INDEPENDENT ASSESSMENT COMMITTEE REPORT SUMMARY

Employer: Orillia Soldiers' Memorial Hospital, Pre-Admission Clinic and Day Surgery Unit
Board: Chair, June Duesburry-Porter; ONA Nominee, Glenda Hubley; Employer Nominee, Heather Ead.
Decision Date: March 25, 2013
Professional Practice Specialist: Jo Anne Shannon

Beginning in December 2010 the RNs working in the Operating Room and Day Surgery Unit documented concerns arising in the Surgical Pre-Admission Clinic (PAC) and Day Surgery Unit (DS) related to professional practice, patient acuity, fluctuating workloads and fluctuating staffing including:

- RPNs introduced into the DS and PAC without the required practice supports, appropriate evaluation, conflict resolution mechanisms or clearly defined scope of practice
- RPNs practicing autonomously in the PAC without the required consultative and collaborative RN resources
- RNs working in DS and OR identified errors and omissions in patient care in the PAC, increasing the workload of the RNs and resulting in incidences of delayed and cancelled surgeries
- Improper application of the CNO Practice Guideline RN and RPN Practice: The Client, the Nurse and the Environment

Partial agreement was reached prior to the commencement of the IAC Hearing related to the issues arising in the Day Surgery Unit. A number of policies and procedures guiding RN and RPN practice in Day Surgery were implemented in January 2013. A schedule change was implemented providing for an RN present in the post-op Day Surgery area at all times.

The IAC stated that the key issues impacting the professional practice environment in the Perioperative Services relate to communication, healthy work place culture, patient safety, staffing model of care, practice supports, education and the patient experience. IAC issued an unprecedented 70 recommendations.

The Independent Assessment Committee (IAC) identified the need for improved communication as a recurrent theme throughout the hearing and stated that "*The Hospital must improve communications among key stakeholders".*

A number of the recommendations released by the panel highlighted the need for OSMH to improve the mechanisms in place to address risks to patient safety identified by RNs and "*was quite shocked to see the ongoing prevalence of adverse events."* The IAC recommended definitive action be taken to determine the root cause of these ongoing adverse events, combined with patient safety education.

Recommendations made by the IAC panel related to the appropriate skill mix of RNs and RPNs in conducting preoperative assessments of patients in preparation for surgical interventions did not rule out the role of an RN in the Pre-Admission Clinic. The IAC stated that it is "*unclear how the Hospital assessed the characteristics of the nurse,*

client population and environment prior to implementing the change in skill mix in pre-assessment." The IAC recommended a comprehensive evaluation be initiated within three months related to the change in nursing skill mix taking into account metrics that include surgical delays and cancellations, adverse events and near misses and patient satisfaction. "*Unless the practice environment and its respective supports substantially increase having an RN present in the Pre admission clinic may be beneficial.*"

The IAC did fail to reach consensus on the issue of the nursing skill mix, and the ONA Nominee issued a dissent which can be found in Appendix 5 of the report, and is also attached separately to this summary. Attached to ONA's dissent is a letter from the President of the National Association of PeriAnesthesia Nurses (NAPAN©) titled RPNs in the PreAdmission Unit: NAPAN©'s Position.

The letter from NAPAN© to the IAC clearly states that it seems unreasonable to consider the RPN for a role in the Pre-Admission Clinic. Further, NAPAN© states that there is a wealth of qualitative and quantitative evidence supporting the autonomous role of the RN in the PAC, and it would not be best practice to include RPNs in this unit. NAPAN© conducted a literature review and "*could find nothing which points to the R/LPN role in PAU or other ambulatory setting. There is no evidence-based research to support the R/LPN role showing improvement in client outcomes. The opposite is the case: increased surgical cancellations, missed information, and increased hospital admissions following surgery. It seems unlikely that NAPAN© will revise the standards to recommend that this role will now be taken on by R/LPNs who do not have the education or assessment skills to perform the kind of in-depth assessment required of the PeriAnesthesia nurse*".

Throughout the report, the expert panel's recommendations clearly identify the inadequacy of existing policies and current clinical and administrative supports to ensure that nurses can provide the best possible patient experience as per the College of Nurses of Ontario Standards of Practice. The panel recommended numerous policy revisions, changes to existing documentation and improved accessibility of RNs to support and collaborate with RPNs during the assessments conducted prior to surgery.

The Union looks forward to working with the Hospital to achieve these recommendations which the IAC stated "*will have a cascading effect of improving the quality of patient care, nursing workload, and the RN staff working environment.*"

INDEPENDENT ASSESSMENT COMMITTEE RECOMMENDATIONS

COMMUNICATION

Recommendation 1: *The Hospital must improve communications among key stakeholders*
The Independent Assessment Committee (IAC) identified the need for improved communication as a recurrent theme throughout the hearing.

Recommendation 2: *The hospital needs to respond to RiskMonitorPro (RMP) concerns raised by nurses within 28 calendar days*
Timely resolution and closure of issues provides nurses with the reassurance that their issues are taken seriously.

Recommendation 3: *RNs and the Hospital adherence to Article 8 reporting process*
A review of the intended process of completing work load incident reports should be shared with staff and managers.

Recommendation 4: *Utilize methods of communication that match the intended or required outcome.*

PATIENT SAFETY
Risk Monitor Pro
Risk Monitor Pro captures both adverse events and safe catches. The employer relied on their analysis of events pre and post skill mix change which they stated showed no difference in the number or types of errors documented. The IAC found that the data relied on by the employer generated from the Risk Monitor Pro incident reporting system was noted to be flawed. Inconsistencies and anomalies were present in the reports and in the Hospital's analysis report.

Recommendation 5: *Communication must be transparent in that the RMP reports need to be shared with staff on a regular basis in their totality. Targeted analysis and reports are to be shared and need to be inclusive of the scope and or limitations of the report.*

Recommendation 6: *The Hospital should respond to substantive RMPs raised by nurses within 28 calendar days*

Recommendation 7: *Provide patient safety education to all the pre-admission, day surgery and operating room staff.*
The IAC strongly believes that through the provision of Patient Safety education to the staff there would facilitate a common understanding of what constitutes a safe catch (near miss), specifically the importance of reporting same for the purpose of learning as opposed to the assignment of blame.

Recommendation 8: *Need to reframe the constructive nature and purpose of RMPs to promote the quality practice settings*
There is an opportunity to better utilize Risk Monitor Pro as a tool to leverage quality improvement, team building and communication across the organization; e.g. the large

number of errors around obtaining consent can be used to increase awareness of nurses of the consent act and internal policy.

1. *Reframe the completion* of *a RMP* as a *staff member's personal contribution* to *achieving patient safety;*
2. *Learning plans should be generated where recurrent errors/incidents are reported.*

Recommendation 9: *Use the Professional Responsibility Workload Report Forms (PRWLFs) to serve as a source of learning needs when directly linked to a RMP*
The IAC encourages the hospital and the Association to utilize the Professional Responsibly Workload Report Forms (PRWLFS) as a source of data and opportunities for learning and identification of knowledge gaps.

Recommendation 10: *Identify system and process issues by means of a failure modes analysis (FMA) should be completed from surgeon consult, to PAC, DSU, OR, PACU, DSU, and home discharge.*
The IAC heard that there were ongoing concerns regarding the nature and volume of RMPs. Spherically, those related to medication errors, consent, missed laboratory tests, patient identification, and correct site surgery to name a few. *Regardless of the change in skill mix the IAC was actually quite shocked to see the ongoing prevalence of adverse events.*

Recommendation 11: *Need to reassess the effectiveness of the visual cuing utilized for classifying preadmission charts*

Recommendations 12-16: *The IAC recommends by the end of 2013 the following be implemented:*
12. The Hospital develop a policy and corresponding procedure to support the implementation of the Surgical Safety Checklist detailing expected outcomes, responsibilities and actions, similar to the Hospital's policy Universal Standard of Care for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery: Operating Room.
13. The Hospital's policy Universal Standard of Care for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery: Operating Room be amended to be inclusive of stating when and where surgical site markings are to occur.
14. The Hospital's policy (Universal Standard of Care fore Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery: Operating Room and Surgical Safety Checklist Policy) will endorse a consistent communication process/tool when transferring a patient from one health care provider to another health care provider i.e. SBAR, CHAT (CHECK?) TOA (transfer of accountability).
15. The Hospital's Surgical Safety Check list content be appropriately embedded in the patient record in accordance with the requirements of Health Records and the respective regulatory colleges of the health care professionals involved in the overall process.
16. The Hospital's Surgical Safety Check list or SBAR tool etc. be amended to be inclusive of a record of the last dose of intravenous sedation or analgesic given and or intravenous reversal agent give if the patient is being fast tracked (bypass PACU).

Recommendation 17: *Within three (3) months establish an evaluation framework inclusive of measurements, targets and reporting timeframes appropriate for the measurement and target.*

The IAC heard that the change in skill mix had not benefited from an evaluation framework inclusive of measurement, targets and reporting timeframes. The IAC recommends that the Peri operative program establish clear targets on metrics within an evaluation framework inclusive of:

- Surgical cancellations
- Surgical delays
- Surgical late starts
- Errors regarding consents
- Absence, missed labeled specimens
- Positive patient identification compliance
- Safety surgical checklist compliance
- Patient satisfaction
- Adverse events and safe catches

STAFFING MODEL

Recommendation 18: *Regarding the Three-Factor Model in PAC: Further delineate the pre admission needs of the patient population the Hospital serves and in doing so the IAC does not rule out a role of the RN in PAC over and above that of having a Resource Nurse in DSU available to the RPN for consultation*

The IAC stated that it remains unclear how the Hospital assessed the characteristics of the nurse, client population and environment prior to implementing the change in skill mix introduced in pre-assessment. Further, what can be unknown is the well-defined nature of the patient's health care education/teaching needs, coping mechanisms and supports in place in the context of their pending surgery:

- Their knowledge of the impact of the pending surgery on pre-existing conditions;
- Subtle signs and symptoms of underlying co-morbidities which may be difficult to detect;
- The necessary supports which need to be in place post discharge.

ONA's dissent recommended that the nursing staffing model in the OSMH Pre-Admission Clinic should be two (2) Registered Nurses. ONA's nominee found that recommendation #18 is weak, vague and supported by insufficient evidence; and does not address the issues and nursing care and practice concerns presented to the IAC in any meaningful way. Further, she concluded that her IAC colleagues have not considered nor provided her with documented evidence based on best practices to support their recommendation related to the nursing staffing model in the PAC.

Recommendation 19: *The Hospitals' resources that support quality patient care in the perioperative services need to be more robust. There are gaps in policies/procedures which are necessary to support consistency and best practices in care. Some examples include:*

1. *The Discharge from PACU policy should be updated to include oxygen saturation, sensory and pain level (section 29, exhibit 1). There should be a policy developed for care of the patient with Obstructive Sleep Apnea (OSA) to guide care of patients with suspect or confirmed OSA.*

2. *Preoperative orders should be completed by the surgeon based on an individualized assessment with consideration being given to the invasiveness of surgery, age of patient, comorbidities, family supports, proximity to hospital, etc. to ensure an individualized assessment.*

3. *Documentation tools (PACU and DS record) are dated and needing revision (there are 2 different assessment forms to be merged to one form) see Recommendations 35 and 36.*

The IAC stated that it has taken two (2) years to update the consent policy, and another subsequent two (2) years to roll out the change which reflects a total timeline of four (4) years. Timelines need to be significantly shorter to enable the implementation of efficient and sustainable changes.

Role Clarity
Recommendation 20: *Preoperative requirements should be undertaken by a regulated health care professional in PAC. Alternatively, a preprinted order set could be completed by the surgeon at the same time informed consent is provided (patient sign off/verification can be done at preoperative clinic).*
The IAC found that here appears to be too much dependence upon the clerk in PAC to assess the patient's need for laboratory work and consults. This piece of work should be removed from the clerk's duties, and be taken over by regulated healthcare staff in the PAC. The preoperative requirements policy should not be initiated or triggered by the clerk.

Recommendation 21: *Review policies, medical directives and the respective role and scope of practice of all staff within PAC inclusive of the RN Resource Nurse*
The policies, medical directives and scope of the clerk, RPN, RN need to be clearly outlined and reviewed with staff. "*Unless the practice environment and its respective supports substantial increase having a RN present in the Pre admission clinic may be beneficial.*"

HEALTHY WORKPLACE CULTURE
Recommendation 22 - 27: *The IAC recommends the following regarding an ensuring compliance with the Hospital's Code of Conduct and Workplace Harassment Bullying/Violence*
22. Immediately: *Chief of the Perioperative program review and reinforce with all physician the Hospital's policy-Code of Conduct and Workplace Harassment Bullying/Violence and confirm to the perioperative surgery meetings that this action has taken place.*
23. Immediately: *The Manager and enforce with all Nursing groups and Allied Health the hospital's policy - Code of Conduct and Workplace Harassment Bullying/Violence and reinforce with all staff the Hospital's policy-Code of Conduct and Workplace Harassment Bullying/Violence and confirm to the perioperative surgery meetings that this action has taken place.*
24. The Hospital's policy (Code of Conduct Implementation Process & Workplace Harassment Bullying/Violence) be added to the Competency skills checklist Annual Review document (See Recommendation 49).
25. The Hospital's policy (Code of Conduct Implementation Process & Workplace Harassment Bulling/Violence) would benefit from be added to the Medical Advisory Committee (MAC) agenda to promote ongoing awareness.

26. Provide mandatory education sessions to the Peri Anesthesia/Operative nurses on:
- *Workplace Harassment*
- *Assertiveness training*
- *Communication Skills*

The IAC suggest that the College of Nurses be considered as a potential for delivery of this education

27. The IAC strongly recommend that the Hospital and Association work in collaboration to implement the recommendations arising from the Mediation held on January 26th 2013 by an external facilitator. The IAC would further recommend that all staff support and recognize the value in being a full and active participant in the implementation process.

Recommendation 28: *Leverage the College of Nurses Quality Assurance program to promote a respectful work environment by modeling professional behaviours*
The IAC strongly recommend that the nurses within the Perioperative Program collectively choose the Conflict Management Practice Guideline and Professional Standards, revised (2002) to review for one of their learning goals for the purpose of promoting a respectful work environment by modeling professional behaviours.

Recommendation 29: *Improve accessibility of PAC RPN to DS RN (resource nurse); employ voicera system used in PACU and DSU, rounding by manager to PAC during day to confirm no concerns, regular staff meetings and follow-up).*
The IAC was concerned that the Day Surgery RNs who assume the role of Resource Nurse for the RPNs in the PAC do not receive calls for collaboration from RPNs in PAC. While the IAC could accept that calls may not be required on an hourly or even daily basis, the total absence of calls was seen as of concern in the context of patient care.

CHANGE MANAGEMENT
The IAC saw limited use of a formalized change management model underpinning the introduction of the new model of care.

Recommendation 30: *Communicate and utilize a formalized Change Management Framework*
When there is to be a change in model of care and or skill mix it should be approached as a method of organizational change which requires careful planning, communication, implementation and evaluation if it is to achieve its intended objectives.

SUPPORTING THE CHANGE PROCESS
Recommendation 31: *Clinical and administrative supports to facilitate the necessary changes*
The IAC recognizes that the relevant members of the Hospital and the Association Peri operative Program have recently undergone externally facilitated mediation. The undertaking of this process in the context of a pending IAC is indicative of a very unhealthy work place culture and certainly not one in which change and professional practice would readily be expected to flourish.

Organizations often do not always have processes in place to support nurses through a systematic approach for developing, implementing and evaluating nursing interventions, protocols, critical pathways, and policies.

The IAC strongly feel that there needs to be supports put in place to achieve the necessary changes in the Peri operative Services and they include:

- Professional Practice Coordinator dedicated for a minimum of 3 days per week x 6 months to assist with policy, process and form revisions, implementation and evaluation
- Dedicated support from the Performance Excellence, a corporate resource team to lead and support the recommended quality improvement opportunities
- Patient Safety Risk Management Coordinator support in undertaking FMAs to identify and solution underlying inherent system issues
- Hospital support for the identification of unit champions to lead and sustain best practice

Mentorship

Mentorship is central to a successful transition of new and also experienced nurses into new areas and or ways of working.

Recommendation 32: *Immediately identify unit champions who can provide mentorship and support to the implementation of the new consent policy, and other initiatives be they RNs or RPNs. Over the next 12-18 months develop and formalize a Mentorship Program for the purpose of synthesizing the key elements for mentors and mentees in the PerioperativejAnesthesia Program, implement and evaluate.*

Recommendation 33: *Within six (6) months the Hospital implements an inter-disciplinary Practice Council within the perioperative program.*

The IAC strongly feel that this will serve as a mechanism for discussion of and resolution of issues relating to operational functioning and clinical practice issues related to the provisions of patient care within the perioperative program. Suggested Terms of Reference were included.

The IAC believes that the skill mix changes would have had a greater change of successful implementation if it had been approached from a change management perspective that involved the RNs in the decision, helped them to understand that similar fiscal/resource challenges are being experienced in other perioperative/anesthesia units throughout the province. There appeared to be no engagement of the individuals most impacted (the RNs) by the skill-mix change in Day Surgery.

Celebrating Success

Recommendation 34: *Develop and action daily ways of recognizing and celebrating of success however small*

PATIENT FLOW

Transfer of Accountability (TOA)

The IAC noted gaps around 'transfer of accountability' (TOA) and therefore have the following recommendations which the IAC feels will positively impact RN workload.

Recommendation 35: *The IAC supports the Hospital's intention to revise and update the documentation form used by the PACU RNs.*

Recommendation 36: *The IAC supports the Hospital's intention to revise and update the documentation form used by the DSU nurses.*

Recommendation 37: *The IAC strongly recommends that the documentation form used by the anaesthesiologists revise and updated.*

Recommendations 38-41:
38. In the absence of a clear and consistent transfer of care communication the IAC does not support the current practice of fast tracking of patients to DSU
39. The Fast Track - Bypassing PACU Phase I - II policy makes reference to the OPANA position statement 7. The IAC strongly feels that the policy not be limited to the position statement but also be inclusive of the OPANA guidelines as contained on pages 220-221 6th edition immediately. In the absence of this the IAC does not support the current practice of fast tracking of patients to DSU
40. Ensure all nurses in Phase II (Day Surgery) are competent to handle any unexpected outcomes (Cardio/Respiratory) that may be a direct result of fast-tracking a patient
41. The IAC encourages the Hospital and Association to collaboratively explore ways of encouraging and promoting RNs to enhance their professional development and undertake further educational opportunities such as CNA certification. The IAC also strongly encourages the Hospital to explore joint professional development opportunities with other healthcare providers/organizations within their LHIN
The IAC believes that the RNs in perioperative program should move forward to obtaining their Canadian Nurses Association Certification.

Day Surgery (Phase II Recovery) Schedule / Staffing Supportive of Patient Flow
Recommendation 42: *Change the 0830 start time to a 0800 start time to ensure a RN is available when patient(s) are being fast tracked to arrive in DSU prior to 0830, otherwise the patient should remain under the care of a RN from PACU until the 0830 RN arrives.*
Recommendation 43: *The Hospital undertake a review with active participation by the staff to identify the profile (i.e. nature and characteristics) of the patient population in DSU between 1630 – 1900 hours by day of week to identify and match the appropriate RN:*
>   *The review may include the following:*
>   a. *Volume of patients*
>   b. *Average and median LOS post 1630 hours*
>   c. *Nature of surgery*
>   d. *Reasons for delayed discharge up to and beyond 1900 hours*
>   e. *Admissions to DSU from the 'Emergency List'*
>   f. *Decisions to admit*

There are times in day where one RN is staffed in Day Surgery, this is unsafe. A second individual should be staffed between 1730-1900 in the absence of a review of the patient population in DSU between 1630 - 1900 hours.

Recommendation 44: *Advance the start time of the early RN to ensure coverage of Fast Track patients into DSU*

In the event changes to the start time of the RN is not possible the IAC strongly recommends that patients eligible for 'fast tracked' remain in PACU until the RN arrives at 0830 in the DSU.

Recommendation 45: *Assigning location of patients to support safety and comfort*

Any patient who has received sedation should not be left in hall unobserved by an anesthesiologist or nurse while awaiting transfer back to day surgery.

PROFESSIONAL PRACTICE SUPPORTS

It is imperative that the Hospital provide practice supports which include clear and identified procedures, policies, medical directives, protocols, plans of care, care pathways and assessment tools appropriate to the patient population who access care.

Recommendation 46: *Orientation and ongoing support of continued education and learning*

PERI-OPERATIVE SELF ASSESSMENT COMPETENCY/SKILLS CHECK LIST

Recommendations 47- 48: *Within 3 months have reviewed and revised the Nursing Skill Competency Checklists Tool for the following perioperative nursing roles to ensure that it is fully comprehensive. The IAC feel strongly that all staff undertake to annual review and sign off their personal checklist. The Nursing Skill Competency ChecklistsTool (NSCC) should be reviewed annually and prior to any new hire into the appropriate role/department.*

47. The Unit Competency Skills Checklists will include but not be limited to:
- *Core competencies*
- *Surgical subspecialties competencies (Orthopedics/ENT/GeneraVUrology/etc) that nurses will work in*
- *New/revised annual policies, protocols, medical directives*
- *The individual staff learning plans flow from the completion of the checklist themselves and are to be supported by the mentorship program and education as required*

48. All new hires to the perioperative services must demonstrate the required knowledge base and associated competencies using a range 'of evaluation methods prior to commencement of autonomous practice.

Recommendation 49: *Enhance the specific competency skills check lists used to be inclusive of more specific and measurable outcomes*
a) Enhance the competency skills check list used in the PAC
b) Enhance the competency skiffs check list used in the Day Surgery Unit

e.g. demonstrates understanding of the CNO practice guidelines (Directives, Consent, Working with Unregulated Healthcare Providers, etc), through completion of a written test linked to case studies, and/or the CNO on-line learning modules.

Link to the competency checklists of all nursing staff within perianesthesia and peri operative departments a written test on department-relevant scenarios that examine the CNO Practice Guideline "The RN and RPN Practice: The Client, the Nurse and the Environment".

c) Provide a forum/venue where staff can provide input and suggestions for current and future learning needs.

Recommendation 50: *Develop with a sense of urgency and implement a policy renewal program for the Perioperative Services*
As noted by the CNO, work place environments should have the appropriate resources to support RPN and RNs practice such as "support tools (for example, assessment tools, protocols and policies); and clear role descriptions and responsibilities of care providers (RPN, RN and unregulated care provider)". Further, the RPN should have access to a RN for consultation/clarification as needed.

To assist with policy renewal the IAC recommended that the Hospital should initially start with the following policies referenced in recommendations 51 – 63:

Recommendation 51: *Update 'Discharge Policy from PACU'*
As part of the policy clearly outlines situations where the PACU RN must ensure that transfer of accountability in Phase II recovery is to be to a RN and when the transfer of accountability can be given to a RN/RPN.

Recommendation 52: *Update The Admission Criteria for Day Surgery Recovery Policy*

Recommendation 53: *Update 'Fast Tracking - Bypassing PACU Phase I to Phase II'*

Recommendation 54: *Update 'Pre-Admission Clinic Patient Standard of Care'*

Recommendation 55: *Update the protocol Tests Performed Preoperatively for Surgery*

Recommendation 56: *The policy Transfer of Patient from Recovery room to Day Surgery Unit' must be revised*

Recommendation 57: *The policy "Guidelines for Transfer of Care" must be revised.*

Recommendation 58: *The policy "Guidelines for Anesthetic Consults" must be revised*

Recommendation 59: *The policy "Day Surgery Postoperative Routine and Scoring Guidelines" must be revised*

Recommendation 60: *A policy for "Criteria for Same Day Surgery" must be developed*

DOCUMENTATION
Recommendation 61: *Revise the preoperative checklist*
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Recommendation 62: *Amalgamate the preoperative questionnaire for In-patent admissions and DSU patients*

Recommendation 63: *Revise the "Anesthetic Questionnaire for Nursing Assessment" form*

STAFF PROFESSIONAL DEVELOPMENT
Self Assessment Competency/Skills Checklist (Peri-Operative/Anesthesia Departments):
Recommendations 64-65:
64. Within 3 months have reviewed and revised the Nursing Skill Competency Checklists/Tool for the following Peri-Operative / Anesthesia nursing roles to ensure that it is fully comprehensive. The IAC feel strongly that all staff undertake to annual review and sign off their personal checklist. The NSCC should be reviewed annually and prior to any new hire into the appropriate role/department.
  i. *Scrub Nurse (Operating Room)*
  ii. *Circulating Nurse (Operating Room)*
  iii. *Endoscopy Unit*
  iv. *Post Op Anesthetic Care Unit (PACU)*
  v. *Pre-Assessment Clinic*
  vi. *Day Surgery/Phase II Recovery*

65. The Unit Competency Skills Checklists will include but not be limited to:
  i. *Core competencies*
  ii. *Surgical subspecialties competencies (Orthopedics/ENT/Genera/Urology/etc) that nurses will work in*
  iii. *New/revised annual policies, protocols, medical directives*
  iv. *The individual staff learning plans flow from the completion of the checklist themselves and are to be supported by the mentorship program and education as required*

66. All new hires to the Peri-anesthesia/operative program must demonstrate the required knowledge base and associated competencies using a range of evaluation methods prior to commencement of autonomous practice.

PATIENT EXPERIENCE
Recommendation 67: *Need to frame the perioperative experience from the patient perspective*

Recommendation 68: *Create opportunities for nurses to job shadow in other areas*
Recommendation 69: *Increase the awareness of the individual units within the perioperative services to the overall patient care experience by creating opportunities for nurses to job shadow in other areas*

Recommendation 70: *Standardized pre and post-operative patient information*

Part IV SUMMARY and CONCLUSIONS
The lAC encourages the Hospital and the Association to work together to achieve these recommendations, and to make effective use of data to evaluate their progress and leverage the ability to learn and adjust as appropriate along the way. "*The lAC strongly believes that the process of implementing these recommendations will have a very positive impact on the relationship between the Hospital and the RN staff of both the Peri operative Services which will have a cascading effect of improving the quality of the patient care, nursing workload, and the RN staff working environment.*"