

Bursary for OR Nurses

By Shelly Zareski
Chairperson
ORNAC Awards Committee

This bursary was established to financially assist ORNAC members in furthering their education in areas that will enhance perioperative nursing practice. The ORNAC Awards Committee, comprised of members from across the country, choose successful applicants in accordance with established selection criteria

Eligibility Requirements

The applicant must be a registered nurse who is licensed with the Provincial Professional Association. The applicant must also be an active member of the Provincial Operating Room Nursing Association two consecutive years prior to submitting the application. The individual must be employed, with a primary focus on perioperative nursing, according to the official ORNAC definition.

Funding is available for post basic operating room nursing programs approved by ORNAC, Baccalaureate nursing programs and Masters and Ph.D. nursing programs related to health care and considered an enhancement to existing perioperative employment.

Application Requirements

The personal profile / resume must be typed and supporting data enclosed with the completed application form. The application will not be considered if this criteria is not met. This data includes letters of reference as indicated on the application form, photo

copies of nursing license, membership in a provincial OR association, perioperative nursing certification (if applicable) and proof of acceptance in an education program.

The complete, typed application form and supporting documentation must be submitted to the Chair of the ORNAC Awards Committee before is **March 15th each year**. This information can be found in every issue of the *Canadian Operating Room Nursing Journal*. Late submissions will not be considered.

This bursary is jointly funded by Johnson & Johnson Medical Products and ORNAC and is administered by the ORNAC Awards Committee. The applications are judged by the committee based on established criteria. If there are no suitable applicants, the award will not be presented and funds will be carried over to the next year. Bursary funds are designated specifically for tuition and books. Final approval for disbursement of funds rests with the Awards Committee and the ORNAC Board of Directors. At the end of the term, proof of successful completion of the course must be forwarded to the Chair of the Awards Committee in order to close out the file.

ORNAC recognizes that the education of perioperative nurses plays a pivotal role in providing a strong and successful national organization. The ORNAC Executive and Board of Directors appreciates the financial support provided by Johnson & Johnson Medical Products.

Operating Rooms Don't Have To Be So Scary !

By Ellen McQuabbie, R.N.

For the past four years, we at Stony Plain Municipal Hospital have been striving to make the operating room experience less frightening for our patients of all ages. There are a number of actions we have taken to accomplish this.

1. All our patients who are receiving general anaesthetic are seen in the pre-op assessment clinic by both the anaesthetist and a nurse, usually one of the O.R. nurses. This is very helpful, not only for O.R. staff who learn of patient problems and challenges prior to O.R., but also for children who then come to a familiar place on surgery day. They see familiar faces and surroundings. Weight, consent and lab work, if necessary, are all obtained at this time, so patients do not need to come into hospital more than 1 1/2 - 2 hours prior to surgery. In pre-op assessment, they are given written instructions for their surgery day, as well as a contact phone number.

2. We now send two EMLA patches home with the parents of each child at preoperative assessment. They are given instructions on application and told to apply one patch to the back of each hand of their child about 2 1/2 - 3 hours prior to surgery time. We are finding this gives optimum anaesthetic effect prior to the intravenous needle.

We are finding our present method is far superior in comparison to the results we were getting previously, when the nurses put the EMLA ointment on each child's hand upon arrival to hospital the morning of surgery. Since these patients are all out-patients we recover our cost by charging parents for the patches.

Where age is applicable, the children receive a wonderful 21 - page fun and games coloring book at their pre-op assessment.

3. Children can play with an assortment of toys in our holding area and loved ones may remain with patients of any age until he/she is actually taken into the Operating Room.

4. It has long been thought that music "soothes the soul". One of our Recovery Room Nurses translates this thought to action by supplying an assortment of tapes and CD's for the holding area and recovery room. Comments and reactions from visitors and patients alike are very positive and encouraging.

In the recovery room there is a rocking chair for parents to cuddle and rock a child who needs to be comforted while waking. As a parent who has had children go through surgery, I am well aware of the benefits of this to parent, as well as to child!

5. We instituted a "Volunteer Program" to assist our patients and families while they await their surgery. We feel this pre-operative waiting period can be most frightful, as imaginations run rampant. Our volunteers are handpicked and highly trained to assist in this area. Their duties include playing with the children, reading to them, directing parents and visitors to the bathroom or cafeteria and acting as liaison between patient/family and O.R staff. The volunteers sit with ophthalmology patients and keep them company while the patient is in our waiting area. Following surgery, volunteers direct the ophthalmology patients to the cafeteria and may even sit with them

Author

Ellen McQuabbie, R.N. is the Operating Room Charge Nurse at the Stony Plain Municipal Hospital, Stony Plain, Alberta.

until their family arrive to take them home.

On two occasions we have utilized a volunteer to follow a cataract patient into the O.R. and sit with him during the procedure. The patient may have otherwise had to have a general anaesthetic because of fear or apprehension and the inability to lie quietly. He knew and trusted the volunteer because she had been with him preoperatively. It worked beautifully.

Follow-Up Phone Calls

On post-operative phone calls that I make to a cross section of all patients, I receive comments such as these:

- "My son said the best part of the operation was 'the lady who played soldiers with him'."

- "Please thank your volunteer person. She put me at ease and kept my mind occupied."

From the volunteers themselves I hear:

- "E.N.T. day is a grandmother's heaven with all those little children, I love them all!"

- "With cataract patients I get such a feeling of satisfaction when I can comfort them and make them less afraid." *Note: the volunteer remains with the patient when the anesthesiologist injects the freezing.*

- "I enjoy people, young or old. I felt a need to do something for the community. In our busy life-style of the 90's, no one seems to have time to really listen. As a volunteer I take time to just listen, to share and to accept them as they are and, hopefully, lessen some of the uncertainties. A problem shared is a problem halved! Feedback has been positive and I feel a great deal of anxiety has been reduced through the work of a great team of medical personnel in Stony Plain. I've enjoyed it greatly!"

Acknowledgement

I wish to acknowledge our volunteers, past and present, for their dedication and care to our surgical patients:

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|------------------|-----------------|
| Doris Stonehouse | Shelly LeFebvre |
| Doris Larsen | Tammy Bishop |
| Carole Woloshyn | Marilyn Ulmer |
| Isobel Baron | Vi Criss |
| Betty Marshall | |

I must also recognize Maureen Eykelenboom, the volunteer coordinator who began this program here at Stony Plain Municipal Hospital and who approached me with a question, "Do you think there could be any place for volunteers with surgical patients?"

There absolutely is a very important place for them. Thanks, Maureen.

CARITAS HEALTH GROUP
Misericordia Community Health Centre

Patient Care Manager, Operating Room/Recovery Room

As an integral member of the Management Team, the incumbent will be responsible for: providing strong leadership within the Operating and Recovery Rooms. Reporting directly to the Site Administrator, the incumbent will be responsible for operations, evaluations and planning of service delivery.

Qualifications

- Baccalaureat degree in Nursing or other relevant health care discipline required; Masters preferred.
- Three years recent experience in a management/leadership role within a patient care area, as well as operating room experience.
- Strong leadership, coaching and motivational skills.
- Excellent communication, interpersonal and team building skills.
- Proven planning and implementation skills.
- Ability to manage fiscal resources within a budget of approximately \$4M.
- Creative ability in problem/conflict resolutions.
- Human Resource management in a unionized environment.

Interested candidates may forward their resumes before November 15th, 1995 to:

**Human Resource Services
Misericordia Community
Health Centre
16940 87 Avenue
Edmonton, AB
T5R 4H5**

Resumes may also be Faxed to:
Fax: (403) 930-5957

Risk Management

By Darlene Beaudet, RN, BScN

Introduction

Risk is encountered by everyone everyday. Since the beginning of time, humans have had to deal with risk. Controlling and eliminating the known risks are what we call risk management.

Risk management (RM) dates back 6000 years. In Babylonia in 4000 B.C., evidence has been discovered which indicates that efforts were made to minimize damage by fire and cargo loss at sea. Still, health care risk management is relatively new. In 1965, the case of Darling vs. Charleston Community Memorial Hospital set a precedent. In that case, the Illinois Supreme Court held that a hospital could be liable if the nursing staff failed to notify medical and hospital administration when they knew that a patient was receiving inadequate care from a physician, or if the hospital failed to review and monitor treatment by physicians, and failed to enforce medical staff bylaws requiring physicians to obtain consults when necessary. The private physician in this instance was a general practitioner who had been allowed by the hospital to practice orthopedics even though his competence had not been reviewed in more than 30 years (Southwick, 1988).

The medical malpractice crisis of the mid-1970's in the U.S. emphasized the need for risk management in health care.

RM, QA, CQL & TQM

What is risk? The Oxford dictionary defines risk as an "exposure to chance of injury or loss". Risk management may therefore be defined as "a management function aimed at the identification, evaluation, and treatment of risks that could result in a loss (Youngberg, 1994)." The purpose of risk management is to maintain the financial viability of the organization.

How does this differ from quality assurance? QA is "a process of systematic evaluation to ensure excellence in health care (Meisenheimer, 1992)." The goal of QA is continuous improvement of patient care.

Continuous quality improvement or CQI is meant to continuously monitor, improve and account for quality of performance. TQM, total quality management, "is a systematic way of ensuring that organized QA activities occur, and that they occur not only to ensure quality of care, but also to continuously improve care. This approach includes collaboration of individuals from all disciplines at all levels of the organization" (Meisenheimer, 1992).

Purpose of QA & RM

Quality assurance strives for improvement but does not count the cost or the risks, whereas, risk management may not make us feel better, but it might keep us out of trouble.

Risk management is a system or a process. There are six basic steps to follow in risk management:

1. Identification of a risk or problem,
2. Analyze the problem or risk identified,
3. Develop alternate techniques or corrective actions,
4. Choose the best techniques or corrective actions,
5. Treat the risk or implement corrective action, and
6. Evaluate the strategies.

Author

Darlene Beaudet is Unit Manager of the Operating Room/Post Anesthetic Care Unit at the Windsor Regional Hospital, Metropolitan Campus, Windsor, Ontario.