

What's in the Future for ORNAC ?

By Gloria Stephens

The time is here again to make sure everyone is informed as to the issues, current activities and future projects that ORNAC Executive, Board and Committees are actively working on.

During the recent ORNAC Executive and Board meeting held in Toronto, April 11 and 12, 1992, Jackie Waisman of Red Deer, Alberta was elected President-Elect. Jackie is Nurse Manager OR/RR of the Red Deer Regional Hospital Centre. She also holds the ORNAC Executive position of Vice President and will continue in this role until June '93. We all welcome Jackie to this new position.

As in all organizations success cannot be anticipated unless we know where we came from, where we are now and where we wish to be in the future. It is clear to the membership where we came from, especially after reading the *Communique* of 1991. Where do we wish to be, as an organization, in the future?

The Executive and Board struggled with this question for two days. There still is a considerable amount of work to do on a Strategic Plan but at least we managed a healthy start. Drafts of philosophy and mission statements were developed, goals and objectives were prioritized. Ideas were numerous but funding was a stumbling block to many projects, at least for the immediate future. Decentralization seemed to be a common thread throughout the meeting but, as just mentioned, availability of funds must first be considered before plunging head on into a program of decentralization. As soon as the philosophy, mission statements, goals and objectives are completely agreed upon, this information will be published in the *Canadian Operating Room Nursing Journal*

Two day-long Board meetings, once a year, create an almost unmanageable agenda where decisions

may be made without time to consider all sides of the issue. Therefore, an investigation may be done to see if two meetings a year would be feasible.

ORNAC is continuing to actively pursue the installation of OR nursing knowledge and clinical experience into the Basic Nursing Education programs. Considerable lobbying will take place with University Schools of Nursing and CNA. ORNAC's Position Statement will once again be distributed throughout Canada to people in strategic positions. Special invitations have been sent to Executive Directors of University Schools of Nursing and the President of CUNSA to attend our Board meetings. CNA's Executive Director will also be invited.

There is a great urgency throughout Canada for ORNAC to be pro-active in developing the "Expanded Role of the O.R. Nurse". With changing technology, financial restraints and lack of properly educated O.R. personnel, the traditional role of the O.R. nurse must be guarded. At the same time, to prepare ourselves for future trends the ORNAC Research Committee has received the Board's mandate to explore and recommend ways and means to expand the traditional roles of O.R. Registered Nurses. These expanded roles may encompass the RN First Assistant, Assistant to Anaesthetist and Pre and Post Op Assessments. The committee is developing an important national questionnaire, so it would benefit all OR nurses to answer promptly. If we don't act quickly then we will be in a position of only reacting to someone else's plans. The research committee will be working cooperatively with Physician/Surgeon, Anaesthetists groups, CNA, and as well, consulting with researchers.

Almost hand-in-hand with the above concerns are
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A sign of the times.



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* See HIV Bulletin #7. MSDS, Testing and Efficacy Data on file.



the *Standards for Patient Care in the Operating Room*. The previously published professional (1986) and technical (1988) standards will be amalgamated in the next, soon to come, edition. This edition will also have a section "Competencies of the O.R. Registered Nurse".

To assist in validating the registered nurses presence in the operating room, once again, the certification process will be investigated. ORNAC Board foresees many advantages for having certification available to our members. In the near future there will be more concrete information to report.

There is a void among our peers and the public in general, as to the actual role, functions and the amount of critical, complex knowledge and skills an O.R. registered nurse requires, in order to function effectively and efficiently in giving care to the surgical patient. It is up to us to 'sell ourselves', to actively promote our valuable presence in an operating room as the patient's advocate and to maintain standards of patient care. It is important to reach the public school system as well as other health care personnel and the public in general. ORNAC will do its part through a Public Awareness committee but the most important ingredients for success is you - the membership. Start now by making plans for O.R. Nurse Day on Nov. 14 or the week thereof.

Another concern for ORNAC is the process of handling waste and the management of waste in operating rooms. We will be working cooperatively with industry and governments on this issue.

ORNAC has developed a strong relationship with CNA and will play an active role at the annual CNA meeting in Saint John, NB, this June where many of these issues will be discussed and acted upon.

Please refer to the 'Conference Calendar' within this Journal for dates and details on several important upcoming O.R. conferences.

ORNAC is very involved in promoting Operating Room Nursing on many fronts and the success of this involvement depends on the support of all Provincial Executives, but most importantly the success depends on each member of an O.R. organization. This membership must grow. If each of you recruited one more nurse, think of our strength? Your input counts and no matter how small, it is very much appreciated. As the saying goes: "A chain is as strong as its weakest link". Let's pull together on all our projects. Be pro-active!

Gloria Stephens is President of the Operating Room Nurses Association of Canada, and the Clinical Instructor, St. Paul's Hospital, Vancouver, B.C.

Bursary Fund for OR Nurses Sponsored by ORNAC and Johnson & Johnson

1. Purpose of the Fund

To financially assist ORNAC members in furthering their education.

2. Factors Influencing Assistance Available

1. Other financial assistance requested and / or granted.
2. Previous bursary funding granted by ORNAC.
3. Length, place and content of educational program.

Note: Financial assistance is not available for salary replacement.

3. Application Process

1. Fill out application form and submit an application form to ORNAC.
2. Reference letters- two, (2) from most recent employer which states the applicant's professional competence and experience, (ORNAC will request the reference).
3. Reference letter should address applicants potential to succeed in the program.
4. Submit autobiographical to include career accomplishments, education, goals.
5. Proof to be submitted of registration for the program.

4. Responsibility of Applicant Receiving Funding

1. Signed contract to be returned to ORNAC Executive within 30 days of receipt of contract, otherwise funding will be withdrawn.

Criteria For Selection for the ORNAC/Johnson&Johnson Fund

1. Applicant must be a member of a provincial group for minimum of three (3) years.
2. Primary employment focus - the Operating Room Nursing (staff, education, administration).
3. Applicant has actively participated in their respective Provincial Group and/or with ORNAC. Applicant's participation to be listed & submitted with application form.
4. References (2) indicate the applicant promotes professionalism, is responsible and accountable, and has potential to succeed.
5. Applicant's future plans at the completion of the program must include perioperative nursing.

**Perioperative nursing defined in (Rules & Regulations) Information Manual.*

For more information or to apply for the Bursary Fund please contact ORNAC's Awards Committee Chairperson:

Muriel Shewchuk
Director of Nursing, OR/RR/Surgery
Foothills Provincial General Hospital,
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Development of an Operating Room Nursing Workload Measurement System

By Elaine Friedberg, Lila O'Reilly & Jo-Ann Theriault

Introduction

After the Ottawa General Hospital became one of the test sites for the Canadian MIS Project in 1985, we began to introduce retrospective "Workload Measurement Systems" (WLMS) in nursing and diagnostic service departments. At this time Specialty unit WLM systems, inclusive of the Operating Room system, were in developmental stages. We decided to proceed with the systems implementation program, assuring compliance with retrospective requirements.

An important factor in play at this point was that we had recently obtained approval to proceed with the introduction of an Operating Room (OR) computerized Scheduling System. In developing the functional requirements for the selection of scheduling system software, we clearly defined a necessity for a system with architecture which was sufficiently flexible to permit inclusion an OR WLMS.

What follows is a description of the development of a WLMS in conjunction with the 1990 implementation of an automated Operating Room Scheduling System .

System Development

A development committee, whose members included the Nursing Director of Critical Care, the Operating Room Charge Nurse, the Operating Room Clinician and the Quality Assurance Coordinator, was formed to begin work on the system development. The committee was later expanded to include the Operating Room Scheduling System Project Coordinator. We decided that the typical activity based system would not be appropriate since OR nursing is largely influenced by non nursing functions. A literature search on OR WLMS revealed very limited applications available to assist in our project. The National

Hospital Productivity Improvement Program had recently published the "Operating Room Workload Measurement System and Staffing Methodology". This document was reviewed in detail. It did not provide information on how this methodology and resulting system related to the MIS Guidelines. In 1986 the MIS project produced a guide to the implementation of the above system in accordance with MIS guideline criteria. As very little information about OR workload measurement systems was available, we were left to create our own unique system.

We determined that we should define case and nursing functions carried out in the OR, and should sort these into categories of work described in the MIS guidelines.

We recognized that the OR system would have to meet some minimal criteria. It would have to be responsive to the MIS guidelines meeting both the global and departmental dimension requirements. This system had to be user friendly and require minimal time to maintain, and moreover, it had to provide valid and reliable data in a timely fashion.

Authors:

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