

## 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.

Donna Farid is President of the Operating Room Nurses Association of Canada. She is Staff RN, Cardiovascular Surgery, Queen Elizabeth II Health Science Centre, Halifax, Nova Scotia.

## 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.

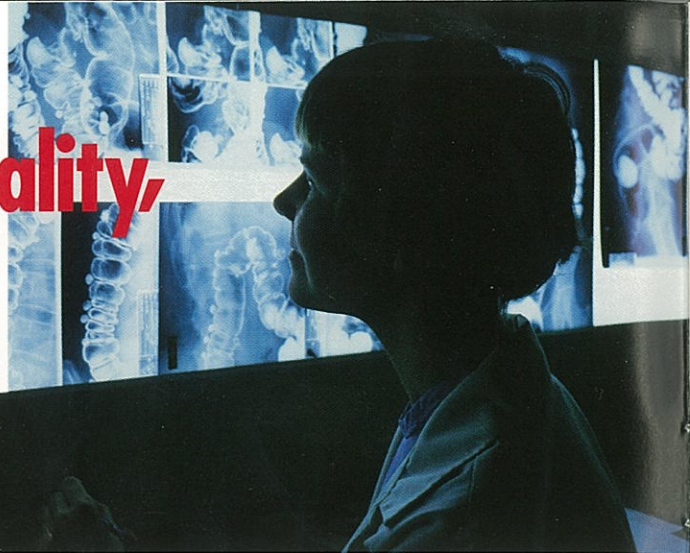
The use of an event-related sterility system rather

### Author

Susan R. Guerra, RN, is a Surgical Services Consultant, and Carolyn Rose, RN, is a Nurse Consultant with Allegiance Healthcare Canada Inc.

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than a time-related outdated system can also save many dollars per annum in reprocessing and packaging costs. Consider the time utilized to check for outdates, deliver the outdated supplies to the central processing department, unwrap the supplies, rewrap/package the supplies, resterilize, and then return to storage. This is a very costly venture, especially when the item is likely to be sterile if there has been no untoward occurrence with the item.

## Standardize

Standardization of supplies can save hundreds of dollars in supplies and associated costs. The associated costs may not appear to amount to much at first glance until the entire supply link is analyzed. The circle of inventory control includes checking the storage area for needed items, submitting needs list to purchasing, creating a purchase order, phoning the vendor to order the supply, receiving the items at the receiving dock, distributing the paper work to the appropriate departments throughout the hospital, and delivering the item to the ordering department. If too many items are ordered and not used right away, the item may become obsolete, damaged or soiled, lost, and at a minimum, occupy valuable storage space. The more items, the greater the cost to the system.

There are many areas in which standardization can occur. The first is to standardize draping practices (as discussed previously) and other supplies utilized for a procedure. Instrument trays offer opportunities for standardization. Are five different varieties of curved clamps really needed on each instrument tray? Another area ripe for standardization are the common supplies used by most of the staff in the operating room. Many hospitals support wide variation in hats, masks, scrub brushes and solutions, and gloves. Some variation is necessary due to allergies, etc. However, much seems to stem from personal preferences. The question to ask staff members and physicians is: "Are these products selected because you prefer them or are they necessary to address a particular need?" The key is to determine clinical acceptability rather than ensuring all personal preferences are satisfied.

## Create Physician and Nurse Awareness of Costs

It is easy to be lulled into the false thinking that surgeons and nurses are fully aware of the cost of all the items they use on a daily basis for surgery. The fact is that many probably don't know costs because the

money for the items usually does not come out of their own pocket or that of their department. Money typically comes from the operating room budget. To create fuller awareness on the part of surgeons and nurses of item costs, several techniques can be employed. First, simply post the price of items in locations unavoidable to the surgeon; surgeons will begin associating actual costs with their supply consumption. Prominent locations ideal for posting include the locker rooms, the door exiting the locker room, the supply room, and the wall above the scrub sinks where they must stand for at least a few minutes. Some hospitals have employed the "post one item per week" methodology so that a constant rotation of supplies and related expenses are displayed.

Another example of how surgeons can drive supply costs is through the accuracy of their surgical bookings. How many times has the discovery been made that the procedure a surgeon has booked is not the actual procedure that will be performed? The supplies are pulled and opened for the procedure and then when the patient arrives, the site of a procedure is different, additional sites are added, etc. Next time this occurs, save any wasted and unused supplies, tally the total cost and present this to the surgeon. Mention that the money lost on these wasted supplies might have been spent on other patients.

## Question Everything You Do and Use

After working in the operating room for a period of time, many everyday practices become second nature, unquestioned. The days of continuing in the status quo are over! No longer can the system afford to continue routine behaviours without examining their effectiveness and looking for more cost-effective alternatives. What kind of table is used as a back table? Is a special drape or multiple drapes required to create a sterile field on this table? Is it necessary to create a sterile field to set up the patient skin prep? Must the Mayo tray be wrapped and sterilized or can it simply be placed in the stand and draped as one unit? Scrutinizing these everyday activities may result in many cost saving alternatives.

## Examine Dinosaur Practices

Sheer habit may dictate what is worn and/or used in the operating room. Yet there is abundant research available which demonstrates that some of these habits are not contributing to the ultimate outcomes previously thought. Surgical masks are a good example of an item that may be overused in an effort to

decrease operating room contamination. Many research studies show that masks are not effective in reducing surgical infections and may actually increase environmental contamination.<sup>1</sup> Does this mean surgical masks should be eliminated for the purpose of protecting ourselves from splashes and from breathing in harmful particles? Probably not. It does mean that it may not be necessary to wear masks in corridors, workrooms, and empty operating rooms when there is no potential for exposure.

Eliminating shoe covers represents an additional opportunity for cost savings. Once again, research has failed to demonstrate a positive impact of use of shoe covers on reduction of contamination in the operating room environment.<sup>2</sup> Should shoe covers be eliminated entirely? Shoe covers can serve the purpose of keeping shoes clean during surgical procedures with moderate fluid exposure. Procedures with high fluid exposure potential may actually require more protection including fluid impervious shoe covers or boots. Cost savings may be realized by eliminating the requirement of shoe covers in all areas of the operating.

Cover gowns and lab coats are also up for grabs. Do cover gowns/lab coats really help reduce contamination of scrub suits and the operating room environment? Studies conducted on use of cover gowns to reduce environmental contamination and infections in patient populations have shown cover gowns to be ineffective.<sup>3</sup> Another study resulted in lack of statistical significance that bacterial counts on scrub clothes was reduced through use of cover gowns.<sup>4</sup> Consider establishing parameters and locations that are acceptable to visit without wearing cover gowns. Eliminate the need for staff members to journey outside the operating room environment through methods such as arranging for food service in the staff lounge. Many hospitals have actually eliminated the requirement for cover gowns and lab coats and report no change in infection rates while experiencing significant cost savings.

Finally, sterile prep sets may soon become obsolete because they may not contribute to the reduction of microbial counts during skin preparation. There are many, many practices that deserve evaluation as to their effectiveness. Seek research and conduct research which supports these queries.

### Learn to Sell Your Ideas

Not sure where to start in implementing all these ideas? Start first by seeking other individuals who will support the ideas - fellow colleagues, charge nurses, managers. Ask them if they would be willing to help

the cause. Second, seek literature and other sources that provide support and documentation. Conduct literature searches on different topics or ask to meet with the infection control practitioner to discuss practice changes. Volunteer to participate on committees and task forces that address cost issues. Begin to associate with these types of efforts and the appropriate individuals will begin to recognize you as part of the solution.

### If All Else Fails...

What happens when even after making these wonderful efforts toward cost reductions, job security remains an issue? Reality dictates that with all the changes in the health care environment, threats to security will persist far into the future. Now what? Consider alternative ways to apply the knowledge and skills that come with being a perioperative nurse. There are many career options available for those with nursing backgrounds and the list grows daily. Industry is seeking more and more the clinical background because they are discovering that it may be easier to teach a nurse sales and marketing skills than it is to teach a non-clinical person the details of the operating room and hospital environment. Jobs with industry include not only sales and marketing but also computer software development and implementation, product or other expert consulting and teaching. Industry and other institutions conduct research projects that require individuals with nursing backgrounds for project management.

The difficulty nurses generally have is learning to articulate the skills already possessed that are useful in other settings. Nurses are masters at handling stress, multiple tasks simultaneously, and dealing with difficult situations and personalities. Learn to capitalize on these strengths when selling the value of a nursing background.

While some skills are inherent to perioperative nursing, other skills are not and must be acquired. Additional education may be warranted in the form of obtaining a degree or other training. Computer literacy and expertise is a must and can also be acquired with additional training. Most positions of this nature require written reports and letters and thus keen writing skills are of the essence. Finally, in Canada particularly, being bilingual in French and English is a real plus.

The largest hurdle nurses must overcome to venture outside the doors of the operating room is having the courage to do so. The comfort of familiar environment and fear of the unknown make for a paralyzing

combination at times. A gentleman named Raymond Lindquist stated that courage is "the power to let go of the familiar." Let go of the familiar and begin to seek the unlimited opportunities available. ■

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