WORKING WITH A RNFA - HELP OR HINDRANCE?

PURPOSE OF PROJECT
Little objective data exists regarding the efficiency and effectiveness of the Registered Nurse First Assistant (RNFA) role. In 2000, the cardiac program at Trillium Health Centre, Mississauga, Ontario, became the first Canadian hospital to hire RNFAs. Purpose of study was to document the contributions they make.

METHODOLOGY
In February 2003, all members of the multi-disciplinary cardiac team were surveyed utilizing a 10-question tool to obtain objective data regarding the RNFA role.

DOES HAVING A RNFA INFLUENCE HOW QUICKLY OR SMOOTHLY A CASE STARTS?
96% said YES, 4% said NO
General Comments
• Attentive to the needs of all team members (RRT, RN)
• Eye balls’ status of set up (RRT)
• Liaison (Anesthesia)
• Improved efficiency
• Assures patient arrives promptly
• Consistent, excellent help leads to very efficient use of time (Anesthesia)

RN Comments
• Take special interest in the patient
• They are always there
• Truly function in a periperaoperative manner
• Facilitate in starting the cases
• Can do hands-on patient care

Grace Groetzsch RN, BScN, Med, CP(C), CRNFA
Trillium Health Centre, Mississauga, Ontario, Canada

WHAT CHANGES HAVE YOU EXPERIENCED BETWEEN SURGEONS AND SCRUB / CIRCULATING NURSES WHEN A RNFA IS AVAILABLE?

PRE-OPERATIVELY:
54% said YES, 42% said NO, 4% did not answer
A breakdown of the responses indicated:

<table>
<thead>
<tr>
<th>RN</th>
<th>SURGEON</th>
<th>ANAESTHESIA</th>
</tr>
</thead>
<tbody>
<tr>
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<td>6</td>
<td>2</td>
</tr>
<tr>
<td>NO CHANGE</td>
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<td>1</td>
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• RNFA can focus entirely on the patient (RN)
• Actual case/operation plan is clarified on several levels (Surgeon, RRT, Perfusion)
• Facilitates easy, non-confrontational communication (Anesthesia)

INTRA-OPERATIVELY:
39% said YES, 42% said NO, 19% did not answer

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<thead>
<tr>
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<th>SURGEON</th>
<th>ANAESTHESIA</th>
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<td>2</td>
</tr>
<tr>
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• RNFA assists with communication (Anaesthesia)
• RNFA assists in translating ‘inaudible comments/requests’ (RN)

HAVE YOU IDENTIFIED ANY VARIATION IN THE LEVEL OF SERVICE YOU EXPERIENCE AMONGST THE RNFAS?
58% said YES, 27% said NO, 15% not answered

<table>
<thead>
<tr>
<th>RNFA</th>
<th>PERIODIC</th>
<th>RN</th>
<th>SURGEON</th>
<th>ANAESTHESIA</th>
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<td>UNANSWERED</td>
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</table>

• Differences in experience
• Personality differences (Anaesthesia, RN, RRT, Perfusion)
• Some are more team focused (RRT, Perfusion, RNFA, RN)

WHAT DRAWBACKS DO YOU SEE THAT A RNFA HAS?

• Cost to the budget (Surgeon, RN)
• Be on call for cases done on weekends
• Expand their operative role (Surgeon)

HOW MIGHT THE ROLE OF THE RNFA BE IMPROVED/ENHANCED?
• Given more responsibility outside of the OR
• Be on call for cases done on weekends
• Expand their operative role (Surgeon)

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WHAT CHANGES HAVE YOU EXPERIENCED ABOUT THE INTRA-OPERATIVE ASSISTANCE THE RNFA PROVIDES TO THE SURGEON?

58% - EXCELLENT, 31% - GOOD

HOW WELL DO YOU RATE THE ASSISTANCE THE RNFA PROVIDES TO THE OR TEAM?
62% - EXCELLENT, 38% - GOOD

• They “fill in the holes’ to make things go smoother (RN)
• A valuable asset in the OR; tireless & dedicated (Anaesthesia)

HOW DO YOU FEEL THE RNFA AFFECTS THE PATIENT/FAMILY’S PERIOPERATIVE EXPERIENCE?
89% said POSITIVE, 4% said OKAY, 7% not answered

• Provide a warmer, less ‘medical’ approach
• Patient well informed as to what to expect
• Reinforce operative plan & expected outcome (Surgery)

PLEASE LIST THE ADDED VALUE THE RNFA BRINGS TO THE OR TEAM AND PATIENTS?

• Consistency
• Efficiency
• Able to multi-task (RN)
• Caring
• Continuity of care for patient/family
• Attention to detail (Surgeon)
• Energy & enthusiasm (Anaesthesia)
• Faster harvesting of conduit (Anaesthesia)

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