

DAY SURGE

Newsletter of the Day Surgery Nurses Association - NSW Inc.

July 2004

President's Message

Dear Colleagues,

This time of the year is a time when we don't tend to go out. We get near the fire and think of all the types of soup we can make for tea. Your Day Surgery Nurses Association however continue on with activities.

I love progress and like to see things moving along. That's what's so rewarding in my current role as president.

It has been an absolute pleasure for me to serve in this capacity, it has not seemed like hard work at all.

Thank you to all those who have sent encouraging and positive feedback about the newsletter. I hope it has been useful and a valuable networking tool. That was my vision for it this year.

If members would like to discuss a topic in the newsletter don't hesitate in contacting Nadime. This publication is active and current and I want to keep it Informative, informal and user friendly. It's your newsletter so you can use it as a forum for ideas, questions and networking. The only limitations we have is space.

Education for the remainder of the year has not slowed down we have maintained quite an active pace and it has actually developed into a bigger program as we have gone along.

Manly Day Surgery Unit. Contact Lisa Bowyer. Flyer enclosed in this issue.

ADSNA Conference Sydney 17th – 18th September. Still time to get your registrations in.

BIG News! 16th October. Education day with Di Adamson on team building and work relations. A short AGM will also be on that day.

More Big News! 27th October. We have a great affiliation and rapport with the OTA. We have held discussions with them and agreed to hold a joint education evening at the College of

Nursing in Sydney. Registration for members is free, Non-members a nominal fee of \$10 to cover catering costs. We have got some great ideas for topics and will finalise them soon. Next newsletter will have more information so jot these dates in your diary.

St Vincents Private Hospital Lismore NSW 7th November. Kim Gooding is working on this education day and I have already received emails from members who are interested in attending. So watch this space for details and flyers.

Check our web site on www.adsna.info for information updates.

Since the last newsletter we have had an education evening at the Day Surgery Unit at Canterbury Hospital on the 7th June. It was an extremely informative night with one of the hospital specialists speaking about Hep C and the effects on patient needing organ transplants and also the increasing number of different strains of Hepatitis there are now. 'Very interesting'! Sometimes it's good to listen to a topic that's not directly day surgery but does affect us all.

I need to just quickly talk about the AGM in October. For those that were at last years AGM you will remember we discussed scholarship applications. Members raised comments that people did not apply for scholarships because of the report they had to write. The decision from the AGM was that we would issue every member with a copy of the scholarship form and guidelines on how to write a report.

Following this we also agreed to evaluate these actions at this AGM. So that will be on the agenda. At a recent committee meeting we also discussed the cut off date for scholarships.

Have 1 cut off date per quarter means that if you were applying for a scholarship in July the cut off was the 1st of May so too if the conference was in September that I felt was a bit unfair. Especially when often the

registration forms and costs for accommodation doesn't come out until 3-4 months before the conference. Because of this problem; we are going to change the cut off date for applications to 2 months before state and national conferences and 4 months before international conferences. You'll get a copy of the new form soon.

Also on the agenda will be the election of the new committee you will find a nomination form enclosed. Don't be shy if you would like to be involved in this exciting area of day surgery get nominated.

Still on the topic of the committee I would like to slightly change the wording of the constitution clause 6. C) iii). Headed Committee meetings where it says The quorum for committee meetings shall be six (6) members present in person. The committee would like to broaden this by saying: The quorum for committee meetings shall be 1 / 2 plus 1 members present in person. This change is simply to allow for a variation in the size of the committee, which can happen from time to time.

I need to formally invite you to submit items for the AGM agenda no later than 21 days before the AGM date of the 16th October. If you would like to email me, the editor or write to the secretary with your submission.

The next newsletter will probably go out in September so watch your mail boxes. It is imperative that you notify us of any change in address.



The Question! From May 2004 newsletter.

1st stage recovery numerical scoring and discharge scores. Do you use them and what format do you use?

Didn't get a lot of response regarding answers but got a lot of emails from members wanting information. So I think it was worth asking?

I work at Wollongong Day Surgery where we use both Recovery stage 1 and discharge scores.

Our objective in using a scoring system is that we validate decisions and actions taken by professionals in these aspects of patient care delivery.

For example we **decide** that an Arthroscopy patient is in pain. We take **action** and give IV pain protocol. In the patient file what

documentary evidence have we used to identify that the patient required IV pain relief? We can use a numeric score for pain to indicate why we gave it and subsequent scores to evaluate its effectiveness or need for further intervention.

The numeric score is linked to guidelines, policies and definition of what the score means within the hospital policy manuals.

With that thought in mind of why and how we can use numeric scoring for effective and consistent patient care discharge scoring has the same objective. Day surgery's are the pioneers of effective care planning as we are the type of organisations that utilise nurse initiated intervention. Discharge scoring also links in with our length of stay question.

My organisation started with set length of stay while at the same time using a discharge score. Then we thought about it and researched all the information on how long we should keep patients? From this we realised that if a patient scored ≥ 9 They could be discharged at any time. We use Cheungs discharge scores which are similar to the system used in the Day Surgery Best Practice Guidelines. We developed our own 1st stage recovery scores to suit us but I did find a good web site that had all sorts of scoring systems for reference; try www.medal.org/sheets.

To close even though I love to chat and tell every one what's happening I'd like to give a big thank you to Canterbury Hospital supporting the education evening. If anyone would like to hold an education session in their organisation next year and would like support and assistance to bring it together drop us a line.

Our own New email address:

dsnansw@hotmail.com

You thought I forgot!!!!

NEW QUESTION!

What is the skill mix at your organisation?

Do you extend the role of the EN?