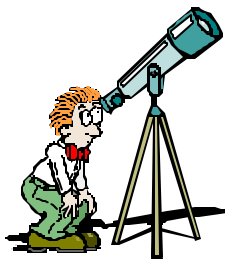


OPERATING ROOM LICENSED PRACTICAL NURSES IN BC:

A RESOURCE GUIDE FOR IMPLEMENTATION

**Working Copy
October 3, 2005**



**Submitted to:
Health Authorities**

**Compiled from:
Work of the BC Operating Room LPN Ad Hoc Advisory Committee**

OPERATING ROOM LICENSED PRACTICAL NURSES IN BC: A RESOURCE GUIDE FOR IMPLEMENTATION

(Working Copy October 3, 2005)

A provincial initiative to introduce/increase the numbers of Operating Room Licensed Practical Nurses (OR LPNs) in BC ORs is currently underway. The initiative is one strategy that is being implemented in response to a province-wide shortage of Operating Room Registered Nurses (OR RNs), which is anticipated to worsen as existing OR RNs retire in large numbers. The cohort of RNs working in the OR is the oldest of any cohort in BC, with 30% being 55 years and older (eligible to retire today) and another 39% between ages 45 and 54 (eligible to retire in the next 1 – 10 years).

Introducing OR LPNs offers an additional staffing option in ORs, thereby enhancing the ability of health authorities (HAs) to maintain OR services. The direction is in line with changes in other areas of health care where initiatives are underway to support the utilization of health care workers to practice to their full range of competencies. While other provinces have been using LPNs in the OR successfully for many years (particularly Alberta and Ontario), very few hospitals in BC employ LPNs in ORs at the present time.

Aggressive recruitment and employer sponsored training of Registered Nurses (RNs) to work in the OR continues and will not be impacted by the introduction/increase of the OR LPNs. Both RNs and LPNs will be required to meet future OR needs.

The decision to utilize OR LPNs in a particular OR setting, as well as the decision to assign an LPN to a specific patient or role within an OR, needs to consider the level of education, competencies and practice expectations of RNs and LPNs. The role and circumstances under which an appropriately prepared LPN may be utilized in an OR setting may include admission to the OR, scrub and second circulating role. OR LPNs will not be assigned to the primary circulating role during the initial stages of implementation. The appropriateness of this decision will be re-visited as part of a planned two year post implementation evaluation.

The initiative began in September 2003 and is under the leadership of Lynette Best, Chief Professional Practice at Providence Health Care on behalf of BC's Chief Nursing Officers, and with the support of the Ministry of Health's Nursing Directorate. The initiative is being guided by a provincial OR LPN Advisory Committee representing all HAs, HEABC, BCNU, HEU, BCORNG and the MOH.

While work has been done to establish structures to support the introduction/increase in the utilization of OR LPNs at a provincial level, it is the responsibility of individual HAs to coordinate the implementation at a local level. **This OR LPN Resource Guide provides a compilation of documents developed provincially in hopes these will be of assistance to HAs in developing local implementation plans.** The OR LPN Resource Guide is intended to be used in parallel to the Contract Interpretation Update, HEABC, Health Services & Support Facilities Subsector Collective Agreement, September 22, 2005.

OR LPN: GENERIC IMPLEMENTATION CHECKLIST

Activity		Reference Document (Enclosed)	Done
1	Identify HA project coordinator for introduction of OR LPNs		
2	Establish infrastructure to provide advice on the introduction of OR LPN role within a HA.	Contact BCNU (Patricia Wejr; e-mail pwejr@bcnu.org) and HEU (Julie Eckert; e-mail JEckert@heu.org) for names of BCNU & HEU Stewards willing to participate on local committees.	<input type="checkbox"/>
3	Develop OR LPN job description	“Generic” job description (working copy April 12, 2005 attached) OR LPN Benchmark (Contract Interpretation Update Sept 22, 2005 attached)	<input type="checkbox"/>
4	Forward OR LPN job description through usual channels for approval		<input type="checkbox"/>
5	Identify hospitals planning to utilize OR LPNs & numbers per hospital (suggest 3 – 5 year plan, with timeline)	Utilization, Role, Scope, Competencies & Qualifications (July 26, 2005 update attached)	<input type="checkbox"/>
6	Identify communication plan/strategies for introduction of the role	Key communication messages (Sept 23, 2005 working copy attached)	<input type="checkbox"/>
7	Prepare for pilot program (IHA, FH, VCH/PHC only)	Information on Grant MacEwan College OR LPN Program (July 7, 2005 working copy attached)	<input type="checkbox"/>
8	A	Post expressions of interest for OR LPN training (pilot program); if sites unknown, identify potential sites	<input type="checkbox"/>
	B	Post full-time positions (minimum of 4 full-time positions for LPNs in training program)	<input type="checkbox"/>
	C	Identify instructor for 1 st 6 weeks of instructor led training & to provide support to preceptors/students during 2 nd 6 weeks of training	<input type="checkbox"/>
	D	Identify hospital to be used for 1 st 6 weeks of clinical training (6 weeks Apr 17 – May 26, 2006)	<input type="checkbox"/>
	E	Identify hospital & preceptor to be used for 2 nd 6 weeks of clinical training (6 weeks, May 29 – July 7, 2006)	<input type="checkbox"/>
	F	Identify process to collect names and contact information of OR LPNs, Instructors, OR Clinicians/Managers and BCNU representative at participating sites to participate in the evaluation.	<input type="checkbox"/>
9	Implement actions described in Contract Interpretation Update: <ul style="list-style-type: none"> • OR LPN benchmark • MOU re implementation of new benchmark • MOU re transitional protection • MOU re selection and training of OR LPN candidates for “pilot” program 	OR LPN Benchmark (Contract Interpretation Update Sept 22, 2005 attached)	<input type="checkbox"/>
10	Review other OR related job descriptions to ensure alignment of roles	Example, OR RN, OR porters, OR aides, etc	<input type="checkbox"/>
11	Develop site specific orientation program for new OR LPNs (HA responsibility)		<input type="checkbox"/>

ACTIVITY 3

“GENERIC” JOB DESCRIPTION FOR OPERATING ROOM LICENSED PRACTICAL NURSE

(Working Copy April 12, 2005)

TITLE:	Licensed Practical Nurse, Operating Room	UNION:	HEU
SITE:	TBA	RATE:	
DEPT/PROGRAM:	Nursing	CLASSIFICATION:	
JOB ID#:	TBA	OCC CODE:	

1.0 JOB SUMMARY

The Licensed Practical Nurse, Operating Room, provides practical nursing services in an operating room environment as a member of an integrated surgical team performing varied and complex surgical interventions. Consults, confers, and collaborates with other members of the surgical team in facilitating safe and effective surgical interventions through the performance of scrubbing and circulating duties in accordance with established standards and protocols. This includes pre-operative, operative, and post-operative activities such as assessing, planning, implementing, evaluating and documenting client care, and providing support to clients and their families.

2.0 QUALIFICATIONS

2.1 Education, Training and Experience

- Graduation from a recognized program for Practical Nurses. Depending upon the date and specific practical nurse program of graduation, may also require completion of specific modules to enable practice to the full range of licensed practical nursing competencies.
- Graduation from an accredited OR program for Licensed Practical Nurses.
- Current basic cardiac life support certification.
- Twelve months full-time experience working as a Licensed Practical Nurse, preferably in acute care.

OR

- Equivalent combination of education, training and experience.

AND

- Current full practicing licensure with the College of Licensed Practical Nurses of B.C. (CLPNBC).

2.2 Skills and Abilities

- Ability to communicate effectively both verbally and in writing.
- Ability to deal with others effectively.
- Physical ability to carry out the duties of the position.
- Ability to organize work.
- Ability to operate related equipment.

3.0 DUTIES¹

- 3.1 Assesses, plans, implements, evaluates and documents patient care during the pre-operative, operative and immediate post-operative periods.
- 3.2 As a member of the perioperative team, collaborates with the RN coordinating care in the operating room while performing in the following roles:
- a) Admission of patient to the OR
 - b) Scrub role
 - c) Second circulating role

Specific competencies required to work in these roles are described in the *Utilization, Role, Scope, Competencies and Qualifications* document (April 2005).

- 3.3 As an assistant to and upon request of the RN coordinating care in the operating room, performs duties which assist the primary circulating RN in her role.

Specific competencies required to assist the primary circulating RN are described in the *Utilization, Role, Scope, Competencies and Qualifications* document (April 2005).

- 3.4 Alerts the RN to any problems, changes or unusual signs or symptoms of the patient while in the operating room setting.
- 3.5 Documents observations, treatment and other patient care activities during the pre, intra and post-operative periods by performing duties such as recording observations/information onto patient record.
- 3.6 Attends a variety of meetings such as staff meetings and quality improvement rounds to provide and obtain information and feedback about patients and patient care.
- 3.7 Assists with orientation of new staff by performing duties such as demonstrating work

¹ Roles in the operating room may be categorized into 4 categories (see below). Depending upon the needs of the patient, the level of complexity of the surgery and the practice environment, OR LPN's may practice in all categories of roles except that of primary circulating nurse.

1. Admission to the OR: assesses individual patient needs and plans nursing care prior to transferring the patient to the OR;
2. Scrub nurse: works directly with the surgeon within the sterile field passing instruments, sponges, and other items needed during the surgical procedure.
3. Primary circulating nurse: coordinates the activities within an operating room and provides the majority of assistance to the anesthesiologist (amongst other duties).
4. Secondary circulating nurse: assists the primary circulating nurse as required (not required in all cases).

procedures.

- 3.8 Attends educational sessions, in-services and workshops as required to facilitate knowledge enhancement and technology changes.
- 3.9 Performs related clerical duties such as answering the telephone, taking and relaying messages and assisting in maintaining standardized records.
- 3.10 Performs other related duties as assigned.

JOB DESCRIPTION APPROVED BY:

Signed Original on File with Classification

Senior Nursing Leader

Date:

Compensation/Classification

Date:

ACTIVITY 5

OPERATING ROOM LICENSED PRACTICAL NURSES: UTILIZATION, ROLE, SCOPE, COMPETENCIES & QUALIFICATIONS

(Working Copy Approved April 12, 2005 and Updated July 26, 2005 to incorporate Changes to the Practice Expectations for RNs and LPNs document, 2005)

- 1.0 Guidelines in Decision Making re the Use of OR LPNs
 - 1.1 Guiding Principles to Consider in Determining Staff Mix in an OR
 - 1.2 Additional Guiding Principles to Consider in Determining Staff Mix in an OR Setting
- 2.0 Role & Scope of Practice for the LPN in an OR Setting
- 3.0 Competencies Required for an LPN to Perform in the Proposed Role
- 4.0 Required (Minimum) Qualifications
- 5.0 References
 - 5.1 Guidelines in Decision Making re the Use of OR LPNs
 - 5.2 Core Competencies

1.0 Guidelines in Decision Making re the Use of Operating Room Licensed Practical Nurses

BC, similar to other provinces, is challenged to maintain a sufficient supply of appropriately prepared nurses to deliver competent and safe care for all types of patients, including those undergoing surgical procedures. Such a challenge can only be met in a system which has as its goal the utilization of all categories of nurses to their full scopes of practice. The introduction of (or in some cases, increasing the number of) Licensed Practical Nurses (LPNs) into operating room (OR) settings in BC, when appropriate, will assist in meeting this goal.

The decision to introduce/increase the number of LPNs in an operating room setting needs to be made in the context of a clear understanding in the differences in the level of education, competencies and practice expectations of RNs and LPNs. While RNs and LPNs may be educated similarly in terms of performing specific tasks and functions,² the depth and breadth of education with respect to knowledge and clinical judgment is very different. The decision to utilize OR LPNs in a particular OR setting, as well as the decision to assign an LPN to a specific patient or role within an OR, needs to consider the level of education, competencies and practice expectations of RNs and LPNs. The situation, as well as the tasks or functions required, must be the deciding factors.

The level of education, competencies and practice expectations of RNs and LPNs are well

² Some exceptions apply such as giving IV medications.

articulated in a document that was jointly developed and approved by RNABC and CLPNBC titled *Practice Expectations: Registered Nurses and Licensed Practical Nurses* (2005). A copy of this document is available on each of the RNABC and CLPNBC websites.

The guiding principles outlined in the *Practice Expectations: Registered Nurses and Licensed Practical Nurses* document apply regardless of the setting.

1.1 Guiding Principles to Consider in Determining Staff Mix in any Setting

1. All nurses (RNs and LPNs) are responsible and accountable for their own actions.
2. The scope of licensed practical nursing practice is fully contained within the scope of registered nursing practice.
3. All nurses enhance their entry-level competencies through ongoing learning, experience and education.
4. Role descriptions for RNs and LPNs are set at a level that all nurses can achieve, not a novice or expert level.
5. Nurses practice within their own level of competence and seek direction and guidance from other health care professionals when aspects of the care required are beyond their individual competence.
6. When RNs and LPNs work together, the nursing care delivery model must support collaboration and cooperation among nurses, respecting the contribution of each professional, to help ensure safe and appropriate client care.
7. When client acuity and/or complexity and/or variability increase, LPNs need additional support from RNs and do not work in isolation. This support may involve increased consultation with the RN, sharing part of the client assignment with the RN, the RN taking the lead role or the RN taking full responsibility for care of the client whose needs can only be met by the RN.
8. Nurses require access to supports and resources in order to provide safe and appropriate care.

1.2 Additional Guiding Principles to Consider in Determining Staff Mix in an OR Setting

Additional guiding principles to determine staff mix in specific OR settings are listed below. The decision to introduce/increase the number of OR LPNs in a specific setting needs to be a collaborative decision between the operational leaders and Chief Nursing Officer.

1. OR staffing levels, numbers and staffing mix is adequate to safely respond in an unanticipated situation, including an emergency (as a rule of thumb, the fewer the number of OR's and OR staff, the lesser the ability of the setting to utilize OR LPNs).

2. Regardless of the staffing levels and numbers, the maximum recommended ratio of OR LPNs to total OR RNs on any given shift is 30%. Ratios higher than 30% may be acceptable in very specific situations (e.g., callback of 1 OR RN and 1 OR LPN, where the OR LPN works in the scrub role) or settings (e.g., low intensity procedural areas). These situations need to be reviewed carefully and patient safety confirmed.
3. Utilization of OR LPNs will not increase the on call requirement for RNs.
4. Staff mix needs to provide all nurses (RNs and LPNs) sufficient practice to maintain competence in all aspects of their role.
5. Education and educational personnel is available to support all nurses (RNs and LPNs).
6. Experienced OR Registered Nurses and stable OR leadership is available to direct and support OR LPNs.
7. Current policies, guidelines and standards are available within the OR to support all nurses (RNs and LPNs).
8. The outcomes of care should be the same, regardless of the type of care provider used.
9. Opportunities are available for OR staff (nurses, physicians and support staff) to provide input into the decision and process to implement OR LPNs into the OR setting.

2.0 Role & Scope of Practice for the LPN in an OR Setting

The decision to utilize OR LPNs in a particular OR setting, as well as the decision to assign an LPN to a specific patient or role within an OR, needs to consider the level of education, competencies and practice expectations of RNs and LPNs. The situation, as well as the tasks or functions required, must be the deciding factors. The role and circumstances under which an appropriately prepared LPN may be utilized in an OR setting is as follows:

Admission to the OR	LPNs may be assigned this role for the care of non complex, stable patients undergoing surgery that are anticipated to have predictable outcomes IF an RN is <u>immediately</u> available to come to the pre-surgery area if called.
Scrub Role	LPNs may be assigned this role for the care of all types of patients undergoing all types of surgeries, regardless of the patient complexity or acuity.
Secondary Circulating Role	LPNs may assume this role for all types of patients undergoing all types of surgeries IF an RN is in the primary circulating role.

While LPNs are taught an understanding of the primary circulating role³, LPNs are not taught the

³ While the primary and secondary circulating roles overlap, the primary circulating role refers to the role

knowledge or the skills required to perform in this role and may not be assigned to the role during the initial stages of implementation. The appropriateness of this decision will be revisited as part of a planned two year post implementation evaluation. If, after an evaluation, it is decided that OR LPNs may fulfill the primary circulating role under specific circumstances, additional training will be required.

3.0 Competencies Required for an LPN to Perform in the Proposed Role

In order to practice safely in the OR LPN role, LPNs must demonstrate specific competencies in the area of *knowledge, skills, attitude* and *clinical judgment* prior to assuming the role. These competencies are in addition to the entry level competencies expected of all LPNs working in BC.

Competency 1: The LPN articulates the knowledge required to safely practice as an LPN in an OR setting.

- States the confines and limitations of the LPN scope of practice. Understands the role of the LPN in relation to the rest of the surgical team in a perioperative setting;
- Knows the principles of asepsis, sterile technique, sterilization and disinfection;
- Knows the types of instruments, supplies, and equipment needed for various surgical procedures and can identify the basic set up;
- Knows surgical anatomy and terminology and is able to describe common surgical procedures and protocols;
- Knows common anesthesia methods and protocols;
- Describes different types of wounds and identifies basic principles of wound healing;
- Knows common medications used in the pre-operative, intraoperative and immediate post operative periods and the LPNs scope of practice in relation to medication handling;
- Defines hemostasis and methods used to achieve hemostasis;
- Identifies electrical hazards in the OR and describes the appropriate use of cautery devices and electrosurgery;
- Understands the purpose and identifies the process for completing surgical counts and the handling of specimens;
- Knows the purpose of draping and is able to describe common draping procedures;
- States the procedure for the admission of a patient to the OR (including patient and site identification protocol and the procedure for patient transport to the room and transfer onto the table);
- Understands the purpose and knows the criteria for surgical positioning. Describes common positions used for surgery;
- Identifies the principles and methods of skin prepping;
- Knows the principles of documentation and surgical related policies and procedures;
- Describes hazards in an OR environment and identifies precautionary measures to safeguard against these hazards.

that is responsible for coordinating the activities within an operating room and provides the majority of assistance to the anesthesiologist (amongst other duties).

Competency 2: The LPN demonstrates the skills required to safely practice as an LPN in an OR setting.

- Applies the principles of aseptic technique;
- Prepares and sterilizes equipment (steam and chemical);
- Identifies and corrects breaks in aseptic technique;
- Demonstrates safe and satisfactory care and handling of instruments, equipment and supplies;
- Demonstrates manual dexterity when handling instruments, supplies, and equipment;
- Demonstrates tourniquet application and removal;
- Demonstrates supine, lithotomy, lateral and prone positions, as well as safe practices when assisting with positioning;
- Identifies the various agents and procedures used for prepping;
- Demonstrate the placement of drapes according to the principles of draping;
- Demonstrates the setting up of intravenous lines using various types of IV sets (blood, buretrol, add-a-line);
- Identifies commonly used drugs; demonstrates drawing up of medication solutions and checking of medication labels;
- Recognizes sutures and other wound closure devices by the packaging material and demonstrates the proper technique for opening, loading, passing and cutting sutures and other wound closure devices;
- Demonstrates the proper application of a dressing to a surgical wound;
- Demonstrates procedures for specimen care and handling;
- Conducts and documents the surgical count in conjunction with an RN;
- Demonstrates patient transport to the room and transfer to the Operating Bed, to the transport stretcher/bed and transport to the Post Anaesthetic Care Unit (PACU);
- Demonstrates therapeutic communication skills in interactions with patients and families;
- Follows the general guidelines for reacting to a fire or other emergency/injury in the OR;
- Complies with Workplace Hazard Materials Information System (WHMIS) regulations.

Competency 3: The LPN demonstrates the attitude required to safely practice as an LPN in an OR setting.

- Upholds the standards of practice and code of ethics established by the CLPNBC;
- Is respectful of other members of the health care team and maintains professional working relationships;
- Reflects on own practice in specific clinical situations. Identifies areas of strengths and areas for improvement. When areas for improvement are identified, develops strategies to meet the needs of future patients more effectively;
- Shares knowledge, expertise and skills with colleagues and students;
- Documents and provides constructive feedback concerning issues that may jeopardize patient care;
- Acts as an advocate for patients and their families during the perioperative period;
- Identifies and reports issues such as staff shortages and inadequate supplies and equipment.

Competency 4: The LPN demonstrates the clinical judgment required to

safely practice as an LPN in an OR setting.

As a member of the perioperative team, the LPN collaborates with the RN coordinating care in the operating room to perform competencies A, B and C below.

A. Competencies Required Performing the Admission to the OR Role:

- Assists the patient and family to understand and prepare for the surgical experience and the postoperative recovery period;
- Ensures that consents for surgical procedures are accurate. Notifies the surgeon if the patient does not appear to have given informed consent;
- Checks preoperative charts for completeness as per hospital policy;
- Ensures that diagnostic images and the results of diagnostic tests are available, if required;
- Assists the surgeon and anaesthesiologist with the physical examination of patients and provides necessary equipment and privacy for the patient;
- Assists the anaesthesiologist with the administration of topical, retrobulbular, local anaesthetic, eye medication, etc;
- Utilizes knowledge gained from the admission procedure to individualize the care provided to individual patients.

B. Scrub Competencies:

- Assembles the necessary instruments, supplies, and equipment for the surgical procedure, based on knowledge of anatomy and physiology, the procedure and the surgeon's preference;
- Manipulates and hands instruments to surgeon and assistants;
- Prepares drapes in order of use and assists with draping of patient as per hospital policy;
- Provides drugs (i.e., x-ray contrast, heparin, antibiotics, local anesthetic) to the surgical team;
- Maintains the sterile field according to the principles of sterile technique;
- Sponge, suction, and retracts incision, as directed;
- Handles and prepares tissue specimens as per hospital policy;
- Performs count procedure with circulating registered nurse, as per health care facility policy.

C. Second Circulating Nurse Competencies:

- Prepares the room supplies and equipment for the operative procedure;
- Ensures x-rays and implants are available, if required;
- Collects stable patients from the holding area and transports to the room;
- Assists with patient positioning on the OR table;
- Prepares the patient for surgery, including skin prep, draping, gowning of surgeon and assistants, assisting scrub move sterile tables, basins into positions, connecting equipment to machines and set at appropriate levels and preparing area for dirty sponges;
- Inspects packaging integrity for contamination prior to opening;
- Open sterile supplies and hands to scrub personnel;
- Provides appropriate instruments and supplies as needed;
- Processes specimens by labeling and handling appropriately as per hospital policy;

- Performs the count procedure with the scrub RN, and concurrently document counts;
- Documents care provided, specimens, sponge counts, medications, blood loss, fluid intake and output and any and all unusual incidents;
- Assists in the physical transfer of patients and post-operative positioning;
- Assists with the transfer of stable and uncomplicated patients to the Post Anaesthetic Care Unit (PACU) in the presence of an RN and/or anaesthesiologist.

D. Assisting the Primary Circulating Nurse Competencies:

As an assistant to and upon request of the RN coordinating care in the operating room,

- Receives stable patients into the OR and carries out appropriate checks;
- Reassures patients and explains procedures;
- Applies monitor and equipment as required (e.g., ECG, BP, pulse oximetry);
- Prepares the patient for surgery (with assistance of primary circulating nurse);
- Assesses the physical status of the patient and prioritizes, documents and adjusts the plan of care to meet the patient's needs, as required;
- Monitors vital signs, as appropriate;
- Observes and provides appropriate response to complications and unexpected events during the surgical procedure (e.g., cardiac arrest, malignant hyperthermia); seeks guidance and direction, as appropriate.

4.0 Required (Minimum) Qualifications

1. Graduation from a recognized program for Practical Nurses. Depending upon the date and specific practical nurse program of graduation, may also require completion of specific modules to enable practice to the full range of licensed practical nursing competencies.
 - Clinical assessment skills;
 - Subcutaneous/IM injection;
 - Basic pharmacology;
 - Supporting IV therapy; and
 - Geriatric pharmacology;
 - Taking and transcribing orders
2. Graduation from an accredited OR program for Licensed Practical Nurses.
3. Current basic cardiac life support certification.
4. Twelve months full-time experience working as a Licensed Practical Nurse, preferably in acute care.

OR

5. Equivalent combination of education, training and experience.

AND

6. Current full practicing licensure with the College of Licensed Practical Nurses of B.C. (CLPNBC).

5.0 References

5.1 Guidelines in Decision Making re the Use of OR LPNs

Practice Expectations: Registered Nurses and Licensed Practical Nurses, Registered Nurses Association of BC (RNABC) and the College of Licensed Practical Nurses of BC (CLPNBC), 2005.

Role, Competencies & Qualifications of Operating Room Licensed Practical Nurses in BC, OR LPN Advisory Committee, Phase 2, December 11, 2004.

Literature Review, the Utilization of OR LPNs in BC, Phase 1 Report, March 31, 2004

Industry Survey, the Utilization of OR LPNs in BC, Phase 1 Report, March 31, 2004

5.2 Core Competencies

Operating Room Course for Licensed Practical Nurses, Grant MacEwan College, 2001.

Recommended Standards, Guidelines, and Position Statements for Perioperative Registered Nursing Practice, Competencies for Perioperative Registered Nurses, Operating Room Association of Canada (ORNAC), 2003.

Core Competencies Providence Health Care Perioperative Nursing Program, Providence Health Care, 2003.

Practice Expectations: Registered Nurses and Licensed Practical Nurses, RNABC & LPNBC, 2005.

ACTIVITY 6

OPERATING ROOM LICENSED PRACTICAL NURSES: KEY COMMUNICATION MESSAGES

(Working Copy Sept 23, 2005)

The key messages below are intended as guidelines for health authorities in developing their own communication plan. The messages need to be tailored for individual situations and communication mechanisms.

The Initiative

- A provincial initiative to introduce/increase the numbers of Operating Room Licensed Practical Nurses (OR LPNs) in BC ORs is currently underway. The initiative is one strategy that is being implemented in response to a province-wide shortage of Operating Room Registered Nurses (OR RNs), which is anticipated to worsen as existing OR RNs retire in large numbers.
- The cohort of RNs working in the OR is the oldest of any cohort in BC, with 30% being 55 years and older (eligible to retire today) and another 39% between ages 45 and 54 (eligible to retire in the next 1 – 10 years).
- Introducing OR LPNs offers an additional staffing option in ORs, thereby enhancing the ability of health authorities (HAs) to maintain or expand OR services. The direction is in line with changes in other areas of health care where initiatives are underway to support the utilization of health care workers to practice to their full range of competencies
- Aggressive recruitment and employer sponsored training of Registered Nurses (RNs) to work in the OR will continue. Both RNs and LPNs are required to meet future OR needs and it is expected that no RNs, LPNs or OR Technicians currently employed in OR RN, LPN or OR Technician positions will lose their current job as a result of the introduction of OR LPNs.
- Other provinces have been using LPNs in the OR successfully for many years (particularly Alberta and Ontario). Very few hospitals in BC employ LPNs in ORs at the present time.
- As a “pilot” offering, employer sponsored training will be offered to 12 LPNs to complete Alberta’s Grant MacEwan OR LPN education program at sites in BC. The course will run from the Fall 2005 to the Spring 2006.
- A plan is underway to evaluate the initiative which will include a review of teaching methods and quality of the OR LPN education program, as well as integration of these LPNs into the OR setting.
- The initiative began in September 2003 on the instigation of BC’s Chief Nursing Officers, and with the support of the Ministry of Health’s Nursing Directorate. The initiative is being

guided by a provincial OR LPN Advisory Committee representing all HAs, HEABC, BCNU, HEU, BCORNG, RNABC, CLPNBC and the MOH.

- For questions about the initiative, please contact (put name and contact information for health authority contact).

Background

- Structures required as pre-requisites for the introduction/increase in the use of OR LPNs in BC have been developed provincially, including the completion of a directional paper *The Utilization of the OR LPNs in BC* (March 2004), a document outlining the *Role, Scope, Competencies & Minimum Qualifications for LPNs working in the OR* (April 2005) and a “generic” *Job Description* (April, 2005).
- As the OR LPN role has been utilized very little in BC in past years, there is not anticipated to be sufficient qualified applicants to fill the required positions. HAs, through funding from the MOH, plan to select and sponsor a group of 12 LPNs to take Alberta’s 26-week Grant MacEwan OR LPN program (12 weeks part-time distance theory, 2 weeks full-time laboratory and 12 weeks full-time clinical practicum). LPNs accepted into the program will be selected from Interior Health, Fraser Health and Vancouver Coastal (including Providence Health Care Group) Health Authorities. At the completion of the pilot program, the provincial committee will make recommendations for the delivery of OR LPN education in BC in the future.
- Individual HAs are developing local implementation plans which will involve staff and physicians working in ORs that will be introducing/increasing the use of OR LPNs.
- The decision to utilize OR LPNs in a particular OR setting, as well as the decision to assign an LPN to a specific patient or role within an OR, needs to consider the level of education, competencies and practice expectations of RNs and LPNs. The role and circumstances under which an appropriately prepared LPN may be utilized in an OR setting may include admission to the OR, scrub and second circulating role. OR LPNs will not be assigned to the primary circulating role during the initial stages of implementation. The appropriateness of this decision will be re-visited as part of a planned post implementation evaluation.

ACTIVITY 7

INFORMATION ON THE GRANT MACEWAN COLLEGE OR PROGRAM

(Updated July 7, 2005)

Program Information

- OR LPN program in operation since 1995 (transferred over from Alberta College of LPNs).
- Currently in the process of developing a prior learning assessment process for students wishing to challenge all or a portion of the program (theory and lab based). Target date: July 2005.
- Program takes 26 weeks (6 months) to complete and is divided into theory, skills lab and clinical components.
- Program is brokered by hospitals in several Canadian provinces. References from the LPN College of Alberta and OR Managers hiring the graduates were excellent.

Course Details

Theory:

- Completed in ≤ 3 months (12 weeks) although may grant extensions of up to 2 additional months.
- Most LPNs continue to work full-time during theory component of program.
- Consists of 8 modules; tutor support is provided by telephone (1 Instructor per 12 students). All material is print based, although hope to move to “on-line” format over the next year.
- 2 exams are set at periodic intervals during the program with the 2nd exam being set before the skill lab component.
- Two textbooks are utilized as resources. Berry and Kohn’s *Introduction to Operating Room Technique* and Alexander’s *Care of the Patient in Surgery*.
- Course content includes perioperative concepts, surgical anatomy, procedures, table set-up, and instrumentation, roles of scrub and circulating personnel and a two-week on-site laboratory.

Skills Lab:

- Completed in 2 weeks in a “mock” OR setting.
- Includes an Instructor-led demonstration followed by hands on practice of what has been learned in the theory component (1 Instructor per 4-6 students).
- Performance is evaluated by the instructor and the student given a pass/fail designation. Must pass in order to proceed to clinical component.

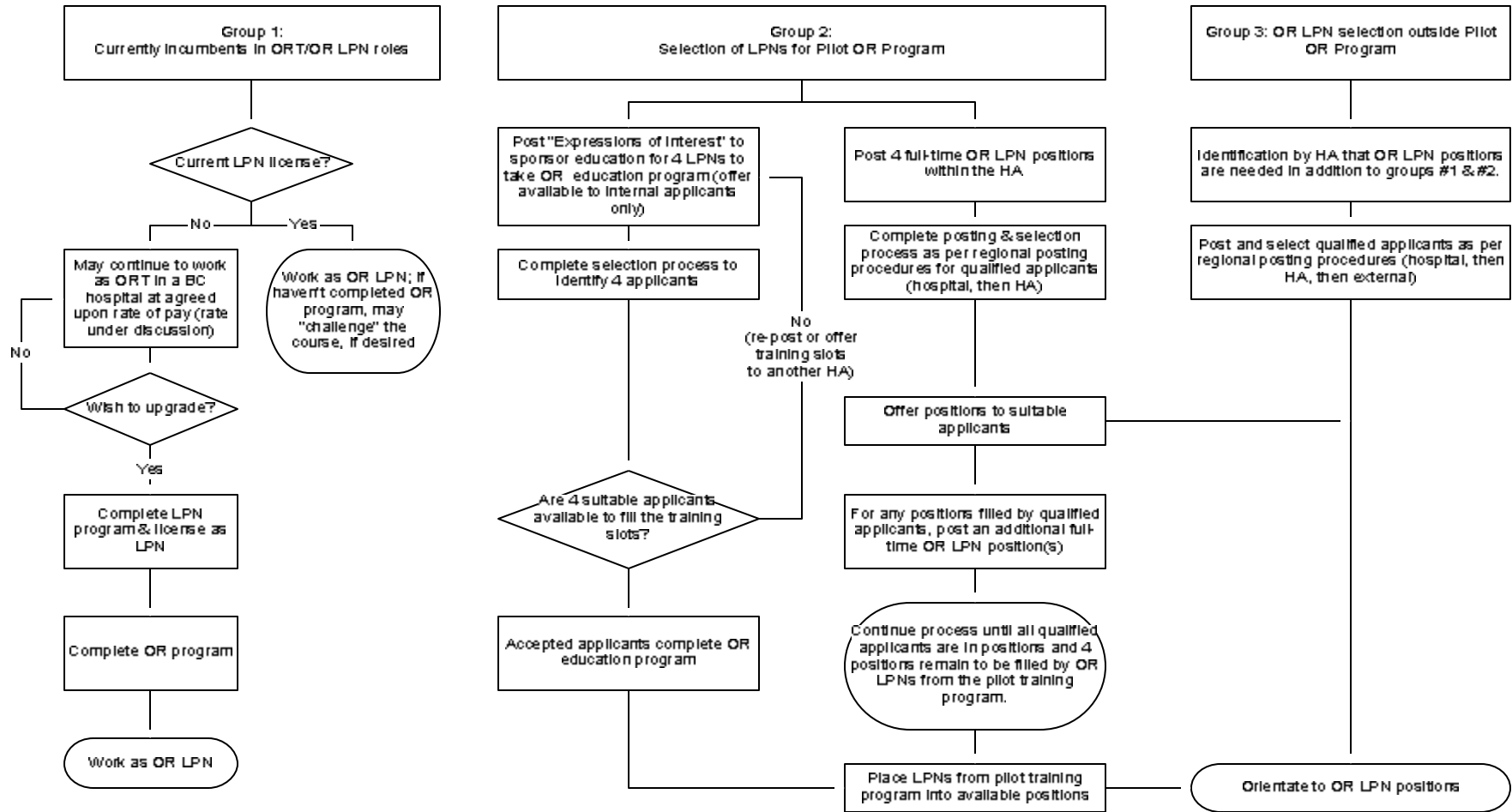
Clinical:

- Completed in 12 weeks (full time) in an OR setting offering a variety of surgeries.
- BC plans to offer 6 weeks as instructor led (1 Instructor per 4 students) and 6 weeks as preceptor led.

ACTIVITY 8B

PROCESS FOR POSTING/SELECTING OR LPNS (Interior Health, Fraser Health & Vancouver Coastal/Providence)

(Approved by OR LPN Project Advisory Committee July 26, 2005)



ACTIVITY 8D

GRANT MACEWAN COLLEGE

General Requirements of the Clinical Experience (2002)

The following criteria are meant to guide the clinical preceptorship. Please consult the assigned clinical instructor when criteria cannot be met. During the clinical preceptorship experience the following criteria should be followed:

1. The student should have a minimum of 400 hours OR experience during this experience. The maximum number of hours for this experience is 480 hours. The student and preceptor can decide whether 400-480 hours is suitable to meet a satisfactory student performance.
2. From the 400 hours, it is recommended that at least 200 hours be general surgical experiences (including GI, gynecology, urology and orthopedics) and the remaining 200 hours can be divided amongst institutionally specific specialties such as ophthalmology, ENT, neurology, neurosurgery, plastics, pediatrics and cardiology (as available).
3. It is recommended that the students spend at least one day with central services and sterilization areas. If the student has already had this exposure in their skills lab they do not have to repeat the experience if they choose not to. Sterilization done within the operative suite is also a required experience.
4. Students are not allowed to be counted as an on call team member or replace any staff in any manner during their preceptorship experience. Legally, students are not allowed to perform in any other manner except a student role during their experience within the institution. Students may CHOOSE to be on-call with their preceptor. Any on-call time spent in the operating room will be added to total clinical time accrued.
5. It is recommended that a higher acuity institution be utilized in order to meet the required experience in the allotted number of preceptorship hours. Additional hours will not be offered if the experience cannot provide the necessary exposure to the required competencies in the time frame allowed. A lower acuity hospital can be utilized in combination with a higher acuity institution if the clinical instructor deems the overall combination of experiences adequate. It is recommended that the higher acuity institution consist of at least half the 400 – 480 hours required for this course.
6. If the student is ill or unable to attend a scheduled shift, calls should be directed to an identified individual in-charge of the operative area. All calls should be placed *at least 2 hours prior* to the start of the shift.

Clinical Preceptorship Site Criteria

The following outlines the required experiences necessary for the LPN OR student to complete in order to meet the Canadian Practical Nurses Association's Standards of Practice and Competencies for Perioperative Nursing Care (1999). These standards have been outlined by the Canadian Practical Nurses Association and represent the required experiences in Grant MacEwan College's Preceptored Operating Room Experience for Licensed Practical Nurses (LPNR 101).

Although one chosen institution may not be able to provide the full scope of experiences during the student's preceptorship, an agreement between more than one institution can be arranged in order to meet the following experiences:

1. *Scrub Role*

The student should be able to experience and refine skills in a scrub role within the operating room setting. This role may encompass a variety of surgeries and should include the following experiences:

- Carrying out safety checks with circulating personnel
- Checking carts for supplies and completeness
- Examining the equipment and ensuring it is in safe working order
- Set up of various sterile trays and fields
- Draping
- Working with various surgical staff
- Working knowledge of supplies
- Sterile technique and sterile conscience
- Specimen collection, handling, and identification
- Count procedures
- May draw up medications – some institutions do not include this in the scope of the LPN role in the operating room setting
- Monitors sterile technique of surgical team

2. *Circulating Role*

The student should be able to experience and refine skills in a circulating role within the operating room setting. Although this role may not be available in all settings, an attempt to have the student shadow and perform this role with either a senior LPN OR trained individual or an RN is required. This role may encompass a variety of surgeries and should include the following experiences:

- Room and supply preparation such as: opening sterile items in a safe manner; specimen care, handling and documentation; monitoring fluid intake and output; and flash sterilizing items as needed.
- Communication with other personnel

- Receiving of the patient into the OR
- Positioning
- Care of catheters
- Provides assistance to the scrub role
- Documentation
- Reports and records
- Performs count activities and procedures
- Prepares anesthesia circuits and demonstrates knowledge of same
- Patient care coordination
- Complies with WHMIS
- Cleans the theatre
- Provides appropriate response to complications and unexpected events

3. *Patient Advocate Role and Assisting Anesthetic Role*

The student should be able to experience and refine skills when advocating for the patient and assisting the anesthetic personnel within the operating room setting. Although assisting anesthesia may not be directly related to a Licensed Practical Nurse in all settings, an attempt to have the student shadow and perform this role with either a senior LPN OR trained individual or an RN is required. The role of the licensed practical nurse related to anesthesia is strictly to assist anesthetic personnel. Familiarity with the equipment, supplies and procedure of anesthesia is the main focus of this dimension of the clinical experience. This role may encompass a variety of surgeries and should include the following experiences:

- Patient teaching and care including emotional support
- Ensuring patient safety perioperatively
- Admission of the patient to the operative theatre and ensuring chart completeness preoperatively
- Skin preparation
- Application of monitors
- Checking blood products with another team member where necessary
- Assists anesthetist and operative RN with medication preparation if requested and licensed to complete same (may not be included in role of operating room Licensed Practical Nurse)
- Provides supplies to anesthetist as requested
- Assists anesthetist as requested with: retrieving endotracheal tubes, induction of various nerve blocks, general anesthesia induction, providing eye protection, and restocking medications

ACTIVITY 8F

REVISED PLAN FOR OR LPN EVALUATION

(Approved by OR LPN Advisory Committee, September 29, 2005)

Objectives of OR LPN Evaluation

Utilizing the 12 LPNs selected to take the employer sponsored training, identify:

1. Strengths, limitations and recommendations re content of the Grant MacEwan OR LPN program (focus on LPN students, instructors and OR clinicians/managers).
Weighting: 25%
2. Strengths, limitations and recommendations re process used to deliver Grant MacEwan OR LPN program (focus on LPN students, instructors, OR clinicians/managers and Chief Nursing Officers).
Weighting: 25%
3. Effectiveness of the integration of OR LPNs into the workplace, 6 months post completion of program (focus on LPN students, OR clinicians/managers and BCNU representatives on the OR LPN Implementation Committees of participating hospitals/HAs).
Weighting: 50%

Methodology for OR LPN Evaluation

Given the desire of the OR LPN Advisory Committee to focus the evaluation on the integration of OR LPNs into the workplace (#3 above), structured interviews rather than survey format is recommended. Structured interviews (in person or by telephone) would be requested as follows:

Upon course completion:

- LPNs participating in the “pilot” program
- Instructor of each LPN participating in the “pilot” program
- Clinician or Manager supervising each LPN participating in the “pilot” program
- Provincial Coordinator, OR LPN pilot program
- Chief Nursing Officers of participating Health Authorities

6 months post course completion:

- LPNs participating in the “pilot” program
- Clinician or Manager supervising each LPN participating in the “pilot” program
- BCNU representative on the OR LPN Implementation Committees of participating hospitals/HAs

Interviews would be conducted by a person with a nursing background with some context and content knowledge of the OR LPN program. The interviewer would not be an employee of any

of the health authorities. Permission would be sought to tape all of the interviews (for future reference if required), and anonymity of all participants would be maintained.

Assistance in the development of the interview guides and in the analysis of the information provided in the taped interviews would be provided by the Applied Research & Evaluation Services (ARES) at UBC (Bill Mercer, Ph.D.). ARES will also establish a process to validate the interviewer's perception of the participant responses.

Completion of this evaluation will provide Health Authorities with some useful feedback and recommendations on the Grant MacEwan OR LPN and on integration of the LPNs into the workplace, as well as offer a framework, methodology, process and tools for future evaluations.

Proposed Workplan & Timelines

	Task	Lead	Timeline
1	Draft tools to collect interview guides, letters to participants, etc.	ARES, with input Advisory Committee	Jan 2006
2	Develop list of interview participants and contact numbers.	Provincial OR LPN Coordinator	Jan – March 2006
3	OR LPN Advisory Committee Chair to send letters to all interview participants requesting participation	Chair, OR LPN Advisory Ctte	April 2006
4	Organize and conduct the 1 st round of interviews	Independent interviewer	May/June 2006
5	Complete an analysis and write and submit a draft interim report to the OR LPN Advisory Committee summarizing the 1 st round of interviews, with recommendations	ARES & independent interviewer	July/Aug/Sept 2006
6	Organize and conduct the 2 nd round of interviews.	Independent interviewer	Nov/Dec 2006
7	Complete an analysis and write and submit a draft report summarizing the 2 nd round of interviews, with recommendations	ARES & independent interviewer	Jan/Feb 2007
8	Incorporate feedback on the draft report into a final report and submit to the Chair of the OR LPN Advisory Committee	Independent interviewer	Late Feb 2007