# Operating Theatre Nurse's Cross Training to Enhance Manpower Deployment

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## Background

Healthcare systems in the world are facing nursing manpower shortage which become increasingly challenging as the demand of healthcare services continues to rise. It is important to address these challenges by strategizing measures to optimize the nursing manpower deployment. Taking proactive measures to build stronger foundation is crucial in achieving nursing manpower deployment. Covid-19 pandemic had taught healthcare worker to be adaptable and ready for deployment to ease the pressure in high demand clinical areas.

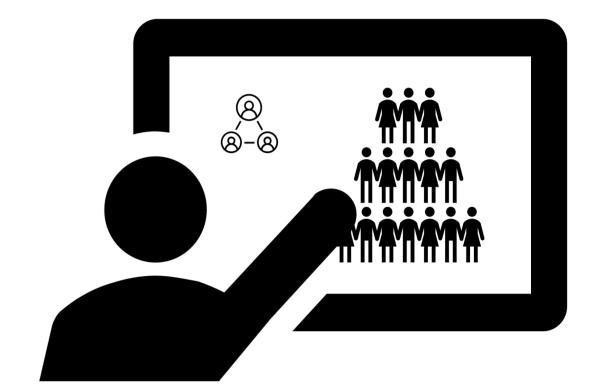
Singapore National Eye Centre (SNEC) operates surgical ambulatory services that runs pre-surgery services (PSS) clinic, Dayward and 13 Operating Theatres (OT) including satellite theatres. To cope with nursing manpower constraint between departments, nursing competency and staff preparedness needs to be planned to facilitate nursing deployment.

### Aim

- To cross train 5% of the OT nurses in each surgical ambulatory services units in a year.
- To enhance OT nurse's preparedness for nursing deployment to other surgical ambulatory units and satellite OTs.

#### **Problem Statement**

Shortage of manpower in daily assignment within the surgical ambulatory units and nurses are not prepared to be deployed to other clinical area.



## Methodology

A needs analysis (Christensen, 2018) was used to identity the desired nursing manpower management within SNEC Nursing Ambulatory Surgical department. SNEC OT nurses are trained to be adaptable with daily nursing deployment within the OTs as they are equipped with specialized technical and non-technical skills as a perioperative nurse. With the lean manpower available in Dayward and PSS units (Table 1.), it is essential for OT nurses to be ready to assist the nursing manpower within the Ambulatory Surgical department.

Surgical Ambulatory Service Units	Number of Clinical Areas	Daily Patient Load (Average)	Manpower (Average)
Operating Theatre	<ul> <li>Total: 15</li> <li>10 OTs (SNEC Main)</li> <li>3 Satellite OTs</li> <li>2 Recovery/ PACU</li> </ul>	<ul><li>Total: 118 Patients</li><li>SNEC Main: 95</li><li>Satellites: 23</li></ul>	Total: 67 Nurses*  4 nurses per clinical area
Dayward	<ul> <li>Total: 6</li> <li>2 Pre-op (SNEC Main)</li> <li>2 Post-op (SNEC Main)</li> <li>2 (Satellite Dayward)</li> </ul>		Total: 29 Nurses* 5 nurses per clinical area
Pre-surgery Services	<ul> <li>Total: 4</li> <li>Private Counselling</li> <li>Subsidized Counselling</li> <li>ECG Room</li> <li>Telecare</li> </ul>	Total: 70 Patients	Total: 11 Nurses*  2 nurses per clinical area 4 nurse for subsidized counselling

(\*not inclusive of nurse's leave and training)

Table 1.



Establish



Schedule

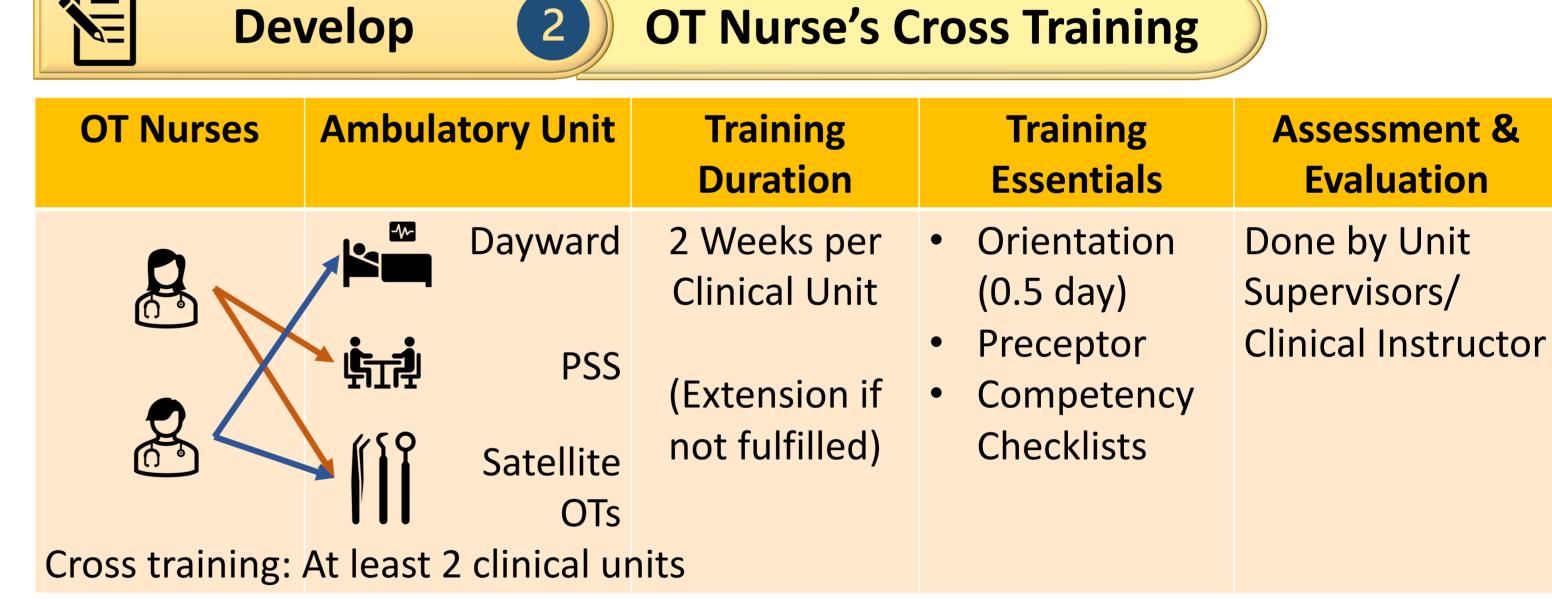
OT nurse's training and deployment schedules were all planned ahead and plotted into the assignment roster.

## ldentify 1 Criteria Selection

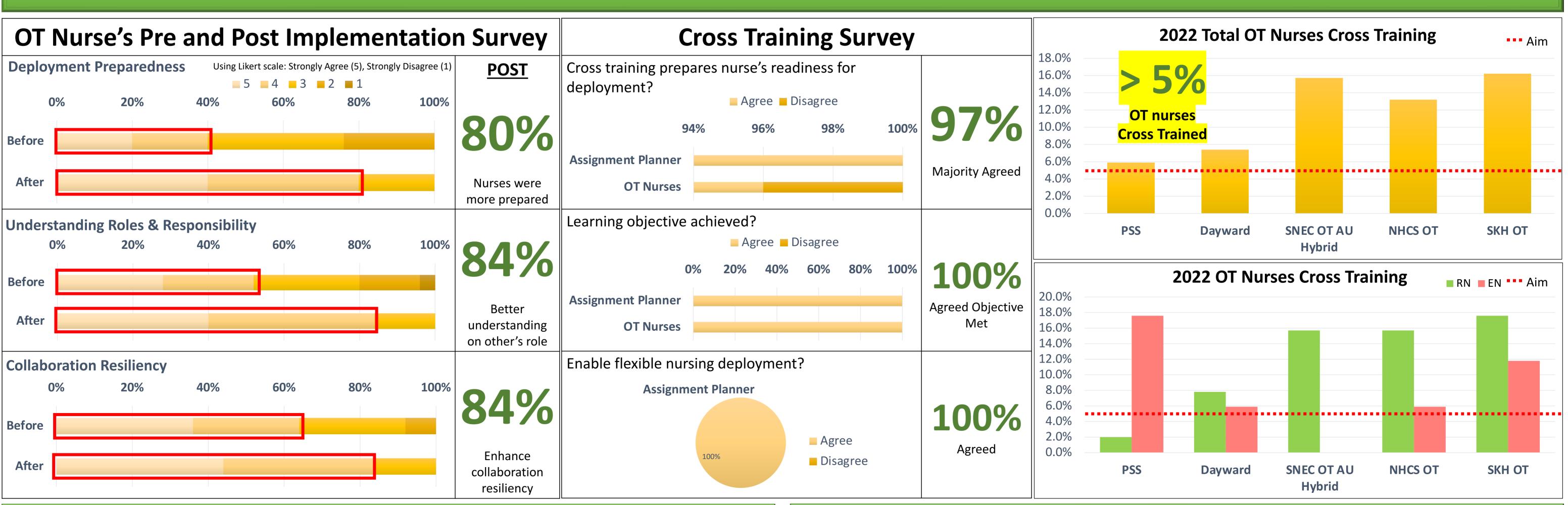
To prepare OT nurses for deployment, they needs to be equipped with the necessary nursing skills and competency for deployment to be effective and efficient. **Cross training** was adopted to enhance OT nurse's readiness.

#### **Criteria for OT Nurses**

- > 1 year OT experience
- Agreeable to be cross trained
- To be trained in at least 2 ambulatory units
- Ambulatory units needs differs:
- Registered nurse and enrolled nurse's job roles differences
- Train according to unit's nursing skills mix (different ambulatory unit may require more RN/EN to be trained)



## Results



### Conclusion

With successful cross training of OT nurses, it enhances a flexible and adaptable nursing manpower which increases nurses' preparedness and readiness in response to manpower deployment to other nursing units.

This training initiative can be shared to other domains to enhance staff deployment strategy.

## **Future Work**

To work toward a majority of OT nurses to be crossed trained to at least 2 surgery ambulatory units and opening cross training for nurses to be cross trained into SNEC OT.

#### <u>Reference</u>

Christensen, B. D. (2018). From needs assessment to needs analysis. *Performance Improvement*, *57*(7), 36-44.