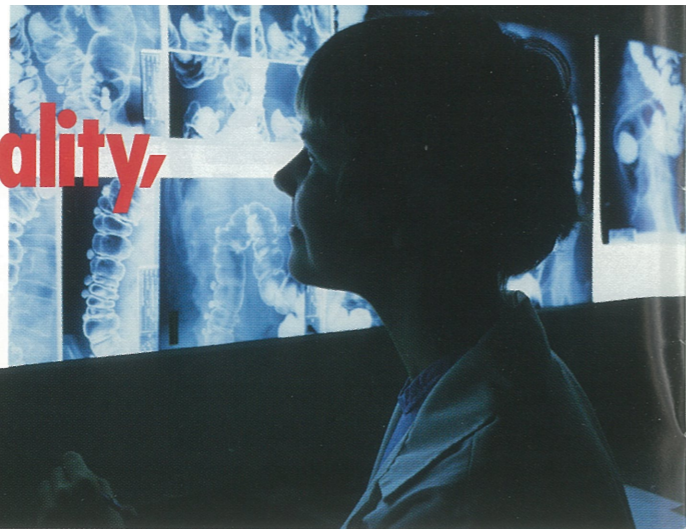


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Security ... and Hope

By Donna Farid, RN, PGOR, CPN(C)

Of all the key issues identified by Perioperative Registered Nurses at the 15th National ORNAC Conference Forum, the third issue, Job Security, gave me the greatest struggle.

The question kept recurring, "Does job security exist anywhere in Canada in this economic climate?" I am sure each one of you personally knows someone who has been the victim of downsizing and fiscal restraint, whether they worked in the health care field, or any field for that matter. But, of course, the nursing profession is our area of concern, and it has taken a beating over the past few years.

Ten years ago, job security for nurses simply meant that you were a full-time employee in a health care facility with benefits, paid vacation, and a fairly decent salary. Nurses who have been employed that long have some sense of security as long as their age/length of employment ratio isn't close to the magic sum of 80 (years of employment plus age), when they may be "encouraged" to take an early retirement package, or unless they were among the last of the full-time nurses hired, therefore the first to be cut within the downsizing scheme. So you may be able to breathe a little easier if you are somewhere in the middle of that range.

There is a glimmer of hope, however. On November 6th, 1997, I represented ORNAC at the National Nursing Forum in Ottawa. The participants came from a comprehensive cross section of nursing organizations, e.g., CNA provincial/territorial associations, associate and affiliate members, regulatory bodies, nursing unions, student nurses and government nurses.

The purpose of the Forum was to provide an opportunity for nursing leaders representing all registered Nurses in Canada to examine the impact of health care changes on the public and on nursing. Specific objec-

tives were to identify and discuss key issues, to develop national strategies and action plans, and to provide a stimulating networking opportunity. The agenda was based on discussions by the Forum Planning Committee, input from the CNA Board of Directors, and the results of a synthesis of questionnaires sent to Forum participants in advance.

It was incredible to see representatives from so many nursing organizations, each with their own perspectives and mandates, come to agreement on key issues and develop national strategies to address them.

The seven national strategies which were developed are:

1. Reaffirmation of our publicly funded health care system and funding for all services, including nursing services, across a broad continuum of health care.
2. Support for families and informal care givers including access to community-based services and home care.
3. Health care reforms based on principles of primary health care, not fiscal restraint.
4. Restructuring and health care delivery decisions based on sound evidence.



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5. Establishment and maintenance of high standards of care across the country.
6. Human resource planning to ensure the right number and type of qualified professionals to meet the needs of our increasing aging population.
7. Strong leadership by governments and health care providers, and public involvement in decision-making.

CNA had taken the initiative by sending a letter on behalf of the nursing organization who participated in the Forum, (representing 264,000 RNs across Canada), to federal and provincial Ministers of Health. The results of our discussions were shared in this letter, along with an invitation to governments to work with us on the strategies for action. A news release containing this information was issued as well.

The results of a report commissioned by CNA, were provided to the Forum participants by Dr. Mary Ellen Jeans, Executive Director, revealing that there will be a severe shortage of RNs in Canada in the next fifteen years if corrective steps are not taken now. CNA President, Rachel Bard, met with Federal Health Minister, Allan Rock early in November to share the results of this important study and to suggest a course of action.

Each strategy is being assigned to a working group to determine its implementation.

Our nursing leaders are working hard to secure a solid future for RNs and quality health care for Canadians. Although job security may be on shaky ground today, surely, true health care reform based on the real issues will help to alleviate that uncertainty. You can contribute by keeping abreast of current issues and activities as they occur, and by assisting in keeping the public informed. The report on the Forum, a copy of the letter to the Ministers, and the news release will be sent to the ORNAC Board members prior to the spring Board meeting. You can obtain this information from the provincial presidents, or from CNA. A second forum will take place at the CNA Biennium in June. As new information becomes available, it will be passed on to ORNAC Board members.

Dr. Judith Ritchie, who gave the key address at the beginning of the Forum said "Through this National Nursing Forum we can develop concrete outcomes for future collaboration. We need to ensure that the conclusions and resulting actions from this Forum are both needs-based and evidence-based and that we take the next steps hand in hand with consumers."

The Circulating Role: Who is the most Appropriate Care Provider?

By Bauce, Braid, Goold, Hopwood-Jones,
Moroz, Radcliffe, Ross, Tyndall & Young

Introduction and Historical Background

The Hamilton area hospitals, like all hospitals in Ontario, were faced with downsizing, mergers, redesign and restructuring. Realizing that realignment of the health care system would lead to movement of Registered Nurses (RN) and Registered Practical Nurses (RPN) between the hospital, a meeting of the managers and educators of the Operating Room sites was held. The goal of the meeting was to review the need for standardization within the roles of the RN and RPN. It became evident at this meeting that the RPN scope of practice varied with regard to the circulating role.

The Process

The journey that led up to the Nursing Position Statement on the Appropriate Care Provider in the Operating Room was a long and arduous one. It took over a year for the task to be completed. With the passing of the Regulated Health Professions Act (RHPA) in 1993 and the ongoing health care restructuring, it became evident to the Operating Room administration in the city of Hamilton that there needed to be some dialogue with the College of

Nurses of Ontario (CNO). With this in mind they met with Lynne Purvis, the representative of the CNO in November 1996 to discuss the issues.

From that meeting it was decided that Operating Room nursing staff should be given the opportunity to participate in a discussion with the College of Nurses. Operating Room nurses from the surrounding area were invited to attend. In January 1997, Susan Jenkinson, Nursing Practice Coordinator with CNO, presented information on the RHPA and scope of practice of RN's and RPN's.

To clarify outstanding issues from the January meeting, the OR managers and educators met to plan a Perioperative Nursing Roles workshop. Each hospital was asked to select one RN and one RPN to represent their peers. In March of 1997, the workshop was held with the 20 hospital representatives facilitated by Susan Jenkinson. The aim of the workshop was to clarify the RN/RPN scope of practice as it relates to the care of the perioperative patient. Using the CNO's Decision Guide Determining the Appropriate Category of Care Provider, the participants worked through various simple and complex case scenarios to determine the roles within the Operating Room. It was identified that the RN role was consistent across the sites but there were inconsistencies within the RPN role.

Abstract

This article describes the long and arduous journey to the development of the Nursing Position Statement - Appropriate Care Provider for the Operating Room in Hamilton and Burlington, Ontario. From the first meeting to the final presentation of the Position Statement to management, it took over a year of intense review. The entire process was done in consultation with the College of Nurses of Ontario, Operating Room Management, educators and staff nurses.

Authors

Cathy Bauce, RN,BA,MEd, Marjorie Braid, RPN, Judy Goold, RN, Laurel Hopwood-Jones, RN, BScN, Mary Moroz, RPN, Kathy Radcliffe, RN, CPN(C), Joanne Ross, RPN, Judi Tyndall, RN, CPN(C), Elaine Young, RN, BA, CPN(C), were members of the tri-hospital committee shown on page 9.



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