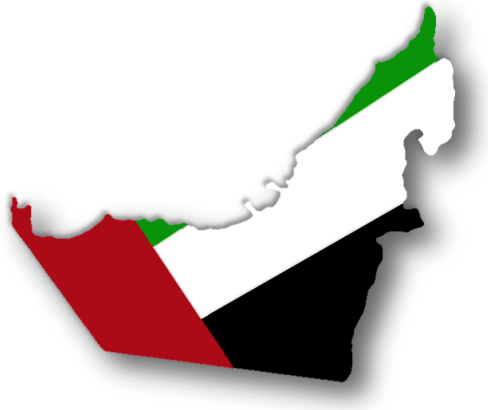
STAFFING ISSUES IN OPERATION THEATRES

LIZ SOJKA
Mediclinic Al Ain Hospital

STAFFING ISSUES
IN OPERATION THEATRES
LEARNING OBJECTIVES

ميديكلينيك
MEDICLINIC

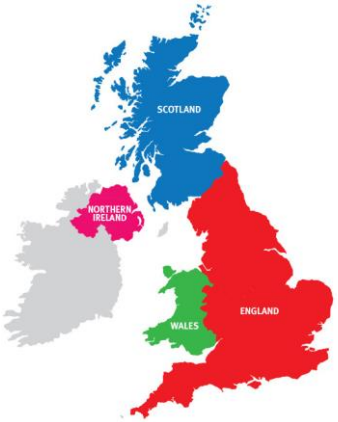
- Evaluate current staffing levels within Operation Theatre Complex
- Identify staffing requirements including skills mix of direct and indirect care givers within the Operation Theatre Complex
- Discuss staffing models related to Operation Theatre Complex staffing
- Discuss issues surrounding Scope of Practice requirements

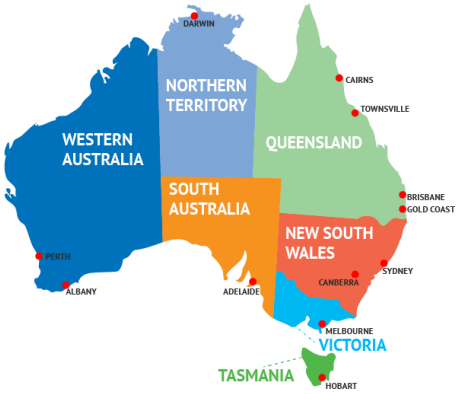


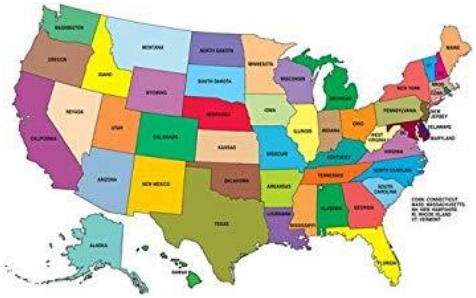
STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- The impending shortage of Registered Nurses in western countries has been well publicised and a variety of different reasons cited as the cause, including the retirement of many baby boomer nurses and the need for more health care services as the population ages in these countries
- In UAE, retirement is not the issue but the fact that Nursing is a transient population, plays a significant role in nursing shortages



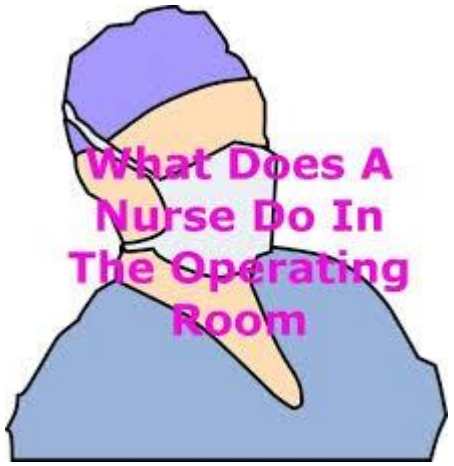




STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- ICN position statement regarding Patient Safety, states that they are deeply concerned about the serious threat to the safety of patients and quality of health care resulting from insufficient numbers of appropriately trained human resources.
- The ICN also argues that the current world-wide shortage of nurses denotes such a threat.



STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- The Institute of Medicine's report "The Future of Nursing" recommends that the number of Bachelors prepared nurses in the workforce be increased to 80 percent, and the population of nurses with doctoral degrees be doubled.
- The current nursing workforce falls far short of these goals:
  - 55 percent of RNs are Bachelors prepared or graduate degree level
- Another significant factor is the retrenching of more than 200 non Bachelors prepared RNs and many more demoted to Assistant Nurse from facilities in the Northern Emirates
- The consequences of this shortage could be greater in the operating room than in any other area of the hospital due to the skills and dexterity required

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- Based on UAE requirements, the Scrub nurse is not permitted to function in the role of 'surgical assistant' but this is often the case especially in private facilities.

18.22. Operation Theatre Technology

Title	Qualifications	Experience
Operation Theatre Technician **فني غرف العمليات**	Diploma in operation theatre or Associate degree in surgical technology (Minimum **two (2) years** course duration)	**Two (2) years'** experience post qualification in related field

Surgical Assistant

To qualify for a License to practice as a Surgical Assistant/Technician in Dubai Healthcare City (DHCC), the Applicant must comply with:

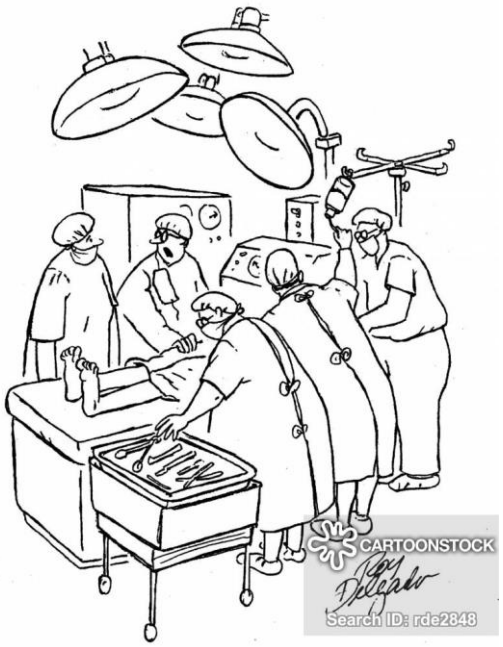
- The general requirements for licensure as a healthcare professional[1]; and
- The specific profession's minimum requirements listed below.

	Minimum Requirements
Professional Qualification	**Option 1:** A Bachelor's degree or an Associate degree as Surgical Assistant or Physician Assistant; ***and*** • Completion of the Physician Assistant National Certifying Exam (PANCE); ***or*** • The National Board of Surgical Technology and Surgical Assisting (NBSTSA); ***or*** • The American Board of Surgical Assistants (ABSA); or equivalent **Option 2:** Licensed as Registered Nurse; ***and*** • A minimum of 2 year Associate certificate in Surgical assistance; ***or*** • Surgical Nursing Board Examination; or equivalent
Clinical Work Experience	A minimum of one (2) years of work experience as Surgical Assistant

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- In most facilities it is acceptable for a Registered Nurse to act as Surgical Assistant in emergency situations:
  - Is this appropriate?,
  - Surgeon as assistant?

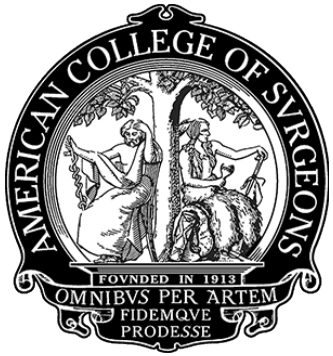


" Whoops ! Get my lawyer on the phone ! "

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- In 1994, The American College of Surgeons produced a list of surgical procedures and a consensus as to where a surgical assistant was required and the frequency identified as:
  - Almost always
  - Sometimes
  - Almost never



STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- In 2018 update, ACS and other surgical specialty organizations reviewed all procedures listed in the “Surgery” section of the 2018 AMA Current Procedural Terminology (CPT TM).
  - Review new or revised codes since 2016 and any other codes of interest that are applicable to their specialty and determine if the procedure required the use of a physician as an assistant at surgery and the frequency.
- NB: ‘almost never’ does NOT imply that a physician is never needed.
- The decision to request that a physician to assist at surgery remains the responsibility of the primary surgeon.

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- The paper also defines the qualifications and credentials of Assistants.
- It states that Registered nurses with specialised training may also function as first assistants but if such a situation should occur, the size of the operating room team should not be reduced;
  - the RN should not simultaneously function as the scrub nurse and instrument nurse when serving as the first assistant.
  - Nurse assistant practice privileges should be granted based upon the hospital Board's review and approval of credentials
  - RNs who act as first assistants must not have responsibility beyond the level defined in their state nursing practice act
  - Such individuals perform their duties under the supervision of the surgeon.

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

Physicians as Assistants at Surgery: 2018 Update

Participating Organizations:

American College of Surgeons
American Academy of Ophthalmology
American Academy of Orthopaedic Surgeons
American Academy of Otolaryngology – Head and Neck Surgery
American Association of Neurological Surgeons
American Pediatric Surgical Association
American Society of Colon and Rectal Surgeons
American Society of Plastic Surgeons
American Society of Transplant Surgeons
American Urological Association
Congress of Neurological Surgeons
Society for Surgical Oncology
Society for Vascular Surgery
Society of American Gastrointestinal Endoscopic Surgeons
The American College of Obstetricians and Gynecologists
The Society of Thoracic Surgeons

2018 Assistant at Surgery Consensus[1]

CPT	2018 Descriptor	Almost Always	Some times	Almost Never[2]
10021	Fine needle aspiration; without imaging guidance			X
10022	Fine needle aspiration; with imaging guidance			X
10030	Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous			X
10035	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion			X
10036	Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure)			X
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)			X
10060	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous absoess, cyst, furuncle, or paronychia); simple or single			X
10061	Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous absoess, cyst, furuncle, or paronychia); complicated or multiple		X	
10080	Incision and drainage of pilonidal cyst; simple			X
10081	Incision and drainage of pilonidal cyst; complicated		X	
10120	Incision and removal of foreign body, subcutaneous tissues; simple			X
10121	Incision and removal of foreign body, subcutaneous tissues; complicated		X	
10140	Incision and drainage of hematoma, seroma or fluid collection			X
10160	Puncture aspiration of absoess, hematoma, bulla, or cyst			X
10180	Incision and drainage, complex, postoperative wound infection		X	
11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface			X
11001	Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure)		X	
11004	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum		X	
11005	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure		X	
11006	Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure		X	
11008	Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure)		X	
11010	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues		X	
11011	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle		X	
11012	Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone		X	

[1]This table presents information about the need for a physician as a first assistant at surgery (indicated with an "X"). Please note that for some procedures, the services of a physician as a second assistant at surgery may be needed (indicated with an "O").

[2]The indication that a physician would almost never be needed to assist at surgery for some procedures does NOT imply that a physician is never needed. The decision to request that a physician assist at surgery remains the responsibility of the primary surgeons and, when necessary, should be a payable service. CPT codes and descriptors only are © 2017 American Medical Association.

STAFFING ISSUES
IN OPERATION THEATRES
AORN POSITION STATEMENT

ميديكلينيك
MEDICLINIC

"Patients undergoing operative and other invasive procedures require perioperative nursing care provided by a perioperative RN, regardless of the setting

It is the responsibility of each facility to determine specific policies and procedures based on patient need and available resources to ensure safe staffing and on-call practices

Perioperative RNs should not be required to work in direct patient care for more than 12 consecutive hours in a 24-hour period and not more than 60 hours in a seven-day work week. All work hours (ie, regular hours and call hours worked) should be included in calculating total work hours"

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- Nurses also perform other roles in the OT such as assisting the Anaesthetist. How often has a Nurse in your facilities assisted the Anaesthetist and they have 'popped out' of the room and left you with the patient? It is important that such staff have a clear RN job description and successfully completed all relevant competencies. Such staff must never sign documents where it states "technician" and MUST sign RN after their name to ensure that Regulatory bodies are clear that this role was performed by a Registered Nurse and not a Technician.
- Staffing in operation theatres is primarily based on one scrub nurse and one circulating nurse per room. The Scrub Nurse must be at Registered Nurse level.

"First, we numb you by showing you today's headlines."

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- The complexity of the cases also plays a role in staffing as there may be two teams working on the patient at the same time such as in polytrauma.
- The following are categories of staff typically assigned in OT:
  - Nursing
  - Technicians
  - Aides / Porters
  - Secretarial support
  - Booking Clerks
  - Stores
  - Housekeeping
  - Medical Staff

STAFFING ISSUES
IN OPERATION THEATRES
POSITIONS IN OTs

ميديكلينيك
MEDICLINIC

Typical Staffing formula:

- Number of staff per room x number of rooms per day x hours per shift x days per year / available staff hours per year.
- It is important to factor in other staffing as required:
  - Number and type of staff required per room
  - Staff ‘floating’ between rooms
  - Float / relief team
  - Additional staff / positions required:
    - Technicians
    - Aides / Porters
    - Secretarial support
    - Booking Clerks
    - Stores
    - Housekeeping

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

PATIENT SAFETY GOALS

JCI	DOH	DHA
Identify patients correctly	Improve accuracy of patient identification	Look-alike, sound-alike medication names
Improve effective communication	Improve communication effectiveness among care givers & recipients	Patient identification
Improve the safety of high-alert medications	Improve safety of using medications & medical devices	Communication during patient hand-over
Ensure safe surgery	Reduce risk of healthcare associated infections	**Performance of correct procedure at correct body site**
Reduce the risk of health care-associated infections	**Ensure correct site, correct procedure, correct patient**	Control of concentrated electrolyte solutions
Reduce the risk of patient harm resulting from falls	Accurately & completely reconcile medications	Assuring medication accuracy at transitions in care
	Encourage patient's active involvement in their own care	Avoiding catheter and tubing misconnections
	Improve recognition & response to changes in patient's condition	Single use of injection devices
	Reduce risk of harm resulting from falls	Improved hand hygiene to prevent nosocomial infections
	Reduce the risk of Hospital fires	

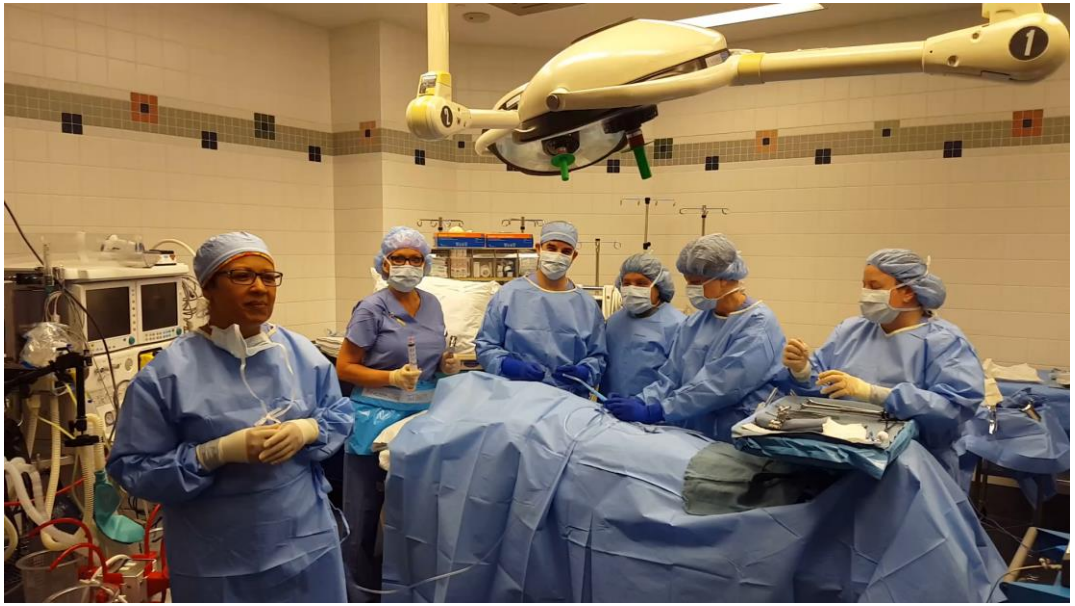
STAFFING ISSUES IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC

- All raise the issue of ensuring correct patient surgery at the right site and one way to ensure this is to have the correct number and correct skill mix of staff in the OT
- It is vitally important that every one of us works within our scope of practice.
- If you are forced to work outside of your scope of practice, then you are duty bound to cover yourself and report.
- Most importantly, you need to keep evidence of this as if challenged by regulatory authorities, this could be the end of your career.

STAFFING ISSUES
IN OPERATION THEATRES

ميديكلينيك
MEDICLINIC



Thank you and practice safely

STAFFING ISSUES
IN OPERATION THEATRES
REFERENCES

ميديكلينيك
MEDICLINIC

- https://www.dhcc.ae/Portal/Userfiles/forms/Licensing/Professional/Allied%20Health/Guidelines/Physician%20Assistant%20Licensing%20Guidelines%20v1%2020081106.pdf. Accessed 01 September 2019
- http://fhs.mcmaster.ca/physicianassistant/ . Accessed 10 September 2019
- https://www.aorn.org/guidelines/clinical-resources/rn-first-assistant-resources Accessed 12 September 2019
- Physicians as Assistants at Surgery: 2018 Update. American College of Surgeons
- Staffing for Safe and Effective Care: Nursing on the Brink, RCN publication 2018
- Paoletti, X., Marty, J., Consequences of running more operating theatres than anaesthetists to staff them: a stochastic simulation study. British Journal of Anaesthesia 98 (4): 462–9 (2007) doi:10.1093/bja/aem003 Advance Access publication February 16, 2007. Accessed at: https://academic.oup.com/bja/article/98/4/462/297096 01 September 2019
- AORN Position Statement on RN First Assistants: AORN standards for RN first assistant education programs. In: Perioperative Standards and Recommended Practices. Denver, CO: AORN, Inc; 2012:749-751.
- https://webcache.googleusercontent.com/search?q=cache:2s3eKcCPROUJ:https://www.aorn.org/guidelines/clinical-resources/position-statements+&cd=2&hl=en&ct=clnk&gl=ae
- AORN Position Statement on One Perioperative Registered Nurse Circulator Dedicated to Every Patient Undergoing an Operative or Other Invasive Procedure

STAFFING ISSUES
IN OPERATION THEATRES
REFERENCES

ميديكلينيك
MEDICLINIC

- Unified Healthcare Professional Qualification Requirements (MOH, DOH, DHA) https://www.haad.ae/HAAD/LinkClick.aspx?fileticket=BaNWzdMghsw%3d&tabid=927
- https://www.google.co.uk/search?q=aorn+staffing+guidelines+2018&sa=X&ved=2ahUKEwjijo_ti-fkAhUPNRoKHdrQDFIQ1QIoBXoECAoQBg&biw=1846&bih=898#spf=1569247071362
- AORN Position Statement on Perioperative Safe Staffing and On-Call Practices
- Step Guide to Improving Operating Theatre Performance NHS Modernisation Agency, Theatre Programme. Accessed at http://www.qihub.scot.nhs.uk/media/216953/improving%20operating%20theatre%20performance%20complete%20step%20guide%20without%20pic.pdf 01 September 2019
- https://www.youtube.com/watch?v=YzjgntQaH8A&list=PLBN1bU-cvKEL5Y2kiTf7gWbftlr_K0pfA

ميديكلينيك
MEDICLINIC

شكراً

THANK YOU!