

ASSEMBLEE GENERALE
DU 08-05-2008

ASSEMBLEE GENERALE DU 08-05-2008

OBJET:

- Bilan des activités
 - Bilan financier et approbation des comptes
 - Décharge aux administrateurs
 - Approbation de la modification statutaire
-

ASSEMBLEE GENERALE DU 08-05-2008

Modification statutaire :

« article 2 : le siège social est établi en Belgique, dans l'arrondissement judiciaire de Liège. Il est fixé à 4680 Oupeye, rue d'Heure-Le-Romain, 95/A .»

ASSEMBLEE GENERALE DU 08-05-2008

- Actions en 2007-2008 :
 - Congrès 2008
 - Participation en qualité d'orateurs à différentes journées d'études, de congrès
 - Participation à différentes réunions en tant qu'association spécialisée reconnue
 - Rencontres de travail avec le VVOV
-

ASSEMBLEE GENERALE DU 08-05-2008

- ❑ Participation en qualité d'orateurs
 - ❑ Journée de l'UNAMEC (juin 2007)
 - ❑ Journée d'études du CEN (octobre 2007)
 - ❑ Journée sur « L'infirmière spécialisée en anesthésie » (février 2008)
 - ❑ « Journées gestion de bloc opératoire » (mars 2008)
 - ❑ Journée : « Les infirmières se manifestent » (mars 2008)
-

ASSEMBLEE GENERALE DU 08-05-2008

- ❑ Réunion au cabinet du ministre Demotte en juin 2007 → revendications de l'AFISO :
 - ❑ reconnaissance et enregistrement du titre d'infirmier spécialisé en assistance opératoire et instrumentation
 - ❑ titre d'infirmier de salle d'opération ?
 - ❑ révision des normes de personnel et de financement des blocs opératoires
 - ❑ révision des barèmes
-

ASSEMBLEE GENERALE DU 08-05-2008

- Participation aux réunions ACN – FNIB – Associations spécialisées → association unique d’infirmiers francophones
 - Rencontres de travail avec le VVOV
-

ASSEMBLEE GENERALE DU 08-05-2008

Autres actions :

- numéro spécial de la revue « recrutement »
 - participation à la 3^e journée européenne de l'ISO
 - visites de bloc opératoire
 - organisation des réunions régionales
 - en province de Hainaut
 - en Brabant wallon, Namur et Luxembourg
 - en province de Liège
-

ASSEMBLEE GENERALE DU 08-05-2008

- Réunions régionales :
 - ROI au bloc opératoire
 - fiches de procédure
 - feuille d'enregistrement DI-RHM en salle de réveil
 - liste d'actes pour les infirmiers porteurs du titre en assistance opératoire et instrumentation
-

ASSEMBLEE GENERALE DU 08-05-2008

Infirmier spécialisé en anesthésie

Position de l'AFISO :

- CONTRE le titre d'inf. spécialisé en anesthésie!
 - POUR un titre professionnel reprenant les 3 rôles de l'inf. de salle d'opération.
-

ASSEMBLEE GENERALE DU 08-05-2008

Infirmier spécialisé en anesthésie

Septembre 2008 : formation en anesthésie pour les infirmiers

- Compensation du décret « non-résidents »
- Exigence fédérale
- Programme élaboré par le CSP (960 heures)

?

Pas de rôle autonome

Sur prescriptions

ASSEMBLEE GENERALE DU 08-05-2008

Infirmier spécialisé en anesthésie

Avis de la SBAR :

- « - L'**anesthésie** est un **acte médical** et ne peut donc être **administrée que par un médecin**.
- Un médecin ne peut anesthésier qu'un seul patient à la fois.
 - Le médecin peut, et dans certaines circonstances, doit **être aidé par un infirmier...** »
-

ASSEMBLEE GENERALE DU 08-05-2008

Infirmier spécialisé en anesthésie

Avis de la SBAR :

OUI pour un infirmier spécialisé

→ meilleure **aide**, surtout dans les services annexes, salles de réveil, en pré- et post-opératoires.

NON à une « IADE » qui fait de l'anesthésie !

!!! Soyez vigilants !!!

ASSEMBLEE GENERALE DU 08-05-2008

Actions futures :

- Rencontres avec le VVOV
 - Participation aux réunions pour une association francophone d'infirmiers
 - Organisation des réunions locales aussi à Bruxelles
 - Organisation d'un symposium en octobre 2008 (salon HealthCare)
 - Fête pour les 10 ans de la spécialisation
 - Participation au congrès EORNA 2009
-

ASSEMBLEE GENERALE DU 08-05-2008

- Présentation des comptes
-

Compte d'exploitation 2007

Cotisations ACN/FNIB/EORNA	835,00 €	Cotisations	3.927,00 €
Congrès AFISO	10.967,69 €	Recette du congrès	9.280,00 €
		Publicités revue, site	
Location salle CA	51,30 €	Internet	5.523,50 €
Frais de réunion	5.000,00 €	Stands congrès	38.500,00 €
Frais de déplacement	7.888,20 €	Produits financiers	196,48 €
Internet	658,98 €	Congrès Eorna Dublin	971,93 €
Meeting Eorna	467,52 €		
Frais de missions étranger	91,00 €		
Frais de déplacement étrangers	12.845,61 €		
Frais de représentation	1.770,11 €		
Entretien Matériel informatique	226,00 €		
Fournitures	6.676,30 €		
Imprimerie	5.461,14 €		
Frais de correspondance	2.798,72 €		
Frais postaux	242,40 €		
Assurance	539,41 €		
Honoraires	1.512,50 €		
Honoraires statuts	104,91 €		
Frais financiers	184,58 €		
Total des dépenses	58.321,37 €	Total des recettes	58.398,91 €

Résultat de l'exercice + 77,54 €

Budget 2008

Cotisations ACN/FNIB/EORNA	850,00 €	Cotisations	3.850,00 €
Congrès AFISO	11.000,00 €	Recette du congrès	9.000,00 €
Frais de réunion, colloque	5.000,00 €	Publicités revue, site	
Frais de déplacement	9.000,00 €	Internet	5.000,00 €
Internet	700,00 €	Stands congrès	40.000,00 €
Meeting Eorna	500,00 €	Produits financiers	150,00 €
Frais de missions étranger	6.000,00 €		
Frais de déplacement étrangers	4.800,00 €		
Frais de représentation	2.000,00 €		
Fournitures	7.000,00 €		
Imprimerie	5.500,00 €		
Frais de correspondance	3.000,00 €		
Frais postaux	300,00 €		
Assurance	550,00 €		
Honoraires	1.500,00 €		
Honoraires statuts	110,00 €		
Frais financiers	190,00 €		
Total des dépenses	58.000,00 €	Total des recettes	58.000,00 €

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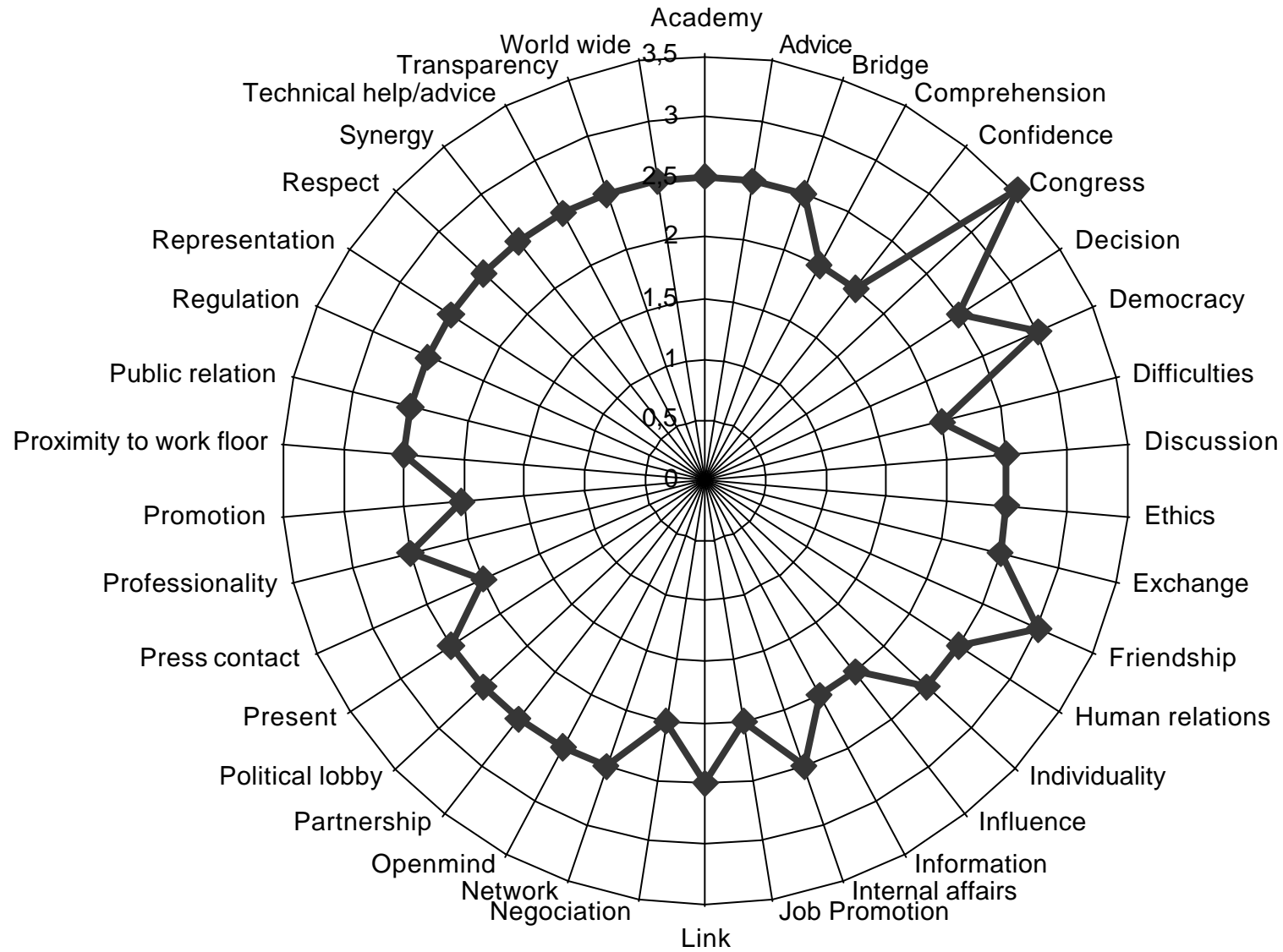
❑ Activités EORNA 2007-2008

- ❑ Septembre 2007 : Officers meeting Bruxelles
 - ❑ Présents : Présidente, Vice-président, Trésorière, Chair EC, Chair STG, Chair OrgC, Chair PNC
 - ❑ Contact avec ANSELL : support pour la mise en place d'un système d'accréditation pour le Congrès 2009
 - ❑ Réunion avec EDANA : EORNA Academy
 - ❑ Création du poste de « Social seat consultant »
 - ❑ Brainstorming : Vision, challenges et conséquences pour le futur de l'EORNA
-

Where is EORNA today - visions, challenges and consequences

Image	Communication	Education	Collaboration	Perioperative nursing	Ressources
Academy	Academy	Academy	Academy	Academy	Academy
Action	Advice	Advice	Action	Advice	Action
Actor	Bridge	Biotechnical challenge	Actor	Biotechnical challenge	Actor
Advice	Comprehension	Certification	Biotechnical challenge	Certification	Bridge
Bridge	Confidence	Clinical solutions	Bridge	Clinical solutions	Choice
Challenge	Congress	Congress	Choice	Curriculum	Clinical solutions
Comprehension	Decision	Curriculum	Comprehension	Empowerment	Comprehension
Confidence	Democracy	E-learning	Confidence	Ethics	Congress
Congress	Difficulties	Ethics	Contribution	Evaluation	Contribution
Curriculum	Discussion	Evaluation	Decision	Evolution change	Decision
Democracy	Ethics	Expert	Democracy	Expert	Democracy
Ethics	Exchange	Harmonisation	Difficulties	Harmonisation	Discussion
Evaluation	Friendship	Knowledge	Discussion	Knowledge	Ethics
Evolution change	Human relations	Minimal level	Ethics	Legal aspect	Evolution change
Exchange	Individuality	Network	Exchange	Minimal level	Exchange
Expert	Influence	Professional behavior	Friendship	Network	Expert
Flexibility	Information	Professionality	Funding	Professional behavior	Financial power
Friendship	Internal affairs	QA standarts	Great family	Professionality	Flexibility

View of the "Communication" of EORNA (Officers & chairs)



ASSEMBLEE GENERALE DU 08-05-2008

❑ Activités EORNA 2007-2008

❑ Novembre 2007 : Meeting EORNA Bruxelles

- ❑ Meeting organisé par le LVO (Pays-Bas)

- ❑ Présents : les représentants des 23 associations

- ❑ Invité : James Harrison - Australie, président de la Fédération Internationale des Infirmières Périopératoires (IFPN)

- ❑ Débat sur l'opportunité pour l'EORNA de devenir membre de l'IFPN : approbation (16/2/0)



International Federation of Perioperative Nurses

IFPN
International
Federation
of Perioperative
Nurses

Europe
EORNA
European Operating Room
Nurses Association
AfPP (UK)
Association for Perioperative
Practice

North America
AORN
Association for Perioperative
Registered Nurses
ORNAC
Operating Room Nurses
Association of Canada

Asia – Pacific
ACORN
The Australian College of
Operating Room Nurses
NZNO
Perioperative Nurses
College of NZNO

Afrique
SATS
South African Theatre
Sister

AFISO

VVOV

...

ASSEMBLEE GENERALE DU 08-05-2008

❑ Activités EORNA 2007-2008

❑ Novembre 2007 : Meeting EORNA Bruxelles

- ❑ Rencontre avec EDANA. Préparation du meeting de printemps 2008 à Genève lors du Salon Expo 08.

- ❑ Collaboration envisagée lors de EORNACongress 2009 à Copenhagen pour présenter un poster sur les bonnes pratiques en drapage opératoire « Infection control – benefits of material »

- ❑ 2^{ème} rencontre avec ANSELL pour préparer l'accréditation d'EORNACongress 2009 (ne plus dépendre de l'AORN)
-

ASSEMBLEE GENERALE DU 08-05-2008

❑ Activités EORNA 2007-2008

❑ Novembre 2007 : Meeting EORNA Bruxelles

❑ Perioperative Nursing Committee :

- ❑ Identification des zones de collaboration avec l'IFPN.

- ❑ Collecte des standards de soins dans les différents pays de la zone EORNA

❑ Scientific Committee (Congress) :

- ❑ Gestion des abstracts pour EORNA Congress 2008

ASSEMBLEE GENERALE DU 08-05-2008

❑ Activités EORNA 2007-2008

❑ Novembre 2007 : Meeting EORNA Bruxelles

❑ Education Committee :

- ❑ Préparation de la 3^{ème} Journée européenne des infirmières de salle d'opération.

- ❑ Référentiel de compétences

❑ Organisational Committee :

- ❑ Prospectus de présentation de l'EORNA pour le congrès de 2009

- ❑ Diverses procédures internes

ASSEMBLEE GENERALE DU 08-05-2008

- ❑ Activités EORNA 2007-2008
 - ❑ Novembre 2007 : Meeting EORNA Bruxelles
 - ❑ Scientific Task Group :
 - ❑ Mölnlycke Health Care experience scientific award
 - ❑ Mölnlycke Health Care experience point study trip (Waremmme)
-

ASSEMBLEE GENERALE DU 08-05-2008

❑ Activités EORNA 2007-2008

❑ Mars 2008 : Meeting EORNA/ANSELL Bruxelles

- ❑ Présents : représentants d'ANSELL, Dr Maillet, présidente et vice-président EORNA, Organisational Committee Chair, Scientific Committee Chair
 - ❑ UEMS (European Union of Medical Specialists): propose un système d'accréditation des conférences et congrès EORNA
 - ❑ EACCME (European Accreditation Council for Continuing Medical Education), instance d'accréditation au sein de l'UEMS pourrait s'associer à l'EORNA.
 - ❑ L'EORNA deviendrait un organe scientifique d'accréditation
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ASSEMBLEE GENERALE DU 08-05-2008

- ❑ Activités EORNA 2007-2008
 - ❑ Avril 2008 : Congrès AORN – Los Angeles
 - ❑ Plus d'infos sur le congrès sur le site www.afiso.be
 - ❑ Réunion IFPN (observateur)
 - ❑ Collaboration entre les grandes associations nationales (USA, Canada, Australie, Europe, Nouvelle-Zélande, ...)
 - ❑ L'EORNA a signé le protocole pour rejoindre l'IFPN.
 - ❑ Stratégie pour le lancement de la campagne de l'OMS: UNE CHIRURGIE PLUS SURE POUR EPARGNER DES VIES.
 - ❑ L'EORNA peut s'impliquer très vite compte tenu de sa structure (Journée européenne de l'infirmière de bloc opératoire 2009, EORNACongress 2009, ...)
-

ASSEMBLEE GENERALE DU 08-05-2008

Activités EORNA 2007-2008

Avril 2008 : Meeting EORNA Genève

- Meeting organisé par SIDOP/SIGOPS (Suisse)
 - Présents : les représentants des 23 associations
 - Cadre : Expo08 (Edana)
 - Visite du salon
-

ASSEMBLEE GENERALE DU 08-05-2008

☐ Activités EORNA 2007-2008

☐ Avril 2008 : Meeting EORNA Genève

- ☐ Réunion avec le Comité de direction d'EDANA
 - ☐ Edana = European Disposables and Nonwovens Association
 - ☐ Préparation d'un poster et des séances scientifiques lors d'EORNA Congress 2009
-

ASSEMBLEE GENERALE DU 08-05-2008

☐ Activités EORNA 2007-2008

☐ Avril 2008 : Meeting EORNA Genève

- ☐ Présentation du projet de l'OMS :

- ☐ UNE CHIRURGIE PLUS SURE POUR
EPARGNER DES VIES - NOTION DE LISTE DE
CONTROLE DE LA SECURITE CHIRURGICALE

- ☐ Ratification en juin 2008 à Washington

- ☐ Thème de la 4^{ème} Journée
européenne des infirmières de
bloc opératoire le 15 février 2009

- ☐ Présentation lors de la session
d'ouverture EORNA Congress 2008



SURGICAL SAFETY CHECKLIST

(DRAFT)

SAFE SURGERY SAVES LIVES
GLOBAL PATIENT SAFETY CHALLENGE
WORLD HEALTH ORGANIZATION

SIGN IN - PRIOR TO INDUCTION OF ANAESTHESIA, THE FOLLOWING ITEMS MUST BE COMPLETED:

- CONSENT OBTAINED
- SITE MARKED/NOT APPLICABLE
- PULSE OXIMETER ON PATIENT AND FUNCTIONING
- PATIENT CONFIRMED IDENTITY, SITE AND PROCEDURE
- ANAESTHESIA SAFETY CHECK COMPLETED

DOES PATIENT HAVE A:

- KNOWN ALLERGY NO YES
- DIFFICULT AIRWAY (E.G. MALLAMPATI 3 OR 4) NO YES, AND ASSISTANCE AVAILABLE
- RISK OF > 1000CC BLOOD LOSS (15CC/KG IN CHILDREN) NO YES, AND ADEQUATE IV ACCESS ESTABLISHED

TIME OUT - PRIOR TO SKIN INCISION, THE FOLLOWING ITEMS MUST BE COMPLETED:

- SURGEON, NURSE, AND ANAESTHESIA PROFESSIONAL VERBALLY CONFIRM PATIENT, SITE, PROCEDURE, POSITION
- ANTIBIOTIC PROPHYLAXIS GIVEN IN LAST 60 MIN NOT APPLICABLE
- ESSENTIAL IMAGING DISPLAYED NOT APPLICABLE

ANTICIPATED CRITICAL EVENTS

- SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
- ANAESTHESIA TEAM REVIEWS: WHAT ARE CRITICAL RESUSCITATION PLANS, PATIENT-SPECIFIC CONCERNS, IF ANY?
- NURSING TEAM REVIEWS: WHAT ARE THE STERILITY INDICATOR RESULTS, EQUIPMENT ISSUES, OTHER PATIENT CONCERNS?
- OTHER CHECKS: _____

SIGN OUT - PRIOR TO REMOVAL OF SURGICAL DRAPES, THE FOLLOWING ITEMS MUST BE COMPLETED:

- SURGEON REVIEWS WITH ENTIRE TEAM:
 - WHAT PROCEDURE WAS DONE
 - IMPORTANT INTRA-OPERATIVE EVENTS
 - MANAGEMENT PLAN
- ANAESTHESIA PROFESSIONAL REVIEWS WITH ENTIRE TEAM:
 - IMPORTANT INTRA-OPERATIVE EVENTS
 - RECOVERY PLAN
- NURSE REVIEWS WITH ENTIRE TEAM:
 - INSTRUMENT AND SPONGE COUNTS
 - SPECIMEN LABELLING (INCLUDING PATIENT NAME)
 - IMPORTANT INTRA-OPERATIVE EVENTS/RECOVERY PLAN

SIGNATURE _____

DATE _____

Educational Committee

□ EORNA - news

EORNA

-Educational committee-

- 3ème Journée européenne des infirmières de salle d'opération : 15 février 2008
 - Poster envoyés à tous les blocs avec une lettre explicative
 - Quelques initiatives ? : film sur ISO téléchargeable sur le site AFISO,...
 - Et Vous ??? Donnez-nous de vos nouvelles
 - Partageons nos idées pour la promotion de notre métier !

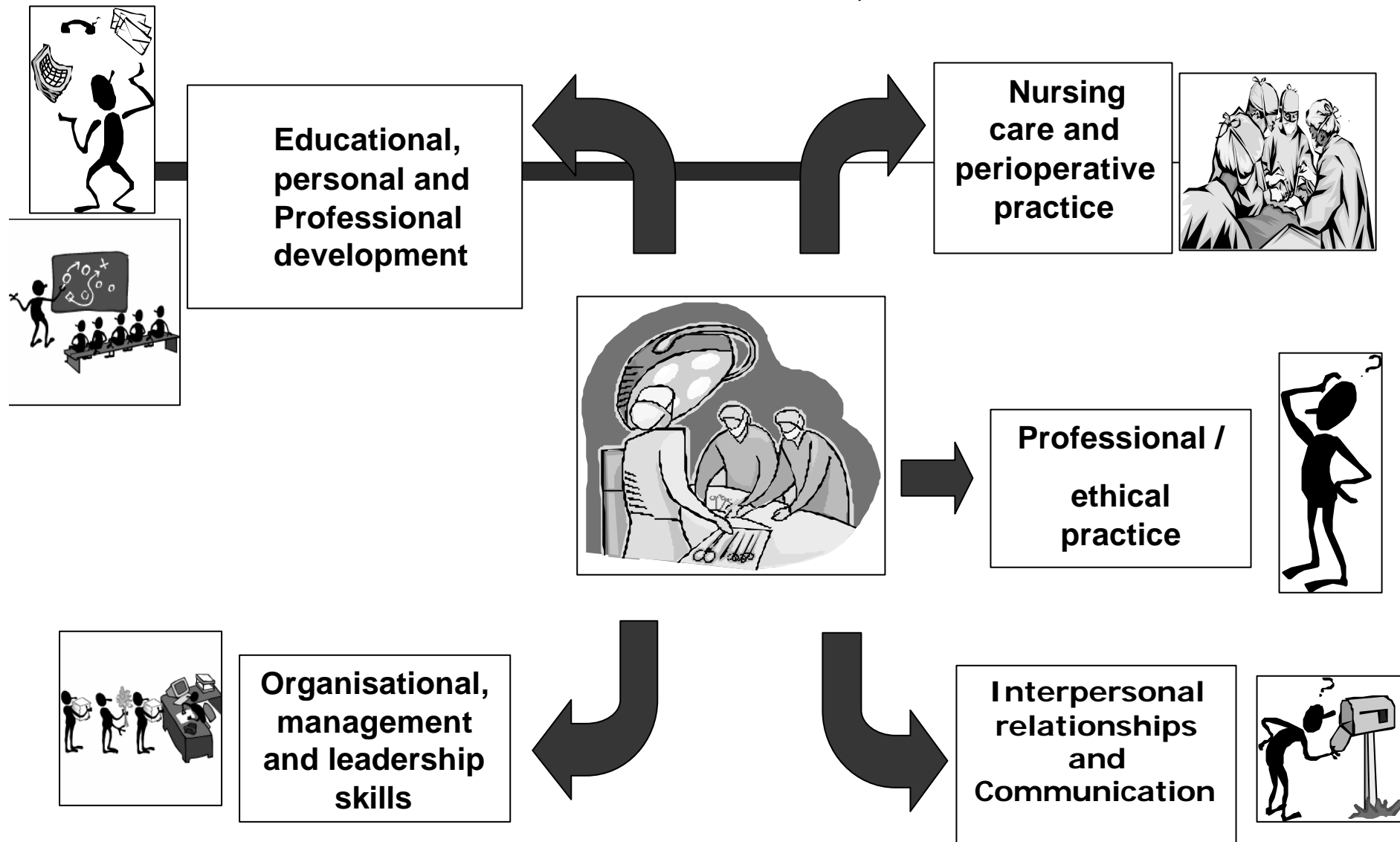
□ Référentiel de compétences
européen pour les infirmières de
salle d'opération

□ Enfin la fin du travail !!

Référentiel de compétences européen pour les infirmières de salle d'opération

- Les représentantes anglophones travaillent pour le mettre en bon anglais.
- Demande d'un support financier auprès de firmes pour nous aider pour la traduction, la publication et aussi la conception d'un poster.
 - Présentation de notre méthodologie au congrès EFORT le 1^{er} juin à Nice
 - Présentation au congrès EORNA à Copenhague en avril 2009. (**La publication et le poster doivent être prêts pour EORNA Congress 2009**)

PERIOPERATIVE NURSE'S COMPETENCIES
EORNA – Educational Committee (April 2008)



Pour l'année prochaine :

- Meeting EORNA en automne :
Début de révision du curriculum de formation en regard avec les compétences

→ 4^{ème} journée européenne des infirmières de salle d'opération

Le 15 février 2009

□ Thème :

«Safe surgery saves lifes »

(En accord avec le projet de l'OMS)

ASSEMBLEE GENERALE DU 08-05-2008

- EORNACongress 2009 - Copenhagen
 - Appel aux candidat(e)s pour présenter un exposé ou un poster (en anglais)
 - Date limite d'envoi des abstracts : 31 mai 2008
 - L'AFISO peut vous soutenir dans la préparation de votre poster ou abstract et dans sa traduction
 - L'AFISO vous soutiendra financièrement si vous êtes sélectionné(e)
-

Operating Room Nurses Reducing Stressful Situations in Perioperative Environment

Teija-Kaisa Liljeblad - Finland

Introduction

The work in operating room (OR) environment has been described as exciting, frustrating and frightening but also rewarding. Despite the hurried environment in OR the nurses have experienced themselves to work well under stress, and thus they sometimes even welcome it. Nurses have been described to express empathy, flexibility and caring in teamwork to ensure a positive experience for their patients. The issues of management and the use of ethical conscience are also combined in OR nursing. (1-4)

Sigurdsson (2) has defined the meaning of being a perioperative nurse to be embedded in, and arising out of patterns of forces of colonization, money and power. In other qualitative studies time (3), power, discipline and subjectivity have been used to characterize the operating room nursing. The focus of the perioperative nursing discipline was described to have been on the regulation of space and time to maintain the integrity of the sterile field. Nurses themselves have also been found to rival with members of other disciplines. (4)

In addition to experimental expertise in patient care, nurses have been discussed to have nursing-sensitive clinical expertise in aseptic practice (AP) related performance. (5) Surgeons have been found to give negative attention to nurses with limited knowledge. (4) In this study the perioperative AP, operationalized as preparation of the personnel and the patient for the operation, central and environmental services, aseptic behavior and aseptic technique during creation, maintenance and discharge of the sterile field (6), is studied as a stressful situation in perioperative context. The authentic experiences of OR nurses have and will be analyzed with assistance of stimulated recall interviews of circulating nurses.

The goal and research questions of the qualitative study

The goal of this study is to explore, reveal and understand decision making and performance of knowledgeable and competent OR nurse in stressful situations when performing AP during operation.

The specific research questions of this qualitative study are:

what and who are the stressors in AP situations in OR environment

what are the fundamental components of the stressful situations in AP

how a knowledgeable and competent OR nurse helped to reduce the stressful situations

how do the means of stress reduction vary in different levels of nurse competence

Method

Social scientific qualitative research describes and explains the social conditions under which organizational work is and is not done effectively. It answers questions about the how and why of organizational outcomes and make the fundamental component of organizational processes visible. It also provides an inside standpoint for anticipating possible unintended consequences of new policies and procedures. The social scientific qualitative research contrasts the outside perspective with the inside perspective which focuses on the details of workers' shared organizational knowledge and their everyday actions and interaction. (7)

In this study the practice and reasoning of competent operating room (OR) nurses have been and will be explored to reveal and understand the stressors and means by which the competent OR nurse helped to reduce the stressful situations. The research context was perioperative environment and the practice was observed and interviewed in situations of aseptic practice.

Data collection

The data collection has been done during spring and summer 2003 in operating department (OD) of Peijas Hospital of Helsinki University Central Hospital (HUCH) from videotapes that recorded the full length of the breast operations. The preliminary purpose of the data collection was to evaluate the AP of every circulating nurse of the OD in authentic situation. The nurses were given feedback concerning their AP according to the documented recommended practices for AP. The recommendations were created in process of nominal group decision making (8) during years 2000- 2001.

One or two days after the videotaped operation 31 circulation nurses were interviewed by stimulated recall interview. The videotaped operations 1) provided the interviewee stimuli of the original situation, 2) improved the reliability of the data collection and 3) constructed a context and situation for clinical education. (9) During the interview the circulation nurses were reflecting issues related to decision making concerning AP. The interviewer stimulated the reflection of video taped practice by asking questions and making comments like: "Please, tell me what is important concerning the AP in this situation?", "What are the stressors of AP during operation?" and "How did you manage with the stressful situations?"

Pilot analysis

A pilot analysis was done from littered interviews of seven circulating nurses. A method of membership categorization device analysis of interview talk introduced by Barker (10), was used to 1) locate the central categories that underpin the talk (people, places, things), 2) work through the activities associated with each of the categories in order to fill out the attributions that are made to each of the categories, 3) look at the categories and attributions connections that members produce to find the courses of social action. They were implied as connections between "cultural particulars" and descriptions of how categories of actors do, could or should behave. The analysis answered to the questions "What could be the case?" and "How the social order might be arranged?".

The pilot analysis started with a holistic inspection of the text. The analyzing units were identified from the transcript by seeking meaningful expressions to the question: "What were the stressful situations with AP?" and "Who were aseptic actors?" The expertise of circulating nurse was identified according to the classification of nurse's competence scale introduced by Meretoja, Eriksson and Leino-Kilpi in 2002 (11).

The data analyzing will continue by testing the results of pilot analysis within 24 additional interviews. The aim of the analysis is to find out if the preliminary results managed to make visible the stressors in OR, fundamental categories of the stressful situations, the means with which a knowledgeable and competent OR nurse helped to reduce the stressful situations and the variations of means to reduce the stress in different levels of competence.

Preliminary results

According to the holistic impression after reading the text, the AP as an action was constantly present in the OR. The social order of the stressful situations was experienced as time, equipment, experience, person, patient, moral and power related. After membership categorization surgeons, patients, nurses of surgical wards and emergency room, younger, senior and student nurse colleagues in OR were identified as aseptic actors.

The stress was not necessarily identified as a negative attribute of the AP, but as a meaningful and important factor in AP decision making. The experiences of circulating nurses were analyzed and reported by using interpretation of the expressed stress level as: desire, experiences, discomfort, need, problem, worry, uncertainty, frustration, tension, pressure and fear. The saturation of the data was assessed by cross tabulating the levels of competence and sources of stressful situations.

Ethics

The acceptance for this study was given by heads of medicine and nursing of the both clinics of HUCH after the board of post degree studies of Helsinki University Medical Faculty had accepted the study plan of the development program. The final acceptance for the whole program was made by the ethical board of HUCH district. Nurses participated in the interview voluntarily and most were keen to have feedback. The atmosphere was open and those few who did not participate discussed the reasons freely.

Publication of the study

The inspiration to analyze the pilot analysis was due to the invitation to give an oral presentation in Höstmöte of SEORNA in Arlanda in the autumn of 2006. The final results will be published in perioperative journals and conferences with permission of the Mölnlycke Health Care if this study plan wins the award. Without the financial support the analyzing will be done during summer holidays.

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The quality of perioperative care

Brita Pasila, MNSc, RN, Doctoral student

Kirsi Kiviniemi, MNSc, RN, Doctoral student, Director of Nursing

Aims of the study: To find out how surgical patients (n= 368) perceived the quality of perioperative care they received in an operating department and in the recovery room.

Background: Earlier research into perioperative care has tended to focus on the pre- and postoperative phase, whereas the intraoperative phase has received less attention. In recent years patients have been asked to take more active part in the study of intraoperative care, because of day surgery and regional anaesthesia (Leinonen & Leino-Kilpi 1999). Surgical patients are generally very satisfied with their care (Leinonen et. al. 2003), but upon closer search it is not hard to find complaints. In surgical care, problems are reported especially in information and counselling (Jacobs 2000), but to some extent also in pain management (Archibald 2003), the treatment of nausea and vomiting (Malek et. al 2004), stress and anxiety (Attree 2001), coldness and chills in operating room (Leinonen et.al. 1996), long waiting times and inadequate scheduling (Yellen 2003), initiative, decision-making and informed consent (Leino-Kilpi et.al. 1999).

Research problem: How surgical patients perceived the quality of perioperative care they received in an operating department and in the recovery room?

Method: The data was collected using a questionnaire (Good Perioperative Nursing Care Scale) (Leinonen 2002). The scale consists of five main categories (staff characteristics, task- and human-oriented activities, precondition for quality care, progress in the nursing process and physical and social nursing environment).

Results: Physical activities, such as pain management and temperature maintenance were rated as excellent, as were staff characteristics and the physical and social environment. The most critical comments were made with regard to educational activities. Patients told that they would have liked more information and that they should have been encouraged to ask more questions about unclear matters. The patients that had met the doctor before the operation were most pleased. Also the progress of nursing process was criticised. Patients that suffered from severe pain, the patients that had arrived to the hospital in the night time and the emergency patients were most critical. They felt that they had had to wait too long for the operation.

Conclusions: Overall the quality of care was considered to be extremely good. The way the patients were treated and supported in the operation department seemed to be the main factors that indicated how the patients perceived the quality of perioperative care they received in the operating department and in the recovery room.

Key words: perioperative quality, surgery, operating room, measurement of quality

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Preferred type of presentation: Poster

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 - ❑ Mi-Novembre : Meeting EORNA à Tel-Aviv (Israel)
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