

Delivering the Right Message to the Right People

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

During the 15th National Conference in Ottawa last April, a forum conducted to identify key issues of concern for perioperative nurses was held following the Opening Session. A questionnaire was passed around asking the perioperative nursing audience to write down their three most pressing issues. The audience was then broken up into smaller groups, each with a facilitator, so the issues identified could be discussed. ORNAC was conducting this kind of process for the first time, and, in retrospect, recognized some glitches that needed to be ironed out to facilitate a smoother process in the future. However, there was a buzz in the room that was electrifying. Nurses from across the country were dialoguing with each other - expressing their common concerns, some venting their frustrations, some sharing their ideas and resolutions. They were connecting!

The top three issues identified were:

- Replacement of Perioperative Registered Nurses with other health care workers (both licensed and unlicensed).
- The Expanding Role of the Registered Nurse (Advanced Practice).
- Job Security.

I will attempt to address the first issue.

Recently I have noticed that we are getting better at articulating our roles, mostly to each other. Articles promoting perioperative nursing roles and RN roles are more predominant in our specialty journals, such as our CORN journal, in the CNA journal, newsletters, research papers, jurisdictional publications, and so on. However, we are preaching to the converted. Perioperative nurses who take the time to read the CORN journal and other publications related to their profession are already convinced that their practice is of great value. The message needs to be sent further afield - to our client base - the public. What better way to promote our role than to have a surgical patient ask to be care for by a Perioperative Registered Nurse because they are familiar with the care we provide for them and they know they can place their trust in us.

Beverley P. Giordano, Editor of the AORN Journal, expressed my sentiments exquisitely in the Sep-

tember, 1997 issue when she stated:

"As technology advances, the tools that perioperative nurses use to care for patients may change, but the fundamentals of nursing care (i.e. knowledge, skill, judgement) are timeless. These fundamental nursing values are the basis of the quality care that surgical patients have relied on in the past - and will expect in the future. This is the message for perioperative nurses to convey to the public".

Giordano went on to quote Virginia Henderson who wrote, "The essence of nursing is to do for others what they would do for themselves if they had the strength, the will and the knowledge".

As National Perioperative Nurses Week (the week of November 14th) draws near, Giordano suggests that instead of our usual demonstrations of OR Settings in public areas, demonstrating instrumentation, showing videos of surgical procedures, think of how we can send another message - how we care for our patients (by keeping them warm, safe from harm, staying by their side, listening to their concerns, offering support and easing their anxiety, while all around them bustling preparation and invasive monitoring takes place).

ORNAC has prepared a promotional video, which after you have viewed it, leaves you with a feeling of pride in your chosen profession of perioperative nursing. Show that. Also, a pamphlet is being developed explaining in simple terms "Why You Deserve a Registered Perioperative Nurse". When they are ready, we will send them to each provincial OR nurses organization for distribution to the public.

If the public is convinced that you are the best person to provide quality care pre, intra and postoperatively, they can become invaluable allies in influencing those who make decisions about staffing our operating rooms. Perioperative Nurses Week is your opportunity to participate in delivering the right message to the right people.

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Protecting Your Future

By Susan R. Guerra, RN & Carolyn Rose, RN

Introduction

Have you recently had any reason to believe your job may be in jeopardy? If you answered "no" to this question, you may want to reconsider your answer! What is your response to the following questions: Has the budget been cut in your operating room? Is your hospital merging with any other area hospital? Have hospitals in your area closed now or will they close in the future? Have any positions been eliminated in your O.R. recently? And have RN's been replaced with alternative personnel? If you answered "yes" to any of these questions, it's time to sit up and take notice! Your job may be on the line.

There may be nothing we can do as perioperative nurses to stop some of the chain of events taking place in our environment right now. However, when administrators look at slashing budgets, we want to make sure we are part of the solution rather than part of the problem. One of the ways we can protect ourselves is to look for ways in which we can impact cost savings for our department. By instituting some creative ideas, perhaps we can stave off future threats.

Examine Draping Practices

One of the first areas in which to look for cost savings is draping. Recently, in this journal, an article was published addressing some of the practices of over draping for surgery. Use of approach sheets and squaring off the incision area (depending on the draping system utilized) may no longer be warranted. Standardizing draping techniques among physicians reduces variability and in turn, cost. For example, when surgeons perform dilation and curettage procedures in their clinics, they may only use towels to drape the immediate area. And yet, in the operating room we persist in using leggings, a sheet under the

buttocks, and a sheet over the abdomen. This is quite a contrast compared to the two towels used to drape in the surgeon's clinic!

Eliminate Wastage

An additional area which can drive significant cost savings is by simply eliminating wastage. How frequently are items opened "just in case" or "just because the surgeon *may* ask for it," only to discard those items at the end of the case? If there are items listed on the surgeon's preference card that are not used 100% of the time, wait to open those items until they are specifically needed and requested. To avoid the potential mishap of opening items that will not be used, ensure the surgeon's preference cards are up to date and accurate. This will also assist the next RN who prepares for this procedure and is not as familiar with the surgeon's preferences.

At times, surgeons will insist that certain items and sutures be opened for the procedure. If this is the case and items are opened and not used, save these items in a plastic bag for a month or two. At the end of this specified time frame, determine the cost of these wasted items, tally the total, and present the results to the surgeon. Surgeons respond very well to data and the dollar total may encourage them to reconsider some of their unnecessary requests.

The use of an event-related sterility system rather

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