Research Committee Report

By Loretta Thomas-Aasen

During the January 28,1994 weekend the Research Committee conducted its first annual meeting as a group at St. Paul's Hospital in Vancouver, B.C. The warm British Columbia weather was wonderful, even the flowers were blooming.

Two B.C. members, Gloria Stephens and Marnie Simon, showed us the beautiful sites and superb eating establishments of Vancouver and Burnaby. Even though we took some time to appreciate the sites and sounds of Vancouver and area, we still managed to complete our weekend goals and objectives. Indeed, we had a very productive meeting. Thanks to my Committee Members for a great meeting! Meeting highlights include:

- ORNAC to fund a Registered Nurse in Graduate studies (can be non-nursing) to attend the International Research 94-95 Conference.
- Development of Anaesthesia Skills List for Registered Nurses. This information will be submitted to the Canadian Anaesthetists' Society Task Force on Anaesthesia Assistants.
- Discussion and revisions to our display posters and promotional materials.
- Revisions and acceptance of our 1994-95 Research Committee budget.
- Discussion on the availability of funding for perioperative nursing practice research.
- To communicate to O.R. provincial newsletters thereby encouraging members to perform perioperative nursing practice research.
- Research Committee to purchase a display board to be utilized at upcoming provincial and national conferences.
- Shirley Thorn developed the following documents: The Research process includes the Role of Research and Stages in the Research Process and Questionnaires includes: collecting information, types and design. This information will be reviewed and ready for distribution in April, 1994.
- Development of the Certification Survey Questionnaire, completed by Shirley Thorn with presentation to Anna Kristoff (Certification Chairperson).
- Revisions to the Committee Terms of Reference. Revisions to the following definitions: Perioperative Nursing Practice, Anaesthesia and Surgery.
- Development of our Scope of Practice for perioperative nursing for presentation to the Board of Directors.
- Research Committee Members to attend the Canadian Anaesthetists' Society Annual Meeting, June 17-21,'94 in Edmonton, Alberta.
- L. Thomas-Aasen and Shirley Thorn are scheduled to present a session on research to delegates attending the ORNAO Conference in Ottawa this April .
- Our next meeting is scheduled for April, 1994 in Ottawa, Ontario, during the ORNAO Conference.

Committee Members include: Loretta Thomas-Aasen, Chairperson,(SK), Gloria Stephens (BC), Marnie Simon (BC),Judi Tyndall (ON,) Shirley Thorn (MB), Jack Kress (MB), Donna Prokopczak (AB).

Canadian Anaesthetists' Society (CAS) Meeting Highlights: - January 8th '94

Committee members include: Jackie Waisman (ORNAC President), L. Thomas-Aasen (ORNAC Research Committee), Susan Duningtonand David Gillett (Canadian Society of Respiratory Therapists, Dr. John Atkinson (Chair), Dr. Peter Duncan (CAS) Dr. Serge Lenis (CAS), Ann Andrews (Staff, CAS) and Dr. Ian White (CAS, invited guest)

This Committee is planning to complete the following prior to the June, 1994 Canadian Anaesthetists' Society Annual meeting in Edmonton, Alberta:

- Development of a task analysis of the perceived position of the anaesthesia assistant, both in and out of the O.R. environment.
- Preparation of a job description showing skills required in the function.
- Identification of the professional relationship that might exist between the assistant and the physician.
- The development of a training curriculum.

Our next meeting is scheduled for March 19,'94 in Montreal.

We will continue to keep you posted with regards to our progress. However, if you have any concerns or questions please contact me at:
(306) 842-6991(Telephone) or FAX (306) 842-4453.

Author

Loretta Thomas-Aasen, R.N., B.S.N., is President-Elect of ORNAC and Chairperson of the ORNAC Research Committe.

2nd National Survey Report

Expanded Role of the Operating Room Nurse

By Gloria Stephens

Background

The second National Survey was conducted to take advantage of the large attendance of staff nurses at the National OR Conference held in Quebec City 1993. The survey questions were the same as the first survey of November, 1992*. The survey was not conducted for the purpose of a comparison, but to gather more data in order to determine the 'scope of nursing practice' in the operating room.

Results were printed in the *Canadian Operating Room Nursing Journal* , September/October, 1993.

Research Question:

1. What is the current practice, throughout Canada, of operating room nurses?

2. What might the future be for operating room nurses if the role is not expanded?

Methodology

The questionnaires were divided between the Provinces which corresponded to the percentage of responses for the national survey conducted in November, 1992:

- for ease of identification the questionnaires were coloured for each specific Province.
- as the delegates picked up their registration package they also picked up a survey according to their Province colour, until the required number of questionnaires were gone. Only staff nurses participated.
- the delegates were requested to complete and return the survey before leaving the conference site.

1. Key Points in the Data Analysis

Approximately 89% of the O.R. staff nurses are ORNAC members and appear to be mostly situated in the mid-sized hospitals. 70% of the respondents were staff nurses with an average of 17 years experience in ORs. Nurses over 45 years of age made up 30% of the respondents. Of these 21% had taken a post basic O.R. program of six months duration. The highest level of education of the respondents broke down to: 81% diploma, 16% BScN, 1% non-nursing, 1% masters.

2. Findings - Current Practice

Twenty six questions were asked with regard to the O.R. nurse's general, preoperative, induction, interoperative, and immediate postoperative responsibilities in both the circulating and scrub nurse roles.

General Responsibilities:

- promoting and maintaining standards of practice 83%
- complying with legal requirements 82%
- identifying and rectifying unethical practices 62%
- exemplifying role model characteristics 76%

49% of respondents indicated that the circulating nurse is and should be responsible for patient assessments, nursing care plans, patient teaching and family teaching.

The circulating nurse provides comfort measures in relation to vital functions 91% and is with the patient 82% at induction. The OR nurse (84%) receives, identifies and admits the patient to the operating room.

Combinations of many OR staff members were found to be responsible for the anaesthetic equipment. For recording activities and drugs during a cardiac

Author

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arrest (Circulating Nurse 66% Respiratory Technician 4%). The respiratory technician was found to be primarily responsible for the anaesthetic equipment (25%).

The survey showed that the circulating nurse did not have primary responsibility to monitor the anaesthesia patient - the exception being in the case of monitoring local anesthesia (77%).

81% of the hospitals do not have a designated RN whose role it is to assist the anaesthetist, and only 16% of those who do assist received extra training from an organized anaesthetic program, and 41% received on the job training.

The majority, 57%, indicated that the scrub nurse performs a surgical assistants function when additional assistance is required and only when there is no surgical assistant available. This would not be considered a "transfer of function". 90% reported the scrub nurse was expected to perform both roles consecutively.

3. Vision of Future Goals

84% indicated that they could see an expanded role for the scrub nurse to include that of RN First Assistant. Respondents stressed the importance of advanced education and experience here. They felt this should be a separate function and not shared with other responsibilities. As well, some felt they were already accomplishing this task.

66% envisioned an expanded role for the circulating nurse to that of First Assistant to the anesthetist. Again, advance education was stressed and the role should be a separate function. Similarly, some respondents felt they were presently fulfilling this task.

84% agreed that additional remuneration should be given to these roles.

The most popular affiliation responsible for preparing operating room nurses to assume these functions was ORNAC. A close second (20%) was the hospital and 3rd (19%) Educational Institutions.

81% of the respondents agreed that there will be an increased role for the nurses in the operating rooms of Canada over the next five to ten years.

Summary of Each Section

Section A: Operating Room Facilities and Personnel Highlights

84% of the hospitals that responded are located in the city with the majority utilizing between 250 and 500 beds per hospital. The majority, 30%, will use on average 4 to 5 operating room theatres on weekdays between September and June. Approximately 36 operations are done per day, or 168 per week on average.

On average there are 22 fulltime, 7 part-time, and 4 casual registered nurses employed in the O.R. per hospital. This would obviously vary with the size of the hospital.

There OR staff nurse most often alternates between scrub/circulating (98%) nurse duties. 94% of the hospital assist the Anaesthetist and 41% of the hospitals have their staff nurse work in the recovery room, relieve the managerial positions (69%) and do other duties such as cleaning, supplies, leader, etc. (46%).

Section B: Operating Room Registered Nurse Responsibilities

This section is broken up into the following sections:

- General
- Preoperative Phase - Circulating Nurse
- Induction Phase - Circulating Nurse
- Intraoperative Phase - Circulating Nurse
- Intraoperative Phase - Scrub Nurse

For the most part respondents agreed that the nurse has responsibility for these activities. This section will only touch on the exceptions worth noting.

Preoperative Phase - Circulating Nurse

A significant number of hospitals in British Columbia, Nova Scotia and Quebec are not currently making the Circulating Nurse responsible for performing preoperative patient assessments but feel they should be. The overall outcome indicated that 49% of Circulating Nurses perform preoperative patient assessments. 70% of Circulating Nurses receive, identify and assess patients.

Only 23% of the respondents agreed that the Circulating Nurse is accountable for preparing individual perioperative nursing care plans. Another 40% agreed that they should be responsible.

Only 4% currently are participating in perioperative family teaching. 34% feel they should be responsible for this and 28% are sharing this with other staff. This sharing is found mainly in larger hospitals (30%).

Induction Phase - Circulating Phase

Analysis shows that 36% of the hospitals are sharing the responsibility for preparing and maintaining anaesthetic equipment; 23% always do and 25% never.

Three Provinces indicated (100%) that the Circulating Nurse assist the Anaesthetist during induction.

The other Provinces were high in % with the exception of the P.Q. with 28%.

Intraoperative Phase - Circulating Nurse

Half of the respondents felt that the responsibility of monitoring the physical wellbeing of the patient throughout the perioperative period is shared whereas the other half felt it lies solely with the Circulating Nurse. 89% of the time the Circulating Nurse is responsible for providing resources in order to accomplish the operative procedure. The Circulating Nurse evaluates the patient care outcomes and 44% of the time communicates the information to other members of the health care team.

Intraoperative Phase - Scrub Nurse

With regard to preparing, and maintaining the technical equipment for surgical procedures, 53% responded that this responsibility was solely the Scrub Nurse's. Another 36% responded that this role is shared.

SECTION C: Perioperative Activities Undergoing Change

Most perioperative nursing activities are documented through integration in the Operative Record and 34% use separate nursing record.

Bio-Psycho/Physical Assessments are usually done on admission to the OR in the Presurgery Areas (59%).

Before surgery most patients are assessed (72%).

The OR registered nurse is found (84%) of the time to receive, identify, and admit the patient to the O.R. The anaesthetist, Respiratory Technician and Receptionist rarely ever are responsible for this. It should be noted that the Anaesthetist does receive, identify and admit 31% of the time in hospitals that have greater than 1000 beds.

A response of 58% indicated that Circulating Nurse administers medication for intravenous use. With exception, a large majority of the respondents within the provinces of British Columbia, Manitoba, Nova Scotia, and P.E.I. indicated that this activity is not performed by the Circulating Nurse.

59% responded that the Circulating Nurse would not perform anaesthetic agents intravenously.

Although the majority of the responses,(68%) indicated that the Circulating Nurse would record the narcotics used by the Anaesthetist in the drug register, the other 40% indicated negatively. (Alberta, Nova Scotia, Saskatchewan and mid-size hospitals held the majority in the NO answer). The remainder of the questions asked with regard to the Circulating Nurse's anaesthetic responsibilities were answered positively. 67% of the time narcotics are dispensed by the Circulating Nurse and 87% apply monitoring devices, equipment to patients.

56% of the respondents indicated that the Circulating Nurse is usually assigned to assist and facilitate the patient care delivered by the Anaesthetist. Combinations of the Circulating Nurse, Respiratory Technician (8%), Nursing Aide (0%). 8% of the Circulating Nurses assist the anaesthetist during induction. The Circulating Nurse provides comfort measures in relation to vital functions 96% of the time.

61% of the Circulating Nurses prepare and maintain the anaesthetic equipment.

When asked if the Circulating Nurse has primary responsibilities for monitoring the anaesthetized patients, the answers were diverse. A large number of staff nurses, although still not majority, revealed that the circulating registered nurse always assumes primary responsibility for monitoring the anesthetized patients jointly with the anaesthetist as opposed to 9% on the previous survey. These responses changed from the First survey in New Brunswick and Ontario as well as hospitals with less than 250 beds.

77% answered "always" when asked if the Circulating Nurse has the primary obligation during local anaesthesia and records findings.

The Circulating Nurse is usually chosen as being primarily responsible for assisting the Anaesthetist (66%):

- to perform specific duties during extubation/conclusion
- to record the activities and drugs given during a cardiac arrest/emergency situation
- to accompany the anaesthetist and patient to the recovery room.

60% responded that both verbal and written charts are used as a means of communication for patient information between the Circulating Nurse and the recovery staff.

Greater than 95% of the responses indicated that the Scrub Nurse has responsibility in observing and reporting activities that could cause injury. With exception, Quebec answered in majority that the Scrub Nurse was not responsible for observing and reporting restricting drapes, heavy/sharp objects and inadvertent pressure by team members leaning on the patient. 93% reported the scrub nurse responsible to observe and respond to complications.

90% agreed that the scrub nurse would perform scrub nurse functions, as well, when performing surgical assistant activities. 96% responded that this would not be considered a "transfer of function" and only 13% agreed that when formulating the "transfer of function" activities, operating room nurses were involved in the decisions (ie. small hospitals).

Section D: Future Trends Highlights

84% agreed that they could envision an expanded role of the scrub nurse to include that of RN First Assistant.

66% responded that they could see the circulating nurse expand the role to that of RN First Assistant to the Anaesthetist. British Columbia, was the only province to respond negatively to this question.

Comments

- The certification process is necessary especially in the rural areas
- Post basic courses need to be more available throughout Canada ie. Long Distance Education
- Legislation is need to cover legal aspect of expanded role

Survey Quotations worth noting:

"Certification of the OR nurse would enable perioperative nurses to acquire first assist recognition. ORNAC must play a major role in this development. I commend this questionnaire as ORNAC appears to have begun this process".

"I feel nurses should do all the jobs involving patients and not have so many sub-specialities in the OR because it is too expensive and these other individuals cannot do other duties."

81% agreed that there will be an increased role for the nurses in the operating rooms of Canada over the next five to ten years.

Summary

In summary, with only very minor differences in the results between the two surveys, ORNAC can feel very confident that these results are highly valid.

Acknowledgement:

The ORNAC Research Committee wishes to thank all those staff nurses who completed the questionnaire during the National Conference held in Quebec City, June, 1993.

Gratitude to the 3M Canada Company for their practical and timely support for the survey.