NewRAH Surgical Directorate
Technical Suite Staffing
Design Principle

The term “Technical Suite” has been introduced to reinforce SA Health’s approach to a flexible facility design.

The new RAH Technical Suite is located on Level 4, co-located with the Intensive Care Unit and CT imaging facilities.

The Technical Suite design integrates all

- operating rooms
- interventional rooms
- complex imaging modality rooms
- procedural rooms
- holding and recovery areas
- a centralised scope cleaning facility
- storage spaces and support areas (for example, bookings and admission staff)

All procedural, interventional and surgical procedures requiring sedation or general anaesthesia will be undertaken within the Technical Suite, unless clinically contraindicated.
Entry points to the Technical Suite will include:

> Emergency Department
> Helipad
> Acute Assessment Unit
> Inpatient Wing
> Technical Suite Admission Desk e.g. patient admitted as Day Stay, Overnight Stay or Multi-Day Stay admission.
Non - clinical Support Services

• A new role of Patient Support Services Assistant (PSSA) will be introduced in the new RAH. The PSSA role will be an employee of Spotless and an integral part of the clinical team where they are regularly allocated.

• PSSAs allocated within the Technical Suite will work under the direction of clinical staff. PSSAs will be provided with a handheld device to enable them to have regular contact with the Technical Suite flow coordinator (clinical staff) who will have the latest information relating to the status of each Technical Suite room.

• Clinical staff will allocate the PSSAs specific tasks along with routine tasks to be completed during the day. The Technical Suite PSSA will generally perform patient transfers within the Technical Suite area.

• The dedicated Orderly service will generally perform the tasks outside of these restricted areas, in particular tasks relating to the movement of patients between the inpatient areas and the Technical Suite and any other (non-restricted) areas in the Technical Suite.
Proposed Surgical Structure

Nursing Co-Director, DON RAH - Surgical Directorate (current)

- Nursing Director Speciality Surgical Services (RAH)
  - Nursing Director General Surgery (TQEH)
  - Nursing Director Perioperative Services (TQEH)

- Nursing Director Perioperative Services (RAH)
  - Nursing Director Orthopaedic and Trauma Services (RAH)

Nursing Co-Director, DON RAH - Surgical Directorate (newRAH)

- Nursing Director Speciality Surgical Services (RAH)
  - Nursing Director General Surgery (TQEH)
  - Nursing Director Perioperative Services (TQEH)

- Nursing Director Perioperative Services (RAH)
  - Nursing Director Orthopaedic and Trauma Services (RAH)
Proposed NewRAH Structure

Nursing Director
CALHN – New RAH Technical Suite & TQEH Peri-operative Services

Manager DSS
Nursing Director
TQEH Perioperative Services
Manager DSS
CSC Endo-Unit
CSC Anaest’cs
CSC ORMIS
CSC PARU
TQEH Units

RAH Service Units

NMF Surgery
NEF Surgery
NEF An/PARU
NMF An/PARU
CSC Inventory
ORMIS data Administrator & Administration Supervisor
Manager DSS

CSC’s X2 Anaest’cs (East & West) [2 new CSC position]
CSC Periop Bays East (current CSU/DoSA)
CSC Periop Bays West (current PARU)
CSC’s-OR’s Elective
CSC-OR’s Emergency
CSC Gastrointestinal Investigation & Thoracic Unit
CSC Acute Pain Service
CSC Chronic Pain Service
CSC Cardiovascular Investigation

NP Sedation
CSC Opening/Stay
N/Robotic Assistant

TQEH Units

NMF Surgery
CSC PAC
CSC-ORMIS
CSC PARU
CPC APS
Proposed Staffing Model newRAH
Technical Suite

• CSC’s
  – Inventory x1
  – Anaesthetics x2 (1 new)
  – Peri-op Bays x2
  – Elective/Emergency (Surgical) x3
  – GIU & TM x1
  – APS x1
  – Chronic Pain x1
  – CVIU x1
  – MI ?
  – Overnight Stay Unit x1
Proposed Staffing Model newRAH Technical Suite

- NP Sedation
- Robotic Assistant (St Andrews)
- NEF x 2
- NMF x 2
Proposed Staffing Model

• As per the Appendix 1- Staffing Methodologies in Emergency departments, intensive care units, perioperative Services, Cardiac Vascular Investigation Units Catheter Laboratories and Endoscopy Units

• The standards of:
  – The Australian College of Operating Room Nurses (2015/2016)
Endoscopy Unit Staffing

• An experienced Endoscopy Nurse with therapeutic endoscopic skills is required to solely assist the Endoscopist
• If an anaesthetist is not present, a RN trained in acute resuscitative measures shall be responsible for monitoring the patient's level of consciousness cardio-respiratory status and initiating resus if required
• A 3rd nurse for multiple or complex procedures
• Other nursing staff for admission
• Other nursing staff for recovery & discharge
• Other nursing staff/support staff for reprocessing of equipment
Perioperative Staffing

(Applicable to Operating Rooms, Pre-Admission Areas, Day Surgery Units, Post-Anaesthetic Recovery Rooms and Cardiac Vascular Investigation Unit CVIU Catheter Labs)

- No more than 1:4 nurse patient ratio (Day Surgery Unit/Pre Admission Area when included within the peri-operative service)
- 1 anaesthetic nurse per operating room (all locations where anaesthesia and or sedation techniques are performed)
- The minimum allocation of nursing staff should be 3.5 nurses per room which includes:
  - 1 anaesthetic nurse, plus
  - 2 nurses, one of whom must be an RN and one whom may be a suitably qualified EN, plus
  - 0.5 RN to provide adequate assistance, support and relief to all nursing staff in the operating room.
- Four (4) or more nurses may need to be allocated to operating room which:
  - have simultaneous procedures requiring two instrument nurses
  - have a deteriorating or unstable patient
  - have increased technological demands such as robotic and laser surgery
Post Anaesthetic Recovery Room - Stage 1

- Minimum of 2 nurses, 1 must be a competent recovery nurse
- 1:1 nurse patient ratio in Reception phase (initial assessment/unconscious patient/continued airway support/artificial airway support/mechanical ventilation)
- Minimum 1:2 nurse patient ratio during Stabilisation phase
- Minimum 1:3 nurse patient ratio during Pre-Discharge phase
- 1:1 nurse patient ratio for high acuity cases e.g. ICU/HDU, high spinal block, complex thoracic, abdominal or vascular surgery (Post anaesthetic recovery room - Stage 1)
- 1:1 nurse patient ratio during initial administration of IV opioids/pain protocol and no less than 1:2 thereafter (Post anaesthetic recovery room - Stage 1)
Post Anaesthetic Recovery Room –
Stage 2 / Day Surgery Unit

• Minimum of 2 nurses, 1 must be a competent recovery nurse
• Minimum of 1:4 nurse patient ratio when all patients are stable
Procedural Rooms where a patient has a General Anaesthetic

- 2 nurses, one must be Anaesthetic competent and one must be Procedural competent; plus
- 3rd nurse as a circulating/support nurse dependent on the type of procedure, patient acuity as per unit protocol
Supportive Nursing Roles

- 1 nurse during elective surgery hours - Holding Bay (excluding RGH, NHS, CHSA)
- 1 nurse during elective surgery hours - Stock Room (excluding RGH, NHS, CHSA)
- 1 full-time equivalent (FTE) Peri-operative Nurse Educator (RAH, WCH, LMH, FMC)
- Nurse Sedationist – where role is in place, will be considered as an additional resource
23 Hour Unit (DSON)

- As per Appendix 2
- Early / Late 1:4 (ES)
- Night 1:6 (ES)
- + shift coordinator
Staffing Review Process

- Consultation – Dual Process
- CALHN discussion with staff
- ANMF (SA Branch) discussion with members

- Considerations
  - Staff plan – does it meet patient care needs and requirements?
  - Are there any changes that are impacting the staffing requirements?
  - Are there any other relevant factors to consider?
Next Steps

- Ongoing consultation with staff and ANMF
- Staff to provide feedback to su.white@sa.gov.au
- Consider feedback with possible review and refinement

- Reach Agreement with subsequent endorsement on staffing numbers
  - LHN
  - ANMF (SA Branch)

- Staff allocation to tech suites
Questions?