

Free Papers on Nursing Issues — Session 8a

8a1

No lifting (a workplace innovation)

Susan M. Redfern

Monash University, Australia

The lifting of heavy objects and the manoeuvring of patients in Day Surgery leaves staff open to real injury of the musculo-skeletal system. This results in considerable numbers of worker's compensation claims, time off work and sometimes, difficulty in returning to practice after an injury at work.

By implementing a 'no-lifting' approach to manual handling in the Day Surgery Unit, surgeons, anaesthetists, nurses and other day surgery personnel will have less injuries, less compensation claims and less time off for injury. Improved quality of care for day surgery patients will be achieved.

This paper outlines the 'no-lifting' approach to manual handling which can be utilised in day surgery and ambulatory care settings. The on-going costs are minimal, compared to the costs of:

- loss of work hours due to injury,
- insurance claims,
- rehabilitation of staff,
- potential harm to patients at the time of the worker's injury, and
- legal issues – compliance and duty of care issues (Common Law Rights; Code of Practice).

This paper will address the:

- 'No lifting' approach to manual handling,
- implementation,
- training suggestions,
- contemporary set of risk management principles – patient handling procedures, and
- care of protective equipment.

The adoption of best practice in the workplace in manual handling will ensure safety for both staff and patients in Day Surgery.

8a2

Which nursing car for the ambulatory services? Presentation of a learning program for the nurses of the Geneva University Hospitals (HUG)

Maria Vieira

Nursing Department, Geneva University Hospitals, CH-Geneva

The evolution of the care system produces important questions concerning the reorganisation of the healthcare services.

In this framework, the development of ambulatory practices plays a major role. This healthcare approach requires new forms of co-operation between the actors and transforms the hospital into a true healthcare network.

This evolution requires for the nurses working in such a framework a review of their current practice and a development of new competencies.

The aim of this abstract is to present the nurses working duties in ambulatory services by the learning program organised by the Geneva University Hospitals for short stay patients.

8a3

Day surgery within a large private hospital — an Australian story

Wendy Adams

HCoA, Mayne Nicholas, Australia

Nurse Unit Manager

Waverley Private Hospital is one of 46 hospitals in Mayne Nicholas, the largest Private Hospital Group in Australia.

An extensive study has been completed at Waverley Private Day Procedure Centre by the Nurse Unit Manager over a 12-month period following the introduction of an outcome plan. Because of the staggering results of decreases in length of stay post operatively with implications for staffing needs and patient satisfaction, this outcome plan is being modified in order to implemented throughout the 46 hospitals. The purpose of this presentation is to show results and trends from both Waverley and across the Group. The method of this study is by collecting clinical data using a form, which accompanies each day procedure patient throughout the HCoA hospitals simultaneously.

Data collection includes procedures performed, pre-op length of stay, post-op length of stay (including length of stay in recovery as well as day ward), age, access to pre and post op phone calls, clinical indicators and variances.

It is anticipated that the study Australia wide will reflect the study at Waverley Private Hospital, which showed decreases in the length of stay post op over the 12 months since the outcome plan was introduced. The data collection will be completed Australia wide by February 28, 2001 and study with final conclusions completed by March 30, 2001.

8a4

The organization of day surgery at Carpi Hospital (Italy)

Anne Marie Pietrantonio, Adel Bezer, Giovanni Tonto, Monica Pini

Public Health Administration at Carpi Hospital, Italy

In November 1997, the administration of Carpi Hospital approved a project to initiate a day surgery unit of 10 beds in order to improve the efficiency of the surgery area.

The model used guaranteed the start and finish of the patients' experience in the ward, including pre-surgery evaluation and post-surgery care. Guidelines were elaborated to also guarantee the professional quality of the patients' care.

The aim of this paper is to describe the impact of this project and to show its effects through a comparative analysis of the human resources and the surgical activities carried out in the surgery area before and after the introduction of the unit. Ours results showed many positive advantages created by the new facility.

1. The surgery personnel (4 nurses) was reduced by the elimination of the night shifts; then with the investment of one more doctor the general surgical activity was increased by 25% of operating room hours, from 4.234 to 5.702 h.
2. The day surgery unit allowed more light surgery and left more serious surgery cases to the specialist divisions.
3. Patients admitted to the unit and treated there caused a saving of 2804 days of stay from 1998 to 1999.
4. The benefits for the patients were numerous such as being able to go back to work sooner, being able to have the care and support of the family at home, etc., with the same guarantee of efficacious technical assistance.

CONCLUSIONS: The evaluation carried out confirm the importance of day surgery and in the general process of rationalization of resources, in particular in the surgical area, all this in an atmosphere of patients' satisfaction.

8a5

An efficient nursing care support to assess and follow-up wounds in an ambulatory surgical department

I. Drevard, T. Rollier, I. De Laforcade, A.C. Rae

Outpatient clinic surgery, University Hospital, CH-Geneva

INTRODUCTION: Each year our Surgical Policlinic Department of the Geneva University Hospital receives more than 7500 outpatients with wounds. These wounds are mainly of orthopedic, traumatic, plastic or visceral, postsurgical origin. The previous nursing documents offered inadequate written observations to daily wound assessment and follow-up.

AIMS:

- Global:
 - to optimise the quality of the wound evaluation and treatment as well as the follow-up by the introduction of a new written support that corresponds with the ambulatory Surgical Policlinic Department.
- Intermediary:
 - to share a common language and healthcare attitude,
 - to develop the nursing team performances by fixing aims and diagnosis in wound care, and
 - to collect relevant statements and items in order to computerise nursing files.

MEANS: The nursing team created a written document according to its specific needs and adaptable to all types of wounds. Several files were tested with pre-requested items. The final tool has been tried out during 18 months. The present period consists in analysing 100 files in order to evaluate the items as well as the nursing team behaviour.

CONCLUSION: This written tool for wound's follow-up shows up:

- a better follow-up of outpatients, and
- the weak and strong points of nursing statements.

It leads to introducing a new complementary support system (photos).

It helps to modify nursing behaviour. This tool increases the quality of wound care and opens up new fields for research.

8a6

A new approach to references in outpatient care

Sandy Decosterd, Anne-Christine Nichini, Marc-Claude Marti

Outpatient clinic surgery, University Hospital, CH-Geneva

INTRODUCTION: This project was created in the surgical outpatient Department of the University Hospital of Geneva. Over 10 000 patients are received each year in various specialties including visceral, orthopedic, plastic and traumatic surgery.

OBJECTIVES:

- Contribute to the acknowledgement of specific nursing skills.
- Situate the nurse as a "healthcare agent", element of change in the patient's and practitioner's mentalities.
- Develop the notion of physician-patient partnership.
- Include the professional's "art of being" into the unit reference documents.

METHODS: Creation of a reference book illustrating techniques used for healthcare in our unit, focusing mainly on:

- the objectives of care,
- the quality of care, and
- the patient's understanding of his/her disease to permit him/her to acquire new habits regarding his/her active participation in the treatment and follow-up.

CONCLUSION: In various specialised nursing literature, this specific "art of being" so precious to nurses does not come through. This project enabled to put this knowledge in the limelight. It is also the first written step towards a new nursing identity.

8a7

The reception and care of the child before a planned operation in the child care unit of the children's hospital in Geneva

Maria Rodriguez, Stéphanie Forney

Unité de Chirurgie Ambulatoire du Département de Chirurgie Pédiatrique du Pr Lecoultré Hôpitaux Universitaires de Genève

The announcement of an operation, even a minor one, represents great stress for the child and his parents. This can be an uncomfortable and worrying event for the child. In order to prevent the fear and anxiety of an operation, we have introduced into our unit a pre-anaesthetic consultation by the nurse responsible for the care of the child in order to establish and develop a relationship of confidence. At the children's hospital in Geneva, this pre-anaesthetic consultation takes place twice a week in the afternoon. It is organised into two parts. First, the family meets the anaesthetist who examines and checks the child. Then the family is welcomed by the nurse in the unit of ambulatory surgery. This consultation allows the family to meet the nurse who will be looking after the child on the day of surgery as well as to see the surroundings of the unit. The nurse at this consultation offers support and establishes a good relationship with the child. She provides the family with complete and precise explanations, adapted to the age of the child. She explains the events, which will take place during the day and shows a video of this. She emphasizes on listening, dialogue and valuing of the child opinion. Care of the parents is also an important point in order to encourage them to participate in the nursing of their child. Thanks to this consultation, the child arrives on the day of surgery, well prepared and able to withstand the experience of hospitalisation under the best conditions and in a peaceful manner.

p.s. After the oral presentation, there is a possibility to view a video in french on the events of a day in the unit of ambulatory surgery, "Au delà de la peur" (13 min).

8a8**Security and comfort: the role of the nurse anaesthetist in ambulatory care**

R. Doureradjam, J. Diaper, C. Hamon

Rve Micheli-du-crest 24, CH 1211, Geneva 14, Switzerland

INTRODUCTION: Ambulatory patient management assures security and comfort with the possibility for the same day discharge.

AIM: To describe the nurse anaesthetist's role in assuring security, comfort and facilitating the same day discharge.

METHOD: Patient security: The NAs role entails: The verification of materials to be used during the anaesthetic (monitors, anaesthetic delivery machines, intubation material, emergency equipment).

The verification that patients have conformed to medical orders concerning the continuation or omission of medicines, and have fasted from midnight.

Alerting the supervising doctor of any complications during anaesthesia (surgical or anaesthetic), that may modify the discharge plan for the patient.

An evaluation of patient autonomy, and how this has been affected by anaesthesia (walking unaided, eating and drinking without assistance, to have passed urine, and the absence of disorientation).

An evaluation of the ability of the patient to self-administer medications such as anti-coagulants and pain-relief. The verification that the patient is accompanied on discharge by a responsible person. A follow-up telephone calls the day after surgery to quantify patient satisfaction.

PATIENT COMFORT: The NA proposes simple initiatives that can improve patient comfort during local-regional anaesthesia such as background music for relaxation and is attentive to aiming at optimal comfort. Post operatively, the nurse helps the patient inform family members of the exact discharge time and offers a choice of refreshments.

The precautions pertaining to residual anaesthesia from peripheral nerve blocks are carefully explained.

CONCLUSION: The role of the NA entails security, comfort and a continual patient evaluation. Patient compliance with medication, and patient autonomy must be assessed to guarantee a safe discharge. An attentive approach to patient's anxieties allays many of their fears on discharge.

8a9**Pain ratings at home after tonsillectomy – the effects of increased nurse contacts**

Helena Öfverberg, Birgitta Klang, Claes Hemlin

ENT-Department, Danderyd hospital/Karolinska hospital, Stockholm, Sweden

Tonsillectomy and surgery involving the soft palate is known to have a very painful postoperative period. Since 3 yr we are performing adult tonsillectomy as a day surgery procedure at the ENT Department, Danderyd hospital/Karolinska hospital, Stockholm, Sweden. The day surgery procedure has stimulated us to improve a number of aspects concerning the care of these patients while in hospital, but it has also stimulated our concerns about how the patients are doing at home after surgery. To be able to evaluate improvements in our procedures with the purpose to reduce pain at home an instrument to measure pain at home is essential. The purpose of the present study was to evaluate and compare the use of VAS scales and the Melzack scale for measuring pain at home after tonsillectomy. Thirty-five adult patients were included after tonsillectomy or surgery involving the soft palate for ronchopathy. The reliability of the pain scales was evaluated by relating the results to telephone interviews regarding pain experiences. The effect on pain ratings by increased telephone contacts was evaluated by dividing the patients into two groups with a varying number of telephone calls by the responsible nurse. Preliminary results show that both scales could be used to register pain experiences at home as well as the effects of analgesic drugs. They also show that the patient group with increased nurse contacts reported lower average pain scores than the control group.