More Productive Conversation

The Short Stay Unit and Medical Procedure Unit Staff Schedule Taskforce had its fourth meeting Friday, Dec. 4.

Those present included, Surgical Services Director Kim Raney, our Unit Manager Thom Rowe, Debbie Avakian from human resources and Candace Konstad, Gretchen Baller, Shane Fierling, Megan Faris, Suzanne Smith and Jacqueline Susi. Rob Nosse from Oregon Nurses Association was also present. (Peg Doggett was not able to attend.)

This meeting was as productive as the last one. The group started by focusing on what was accomplished at our last meeting and affirmed the following problem statement and goal.

**Problem Statement:** Patient safety is compromised when inpatients await their surgical or medical procedure and are “parked” in front of nursing desks in the operating room when the short stay unit is closed or when patients wait for extended periods of time in the short stay unit where nursing care is not progressed. (While not stated in the problem statement we are focused on addressing this concern on Sundays and holidays.)

**Our Goal:** To provide excellent, patient care and safety for every surgical service’s inpatient who comes to the Medical Center for a surgical or medical procedure.

**This means.**

- Consistent handovers that include: patient consent, the pre-procedure check list being completed, and reviewing abnormal labs and medication concerns.
- Effective communication from beginning to end
- Patient arrives prepared for surgery or the medical procedure
- There is an appropriate place for the patient to wait with the right caregiver in attendance
- There is minimal delay to the operating room
- 30 minute wait in the holding area
- Reliable, timely patient transport to the area.

We spent the rest of our time discussing the pros and cons of the five following approaches we developed to address the problem and meet our goal.
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The five approaches include the following:

1. When the operating room is ready, the patient will be transported by a dedicated operating room transporter directly to the surgery room. The inpatient nurse will have completed all preoperative preparation of the patient. The Short Stay Unit will not be opened.

2. The patient will be met and evaluated in their room by the anesthesiologist, who will verify that all preoperative preparation has been completed by the inpatient nurse. The patient will then be transported to the operating room by the anesthesiologist. The Short Stay Unit will not be open.

3. The Short Stay Unit is open and staffed on Sundays and holidays to do inpatient preoperative preparation. The patient will be held in Short Stay Unit until the Operating Room is ready for them.

4. A float nurse (who may or may not be a Short Stay nurse), would go to the inpatient unit to meet the patient. The "float" would complete all preoperative preparation, and communicate directly with the inpatient nurse. When everything is done, the patient will be transported directly to the operating room at the appropriate time. The Short Stay Unit will not be open.

5. Create a staffed "holding area" in the operating room for inpatient preparation and waiting until the surgery can being. The Short Stay Unit will not be open.

Of these five options the three that we think hold the most promise (because we believe they can implemented in a reasonable time frame) include involving anesthesiologists, opening the Short Stay Unit and the "float" nurse option.

Our next meeting is scheduled for Dec. 15. Stay tuned.

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Lead by Example: Ethical Nursing Practice

April 11-13, 2016
Convention Schedule

Monday, April 11 - Half-day Staffing Workshop (1-5 p.m.)
Tuesday, April 12 - ONA Nurse Continuing Education Day
Wednesday, April 13 - ONA House of Delegates