

I would like to compliment Dr. Paula Foran and Nick Nijkamp for their publication of the effects of staffing practices related to safety and quality of care in perioperative nursing. This publication brings awareness to patient care and safety in the perioperative setting by highlighting direct correlation between patient outcomes and adequate staffing. The direct correlation between patient outcomes and adequate staffing is clearly presented in this publication and should continue to bring awareness of the issue.

The perioperative setting is one held to a high standard within my own practice for the three years of my career. This setting brings forward a series of emotions unlike other areas of nursing, often seeing patients at their most vulnerable. Many individuals experience a loss of control that can be an overwhelming and terrifying experience. The uncertainty of outcome and wellbeing is undoubtedly the driving factor for the array of emotions patients experience.

These mixed emotions do not come without substantial backing. According to Nijkamp and Foran¹, patients undergoing invasive procedures are highly vulnerable to potential adverse outcomes. Lapses in care and safety can occur at any time before, during or after a surgical

procedure. Examples of this would include a missed critical lab value in the pre-operative setting. A wrong site surgery in the intra-operative location. Lastly a missed warning sign of a procedural complication such as post-operative lack of pulse in the operative extremity.

Furthermore, patient safety is of utmost importance in all aspects of patient care. The perioperative setting specifically holds patient safety to the highest standard. As described by Brooks and Nelson-Brantley², the perioperative setting can be one of the most challenging practice environments due to its complex culture and the challenges this creates for a culture of safety. Often the atmosphere is one with many moving parts. Multiple disciplines working in coordination with multiple tasks to accomplish during the time a patient is in the perioperative setting.

A series of checks and balances must be implemented to ensure nothing is overlooked or assumed while providing care with so many individuals directly involved. Often responsibilities are assigned to others working within the team. These actions can lead to oversight and error if not properly managed. These challenges must be addressed to provide a level of patient safety and increased quality of care. Roles and responsibilities must be defined

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for all staff attending to the patient and working in the perioperative setting to ensure safety is maintained. Continued awareness of patient safety needs to be elevated in staff education and continued training. Currently, nursing staffing ratios are a continual battle.

Undoubtedly improving staff-to-patient ratios will increase patient safety and overall wellbeing, but staff ratios are a separate challenge faced by all aspects of nursing. A more realistic approach would be to provide continuing education on the latest practices surrounding patient care and safety, specifically in the three stages of perioperative care. By educating nursing staff on the latest and best practice strategies, one would undoubtedly be aware of what safety considerations to remain alert to. The aim is to improve patient safety related to the range of factors surrounding staffing practices within the perioperative setting.

References

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