

This experience identifies two messages:

1. All the health professions and government need to work together
2. We don't need to create new professions, we need to build on what we have.
3. We need to concentrate on team work and patient central care.

#### Where does this leave us for the future?

1. We have a group of highly motivated, well trained health science professionals (nursing and respiratory therapists) that are committed to assisting anesthetists in their professional activities.
2. The Canadian Anesthetists Society has described the duties of the "Anesthesia Technician" which concentrates on O.R. activities.
3. There are extensive changes in health care underway, particularly in institutional care and they are directed to reducing human resources. Therefore, we must do more with less.
4. The care of all patients will move from the hospital to the community. Anesthesia care will be no different. There will be an increased need for outpatient assessment of patients and follow up of patients. This will require appropriately trained health science professionals.
5. Technology and the aging population will place increased demands on anesthesia services for appropriate maintenance of equipment (in house where possible to contain costs).

#### How can we meet these demands ?

Clearly the anesthetists requires assistance in the performance of his/her duties. The extent of those duties are expanding, pre-anesthetic clinics, consultation clinics, pain clinics (acute and chronic), post anesthesia recovery and follow up, equipment maintenance and in university centres, research. Certainly a broad area of responsibility in addition to the conventional wisdom of assisting the anesthetists in the O.R. with preparation, induction, maintenance, recovery and transfer to PARR. Can all these duties be met within the current resource pool?

Yes! We don't need to create a new specialty group. We have the basic skills in both the nursing and respiratory therapy professions. We can build on those basic skills to meet the broad needs of patient care and the anesthesia profession.

The reasons that this project has not moved ahead is the "fear" of the product, i.e. nurse anesthetists. By

that I mean independent, non-physician practitioners providing unsupervised anesthesia delivery, similar to the CRNA in the U.S.A.

This model is seen as a threat by all of the professional groups, but governments, e.g. Manitoba, sees this model as a way of delivering care in remote areas, as an alternative in an area where physician recruitment is difficult and at reduced costs.

I, and almost all other anesthetists, together with those senior nursing and respiratory therapists do not support this thrust. However, until this 'fear' is dealt with nothing will move ahead in the area of post diploma anesthesia assistants.

#### What can we all do?

- (1) Work together

The professions of nursing, respiratory therapy and anesthesia need to clearly identify the need for an anesthesia assistants with a dual entry model.

- (2) Develop curricula and examinations that will build on skills already obtained by respective professions.

These skills would be obtained where possible, while remaining in the workforce.

- (3) Clearly defined roles need to be identified.

- (4) Lay to rest the threat of the nurse anesthetist. ■



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# The RNAA Program Enhances the OR Team

By Jack Kress, R.N.

Working in the operating room (OR) requires the expertise of numerous specialties involved in perioperative patient care. This is especially true for a tertiary care hospital which provides a broad spectrum of patient care services. As reflected in the St. Boniface General Hospital (SBGH) mission statement, the goal of the hospital is to promote excellence and high quality patient care.

The complex and demanding practice of anesthesia is further influenced by a number of factors such as; a technological explosion; increased patient acuity; expanding ambulatory surgery; and greater patient expectations of convenient quality care in the face of fiscal restraint and health care reform. These factors have accentuated the need for more education and alternative methods of implementing perioperative patient care.

At the present time in Canada, anesthetists rely on OR nurses and/or Respiratory Technicians for additional support with patient care. A number of issues regarding anesthesia support in perioperative patient care need to be addressed. They include: the importance of dedicated assistance in the OR; the lack of specific educational programs in the field of anesthesia for the present assistants; enhanced perioperative patient care to include more of the pre and post operative phases; and, the need to bridge the communication gap between anesthesia and nursing.

The advanced knowledge and skills that the OR nurses require have not been taught in the basic nursing programs. Traditionally, OR nurses have acquired their skills and expanded their knowledge through

continuing education programs and self directed learning. OR nurses must enhance their knowledge and skills in order to effectively assist the anaesthetist. Areas of study should include the induction and maintenance of anesthesia, as well as physiology, monitoring techniques and technology.

Basic nursing education provides the knowledge of biological, physical and psychological sciences with nursing theory as the basis for assessment, diagnosis, planning, intervention and evaluation in the promotion and maintenance of health. It is these basic nursing strengths coupled with OR and/or critical care experience that provides a solid foundation for an expanded nursing role.

To explore the feasibility of this role, a one year pilot project was developed at SBGH. Following approval of the Department of Anesthesia and Nursing Division, the Registered Nurse Anesthesia Assistant (RNAA) program was initiated. This program was developed by Dr. R. Friesen, Associate Head, Department of Anesthesia, in collaboration with G. Boughen RN, BN, Assistant Director, OR Nursing.

#### Author

Jack Kress, R.N., Perioperative Nurse Clinician, has completed the Registered Nurse Anesthesia Assistant Program at St. Boniface General Hospital, Winnipeg, Manitoba. This article is a summary of his presentation in a panel discussion at ORNAC's 13th National Conference in Québec City last June. See also the articles by Anesthetist Dr. Ian White and Nurse Clinician and educator, Gloria Stephens.

## The RNAA Program

The purpose of the program was to augment the OR nursing expertise with specific anesthesia education so that the RNAA would be better able to assist the anesthetist in meeting the needs of the individual patient. The candidates were seconded from the OR nursing staff at SBGH. Desirable attributes which were sought in the program applicants included being familiar with the dynamics between anesthesia and nursing, as well as possessing specific expertise in OR nursing.

The objectives of the RNAA program were to acquire technical as well as clinical evaluation skills related to the provision of anaesthetic services. This was accomplished through a structured, one year training program, and through a variety of educational venues. Attendance at medical undergraduate cardio-respiratory clinical skills workshops; Nurse Clinician - CVT pathophysiology; attendance at anesthesia resident seminars and staff rounds; didactic lectures; and one-on-one staff anaesthetist preceptorships. The components totalled for 1,346 hours.

The didactic lectures consisted of thirty-one (31) topics all related to the provision of anesthetic services. Examples included: Advanced Physiology, Topics dealing with a cardiac patient for non-cardiac surgery, or diabetes and renal impairment implications for anesthesia. Assessment skills to identify a potential difficult airway, or Anesthetic considerations with pre-existing disease processes, such as Rheumatoid Arthritis. Technical skills, in establishing regional anesthesia, or utilization of equipment in a variety of airway management techniques. In Pharmacology, to become familiar with the action and interaction of the more common intravenous and inhalational anesthetic agents. In addition, we were made aware of the potential hazards and employed safety features used in dealing with electricity and compressed medical gases, as they pertain to workplace and patient safety. It was a concentrated labor-intensive venture to fulfil the objectives and goals of the program.

Evaluation of the candidates progress was by a written examination, formal research paper presentation and clinical skills evaluation.

## Outcome

The outcome, we believe, has been quite positive. The knowledge and experience acquired during this process has allowed the RNAA's role to expand be-

yond the OR suite. This expansion has facilitated a greater participation in the multidisciplinary approach to perioperative care. The RNAA's practice profile involves five major areas: (1) Medical/Nursing Rounds: attending anesthesia rounds twice weekly, and presenting at nursing rounds monthly; (2) Post-Operative follow-up, quality assurance and research utilize approximately fifteen percent (15%) of our practice. The remaining eighty-five (85%) is divided between the (3) preop assessment clinic, (4) clinical practice and (5) education. The RNAA within the intraoperative clinical practice, as a skilled and knowledgeable practitioner, will provide nursing care for the high risk or acutely ill patients and this skill will impact on patient care with decreased induction times and as a positive anesthesia/nursing liaison. Following the patient's intense and stressful induction of anesthesia, the RNAA is able to assist in other theatres as requested. This allows for maximum utilization of the role to provide assistance for more than a single slate of patients.

The RNAA has been instrumental in the development and implementation of a preoperative assessment clinic where the RNAA initiates preoperative assessments under the direction of a staff anesthetist. The clinic will provide, on an outpatient basis prior to surgery, the preoperative assessment, patient education and preparation normally done once surgical patients are admitted to the hospital. It is then possible to admit patients for surgery on a same day basis. The clinic's major focus is its mandate to reduce duplication and inappropriate laboratory testing, and reduce the hospital length of stay.

The need to broaden the educational background and skill level of OR nurses has been identified. Enhancing the knowledge base of the support staff will also strengthen the OR team. The RNAA will develop and implement educational opportunities dealing with anesthesia concerns. These include workshops for OR nurses; regular in-servicing of OR staff; anesthesia attendant training program; and informal information sharing during clinical practice.

In keeping with the educational direction of SBGH, the RNAA role has evolved to encompass that of a nurse clinician specializing in meeting the needs of patients undergoing anesthesia. The title 'Perioperative Nurse Clinician' was chosen to reflect the responsibility for providing clinical nursing care pre, intra and post operatively to surgical patients undergoing an anaesthetic procedure.

The new OR facility at SBGH has two additional

patient care areas. One is the Preoperative Holding Unit for preparation and supervision of surgical patients. The other is the induction rooms which will be used for anaesthetic patient preparation including insertion of invasive lines, establishment of regional blocks, as well as monitoring of patients. Plans for staffing and utilizing these areas are presently being developed with the RNAA role in mind.

By participating in the RNAA program, the Perioperative Nurse Clinician provides a strong positive link between the members of the Department of Anesthesia and perioperative nursing. This will enhance their ability to meet the clinical needs of the surgical patients.

## Summary

The need to expend the energy and resources on such an expanded nursing role as the RNAA has been identified. In the midst of health care reform and

fluctuating staffing levels, there is a need to capitalize on their assistance for patients requiring complex and high risk anaesthetics.

The RNAA has been an integral part in the preoperative assessment clinic which has streamlined patients assessments and enhanced resource utilization. The focus has been to maintain the present activity level and standards with fewer health care dollars.

In the future, through development and implementation of educational programs, OR nurses will become more aware of anesthesia related concerns and increase their proficiency for efficient and safe patient care. Also, strengthening the knowledge base of the support staff will enhance OR team work and trust.

We must continue to strive to create valuable new roles for nurses which will utilize their educational preparation and skills and provide quality client care in the most cost-effective manner. ■

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