

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.

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At the May 1997 meeting each respective hospital presented their ten most commonly performed surgical procedures and provided their role description for the RPN. At this meeting the decision was made to invite Susan Jenkinson back for further clarification of issues before a position statement was drafted.

Susan met with the group in June 1997 to clarify issues and concerns that had been raised. At the end of the meeting it was recognized that all surgical procedures in the Operating Room had some aspects of unpredictability. Since it was not possible to have an RN readily available at all times in case of emergencies; the RN would be the primary circulator for all surgical procedures. This decision was disturbing to some of the RPN's who had previously functioned in the circulator role and who wished to maintain and expand their skills.

A small working group of RN's, RPN's, managers and educators was established to develop the position statement. Drafts were sent out to all hospital representatives to critique over the next few months. In December 1997, the final draft was completed and accepted by the members of the committee.

Summary

The process involved in developing this position statement was a long one: at the same time, an excellent learning experience for all involved. It gave the participants an opportunity to work in a group and on a large committee as well as the chance to meet with representatives from other hospitals. Nurses were able to discuss the way their operating rooms were staffed and express any concerns about this issue.

The group consisted of twenty members - fifteen RN's and five RPN's. Given the higher ratio of RN's, it is not surprising that some of the RPN's felt a little overwhelmed and were reluctant to express their views in the meetings. This became apparent when the RPN's expressed their concerns in writing to ensure that they were heard. They were very disturbed about the decision of who would be the first circulator. This letter served as a basis for further discussion and clarification as to why the decision was made that the RN would be the first circulator in all cases. The RPN's understand and support this decision, though with some reluctance.

The Nursing Position Statement - Appropriate Care Provider for the Operating Room for Hamilton and Burlington (**Appendix I**) was presented to the senior administration of the hospitals for their support to ensure excellence in perioperative nursing care is continued. This position statement is scheduled for review annually.

References

1. A Decision Guide "Determining the Appropriate Category of Care Provider": College of Nurses of Ontario, Toronto.
2. Operating Room Nurses Association of Canada - Position Statement - Staffing the Operating Room.

Bibliography

- College of Nurses of Ontario: "A decision guide - Determining the Appropriate Category of Care Provider". (March 1997).
- College of Nurses of Ontario: "Professional Standards of Practice" (September 1996).
- College of Nurses of Ontario: "RHPA an Overview for Nursing" (April 1994).
- Operating Room Nurses Association of Canada: "Position Statement "Staffing the Operating Room", (1995).

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Appendix I

Nursing Position Statement

Appropriate Care Provider

For the Operating Room for Hamilton & Burlington, Ontario

The Position Statement has been developed in accordance with the Decision Guide published by the College of Nurses of Ontario "Determining the Appropriate Category of Care Provider". "The College of Nurses (CNO) developed this decision guide in recognition of the challenge to efficiently and effectively ensure safe and effective nursing care in the current health care environment." (1)

The Operating Room Nurses Association of Canada (ORNAC) published the following Position Statement for Staffing the Operating Room:

"For the patient undergoing surgical intervention, one of the most critical periods of care occurs in the Operating Room. Every patient has a right to a high level of nursing care, and each facility has the responsibility to ensure that the Operating Room is staffed appropriately in order to:

1. Meet individual patient's needs;
2. Maintain acceptable levels of safety for both patients and staff;
3. Function within legal limitations as set forth in Provincial licensure standards." (2)

For the above reasons and with the intent of providing optimum perioperative care to the surgical patient, the Operating Room staff of the hospitals in Hamilton and Burlington, Ontario, have adopted the following position:

1. The management of the Operating Room Suites must be coordinated under the leadership of an experienced Operating Room Registered Nurse;

2. The care of the surgical patient in the Operating Room must be coordinated by a certified** and/or experienced* Registered Nurse, who as circulator, is physically present in each Operating Room at all times, and is immediately available to respond to emergencies;
3. When a Registered Practical Nurse with Operating Room nursing certification** and/or experience* is part of the surgical team, the Registered Practical Nurse will function in either the scrub nurse role or the second circulator nurse role with the circulating Registered Nurse;
4. Complex patient care requirements in the unpredictable Operating Room environment require the knowledge, skills, and judgment of a nurse to perform the scrub role;
5. Each surgical procedure must be staffed by a minimum of two nurses at all times, one of whom may be a Registered Practical Nurse. Additional staffing may be required to provide patient care for induction, changeover and relief;
6. Depending on the acuity level of the patient and/or the complexity of the procedure, it will be necessary for additional Registered Nurses to be present in the Operating Room to provide care.

Note:

* Nurse with recent relevant experience who has participated in a formal operating room program provided by a recognized employer

**Certified - Post Registered Nurse Operating Room Course - Post Registered Practical Nurse Operating Room Course.