AORN

POSITION STATEMENT

Operating Room Staffing Skill Mix for Direct Caregivers

PREAMBLE

A primary responsibility of perioperative nursing managers is to create an environment in which the safe care of the patient is the priority. Developing a staffing plan in which adequate numbers of competent perioperative registered nurses are available to care for patients and their family members is a critical component. Health care market forces (eg, lower reimbursement, a competitive health care environment) have compelled health care administrators to place pressure on perioperative nursing managers to reduce labor costs associated with staffing salaries. It is imperative that perioperative nursing managers understand factors influencing staffing patterns to maximize staffing resources. Perioperative nursing managers need to clearly articulate staffing ratio recommendations and provide justification to support them.

An important step in providing safe patient care is the development of a perioperative staffing ratio that provides the skill level necessary to promote optimum patient outcomes and efficient patient flow; is fiscally responsible; and satisfies federal, state, and local regulations. Some studies have demonstrated an association between lower RN staffing levels and adverse patient outcomes.[1-4]

The perioperative registered nurse is accountable for patient outcomes resulting from the nursing care provided during the perioperative experience. A perioperative registered nurse functioning in the circulating role must plan and direct the nursing care of every patient undergoing surgical and other invasive procedures, thus requiring a 1:1 perioperative RN:patient ratio.[5,6] The scrub role may be filled by an RN or a surgical technologist (ST)/licensed practical nurse (LPN). To this end, perioperative nursing managers must develop a staffing plan that integrates the perioperative registered nurse into the circulating role and accommodates for skill diversity in the scrub role. Sufficient numbers of perioperative registered nurses are necessary to meet this objective.

Although there is no consensus among perioperative nursing managers related to OR skill mix ratios, a survey conducted by AORN indicates a 2:1 (67:33) RN:ST/LPN ratio. AORN's findings are consistent with current literature.[7-11]

POSITION STATEMENT

AORN believes that perioperative nursing managers in acute care and ambulatory facilities should maintain a minimum RN:ST/LPN ratio of 67:33 (two RNs to one ST/LPN) to provide two circulating nurses on nonanesthetist provider sedation procedures and procedures requiring a second circulating nurse and to provide additional RN resources when necessary.

AORN believes that OR staffing skill mix ratios must ensure that every patient undergoing a surgical or invasive procedure has a perioperative registered nurse in the role of circulator.[6]

AORN believes that OR staffing skill mix ratios must ensure that the core activities of perioperative nursing care (ie, assessment, diagnosis, outcome identification, planning implementation, evaluation) are completed by a perioperative registered nurse.[5]

AORN

AORN believes that OR staffing skill mix ratios should support the perioperative registered nurse functioning in both the scrub and circulating roles.

AORN believes that direct caregivers who are in orientation should not be included when calculating OR skill mix ratios.

GLOSSARY

Direct staff caregivers. The direct caregivers in the OR are defined as those directly involved in providing care to patients undergoing surgical or other invasive procedures. For the purpose of this document, individuals providing direct patient care include perioperative registered nurses and STs/LPNs. Staffing policies for the OR should state the minimum number of personnel that will be provided for different types of surgical procedures. Procedure complexity and patient acuity may necessitate more than the minimum number of personnel identified.

Skill mix. Ratio of RNs to STs/LPNs providing direct patient care in the department.

REFERENCES

1. Agency for Healthcare Research and Quality, "Hospital nurse staffing and quality of care," in *Research in Action* (Rockville, Md: Agency for Healthcare Research and Quality, March 2004) 1-9.

2. Institute of Medicine, "Maximizing workforce capability," in Keeping Patients Safe: *Transforming the Work Environment of Nurses* (Washington, DC: National Academies Press, 2004) 171.

3. M A Blegen, C J Goode, L Reed, "Nurse staffing and patient outcomes," *Nursing Research* 47 (January/February 1998) 43-50.

4. A J Hartz et al, "Hospital characteristics and mortality rates," *The New England Journal of Medicine* 321 (Dec 21, 1989) 1720-1725.

5. "AORN official statement on unlicensed assistive personnel" in *Standards, Recommended Practices, and Guidelines* (Denver: AORN, Inc, 2004) 167.

6. "AORN statement on nurse-to-patient ratios," in *Standards, Recommended Practices, and Guidelines* (Denver: AORN, Inc, 2004) 157-158.

7. F Koch, "Staffing outcomes: Skill mix changes," *Seminars in Perioperative Nursing* 5 (January 1996) 32-35.

8. J Shamian, "Skill mix and clinical outcomes," *Canadian Operating Room Nursing Journal* 16 (June 1998) 36-41.

9. B Fernsebner, S Beyea, "Survey provides a snapshot of staffing challenges in the OR," *OR Manager* 17 (June 2001) 1, 10-13.

10. "Salary/career survey," *OR Manager* 19 (October 2003) 13.

11. "Salary/career survey," *OR Manager* 20 (October 2004) 15.

Original approved by the House of Delegates, New Orleans, April 2005.
Reaffirmed by the Board of Directors: August 2012
Sunset review: August 2013