



*The National Association of PeriAnesthesia Nurses of Canada  
Association Nationale des Infirmières et Infirmiers en soins Pérïanesthésiques du Canada*

## **POSITION STATEMENT**

### **Qualifications for Staffing PreAnesthesia Phases**

#### **BACKGROUND**

The National Association of PeriAnesthesia Nurses of Canada (NAPAN©) has identified the PreAnesthesia phases as the two phases that occur prior to clients undergoing anesthesia and surgery, the PreOperative/PreAdmission phase and the Day of Surgery phase (see Glossary).

NAPAN© promotes an environment for the safe delivery of effective and efficient quality client care prior to, during and following the administration of anesthesia for the purposes of surgery (see Glossary).

In response to current trends across Canada to substitute Registered Nurses (RN) with Registered/Licensed Practical Nurses (R/LPN) in these phases, NAPAN© declares the following position.

#### **POSITION**

NAPAN© supports the role of the Registered Nurse as the necessary and duly qualified healthcare professional appropriate to the pre-surgery/anesthesia administration of complex health assessments and the preparation of the client in the PreAnesthesia phases. The safety of clients must never "be compromised by substituting less qualified workers when the competencies of a registered nurse [RN] are required" (CNA, 2003).

NAPAN© believes that the necessary nursing competency for the healthcare professional working in the PreAnesthesia phases is that of "critical inquiry". The RN role is described by the College of Nurses of Ontario (CNO) as one which incorporates "critical inquiry" as a core competency for practice. "Critical inquiry means a process or purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and *actions* in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning and application of standards" (CNO, 2009, p.22).

This type of competency (critical inquiry) is required in the PreAnesthesia phases in order to anticipate/predict client outcomes from surgery and anesthesia by utilizing critical inquiry to interpret and analyze preoperative data and assessments. Critical inquiry leads to the recognition of the need for further PreAnesthesia diagnostic testing, consultations and/or further interventions and client education to prevent intraoperative and postoperative complications. "The knowledge base of the

Registered Nurse is broader, more in-depth and more comprehensive... and the level of autonomous practice of the RN differs from that of the (R/LPN" (CRNNS, 2012).

The body of knowledge inherent in the RN role is that which "draws on diverse sources of knowledge and ways of knowing, which includes the integration of nursing knowledge along with knowledge from the sciences, humanities, research, ethics, spirituality, relational practice and critical inquiry " (CARNA, 2006, p. 8).

"It is sad to notice that the budgetary control of the hospitals in Quebec does not take into consideration the result of the care delivered, and the concept of cost/benefit does not seem to be part of the arsenal of hospital management," Mme Desrosiers stated in a response to the intended replacement of RN vacancies with (R/LPNs at McGill University Health Centre (MUHC) in Montreal (Desrosiers, 2013).

### **Guiding Principles**

1. Through thorough systemic complex and comprehensive health assessments completed with each client, the RN uses critical inquiry to guide the decision making. This critical inquiry in turn guides the development of an individualized plan of care for each client and is the competency that is required in order to recognize subtle cues or nuances that may identify the potential risks for intraoperative or postoperative unanticipated events.
2. The Registered Nurse has the practice competencies necessary for the understanding and promotion of client health status through testing, referral, consultation and initiation of treatment, interpreting data collected, tailoring client's care plans, initiating the nursing treatment and measuring the client's outcome.
3. The information gathered regarding each client in the PreAnesthesia phases may highlight information that the RN may see as a "red flag" for a potential negative surgical outcome: the client may be found to have a compromised health state that could trigger unpredictable outcomes if not optimized, or steps taken to prevent or correct it, prior to the surgery or anesthesia. This is the role of the RN. The "unpredictable outcome" nature inherent within the PreAnesthesia phases violates the scope of practice requirements of the R/LPN. "A more complex client situation and less stable environment create an increased need for consultation and/or the need for an RN to provide the full range of care requirements" (CNO, 2011, p.3).
4. Recent literature has proven better client outcomes with a staffing complement of all RNs, including fewer critical incidents, shorter length of stay and improved client satisfaction. "As the RN proportion increased, rates of adverse outcomes decreased up to 87.5%....Conclusions: The higher the RN skill mix, the lower the incidence of adverse occurrences on inpatient care units" (Blegen et al, 1998). "The lower the proportion of professional nursing staff employed on a unit, the higher the number of medication errors and wound infections" (McGillis-Hall et al, 2004).
5. Recent literature shows that the provision of safe and efficient PreAnesthesia care requires RNs as the appropriate and necessary healthcare professional. The literature further shows that RNs with a critical care education, training and experience are preferred since they have the experience in

completing a broader, more indepth health assessment (Green, 2000) and can surmise the relationship between the presence of subtle nuances to the probability of a negative intra- or post-operative outcome (Siragusa et al 2011, p. 253).

6. "Research has demonstrated that *continuity of care* is associated with improved access to care, improved adherence to prescribed screening and treatment, recognition of unidentified problems, better immunization outcomes, fewer hospitalizations, lower use of emergency rooms, improved client satisfaction and a general reduction in costs. (Lee et al, 2006; Reid et al, 2002; Rosser & Schultz, 2007; van Servellen et al, 2006). The role of the Registered Nurse is seen as integral to *continuity of care*" (CARNA, 2008, p. 2).

## **ANTICIPATED OUTCOME INDICATORS**

1. Improved client health through the recognition and ultimate optimization of conditions and comorbidities in order to reduce the risk of negative outcomes from surgery and anesthesia during the PreAnesthesia phases.
2. Decreased number of incidents of inaccurate and/or missing information required for the interprofessional team to effectively and proactively prepare the surgical experience to reduce negative outcomes (e.g. allergies, comorbidities).
3. Fewer Operating Room/surgical cancellations related to ineffective client preparation (assessment, optimization and education) during the PreAnesthesia phases which would render the client at risk if the surgery and anesthesia were to proceed.
4. Fewer unanticipated postoperative hospital admissions related to negative client responses to the surgery and/or anesthesia due to incomplete or ineffective preparation of client health status or through incomplete or inaccurate preoperative client instructions.

## **Stakeholders for Anticipated Outcome Indicators**

1. **Clients:** fewer harmful incidents, negative outcomes, unpredicted events, surgical cancellations and admissions to hospital
2. **Interprofessional team:** client information and health status enhances a smoother course during surgery/anesthesia
3. **Administration:** lower financial effects of cancelled surgery, hospital admissions, harmful incidents and client complaints
4. **Quality and Risk Management:** Lower rate of intraoperative or postoperative harmful incidents

## GLOSSARY

**Critical inquiry:** "A process or purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs and *actions* in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning and application of standards" (CNO, 2009).

**Day of Surgery Phase:** Occurs on the day of surgery and is comprised of a comparison of the PreAdmission assessment and client's plan of care with the client's current health status, updated information or changes to the plan of care, and final optimization of the client for surgery and anesthesia (e.g. prophylactic antibiotics, prophylactic VTE treatment, thermoregulation, blood glucose management).

**Licensed Practical Nurse (LPN):** All provinces and territories outside of Ontario used this term to describe the nurse who has the competency of critical thinking within her scope of practice and is able to apply nursing care to clients with predictable outcomes in a stable environment (CNO, 2011).

**PreOperative/PreAdmission Phase:** Occurs days to weeks prior to surgery and is comprised of complete and indepth assessments of the client's health status (psychosocial/physiological/physical) in preparation for surgery and anesthesia . This phase also includes initiation of nursing activities to optimize the client's surgical outcomes. The PreAdmission phase "provides the opportunity to evaluate a surgical patient's preoperative risk, optimize health, and plan for perioperative management while ensuring the patient's individual physical, emotional, social, and cultural needs are met before surgery.... thereby leading to fewer patient cancellations on the day of surgery because of unforeseen unresolved medical issues that can add risk to even the most minor of procedures" (Siragusa et al, 2011).

**Registered Nurse (RN):** This term is a pan-Canadian term, a protected title and indicates the nurse who has a more advanced educational background than the R/LPN. The acquired competencies of the RN includes critical thinking, but goes beyond this to critical inquiry (see definition above). The RN has the competencies to apply nursing care to clients with predictable or unpredictable outcomes in a stable or an unstable environment (CNO, 2011).

**Registered Practical Nurse (RPN):** In Ontario, this is the title of the nurse known as Licensed Practical Nurse in all other provinces/territories throughout Canada.

**Surgery:** Refers to all surgical procedures, or therapeutic interventions that occur with the administration of one of the types or techniques of anesthesia.

## APPROVAL OF POSITION STATEMENT

This statement was approved by the NAPAN<sup>®</sup> Board of Directors through a documented electronic pan-Canadian voting process on April 25, 2013.

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