Scope of Service
OPERATING ROOM LEVEL II (OR 2)

Unit description	:	**Operating Room Level II (OR 2)**
Number of ORs	:	**12**
	:	**5 monitored pre-operative preparation beds.**

PATIENT CARE UNIT

Scope of Service

Operating Room Level II at King Faisal Specialist Hospital & Research Centre provides nursing care prior to and during surgical and invasive procedures, which include elective, transplant and emergency surgery. There are 12 operating rooms, which serve patients of all ages.

Frequent Procedures/Services/Functions

- General Surgery – general abdominal, laparoscopic procedures, endocrinology surgery, breast surgery, colorectal, endoscopic surgery, bone marrow harvesting and occasionally trauma.
- Hepatobiliary – Liver transplants, both living related and cadaveric, liver resections.
- Orthopedics – total joint replacements (hip, knee, and shoulder), trauma, arthroscopies, tumor resections, congenital deformity corrections.
- Neurosurgery – craniotomies, cranioplasties, pallidotomies, shunts, ventriculoscopies, laminectomies and stereotactic biopsies.
- Gynecology – hysterectomies, hysteroscopies, laparoscopies and laparotomies.
- Urology – Renal transplants, cystoscopies, lithotripsies, radical cystectomies/prostatectomies, transurethral resection of prostate (TURPs) and transurethral resection of bladder tumors (Turbots).
- NET/Base of Skull/Oral – radical neck dissections with and without free/rotating flaps, laser surgery, tonsillectomies, adenoidectomies, myringotomies, cochlear implants, mastoidectomies, stapedectomies, myringoplasties, mandibulectomies, rhinoplasties, sub mucosal resections (SMRs), sub mucosal diathermy (SMDs) , uvuloplasties, laryngoscopies and trachea surgeries.
- Pediatrics – general abdominal, upper gastro-intestinal, laparoscopies, endoscopies, genitoplasties and insertions and removals of Vascular Access Devices.
- Ophthalmology – cataract removal surgeries, diode laser and unilateral and bilateral squint correction surgeries.
- Plastics – cleft palate and lip surgeries, reconstructive surgeries and cosmetic surgeries.

Hours of Operation

Available 24 hours a day, 7 days a week
Normal working hours are 07:00 a.m. to 07:30 p.m. Saturday to Wednesday
Emergency cases from 07:30 p.m. to 07:00 a.m. Saturday Wednesday
Private surgery Thursday 07:00 until late
Thursdays and Fridays staff on-call for emergencies

CRITERIA FOR ADMISSION TO SERVICE

Patients with the need for surgical interventions, invasive and non-invasive, with or without anesthesia who are elective, day surgical, emergency, transplant and occasionally trauma.

STAFFING PLAN

Number and Mix of staff

- Head Nurse
- Assistant Head Nurse
- Staff Nurse 1 and 2
- Certified Anesthesia Technicians
- Patient Care Assistants
- Clerical
- Product Coordinator

The Operating Rooms are staffed primarily by registered nurses. Each specialty is led by a Team Leader who is responsible for the running of the ORs specific to that service and for ordering service specific supplies.

The Association of Operating Rooms Nurses' (AORN) standards are utilized to determine practice standards and also the number of registered nurses required based on patient care requirements, competency or personnel and intensity of procedures.

Staff Nurses man the Front Desk and coordinate the surgical procedures and staffing in conjunction with the anesthesiologist (Floor Manager). Staff Nurses also run the pre-operative preparation area (Holding Bay) and coordinate the initial admission to the OR as well as perform preoperative procedures as required.

Method of adjusting to staffing variances

The nurses at the Front Desk make adjustments in staffing based on the volume of procedures, skill level of the staff and acuity of patient care. When additional staff are needed, adjustments in assignments are made. Overtime is only utilized at the end of the shift if additional cases are underway as well as on weekends and out of hours.

Operating Room Level II nurses do not float to other nursing units.

QUALIFICATIONS OF STAFF

Qualifications/Licenses/Certifications required of staff

- Current Registered Nurse License or registration from country of origin

In-services/continuing education programs

Staff meetings are held twice weekly. Additionally, staff receive one hour of dedicated in-service time weekly. Staff are trained when there are new equipment and procedures to be introduced during these in-services. All new equipment and procedures require mandatory orientation and continuing education. Staff development education boards are utilized to disseminated information. Self-study modules are also encouraged. Staff learning needs are determined by staff and physician input, new equipment and procedures, observation of performance ongoing and at annual performance evaluations, and based on department performance improvement. Performance Improvement projects are encouraged and there is an Operating Room Level II Performance Improvement Task Force.

Required Competencies

- Code Blue
- Code Amber
- Latex allergy
- Fire and Safety
- Performance improvement
- Infection Control
- Wound Care
- Pressure Ulcer prevention study
- BCLS

METHOD OF COMMUNICATION WITH OTHER DEPARTMENTS

Internal and External Methods of Communication

On Sundays and Tuesdays, the staff nurses have a brief update by the Head Nurse regarding any important issues, prior to commencement of surgery. Internally, direct communication between physicians and other members if the team occurs throughout the day. Bulleting boards and an Operating Room Level II communication book are used for written communication. Externally, the OR communications with the nursing units and multiple other departments via phone, e-mail or written memos.

Collaborative Relationships with other departments

Operating Room Level II 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 Peri-Operative Committee is an important method of multidisciplinary collaboration.

GOALS OF DEPARTMENT

- Provide consistent and safe care.
- Work within budget including resources of staffing, supplies and standardization.
- "On-line" computerization of the peri-operative continuum of care.

PLAN TO IMPROVE QUALITY OF SERVICE

- Utilize Performance Improvement methods and projects to focus on processes and systems to improve patient flow and care.