



**SKILL MIX AND  
NURSING  
ESTABLISHMENT  
FOR  
DAY SURGERY**



# Skill Mix and Nursing Establishment for Day Surgery

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## Introduction

People are our most valuable resource. Managers need to motivate them and maximise their potential. Getting the right numbers of staff with the right skills is essential for efficient, safe and effective delivery of day surgery.

## Layout and types of unit

Day surgery is provided in facilities that vary across the UK. There are several options:

### Option 1

A dedicated day surgery facility that has its own operating theatres, recovery, ward area, pre-assessment service and administration office where responsibility lies for managing the waiting lists and admissions to the unit.

Many hospitals have invested in this type of facility because it is considered the most efficient way to deliver day surgery. This type of unit enables:

- Efficient planning of admissions and the scheduling of operating lists for day case elective surgery.
- Admission dates can be *guaranteed* which results in fewer hospital cancellations thus avoiding disappointment and inconvenience for the patient.
- Reduces duplication in the administration process.

### Option 2

A dedicated day surgery ward with separate dedicated operating theatres and recovery.

This type of facility is acceptable but not optimal. The reasons are:

- The patient's journey may be less smooth relying on porters to take the patient from ward to theatre.
- The day surgery theatre may be staffed with main theatre staff who have not had exposure to the entire patient journey and whose work may be affected by emergency activity. There are opportunities for this to be resolved by having a nursing establishment that rotates through theatres and ward areas.

### Option 3

A dedicated day surgery ward but no dedicated operating theatres or recovery.

## Option 4

Day surgery provided within an in-patient ward and use of main operating theatres.

Options three and four are poor facilities for delivering good quality day surgery because:

- Workload is more likely to be disrupted by emergency admissions, major surgery and overflow of in-patient work.
- If day patients are admitted to a general surgical ward this will cause disruption in an area where the dependency of patients is greater. Day surgery patients (who tend to be fit, well and of low dependency) may not be given the care and attention needed by healthcare professionals because of the demands and needs of sicker patients nursed in this environment.
- Day surgery patients may be inadequately prepared for surgery and may be discharged lacking the knowledge and information needed to care for themselves at home.

Day surgery should not be provided within a general surgical ward and it is recommended that dedicated day surgery facilities are developed and improved.

## Staff

The day unit team consists of staff from many disciplines (table 1).

*Table 1*

<p>The Day Unit team may consist of:</p> <ol style="list-style-type: none"><li>1. Admin and clerical staff.</li><li>2. Qualified nurses, ODA's and ODP's.</li><li>3. Support workers (nursing auxiliaries, healthcare assistants, housekeepers and porters)</li><li>4. Medical staff – anaesthetists and surgeons.</li><li>5. A Manager</li><li>6. A Clinical Director</li><li>7. Physiotherapists</li></ol>
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In order to identify the staff and skills needed to run a day surgery/procedure unit it is necessary to:

- Map out the patient experience each step of the way (from the decision to operate as a day case to discharge home). From this you can see what is involved during the process (Appendix).
- Identify specialties, casemix (procedures) and type of anaesthetic (local, general, spinal).
- Understand what and who is involved in the management of waiting lists (hospital administration system will require transactions detailing patient registration to admission dates through to discharge).
- Plan expected throughput and capacity (number of operating theatres, operating sessions e.g. 08.30 – 12.30, 13.30 – 17.30, average number of patients on each operating list, number of recovery spaces).
- The number of beds/trolleys needed to cope with planned throughput.
- Have a plan of the unit so you can allocate the appropriate numbers of staff to the areas where patients will need to be cared for (table 2).

Table 2

Example of staff allocation per shift or per day (depending on shift patterns)
<ul style="list-style-type: none"><li>● <i>In charge Co-ordinator</i>: 1 experienced nurse per shift</li><li>● <i>Pre-operative assessment</i>: 1 nurse for 20 patients (an average pre-assessment interview takes 20 minutes of nursing time depending on complexity of procedure and any special needs of the patient)</li><li>● <i>Ward/trolley area (pre and post-op)</i>: 1 nurse for 7 patients 1 HCA</li><li>● <i>Anaesthetic room</i>: 1 nurse or ODA/ODP per session</li><li>● <i>Operating Theatre</i>: 3 nurses/ODP's per session or per theatre (allow 5 hours of nursing time for a 4 hour list to set up and close down)</li><li>● <i>Recovery</i>: 1 nurse per 2 patients (paediatrics 1 per patient)</li></ul>

### Administrative and clerical staff

A dedicated clerical team is crucial to the successful management of a day surgery unit. They should work closely with consultant clinicians, nursing staff and the manager in efficiently organising pre-assessment clinics, scheduling theatre operating lists and managing the waiting lists. The skills required of the admin and clerical team are:

- Basic keyboard skills.
- Receptionist skills with a particular focus on customer care.
- Helpful telephone manner.
- Effective communication skills.
- Ability to use the hospital IT administration system.
- Basic office skills (filing, photocopying, patient notes tracking).
- Basic understanding of procedure type and casemix to facilitate effective booking processes in liaison with Consultant surgeons/anaesthetists.

### Qualified nurses, ODAs and ODPs

In today's climate of national nursing shortages, especially in the areas of operating theatre practice, multi-skilled staff who rotate within areas of day surgery are beneficial to the individual and to the unit (table 3). A well-trained, flexible, multi-skilled workforce provide efficient use of the staff resources.

Clinical and social skills are needed to provide care in areas such as:

- Pre-operative assessment.
- Pre and post operative ward care.
- Anaesthetics.
- Operating theatres.
- Recovery.

Other knowledge, experience and skills include: paediatrics, counselling, HIV, family planning and other relevant specialist skills (e.g. ophthalmics).

Table 3

<p><b>The benefits of multi-skilling are:</b></p> <ul style="list-style-type: none"><li>● Staff appreciate and understand each others roles and responsibilities which leads to a more cohesive motivated team.</li><li>● Investment in staff training and development in many areas of the day unit leads to improved staff satisfaction and improved staff competency.</li><li>● Staff turnover will remain low (staff will stay in post longer if the job is interesting and variable).</li><li>● Flexibility of the workforce to cover sickness and absence.</li><li>● Bank and agency usage is kept to a minimum which helps control staffing costs.</li><li>● Staff are better able to inform and educate patients and carers if they are familiar with the <u>entire</u> patient experience.</li></ul>
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Multi-skilling is only achievable if the team has members who have appropriate qualifications and key skills in specialist areas to support, teach and develop staff through a multi-skilling programme, e.g. theatre, anaesthetic practice and paediatrics. Individual learning ability must be taken account of and staff rotated at a pace they can cope with.

### **Support workers (nursing auxiliaries, healthcare assistants, housekeepers and porters)**

Whatever type of unit you have there are many aspects of day surgery care that require the input of support staff whatever their title. These could include:

- Assisting patients to mobilise.
- Bed/trolley making.
- Theatre assistance (patient positioning, circulating).
- Stock control (sterile supplies and medical supplies).
- Instrument maintenance.
- Domestic services.
- Porterage.
- Catering.

Support workers are essential members of the team and investment in their development will result in increased motivation and reduced turnover.

### **Clinical Director**

The clinical director of a unit may take overall responsibility for day surgery within the trust. He or she is most frequently but not necessarily a consultant surgeon or anaesthetist who is a day surgery enthusiast and is willing to support the unit's operational policies and influence professional colleagues when difficulties arise. The clinical director provides support for the unit manager and senior nursing staff and acts as a troubleshooter in dealing with clinical problems that cannot be resolved by the unit manager. The role should include the following:

- Assisting the manager with the development and updating of the unit operational policy.
- Innovations and development in day surgery practice.
- Clinical risk management.
- Leading on clinical audit.
- To produce an annual report about day surgery progress and activity.

Problems which he/she may help to resolve could include:

- Inappropriate patient selection.
- Inappropriate casemix causing under and overruns.
- Late starts and finishes or non attendance.
- Investigating untoward clinical incidents and patient concerns.
- Poor clinical outcomes.

The director is an essential link between the unit and the trust board, particularly when increased resources, equipment, space or staff are being pursued at board level.

### **Medical staff**

Day surgery should be a consultant-based service. The clinical workload should not be delegated to unsupported junior doctors and it has become increasingly important for surgeons and anaesthetists to have appropriate and relevant skills e.g. paediatric trained anaesthetists, laparoscopic technique.

### **Day Surgery Manager**

The manager is responsible for the day-to-day management of the unit and frequently has a nursing background. He or she will be graded depending on the level of responsibility covered by the job description e.g. the size of the unit, the numbers of staff to manage and budget responsibility. Skills needed to be an effective day surgery manager include:

- People management skills.
- Excellent communication skills.
- Leadership.
- Organisational skills.
- Problem solving.
- Report writing.
- Budget management skills.
- Change management skills.
- In depth experience of day surgery.

**Physiotherapist**

Healthcare professionals such as physiotherapists who come to the unit to see patients are part of the team. They should advise day unit staff, patients and their carers about mobilisation techniques e.g. stairs practice, use of crutches. Their input is required when producing written information sheets for patients and carers and exercise regimes for patients e.g. post arthroscopy.

**Pharmacist**

The pharmacist plays an important role in day surgery units as pharmacy advisor and educator for patients and staff. Their expertise should be sought regarding discharge medication and pain relieving regimes to ensure patients are discharged with effective and adequate medication supplies.

**Clinical Nurse Specialists**

Many clinical nurse specialists often follow the patients through day surgery, or will visit patients whilst in day surgery. Specialist nurses are an experienced and knowledgeable resource and should share their clinical knowledge and expertise through arranged teaching sessions. Their contribution when writing information for patients is encouraged.

## Recruitment

To achieve a multi-skilled team you need staff with the appropriate qualifications (table 4).

Table 4

ENB A21/N33	Peri-operative and Day Care Nursing
ENB 176	Theatre Nursing
ENB 182	Anaesthetics
ENB 183	Peri-operative Nursing
ENB 998	Teaching and Assessing
RSCN/Paediatric trained	Registered Sick Children Certificate

There are other useful relevant and desirable courses to consider when recruiting staff:

- Patient assessment skills
- Family planning
- Computer skills
- HIV / AIDS
- Counselling

Existing staff should be offered such courses as part of their continuing professional development.

## In-service training

Key staff (with the above qualifications) should implement and maintain an in-service training programme for all staff. The programme should be planned to meet needs and interests of staff and involves training with specific learning outcomes and assessment of competency. For each clinical area, core and specific skills and competencies should be identified.

For example, in pre-operative assessment the nurse needs to:

- Demonstrate the ability to give and gain information using a structured approach that results in a patient being well informed about what to expect on the day of surgery.
- Re-assure and reduce patient anxiety by answering any queries or questions the patient may have related to the admission.
- Ensure the patient is suitable and fit for operation (using a defined protocol).

In anaesthetics the nurse needs to have knowledge about:

- The principles of anaesthesia
- Anaesthetic equipment e.g. Boyle's machine, breathing circuits
- Anaesthetic emergencies (difficult intubation, malignant hyperpyrexia)
- Pain relief – techniques and pharmacology.
- Principles of recovery

In theatres the nurse needs to demonstrate an understanding of :

- Theatre etiquette
- Principles of asepsis
- Health and safety e.g. positioning of the patient, use of diathermy
- Instrumentation and maintenance
- Role and responsibility of the scrub and circulating nurse e.g. anticipation of the surgeons needs

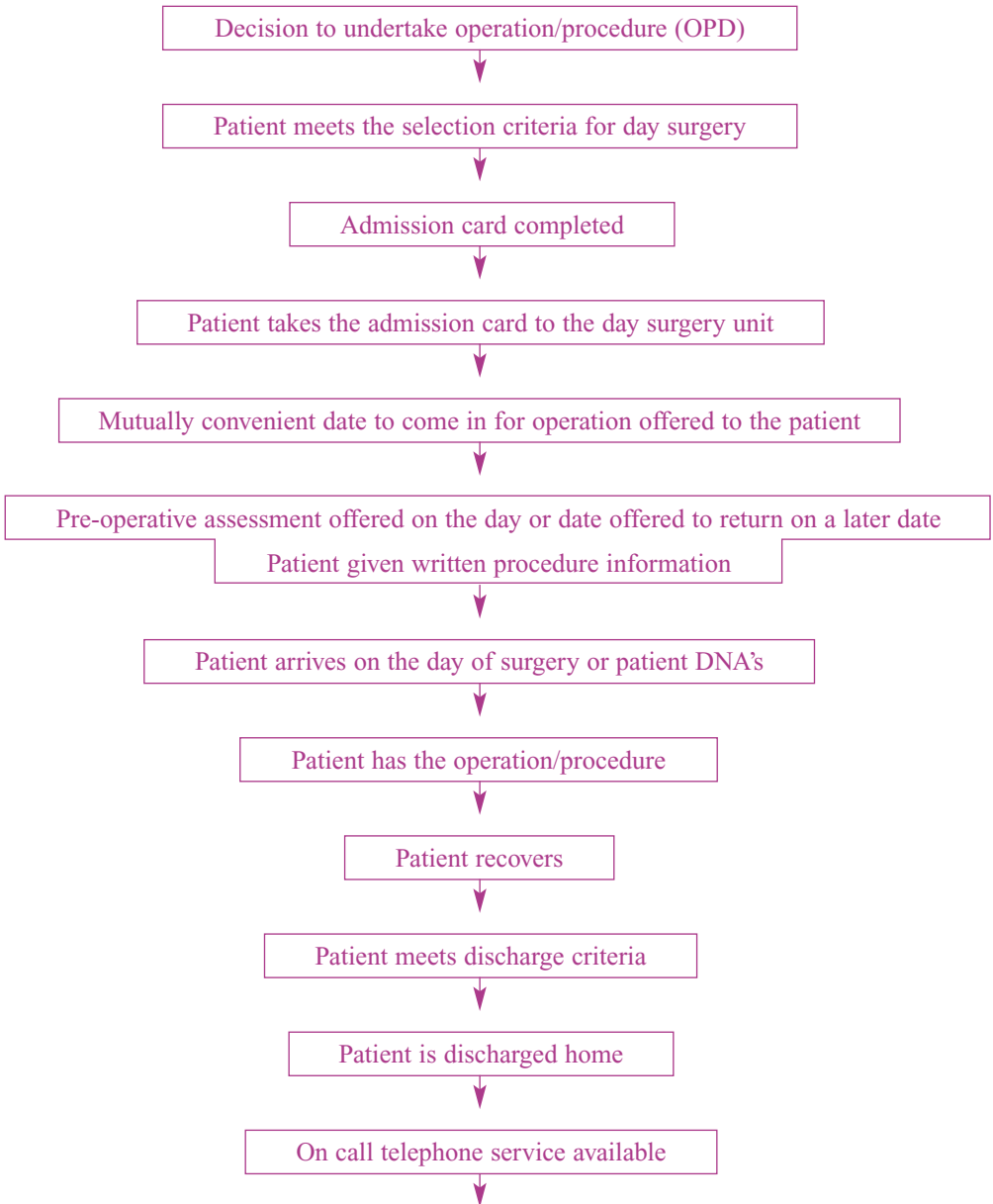
*Multi-skilling is not about everyone doing everything within a day surgery setting.*

It is about training staff in a structured way to meet the needs of the unit and individual development. While it is possible to have several staff members trained in *all* areas of the day surgery process, most staff will be trained in some specific areas only. This is because some people learn more quickly and are more adaptable than others. A truly multi-skilled nurse enjoys the challenge, feels valued and often stays in post for many years because the unit has invested in their professional development.

## References

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AN EXAMPLE OF PATIENT PATHWAY



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**A British Association of Day Surgery Handbook**