

**KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE
NURSING AFFAIRS**

**Scope of Service
CARDIOVASCULAR AND THORACIC OPERATING ROOMS**

Unit Description	:	CARDIOVASCULAR AND THORACIC OPERATING ROOMS
No. of OR	:	4
Nurse Ratio	:	2.5 per OR

Scope of Service

OR Level IV consists of four Operating Rooms specializing in Cardiovascular and thoracic surgeries for both pediatric and adult patients. This population includes patients requiring or having had previous surgery on organs of the thoracic cavity, including heart, lungs or the greater vessels.

Frequent Procedures/Services/Functions

The most common surgical procedures include:

- Coronary Artery Bypass Surgery
- Valve repair and/or Replacement
- Thoracic Aortic Aneurysm Repair
- Congenital Cardiac Defect Repairs

Cardiac – 70% Pediatric – Complex congenital anomalies

– 30% Adult: CABG – Valves : Adult cardiac anomalies

Thoracic – Including but not limited to Lobectomies, Thoracoscopies and Bronchoscopies

Vascular – Including but not limited to Carotid Endarterectomy, Femoral-Popliteal Bypass
Aortic- Bifemoral Bypass, Aortic Aneurysm Resection

Hours of Operation

- Available 24 hours a day, 7 days a week
- The scheduled elective operating hours Saturday to Tuesday are between 07:00 – 16:30 & Wednesday 07:00 – 15:30
- The operating suite is staffed to cover late or emergency procedures until 21:30.
- After hours the operating room is staffed by two on-call staff nurse 1's.
- Saturday to Tuesday the on-call hours are 21:30 – 07:00.
- Wednesday 20:30 – 07:00
- Thursday and Friday 24 hour call cover

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CRITERIA FOR ADMISSION TO SERVICE

Criteria for patient admission into OR level IV are the need for cardiovascular/thoracic intervention with anesthesia. This includes elective, emergency and transplant cardiovascular/thoracic procedures.

STAFFING PLAN

Number and Mix of Staff

Staffing is provided by registered nurses functioning in a scrub and circulating capacity.

- Head nurse 1
- Staff nurse 1 19
- Staff nurse 11 1
- Ward clerk 1
- PCA 4

Operating suite level IV is primarily staffed by staff nurse 1's assisted by surgical anesthesia technicians.

The Head Nurse is responsible for assessing the staffing needs for the suite and allocating work assignments.

The staffing load of the suite allows 3 staff nurses to be on leave at any given time and ensures staff members are allocated their mandatory breaks (lunch etc.) without affecting direct patient care or delaying operating hours.

Standards are drawn from Association of Operating Rooms Nurses

Ward clerk/translator staff are utilized during working hours.

Method of Adjusting to Staffing Variances

The head nurse makes adjustments in staffing based on volume of procedures, skill level of staff and acuity of patient care.

When additional staff is needed, adjustments in assignments are made. Additionally, overtime personnel may be utilized to accommodate patient needs.

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QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications Required of Staff

- Current Registered nurse license or registration from the country of origin
- Mandatory previous OR cardiac experience, at least 2 years full time

How are inservices/continuing education programs provided to maintain staff competency?

All new equipment and procedures require mandatory orientation and continuing education. Staff development inservice boards are utilized to disseminate information.

Staff meetings are held twice a month.

Inservice is provided to the staff twice a month.

Inservice is developed around the learning needs of the staff which are determined by the head nurse and staff, new equipment, observation of performance and annual performance evaluations.

A total of 4 committees, operating according to the principles of Shared Governance, collectively review the quality of patient care provided and plan the professional needs and education of the staff accordingly. These committees are:

1. Clinical Practice
2. Education/Preceptor
3. Environment and Safety
4. Communication / Informatics

Each nurse, according to their specific interest, is required to be a member of one of the above committees. The education committee is responsible for establishing and maintaining the education calendar for the year ahead. The education calendar addresses the core education needs of the unit.

Resources for identifying needs include: Monthly trend reports from the Adverse Occurrence Reporting system; ongoing staff input from committee reports, and changes in policies/practices/protocols/techniques. The nursing staff are encouraged to formally evaluate their learning needs and in consultation with their HN review the various resources provided in the organisation, for example formal classes and course offered by the Department of Nursing Education & Research and then plan their ongoing professional development. These classes include Pediatric Cardiac Anomalies and Nursing Management, Preceptor and Charge Nurse courses. Each new orientee undertakes a comprehensive 3 month orientation programme

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supported by both the HN and an assigned preceptor. All members of a team are encouraged to now and support the professional development / learning needs of each team member.

Required Competencies:

- Surgical hand scrub technique
- Surgical prep of patient
- Surgical count of swabs, instruments and needles etc.
- Asepsis
- Positioning of patient for surgery
- Scrubbing (taking the table)
- Chest tubes

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS/PROGRAMS

Internal and External Methods of Communication

- Internally direct communication between physicians, nurses and other members of the team occurs throughout each day.
- Bulletin boards and an OR communication book are used for written communication and meetings minuted
- Externally the OR communicates with nursing units and multiple other departments via phone, e-mail, fax or written memos

A monthly general staff meeting provides a forum for the dissemination and debate about changes to APP / IPP's and resource utilization in the unit. Communication among nursing units is standardized by the CVN Communication Committee and occurs in the form of a monthly newsletter, bulletin boards, direct communication when needs arise, cc-mail, telephone and nursing leadership meetings for information sharing and problem resolution.

Describe Collaborative Relationships with Other Departments

OR IV strives to maintain open communication with all departments. Staff from the surgical areas participate in multiple committees and councils with personnel from other departments. The committees are important methods of multidisciplinary collaboration.

The committee structure within the unit links into a programme / department wide committee structure of Shared Governance. The chair of each of the four unit committees (ie, OR4 Practice Committee) is called to represent the unit at the programme wide Peri-operative Practice committee. Such a structure ensures that issues from the 'grass-roots' are brought to bear on decisions being made at the programme / department level.

MISSION OF DEPARTMENT

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The primary mission of the Cardiovascular Nursing Programme at KFSH&RC is to provide the people of the Kingdom of Saudi Arabia the highest quality tertiary and preventative care for all types of cardiovascular diseases in a co-ordinated and balanced programme of clinical practice, education and research.

In partnership with our medical staff we are dedicated to excellence, compassion and integrity in caring for the whole person – mind, body and spirit. We are committed to the professional growth, development and accountability of our employees by creating, applying and disseminating evidence based practice through education and research.

Our primary goals are in accordance with those established by the executive administration of KFSH&RC:

1. Improve access to care
2. Improve operational performance
3. Develop and Advance Nursing practice
4. Improve recruitment and retention

PLAN TO IMPROVE QUALITY OF SERVICE

Unit and organizational utilization and productivity statistics in conjunction with quarterly reports from risk management and Infection Control provide pertinent data to direct the activities of the unit's performance improvement projects. The cardiovascular programme has formalized its performance improvement activities through a multidisciplinary committee whose primary mandate is to continuously review the various patient care processes that facilitate a high quality service of admission, management and discharge of patients throughout the cardiovascular programme.

3 key projects require urgent attention according to trend analysis from 2003 incidents:

1. Skin Integrity
2. Documentation
3. Infection Control

Agenda's for the monthly journal clubs are governed by clinical needs and encourages the review and debate of the best available evidence against existing practice standards.