follow all legal requirements, provide stress relief, review key issues with patient and family and facilitate pre-warming procedures, introduction to team members, and pre-operative comforts. Ensure positioning prep, draping, and placement of equipment and tables are efficiently done. Patient safety is the top priority.
- **Anesthesia Support:** Ensure full attention and support for the anesthesiologist during pre-operative preparation and induction. Be alert for any sign of distress or potential complications throughout the procedure. Provide the focused immediate support during emergence, extubation, patient transfer and admission to Post Anesthetic Care Unit.
- **“Time Out Practice”:** Provide full support and facilitate a fully detailed, accurate and thorough “Time Out Process” for each patient according to Facility Policy.
- **Standards:** Monitor behavior, aseptic technique, instrument equipment challenges, and deficient skills. Take appropriate and timely corrective action. Follow through in the interests of patient safety and respect for the needs of the entire surgical team. Communicate issues to the appropriate leadership members to support Quality Improvement processes.
- **Distraction and Noise Reduction:** Maintain a quiet respectful environment! Be alert to noise and conversations, music, phones that can distract the surgeon and team. Increased noise levels add to risk of errors, impact-focused concentration, and add to stress.
- **CHANGE-OVER!** Manage the Change-Over between surgical procedures / patients to the minute! Every day – every procedure! Change-over is a major issue in OR’s resulting in a major waste of time translating to dollars, resources, immense frustration, inefficiency, cancelled cases, and reduced credibility for the Department/ Team . Ensure everyone understands the critical nature, knows the benchmarks, discusses the issues, takes actions to consistently maintain best practice. Acknowledge and thank everyone that assists the team in meeting the expected times. Efficient, approved, safe Change Over practices must be sustained.
- **Self-Assessment of Performance:** Reflect on “how the case/day went, what issues arose, and how can the team improve, did I instill respect, trust, and confidence among the team?” Will the team look forward to working with me tomorrow?” The RN’s commitment to excellence is a choice... you can make it so!

SCRUB REGISTERED NURSE ROLE - EXPECTED EXCELLENCE

“You can make or break a surgeon’s day/experience”

- **PRE-PREP - Be Prepared!** Spend time in MDR assembling and disassembling complex devices.
- **Surgical Procedure Knowledge:** It is essential to understand the details of the surgical procedure being performed, which includes the tissue layers of surgical anatomy, advancing to the site of the procedure, the structures and sequential steps involved in the procedure, and the tissue closure steps. In addition instruments/devices associated with each tissue layer and step in the procedure as well as the various surgeon specific or anatomical/disease and surgical alternatives. Textbooks, vendor information, and online computer sites are excellent resources for anatomy and surgical procedures.
- **Procedure Card Contents:** Have full knowledge and understanding of how to skillfully use/teach instruments, devices, equipment and supplies on the Procedure Card/Pick List. Monitor items not used on the case – refer to leaders to remove or place on a PRN/Do Not Open section to reduce waste/ save time/costs.
- **Hand Signals:** Conversation during surgery should be at a minimum. Learn and respond immediately to surgeon hand signals. Do not distract the surgeons by verbally requesting additional items but use/establish hand signals with the circulator.
- **Table Setups:** Be on time! Rapidly, scrub, gown and glove – no idle chat or time wasters. Establish the sterile set-up with confidence, efficiency, and strict aseptic

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technique. Accept items carefully, aseptically, and firmly from the circulator. Watch for potential contamination from package edges. Precisely, and safely, place sterile items in the appropriate standard location handle only once. Ensure circulators are not reaching over your sterile table when dispensing supplies/drugs/solutions.

- **Drapes:** Ensure drapes are easily accessed by the team and organized to the order of use.
- **Mayo Stand:** Immediately place a well-organized standardized Mayo stand in position. The tray should have sequential layers of side towels, ESU cord, suction tube, towel clips, and opening sponges. The scrub nurse should be able to start the procedure from the Mayo tray and allow the circulator to move the instrument table into position in a timely manner. Scrub nurses shall not move instrument tables!
- **Surgical Count:** Prepare for, and assertively take an equal part in, the surgical count ensure all detailed sequences occur. Ensure the circulator holds the record so that you can review the accuracy of the number of items. As items are added during the case ensure you actually visualize and read the number recorded to reduce the risk of count errors due to not recording. Remember both scrub and circulating nurses are legally responsible for an accurate complete surgical count! The count record needs to be able to stand alone as an accurate “story” of how many, who counted, who added what, and the end result.
- **Instill Surgeon Confidence:** Imagine what is running through the surgeons mind as he scrubs and assesses the scrub and circulating staff in the room. Your skill level, knowledge, reputation and commitment to excellence will show. Never say “I have never done this before” – try to imagine the resulting concern, frustration and perhaps panic and stress. Introduce yourself quietly, perhaps state “I have followed the Procedure Card” and ask, “do you want to scan my table, for any additional needs?” Exude confidence, attentiveness, interest and appropriate conversation/questions.
- **Focused Attention:** The scrub nurse needs to be thinking three to four steps ahead of the surgeon to ensure all instrument, devices, sutures etc. are ready. The scrub nurse also needs to be prepared for options the surgeon may require. Hence always have an item in both hands as to place the correct item in the surgeon’s hand. Delays, as a result of needing to search, can cause a great deal of stress and frustration. Ensure focused attention throughout the case – learn from every experience! Be brave – at an opportune time ask the surgeon what you could have done to improve.
- **End-of- Case, Dismantling and Change-Over:** Ensure your full focus and attention are on the surgical team to expedite the case and minimize anaesthetic time. Ensure all items are available for closure and completion. Maintain an organized instrument table to ensure ease and sequential dismantling to prevent injury with sharps or contamination. Damage to fine instruments, loss of reusable items into waste or laundry, or inappropriate management of biohazard adds to the chaos, cost, injury and errors. Load the soiled items in the transport cart in a standardized manner for MDR safety and efficiency. Assist support staff in a respectful manner, with a rapid, efficient and safe Change-Over.

Summary

As described, the responsibilities of the Perioperative RN are extensive, complex, time-sensitive, can impact a large number of patients and multi-professionals. In a time of tremendous pressures in health care, with patient safety as a focus, there is an expectation of practice excellence throughout. Registered Nurses need to determine if they can, or are willing to, achieve excellence of practice in the OR. Our reason for being is “THE PATIENT”. Strategize how you will achieve the bar of excellence and in the words of Wayne Gretzky - “skate to where the puck will be.” Shower your environment with positive sprinklings of star performance – the return professional profits are immeasurable.