



## NATIONAL OPERATING ROOM NURSING AUDIT (NORNA) ELEMENT 5 : PERIOPERATIVE CONTINUUM OF CARE

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### 5.5. RECEIVING PATIENT AT THE RECEPTION AREA

#### 1. INTRODUCTION

Receiving patient for surgery at the reception area is an important perioperative process. It involves verifying the correct patient being received, using standard preoperative checklist to ensure patient safety, in line with “Guidelines of Safe Surgery Saves Lives”, Ministry of Health.

#### 2. STANDARD:

The nurse receives the correct patient for the correct procedure, correct side and site of surgery.

#### 3. OBJECTIVES:

1. To ensure nurses receive the correct patient for the correct procedure, correct side and site of surgery.
2. To ensure nurses exhibit the caring component when receiving patient.
3. To ensure accurate and complete documentation of the preoperative checklist.

**4. CRITERIA**

Structure	Process	Outcome
<ol style="list-style-type: none"> <li>1. Each patient has current legal written order for surgery</li> <li>2. There is a standard operating procedure (SOP) for receiving patient at reception area</li> <li>3. Reception nurse</li> <li>4. The nurse has knowledge and is competent in receiving patient at the reception area</li> <li>5. Reception area (Air lock)</li> <li>6. Patient Medical Record / Electronic Medical Record(EMR).</li> <li>7. Preoperative check list. (SSSL POCL VER.2.0 Form)</li> <li>8. Consent forms for:-               <ul style="list-style-type: none"> <li>- Surgery</li> <li>- Anaesthesia</li> <li>- Blood Transfusion</li> <li>- Photos</li> </ul> </li> <li>9. OR transportation trolley</li> <li>10. Slider / Roller/pole and bar</li> <li>11. Pillow and blanket</li> </ol>	<ol style="list-style-type: none"> <li>1. Greet patient and introduce self.</li> <li>2. Identify patient.               <ul style="list-style-type: none"> <li>• Ask patient's name</li> <li>• Verify with patient's tag / Patient's Medical Record / EMR</li> </ul> </li> <li>3. Check operation consent x 3               <ul style="list-style-type: none"> <li>• Name of patient</li> <li>• Identification number</li> <li>• Guardian's identity (if patient is under age / senile/ handicapped)</li> <li>• Type of operation</li> <li>• Side and site of operation</li> <li>• Date of consent obtained</li> <li>• Patient's / guardian signature or thumbprint</li> <li>• Name and signature of Doctor</li> <li>• Witness's name and signature</li> </ul> </li> <li>4. Confirm that patient is kept fasted.               <ul style="list-style-type: none"> <li>• Time of last meal</li> </ul> </li> <li>5. Check for items that should be removed:               <ul style="list-style-type: none"> <li>• Dentures</li> <li>• Jewellery</li> <li>• Contact lens</li> <li>• Hair clips</li> <li>• Nail polish</li> <li>• Under garment</li> </ul> </li> <li>6. Check for allergies</li> <li>7. Verify for permanent prosthesis               <ul style="list-style-type: none"> <li>• pace maker</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. The nurse receives correct patient for correct procedure, correct side and site of surgery.</li> <li>2. Consent is available and complete</li> <li>3. The patient does not experience any injuries during transferring and transportation.</li> <li>4. Comfort and privacy of patient is maintained at all times.</li> <li>5. The nurse adheres to MOH patient safety guidelines.</li> <li>6. Documentation is accurate and complete</li> </ol>

- Tooth implant
8. Check for implant / Drug required for surgery. Example:-
    - Intra ocular lens
    - Prophylaxis antibiotic
    - Chemo Port
  9. Confirm pre medication given.
  10. Confirm blood availability.
  11. Check Patient Medical Record / EMR. Example:-
    - Blood investigation result
    - X-ray/Scan film
    - ECG
    - Previous medical records
  12. Check for latest vital sign
  13. Provide OR pillow and blanket
  14. Bring and lock OR transportation trolley against patient's ward trolley
  15. Transfer patient to OR trolley
    - Assist patient
    - Use a slider / roller if patient is unable to move or stretcher cover, poles and bars when required
  16. Raise both sides of OR trolley Railing

## 5. METHODOLOGY

- 5.1 Design : Direct observation of nurses receiving patient at the receiving area.
- 5.2 Setting : Operating Theatre
- 5.3 Inclusion criteria : All patients coming to OT for surgery
- 5.4 Exclusion criteria : i. Patients who are intubated  
ii. Patients requiring emergency operation.
- 5.5 Population : Registered Nurse
- 5.6 Sample Design : Convenient sampling
- 5.7 Sample size : 30% of registered nurses from the OT department equally divided among all disciplines in a Hospital Pakar Major and 50% Hospital Pakar Minor.
- 5.8 Time frame : 2 months
- 5.9 Instrument : Audit form NORNA E5 AF 5.5 - one check list for one patient.

## 6. DEFINITION OF OPERATIONAL TERMS:

### 6.1. Peri-Operative Check List (SSSL POCL VER 2.0):

It is a formal document issued by the MOH for all surgical cases.

6.1.1 When receiving patient at the reception area, the attending staff nurse must complete the pre-operative check list column of the document.

6.1.2. The documentation of patient information in the pre- operative checklist is through face to face interaction with patient / careers and ward nurses.

### 6.2 EQUIPMENTS:

6.2.1 OR transportation trolley is equipment used to transport patient within the Operating Room.

6.2.2 Slider, roller, stretcher cover, poles and bars are apparatus used to transfer patients.

6.2.3 Electronic Medical Record (EMR) is a computerized medical record used in hospitals with Hospital Information System (HIS).

6.2.4 Implants are surgery devices temporarily or permanently placed into a part of the body.

6.3 The term NORNA refers to the National Operating Room Nursing Audit.

## **7. RATING SYSTEM**

### **7.1 Technical Component**

7.1.1 Receiving compliance to the technical component include:

- Identify patient
- Ask patient's name
- Verify with identification tag / Patient Medical Record / EMR

7.1.2 Check for operation consent.

- Name of patient
- Identification number
- Guardian's identity (if patient under age / senile)
- Type of operation
- Side and site of operation
- Date of consent obtained
- Witness's name and signature

7.1.3 Confirm patient is fasted

- time of last meal
- patient did not drink or eat for at least 4-6 hours prior to surgery

7.1.4 Check for the following items :

- dentures
- jewelery
- contacts lens
- hair clips
- nail polish
- under garments
- pacemaker

- tooth implants
- 7.1.5 Confirm pre-medication
- 7.1.6 Confirm for blood availability
- 7.1.7 Check for completeness of patient medical records / EMR
  - Blood investigation results
  - X-ray film / scan film
  - ECG
  - Previous medical records
- 7.1.8 Confirm any Implants / drugs if required for surgery:
- 7.1.9 Provide OT pillow and OT blanket
- 7.1.10 Bring and lock OT transportation trolley against patient's ward trolley.
- 7.1.11 Transfer patient to OT trolley
  - Assist patient
  - Use a slider / roller if patient is unable to move or stretcher cover, poles and bars when required
  - Raised both sides of the OT trolley railing

All steps are mandatory for conformance of procedure

## **7.2 Soft skill Component**

Conformance is verified by direct observation and listening to the nurse

- 7.2.1 Greet /acknowledge patient - verbal/ non verbal cues
- 7.2.2 Explanation prior to assessment
- 7.2.3 Respond promptly and politely to patient's / carer's questions
- 7.2.4 Provide comfort and privacy to patient

## **7.3 Documentation Component**

Accurate and complete recording of verified information in the preoperative checklist

**7.4 Score**

7.4.1 Conformance	:	100%
which include:-		
• Technical skill	:	100%
• Documentation	:	100%
• Soft skill	:	90%
7.4.2 Non – conformance	:	< 97%

\*\* Overall marks (% of Technical skill + % documentation + % soft skill ÷ 3)

**8. Audit Form**

<b>NATIONAL OPERATING ROOM NURSING AUDIT</b>	<b>VERSION 3/2018</b>
<b>ELEMENT 5: PERIOPERATIVE CONTINUUM OF CARE</b>	<b>DATE:29/11/2018</b>
<b>TOPIC: 5.5 RECEIVING PATIENT AT RECEPTION AREA</b>	
<b>DOCUMENT NO: E5 AF 5.5</b>	<b>PAGE NO 1/ 3</b>

**STANDARD:**

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**OBJECTIVES:**

1. To ensure nurse receive the correct patient for the correct procedure, correct side and site of surgery.
2. To ensure nurses exhibit the caring component when receiving patient
3. To ensure accurate and complete documentation of the preoperative checklist.

Date of Audit: .....

Locality : .....

Auditor :- .....

Auditee:- .....



**NB. Instruction for Auditors**

1. To tick [✓] at the appropriate column.
2. S/T/D indicate soft skill/technical skill/documentation respectively

S/NO	ITEM	SOURCE OF INFORMATION	YES	NO	N/A
S1	Greet /acknowledge patient	Listen / Observe			
T2	Identify patient	Listen / Observe			
T3	Check for operation consent	Listen / Observe			
T4	Verify last meal	Listen / Observe			
T5	Verify allergies	Listen / Observe			
T6	Check for removable items	Listen / Observe			
T7	Check for pre-medication ordered	Listen / Observe			
T 8	Confirm blood availability	Listen / Observe			
T9	Check for completeness of Patient Medical Record / Electronic Medical Record	Observe			
T10	Check for availability of:				
	T10.1 Implants	Listen / Observe			
	T10.2 Drug	Listen / Observe			
S11	Provide OT pillow and blanket	Observe			
T12	Transfer patient to OT transportation	Observe			
D13	Accurate and complete documentation	Observe & check written document			

## AUDIT REPORT

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(Please [√] the appropriate box)

### RATING

	Conformance	Non Conformance
Technical		
Soft skill		
Documentation		

### REMARKS

Auditor (name and signature):.....

\*\*Calculation:  $\frac{\text{Item conformance}}{\text{Total item} - \text{item N/A}} \times 100$