

SAFETY IN OUR HANDS,  
OUR PATIENTS,  
OURSELVES.

Eight years ago I watched my mother walk away from me. She was wearing a johnny shirt and hospital issue robe and was walking with a perioperative Registered Nurse to the operating room. My father and I returned to the Daysurgery waiting room to wait for Mom. Her surgery was the starting point for a long battle with breast cancer. A modified radical mastectomy with nineteen involved lymph nodes removed that day, followed by chemotherapy and radiation treatments. At the time I was a certified perioperative Registered Nurse in a different hospital within our province, and very proud of the work that I did.

While I sat next to Dad, I could visualize what Mom was experiencing in the operating room. I had been impressed with the thoroughness of the nurse who interviewed my mother before she went into the surgical suite. She was very quiet but professional; consent and laterality were thoroughly checked, allergies confirmed. Mom was asked if she had any questions before proceeding. In my mind's eye I pictured my mother walking into that unfamiliar environment and hopping up onto the table. The surgical safety checklist "sign in" would be initiated when she walked through that door. Warm blankets, "are you comfortable?", and ECG leads, BP cuff and pulse oximeter all whisked into place while the anesthesiologist looked for a vein. Muted sounds from the corner where the scrub nurse was quietly completing her setup, the initial count was complete. Induction goes smoothly, endotracheal tube in place. I know my mother is in good hands; her advocate for the procedure is that Registered Nurse who walked down the corridor with her.

Fast forward to now, and I remain a certified perioperative Registered Nurse. I have worked as a nurse educator, teaching our in-house educational program to new staff members. For the past two years, I am happy to say that I have taken on the role of manager of a very busy Daysurgery operating room. It has come with many challenges, often I felt as though I was madly trying to catch up as I was still learning my new role. I kept a copy of ORNAC's 2015 standards very close to me, and referenced it often.

The challenges that I face as a manager focus around balance. Balancing room turnover times with safe outcomes for patients. Avoiding cancellations at the end of the day because of room overrun. There are so many factors that play into this. Are cases appropriately booked? Was the setup contaminated forcing teardown and another setup? What about the days we have too many sick calls and I can see how tired the staff are as they push through their list? The good days where the rooms flow well and the lists finish on time...maybe even twenty minutes early. Then a piece of equipment breaks and the repair bill is astounding. What are my options for replacement?

When I started this position I read a lot of material to help me adjust to the role of manager. Section one of the ORNAC standards lists the standards and competencies required of a perioperative nurse manager and I refer to this frequently as I expand my knowledge and experience. I want to be a good manager, supportive of the work that we do at our site. A key component is dealing with risk. Not only

identifying an incident or near miss, but following up so that safeguards are in place ensuring that the same issue does not happen again. This is when I am very thankful for the support I have received from the broader community of perioperative nurses who are experiencing the very same issues that I am. These conversations with other perioperative nurse leaders often lead to some very innovative ideas, promoting safety in our hands, our patients, and ourselves. I am very happy to say that my mother had some good outcomes from her surgery and remains cancer-free to this day. Thank you to the perioperative nurses from our capital city for caring for her on that day.

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