LA NORMALISATION : PRATIQUES EXEMPLAIRES POUR DES SOINS PÉRIOPÉRATOIRES AUX POINTS DE SERVICE

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La normalisation est utilisée pour développer, mettre en œuvre et maintenir les pratiques techniques répétitives au sein des membres d'une équipe. La normalisation suppose l'utilisation personnelle d'un ordre et d'une séquence d'étapes précis, documentés, bien compris et cohérents afin d'entreprendre et de progresser à travers un processus technique. La normalisation laisse entendre qu'il existe des objectifs communs de sécurité, d'exactitude, d'efficacité et de qualité. Le personnel de blocs opératoires/de salles d'opération accomplit des millions d'actes techniques répétitifs, chacun ayant un impact potentiel sur les résultats pour le patient et les membres de l'équipe. Lorsque les étapes de chaque tâche sont exécutées, la diversité individuelle ouvre la porte à un risque d'erreur accru, à des risques pour le patient, à du temps perdu et à de la frustration pour les membres du personnel. Imaginez seulement si l'industrie permettait les variations individuelles apportées aux processus.

Il incombe à la direction des établissements, aux éducateurs et aux chefs cliniques de s'assurer que des politiques, des procédures précises, des aides visuelles et des attentes bien définies sont à jour et qu'elles sont disponibles pour l'orientation, la formation continue et la pratique quotidienne. De plus, tout le personnel doit se conformer aux directives de l'établissement, mettre en œuvre et maintenir des activités prédéfinies afin d'optimiser la sécurité du patient, d'améliorer le fonctionnement de l'équipe et de favoriser un environnement de travail positif et coordonné.

STANDARDIZATION: PERIOPERATIVE POINT OF CARE BEST PRACTICE

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Introduction

Standardization is used to develop, implement and sustain repetitive technical practices among team members. Standardization presumes personnel use a detailed, documented, well understood, consistent order and sequence details for initiating and progressing through a technical process. Standardization infers a common goal of safety, accuracy, efficacy, efficiency and quality. Personnel in Surgical Suites/Operating Rooms (OR's) perform millions of single repetitive technical skills, each with a potential impact on patient outcome and team members. Individual diversity, when performing the details of each task, opens the door to increased error, patient risk, wasted time and inter-staff frustration. Just imagine if industry allowed individual variances in processes.

Facility's management, educators and clinical leaders have the obligation to ensure specific policies, procedures, visual aids and defined expectations are current and available for orientation, on-going training and day-to-day practice. In addition, all personnel are required to comply with the facility direction, implement and sustain defined activities to maximize patient safety, enhance team function, promoting a positive and coordinated work environment.

Risks Associated With Non-standardization and Independent Technical Variations

Practices, related to common repetitive technical skills, vary greatly from one OR to another and often based on personal preferences and independent decision making. Areas of challenge include:

Nomenclature, labeling and location: Wide variation in naming conventions, labeling of products, instrument sets and reprocessed goods exists within the Department as well as within surgical specialties. Lack of standards, compliance and supervision results in OR personnel stress, misunderstanding, widely varied Procedure Cards and ongoing communication issues with Medical Device Reprocessing (MDR). Delays, inability to locate items, wasted time increased team stress. The need for OR supply cabinets to contain standard supplies, specific quantity and locations are highly varied, further wasting team members time and adding stress.

Noncompliance with instrument (back) table and Mayo stand set ups: Noncompliance with original teaching/orientation protocols increases the stress for new staff, as they encounter different teammates daily demands. A wide variety of individualized instrument table and Mayo stand set ups exist. Many instrument tables and Mayo stands are chaotic, disorganized and vary among each scrub nurse. Soiled items may be mixed with sterile instruments, sponges in multiple locations, hidden or loose. Sutures and needles located in several areas, loose, hidden, secured /or not. Increased surgeon frustration results when the scrub nurse has difficulty locating items, combined with the detraction of focus from the surgical site and team needs. Lack of compliance with standardized practice increases the risk of error, wrong counts resulting in negative patient outcome.

Stress, Intimidation and Fear for Trainees, Rotators and Team: New staff learning the complexities of scrubbing and table setups struggle with the multiple individualized demands. Classroom teaching, focus, and clear thinking is threatened with the commands and demands of senior team colleagues. Senior staff may be heard to say: "I don't care what you were taught, when you are in my room, you will do it my way." The OR is the patient's room, not the nurse's room. Secondly, the setup is for the patient and surgeons, not the individual nurse. It is important to remember our sole reason for being in the OR is patient care! The facility and staff have an obligation to the patient to ensure compliance

with check-stops to provide the safest care possible.

"Handoff" Issues: Multiple circulating staff may be involved with each case between the set-up, various counts, relief for breaks, and shift changes. The higher the number of staff, and increasing case length, the greater the risk of error, if standardized practices are not followed in detail by both scrub and circulating members.

Closing Count Risks: It is noted that as the case progresses toward closing counts and disassembly the chaos and risk often increases. Difficulty performing an efficient and accurate closing count occurs when items are spread in multiple locations. In some rooms it is not uncommon to see instruments piled and mixed with sponges. The risk for errors during needle counts increases with disorganized needle placement, lack of security and visibility. Individualized or disorganized practices increase the risk of injury and increases the time required for an efficient change over.

Standardization Process:

Management, Educators, Clinical Leaders, Quality Improvement and Safety designates must work as an integrated, unified team to establish the framework, content for Policy, Procedures and practices. Delineation of roles, responsibility, accountability, expectations, audit process and consequences for sustained outcomes shall to clear to all employees.

Management, QI and Safety Requirements:

- Review/update, approve and communicate expectations of the Department's documented standardization requirements, using facility, ORNAC, IPC Standards and evidence based information;
- Approve the establishment of an effective Clinical Practice Committee(CPC) consisting of educators, clinical leaders and point of care staff with various experience levels; include MDR leadership as required;
- Ensure support for CPC work time, decisions, and follow-through for sustained quality improvement;
- Provide and support the communication tools/ process and implementation of CPC decisions for sustainability;
- Exam root cause of errors/ incidents for lack of standardization, inadequate, outdated information/ process and noncompliance;
- Establish and role model Guiding Principles for patient safety, risk reduction, best practices, team efficiency and a positive work environment;
- Review the Surgical Count Policy and Procedure to ensure detailed sequences are defined for compliance by all point of care nurses. A high rate of count errors can result. Chaotic tables and individual practice are a significant cause of the risk rate; and
- Include compliance of standards within the performance management process.

Educators and Clinical Leaders:

- Document and maintain current practices and expectations being taught during orientation, on-going training, and daily OR/Theatre staff performance, regardless of seniority;
- Assess the current level of standardization and compliance among point of care personnel, referring substandard performance, process issues, environmental implications to management;
- Supervise staff for compliance and ongoing practice maintenance;
- Determine the review/audit process to monitor effective change and ultimate success;
- Post plastic-covered photographs, on the OR/Theatre walls, in standardized theatres setup areas. Pictures should depict the required left and right instrument table, Mayo stand setups for Basic Minor, Abdominal Open, Laparoscopic, Perineal, Orthopaedic (for Basic Limb, Arthroscopic, and Total Joint), ENT, and Ophthalmology; and
- Standardize base theatre supply cabinets by item, quantity and shelf location for all rooms.

Clinical Practice Committee:

- Determine the issues, and prioritize levels of safety risk, noncompliance and personnel frustration within the Department;
- Determine the specific projects to be standardized at one time. The project must be manageable in order to achieve successful sustained outcomes. Failure to implement and sustain standardization allows the resistant and cynical to cast doubt and as a result justify a continuation of individualized practice;
- Standardize the setup order of case carts from MDR, using consistent placement principles that promote an organized, efficient sequential theatre setup as well as the return of soiled case carts to MDR;
- Develop a process to list, change and communicate the key concerns and rationale of the "naysayers"/non-compliant staff;
- Establish the best practice standard with valid rationale; and
- Ensure all communication teaching strategies are in place and implemented, to reduce the "nobody told me" factor.

Communication Strategies:

- Use stories from actual events to demonstrate the need to change as a means to depersonalize the non-compliant activities;
- Post the projects, process changes and audit results in the education posting/staff lounges/ congregation areas,
- Communication/report materials/ computer using posters, email, Newsletters, education sessions, report books etc.; and
- Celebrate and acknowledge sustained success for positive motivation!!

All Staff:

- Professional responsibility includes reading and being informed of Department and specialty Policies, Procedures and Communication;
- Continuing education is a daily, lifelong requirement;
- Teach, support, mentor teammates to maintain the standardization requirements; and
- Communicate with and take part in the CPC to promote, implement and sustain standards.

Conclusion:

A process of firm, supervised, standardization should be taken in all Theatres for the safety of the patient, staff and efficiency of the surgical team. Reduction of error risks, supporting an effective sustained training tool, improved time and efficiency, creating quality improvement and reduction of staff conflict is essential for a safe and positive work environment. Standardization however, takes a commitment to best practice, a clearly documented and publicized plan with a progressive time line, firm and positive leadership with sustained monitoring activity. The patients and the team expect this as a best practice measure!

It is the patient's right!