

## Focus Group for Professional Practice Model

### Operating Room

July 8, 2010

Cheryl: “The purpose of assembling this group is to discuss the Professional Practice Model **and how we can modify** it in the Operating Room and all of perioperative services. The Professional Practice Model is a system that includes structure, process and values, that supports RN control over the delivery of nursing care and the environment in which care is delivered. Our care model here is Patient Centered-Family Focused. So, I am opening the floor for a discussion as to **how we can modify and implement** this model of care on this unit.”

Elise: “Well, I think that sometimes we exclude family members from the operating room, especially when they are moved into the holding area waiting for their suite to be ready. We should allow family members to accompany their loved ones into this area. I think that it helps relax the patient to have family nearby.”

Romana: “I agree, we should allow this to happen, however, sometimes the anesthesiologist objects to having family waiting around.”

Cheryl: “How can we make this more acceptable to the physicians?”

Pam: “I think that we could provide a sitting area for the family, and utilize the other holding room to house family members when the physician is assessing the patient.”

Cheryl: “That’s a good idea. They would be more spread-out and give the physician more room to work.”

Romana: “We could also limit the number of family members that come into the OR.”

Cheryl: “Yes and perhaps the physicians need some reminders on the beneficial effects of having family members participate in their loved ones care.”

Diane: “Also, we can remind them that the patient’s needs are our primary concern, not theirs.”

Cheryl: “Yes, but we do not want to forgo teamwork and collaboration. Perhaps that choice of words is not the best.”

- Elise: "I also think that a modification of this model for our area would be to allow the family to see their family member immediately after surgery in the PACU so that they are assured that they are all right, and to also help the patient with their fears."
- Diane: "I think that that is a very good idea-first we have to insure that the patient is stable, once that occurs, the family member can come in for a five minute visit. I no that when my sister had surgery, I was a nervous wreck, and when they let me see her, and I saw she was OK, I felt much better. She actually felt better also-she said, when I saw your face, I knew I was going to be OK."
- Romana: "I think we already allow the parent of a pediatric patient immediate access, but you are right, perhaps it can be extended to everyone."
- Cheryl: "Do we still allow a parent to accompany a child into the OR for the initial induction of the child?"
- Elise: "We used to, we don't anymore, again, this anesthesia group does not like it. Also it was very difficult for the parent to leave the child in the room after anesthesia was given."
- Cheryl: "OK, but at least we could give them the option."
- Elise: "Cheryl, you say that this professional practice model incorporates our values-what are the values it reflects?"
- Cheryl: "OK, the systems values are communication, trust, teamwork, excellence and accountability."
- Elise: "Could we modify those to incorporate autonomy?"
- Cheryl: "Well, this is a good point; I think that autonomy is incorporated in our nursing structure, for example, Shared Governance and our council structure. If you review the graphic depiction of our model (hands out copies of model) you will see all that is incorporated."
- "Can you think of any other ways that perioperative services can modify this model?"
- Diane: "I think, and I have seen this in other hospitals, that it would be great to have a computerized board outside in the family waiting area that will let family members know when their loved ones surgery is completed. Just initials are used, and they are informed when they go into the OR, when their procedure is completed in the OR and when they are on their way to PACU."

**Pam:** "I have heard of that as well-that's a great way to communicate with family members. Also, another way is to give the family member a beeper, you know like they have in a restaurant to tell you your table is ready, they will light up and they will know to return to the waiting area for information. This way, they can go to the coffee shop or something while waiting for surgery to be complete."

**Cheryl:** "All great ideas." Is there anything about this model that you do not like or that you would change or modify?"

**Romana:** "No, I think that the concepts are good-of course we should always put the patient first. I would like to see more teamwork (one of the values) utilized in the Same-Day-Services area. My concerns are that the communication between SDS and the OR are not as good as they should be, for example, part of the reason that we do not get patients in the OR on time for first starts is that they do not call the surgeon to find out where he/she is once the patient is ready. We are in the rooms setting-up and since the physician has to go over there to see the patient, they could be giving us a heads up-surgeon is not here yet-and they should initiate a call to find out where they are. To me, this is centering our attention on the patient."

**Cheryl:** "OK, excellent, interdepartmental communication will improve efficiency and patient care as well.

"OK, this was a good session with a lot of good ideas-If you have any questions about the professional practice model please let me know, I will explain it to you if I can-thanks again-