Global Perianesthesia, Anaesthetic and Recovery Nursing Practice Perspectives
Introduction

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Globalization encompasses expanding migration patterns and economic structures that increase interdependence across populations.

Global migration of nurses and patients, and a worldwide nursing shortage have increased the need for nursing education to support the delivery of culturally competent care.

Why Partner?

The public sector must make a commitment to global health through collaboration across organizations and countries (versus attempting to do this alone) to research, develop, finance, and deliver cost-effective health interventions. Recommendations for action:

• generate and share knowledge
• invest in capacity building with global partners
• engage in respectful partnerships

Reasons to Collaborate

- Our practices have similar challenges
- Huge growth value in networking
- Opportunity to partner on a wider level and make a difference in developing countries, the nursing community, and across the world

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Birmingham, UK
Panel Discussion

Compare and Contrast Practices

- Practice paradigm
- Staffing ratios
- Standards of practice
  - Ireland
  - United Kingdom
  - Canada
  - Greece
  - United States

Question & Answer Session

Audience Participation
Ann Hogan
Clinical Nurse Manager, Anaesthetics and Recovery
Waterford Regional Hospital, Waterford, Ireland
Chairperson, Irish Anaesthetic and Recovery Nurses Association
Ireland
Clinical Practice Structure: Ireland

Pre-operative

- Perioperative journey commences in pre-operative assessment
- On day of surgery admitted to ward
- Patient requested by reception nurse
- Pre-op checklist completed by reception nurse in presence of ward nurse
- Pre-op checklist completed by anaesthetic nurse
Clinical Practice Structure

Anaesthetic nurse

- Responsible for the correct preparation of all the anaesthetic equipment (prior to patients arrival)
- Monitoring of vital signs
- Patients advocate - allaying fears and informing patient of sequence of events
- Documentation - care plan and time out
- Assists anaesthetist
- Positioning of patient
- Active warming of patient
Perioperative Nurse

- Responsible for the sterility of the equipment
- Assists surgeon with the operative procedure, alternatively acts as circulating nurse
- Responsible for swab & instrument count pre, intra and post surgery
- Documentation
Ireland

Recovery nurse

*Responsible for:*
- Correct preparation of recovery room
- Maintenance of patients airway
- Monitoring of vital signs
- Pain & nausea assessment & medication
- Total care: wounds, drains, irrigation etc
- Active warming of patient
- Documentation
- Discharged to ward when discharge criteria met
Minimum Staffing Standards in Waterford Regional Hospital

- Reception area to receive patients for surgery
  1 - 2 nurses carrying out preoperative checks
- Eight anaesthetic rooms
  Ratio 1:1
- 12 bedded recovery room
  - Unconscious patients: Ratio 1:1
  - Paediatric patients: Ratio 1:1
  - Conscious patients: Ratio 2:1
  - HDU/ICU patients: Ratio 1:1 or 1:2
Standards of Practice: Ireland

- Association of Anaesthetists of Great Britain and Ireland (AAGBI) Guidelines are followed
- Association for Perioperative Practice (AfPP)
- Irish Nurses and Midwives Organisation
- Locally devised practices to ensure guidelines are upheld
Standards of Practice: Ireland

Staffing issues:

- The current climate of recession in Ireland-staffing moratorium within Health service since 2009
  1. Higher rate of sick leave
  2. Total ban on agency/replacement
- Skill mix
- More patients with serious co-morbidities
- High dependency / ICU beds unavailable
Standards of Practice in Waterford Regional Hospital

**Solutions:**

- Close recovery
- Stop sending for patients in reception

Anaesthetists support closure of Recovery Room to ensure patient safety is not compromised
Standards of Practice: Waterford Regional Hospital

- “Patients must be observed on a one-to-one basis by an anaesthetist, recovery nurse or other properly trained member of staff until they have regained airway control and cardiovascular stability and are able to communicate.”

- “Children are more likely to become restless or disorientated postoperatively and require one-to-one supervision throughout their recovery room stay”

- “No fewer than two staff should be present when there is a patient in the recovery room who does not fulfill the criteria for discharge to the ward.”

AAGBI (2002) IMMEDIATE POSTANAESTHETIC RECOVERY (under review)
Manda Dunne
Senior Anaesthetic and Recovery Sister
Queen Elizabeth Hospital, Woolwich, London
Chair of BARNA 2006 – 2010
Country Representative for International Federation of Nurse Anaesthetists (IFNA)
Clinical Practice Structure: UK

The Anaesthetic (or ODP)

- Visits the patients pre-operatively
- Greets and checks in the patient
- Responsible for preparation and checking of anaesthetic room, all equipment, drugs etc
- Monitors the patients vital signs
- Works in collaboration with the anaesthetist
- Stays with the patient throughout procedure whether general, local or regional anaesthetic
UK: The Theatre Nurse

- Assists the surgeon throughout procedure and ensures correct count of swabs and instruments throughout the case
- The scrub (or instrument) nurse checks sterility and presence of surgical instruments and maintains a safe environment
- Gives handover to the recovery room nurse
- Circulating nurse supports the scrub nurse
UK: The Recovery Nurse

- Prepare the PACU environment
- Takes handover from the scrub nurse and anaesthetist
- Responsible for maintaining the airway and supporting adjuncts
- Monitors vital signs
- Administers pain relief
- Total patient care, wounds, bleeding etc
- Documentation – discharge to ward/home
UK: Theatre Support Worker

- The TSW collects and returns the patients to the wards and departments
- Responsible for maintaining and cleaning equipment, are vital in moving and handling
- Cleans the theatre in between cases
- Many roles in assisting the smooth running of the department and through put of the list
UK: Minimum Staffing Standards Ratio – Patient:Nurse

- Reception of patient 1:2
- Following handover, settled 1:1
- Stabilization of patient 2:1
- Fit for discharge 3:1
- Paediatric patients 1:1 (2:1 is acceptable when fit for discharge)
- Anaesthetic nurse 1:1
- Theatre nurse 1:3 (ideal standard)
Standards of Practice: UK

- BARNA (British Anaesthetic and Recovery Nurses Association)
- RCA (Royal College of Anaesthetists)
- AfPP (Association for Perioperative Practice)
Upholding UK Standards - Issues

- Fatigue and stress – low morale
- Higher numbers of adverse effects
- Higher acuity patients
- Patient acuity not factored into staff ratios
- Not enough nurses with the right skills
- Financial constraints leading to low levels of staff and untrained/unqualified replacement
- Lack of inpatient beds
Clinical Practice Structure: Canada

- PreAdmission/Operative Phase
- Comprehensive nursing assessment
  history, systems review, med. rec., consent, advance directives, consultations, teaching, referral to anesthesia assessments as required

3 options:
1. In person
2. By telephone
3. By telemedicine

Assigned by 3 options, appointment time
Clinical Practice Structure: Canada

Day of Surgery Phase

- Preparation on day of surgery: inpatient or outpatient
- Confirm PreAdmission information with patient: review of consent, allergies, surgical site/side and marking; new information
- Preoperative testing and treatments: CBG, ECG, other POCT, IV, preop antibiotics (60 min. cut time), clip, alerting other IPT if complications
- Assigned by arrival based on surgical schedule
- Checklist as Transfer of communication
Canada

Phase I

- Immediate post-phase; “life-saving measures”, “neither episodic nor minimal”
- In-depth nursing skills, knowledge and critical thinking
- Ventilation, invasive lines, intense patient care
- Transfer of function from physician (invasive line/epidural removal, discharge)
- Assigned by balancing acuity, bed availability
- Checklist as Transfer of communication, nurse escort
Canada

Phase II

- Patient has met discharge criteria (Aldrete)
- Transition to pre-existing state (ambulate, management of PONV, pain, normalization)
- Patient involved in care
- PADSS used to discharge to next phase, Extended Observation (EO)
- Assigned by acuity, bed availability
- Checklist as Transfer of communication, patient escort required if EO is home, with directions
Minimum Staffing Standards: Canada

- Preadmission: 1: 5-7 (SDA); 1: 10-15 (DS) daily
- Day of Surgery: 4 per hour per nurse; related to volumes (30 cases = 7.5 nurses)
- Phase I: 1:1; 1:2
- Phase II: 1:2; 1:3
- EOP: 1:3-5
Standards of Practice in Canada

PeriAnesthesia Nursing:
1. Provincial standards: 26 years;
2. National standards: 3 years (2\textsuperscript{nd} ed.)

Other:
1. Regulatory bodies’ standards: CNA, provincial
2. Specialty: IPAC, Anesthesia care (CAS), Accreditation Canada and ROPs

Controversies:
1. Anesthesia support: i.e. cardiac monitoring, nurse:patient ratios, discharge to do with patient process flow
2. Administration: solo staffing, length of stay/turnover
Fanis Fotis
Lecturer, Surgical Nursing
University of Peloponesse
Sparta, Greece
Clinical Practice Structure: Greece

- Nurses of the anesthesiology department are delivering care at pre / peri / and postoperative period.

- Preoperative
  - Welcome of patient
  - Check of nursing history and exams
  - Insertion of main vascular lines

- Perioperative
  - Monitoring
  - Delivering of drugs

- Postoperative
  - Monitoring
  - Postoperative complications management
Minimum Staffing Standards: Greece

- **Ratio**
  - OR: 1 nurse for each room
  - PACU: 1 nurse

- **Recommended ratio**
  - PACU: 1 nurse for 2 to 3 patients
  - For out of shift service: 1 nurse for the emergencies (added to the shift nurses)
Standards of Practice in Greece

- Central Health Council

- Due to lack of personnel, physicians are pushing towards standards “sales”
Maureen McLaughlin
Clinical Educator, PACU
Chair, ASPAN Standards and Guidelines Strategic Work Team
Clinical Practice Structure: United States

- Preanesthesia Level of Care
  - Preadmission/Preadmission Testing
  - Day of Surgery/Procedure

- Postanesthesia Levels of Care
  - Phase I
  - Phase II
  - Extended Care
  - Blended Levels of Care
Recommended Staffing Standards in the United States

The American Society of Perianesthesia Nurses

- Preadmission: staffing dependent on pt volume, patient’s health status
- Day of surgery: staffing ratios must be determined by individual institutions
- Phase I
  - 2 RNs present at all times
  - Staffing should reflect patient acuity
  - New admissions should be assigned so that the nurse can devote his/her attention to the care of that admission until the critical elements are met
Recommended Staffing for Phase I

- 1 Nurse: 1 patient
  - Time of admission until critical elements met
    - Report has been received, questions have been answered, transfer of care has occurred
    - Initial assessment completed
    - Stable/secure airway [see below]
    - Patient is hemodynamically stable
    - Patient is free from agitation, restlessness, combative behaviors
  - Unstable airway:
    - Requiring active interventions to maintain patency: jaw or chin lift, oral airway
    - Evidence of obstruction: gasping, choking, crowing, wheezing
    - Symptoms of respiratory distress: dyspnea, tachypnea, panic, agitation, cyanosis
  - Any unconscious patient 8 years old or younger
  - Second nurse must be available to assist as necessary
Recommended Staffing for Phase I

- 1 Nurse: 2 patients
  - 1 unconscious patient, stable over 8 years old and
    1 conscious patient, stable and free of complications
  - 2 conscious patients, stable and free of complications
  - 2 conscious patients, stable, 8 years old or less, with family or competent support staff

- 2 Nurses: 1 critically ill unstable pt
Recommended Staffing for Phase II

- 1 nurse: 3 patients
  - Over 8 years old
  - 8 years old or younger with family present
- 1 nurse: 2 patients
  - 8 years old and younger without family, support staff
  - Initial admission of patient post procedure
- 1 nurse: 1 patient
  - Unstable patient of any age awaiting transfer
Recommended Staffing
“Extended Care” Level of Care

- 1 nurse: 3-5 patients
  - Patients awaiting transportation home
  - Patients with no caregiver
  - Patients who have had procedures requiring extended observation/interventions: postoperative nausea and vomiting, risk of bleeding
  - Patient being held for an inpatient bed
Standards of Practice: United States

- The American Society of PeriAnesthesia Nurses
  - *Perianesthesia Nursing Standards and Practice Recommendations*
  - Perianesthesia Nursing Certification

- Regulatory Agencies
  - Centers for Medicare and Medicaid Services
  - Department of Public Health
Ask the Panel ...
Conclusion

Susan Fossum
Chair, 2011 International Conference for PeriAnesthesia Nurses
Past President, American Society of PeriAnesthesia Nurses
Advocacy

- Global Integration
- Staffing Levels
- Standards of Practice
- Recruitment / Retention
- Workplace Safety

Unity of Voice...
Advocacy

- A process of actions intended to bring about change
  - individuals, groups, organizations
- Ability to influence, transform, mobilize and allocate resources
  - we do this every day!
- Organized efforts and actions based on “what is” to make “what should be” a reality (ex: staffing ratios)
Advocacy Leaders

- Informed
- Create opportunities for debate on difficult issues
- Confident in knowledge and skills; critical thinkers
- Know what we do; what we bring to the table (valued expertise)
The Power of Your Professional Voice in Action

- Nursing professional: caring, compassionate
  - emphasis on partnering with/caring for patients/families
  - unique, trusted relationship; held to a higher standard

- Collaborate with other health care professionals to promote community, national, international efforts

- Content experts
Using Our Voice to Advocate with Authority

- By using the best available evidence to support practice – nursing research
- By demonstrating that skilled nursing care makes a difference to safety and quality patient outcomes
- By becoming sufficiently articulate, confident, and feeling entitled to have our voices heard
- By assuming ownership over an area of practice/inquiry
Advocacy ... Harness the Power