

Registered Nurse: Surgical First Assist (RN-SFA) Pilot Project Update

August 2009

Background

In May 2006, the Surgical First Assist (SFA) role was announced as part of the HealthForceOntario strategy. The SFA initiative supports the reduction of wait times for surgical services by ensuring the availability of the appropriate surgical staff; most operations require a first assist, however, Ontario was facing a shortage of practitioners who traditionally function as the assistant – family physicians and/or medical residents and students. Without the availability of the appropriate surgical staff, the number of surgeries performed remained constant and wait times increased. Creation of these new roles helps to address this shortage and supports recruitment/retention strategies by presenting new opportunities for career enhancement and development of new skills.

The health professions who could fill the SFA role included Registered Nurses (RNs) and International Medical Graduates as they have the educational preparation required to practice in the role. Currently, the Ministry of Health and Long-term Care (MOHLTC) pilot project is only funding RNs in the SFA role.

The Initiative

The RN-SFA initiative consists of 50% cost-sharing of the RN-SFA's salary and benefits between the MOHLTC and eligible organizations for a defined pilot period of time. The RN-SFA initiative was introduced in two rounds of funding:

Round 1: 15 organizations were involved and a total of 31.45 Full-Time equivalents (FTEs) were initially allocated across the 15 sites. The allocation was adjusted to 25.8 FTEs in January 2008 to reflect actual organizational plans. A two-year pilot agreement was effective from February 1, 2007 until March 31, 2009.

Round 2: 12 organizations were involved with an initial allocation of 15.3 FTEs across the 12 sites. An agreement between the Ministry and each Round 2 site was initiated in April 2008 and covers a two-year period from April 1, 2008 until March 31, 2010.

Status at Time of Evaluation

On March 1, 2009 there were a combined total of 24 sites with a total of 42.1 FTEs allocated across the RN-SFA Initiative. Since the completion of the evaluation of the project ten of the 15 original Round 1 sites have entered into a new two year agreement for the RN-SFA initiative.

Round 1 Sites	FTE	Round 2 Sites	FTE
Brantford General Hospital	2.0	Hanover and District Hospital	1.0
Hamilton Health Sciences Corporation	2.0	Headwaters Health Care Centre	0.7
Hotel-Dieu Grace Hospital	1.4	Hawkesbury & District General	--
Joseph Brant Memorial Hospital	1.0	North Bay General Hospital	2.0
Kingston General Hospital	2.0	Orillia Soldiers' Memorial Hospital	1.0
Lakeridge Health Corporation	1.4	Riverside Healthcare Facilities	1.0
Quinte Healthcare Corporation	1.0	Rouge Valley Health System	2.0
Sault Area Hospital	1.6	Sensenbrenner Hospital	--
The Scarborough Hospital	4.0	St. Joseph's Health Services/Chatham	2.0
Southlake Regional Health Centre	1.0	The Credit Valley Hospital	2.0
St. Michael's Hospital	--	Timmins and District Hospital	2.0
Hôpital régional de Sudbury Regional Hospital	2.0	University of Ottawa Heart Institute	3.0
Sunnybrook Health Sciences Centre	3.0		
The Royal Victoria Hospital of Barrie Inc.	2.0		
University Health Network	1.0		

RN-SFA Evaluation Results

The RN-SFAs in the Pilot Project

- Most work as generalists and rotate across operating room sections and surgeons.
- Most focus exclusively on SFA services in the operating room; some have select pre-op, post-op and post discharge responsibilities.
- Some serve as clinical mentors or preceptors; few participate in research activities.
- Two-thirds have 10 or more years of nursing experience; more than one-half have 3 or more years of experience as a RN-SFA; many are described as competent, skilled, flexible, compassionate and hard-working.
- The majority received SFA training outside Ontario.
- All work the day shift Monday to Friday and almost all are governed by a collective agreement; on-call, after hours and vacation or illness coverage is rare.
- Most report to a Nursing Manager.
- They are passionate about their role.

Stakeholder Satisfaction

More than 260 individuals involved in the RN-SFA Initiative responded to a survey in March 2009 that examined their satisfaction with the RN-SFA role and its impact.

- 42% were nurses (RN-SFAs and operating room nurses);
- 38% were physicians (surgeons, anesthesiologists and medical SFAs)
- 16% were administrators
- 4% were other members of the operating room team

To what extent are you satisfied with the <u>role</u> of the RN Surgical First Assistant?	'Satisfied' or 'Very Satisfied'
As a value-added contribution to the surgical care team?	88%
As an effective Surgical First Assistant?	91%
As a provider of quality and patient/family-centered care?	89%
As a key role in nursing?	86%
As a mentor for other nurses?	86%
To what extent are you satisfied with the <u>impact</u> of the RN Surgical First Assistant in the following areas?	'Satisfied' or 'Very Satisfied'
Filling surgical first assistant shortages in high need areas?	86%
Complementing (not replacing) other surgical first assistants?	83%
Reducing surgical wait times for hip and knee surgeries?	79%
Increasing patient access to surgery?	83%
Minimizing surgery cancellations?	83%
Enhancing a team-based model of care?	87%
Achieving operational flexibility and/or efficiency?	87%
Providing consistency in patient care?	86%
Producing desired patient outcomes?	86%
Recruiting and/or retaining nurses?	79%
Creating new opportunities for RN career enhancement/skill development?	76%
Contributing to nursing research or education?	78%

The surgeons were the most satisfied stakeholder group. Worthy of note is that in more than one-half of the sites, the surgeon chooses their SFA (MD or RN).

Pilot Program Impact

In March 2009, 20 pilot sites participated in one of several focus group discussions and 16 pilot sites completed a survey about the RN-SFA pilot project. The survey and focus group comments indicate that the RN-SFA Initiative is making a positive difference. The pilot program has helped with nursing recruitment & retention, created new opportunities for nurses working in the operating room and has contributed somewhat to nursing research and education.

<i>The Pilot Project has had a 'moderate' or 'significant' impact in:</i>	<i>Select Comments</i>
Reducing surgical wait times (93%)	"Previously unattainable wait-time strategies are now achievable with the RN-SFA role"
Filling SFA shortages (86%)	"We can now schedule more complex surgical cases"; "We are now able to meet the increase in surgical volumes"
Increasing patient access to surgery (79%)	"We have almost doubled the number of joint surgeries that we can now perform"
Minimizing surgical cancellations (64%)	"We are now able to run more operating rooms"; "We have more cases with a adequate number of SFAs"
Enhancing a team-based model of care (86%)	"There is more communication between the operating room team and between the medical and nursing staff as a result of the RN-SFA role"
Achieving operational flexibility and/or efficiency (93%)	"More cases start and end on time"; "We are able to schedule cases in advance with greater reliability"; "There is more standardized care".
Enhancing patient safety/outcomes (85%)	"There is earlier identification of risk factors"; "We have fewer errors in consents and wrong side blocks"; "Because of the familiarity with surgeon's practices and preferences, patients spend less time under anesthesia"

Suggested Improvement Areas

While most comments about the RN-SFA Initiative are positive and organizations involved would like to continue, stakeholders have identified areas where improvement would be beneficial:

- More creativity in funding and ongoing sustainable funding for the RN-SFA role
- Greater role clarity between the RN-SFA and the operating room nurses and the RN-SFA and the medical SFA
- A longer pilot timeframe to enable the RN-SFA role to fully develop in the organization
- Greater awareness of how different Ministry initiatives work together
- A stronger relationship between organizations that educate/train RN-SFAs and those that utilize them
- A desire to explore different RN-SFA models including an Advance Practice Nurse mode, particularly in large teaching hospitals
- Expanding the hours when RN-SFAs work to include evenings, weekends and an emergency 'on-call' service

Summary/Conclusion

The evaluation findings show that this initiative that has had a positive impact on patient care outcomes, surgical wait-times and access to surgery, operational efficiencies and team-based care. Collectively, the stakeholders and pilot site leaders have reported that the RN-SFA pilot project is achieving its objective; they are satisfied with both the RN-SFA role and the benefits to their surgical service, their interprofessional team and their patients.