

Small interventions in outpatient surgery: Project of Advanced Nursing Skills

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Abstract. The research analyzes data on the impact of the introduction of the figure nursing with advanced skills, “Advanced Skills”, in diagnostic and therapeutic surgical clinics within the Hospital of Piacenza. This is the application of the testing on the Project of Nursing “Skills” on advanced minor surgery “Minor Surgery”, an outpatient procedure. They were given the satisfaction questionnaires to users and to the medical and nursing staff of the USL in Piacenza. The aim of the study was to verify the contention of the literature about the usefulness of an increased use of nursing skills within an ambulatory surgery to improve the quality of care and consequently to a higher user satisfaction. In light of the findings of the research, the ‘ impact of the implementation of the Project Advanced Nursing Skills has been positive, both among users is that health care providers. For a functional and effective management of the surgery may be useful to train a new nursing characterized by the possession of “Advanced Skills” whose “mission” is to develop more knowledge, share knowledge, as well as to foster innovation organizational and management to meet the demands of public health. (www.actabiomedica.it)

Key words: Skills, Advanced Skills, Nurse practitioner- NP, Advanced Nurse Practitioner-ANP, Minor Surgery, competencies

Introduction

The Nurse who has developed a level of expertise is an Advanced Nurse who has acquired an expert knowledge base, possesses skills in decision-making complex and has clinical expertise to implement advanced nursing care (1,2).

Although a review of the international literature shows that still lacks a definitive clarity on the concept of Advanced Nursing Practice (3), it is recognized that this competence is attributed to an increasing number of nurses with a higher education, with extensive experience in the clinical setting and with a thorough preparation in the context of leadership.

Nurses with Advanced Expertise (4) in health care systems may be important only if they are given the opportunity to:

- make effective use of their knowledge and their skills
- deal with new services and innovative systems
- provide access and determine the quality of primary health care
- contribute positively and significantly to the achievement of Health.

The American (5) and Anglo-Saxon (6) literature highlights the importance of the nursing skills within an ambulatory surgery aimed at improving the quality of care and greater user satisfaction. In fact, the or-

ganization of European and American welfare is based on models that include the use of the nursing resource expert, making exercise of the powers in Italy are carried out exclusively by the medical staff and that can be attributed, with the current ordinistic regime, also to the nursing staff.

The regulatory environment on the functions that can play the nurse autonomy is as follows:

- Law n.42/1999: define “the scope of its activities and responsibilities of the health professions” (7);
- Law 251/00: invites the State and the Regions to promote “the development and empowerment of the functions and the role of nursing in order to contribute to the realization of the right to health, the integration of work in health Italy with that of the other States of the European Union” (8);
- Code of Practice Nurse: “The nurse assumes responsibility according to their level of competence and shall, if necessary, intervention or advice of experienced nurses or specialists.” Therefore, it is an ethical duty of the nurse to field the jurisdiction so that other professionals can use them for the benefit of the user (9).

The purpose of this article is to define a hypothesis of functions and roles for nurses with advanced skills in ambulatory surgery using the experience of testing a project of the Region of Emilia Romagna. It is to evaluate the ability to manage minor illnesses and minor surgery on an outpatient basis (10) by the figure nursing with advanced skills in the diagnostic

and treatment, with the aim of rationalizing resources, encourage the process of professional nurse autonomy, improve quality of care (in terms of appropriateness), reduce waiting times, improve the perceived quality of the user and professional.

Materials and Methods

In order to have statistical data to assess objectively the performance of nursing in the testing of the project Skills Advanced Nursing in which the figure in question, after a appropriate training can handle minor illnesses and minor surgery on an outpatient basis, it was decided to refer directly to users of questionnaires to investigate what was the perception for the population, the utility of this new service. Most of the questionnaires was distributed during the September-October 2013 within the Unit of Ambulatory Surgical of Piacenza AUSL to adult users who were undergoing outpatient surgery procedure. The instrument shown in Figure 1 consists of questions of a type rating and reporting, where the first designed to detect the lives of the citizens, the second evaluation of the service.

A questionnaire with questions like, (Figure 2) was subjected to the doctors and nurses of the Piacenza AUSL involved in the testing of the project Advanced Nursing Skills. It was distributed in order to assess the estimates of personal health care in this new clinical process. The questionnaires were administered by Dr. Valentina Spinelli during the September-October 2013 within the Unit of General surgery, vascular

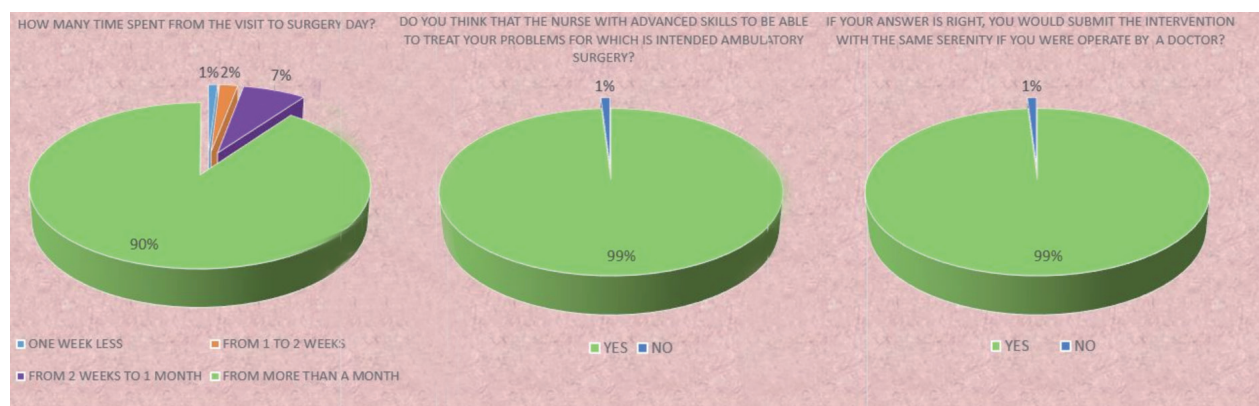


Figure 1. Percentage of user model

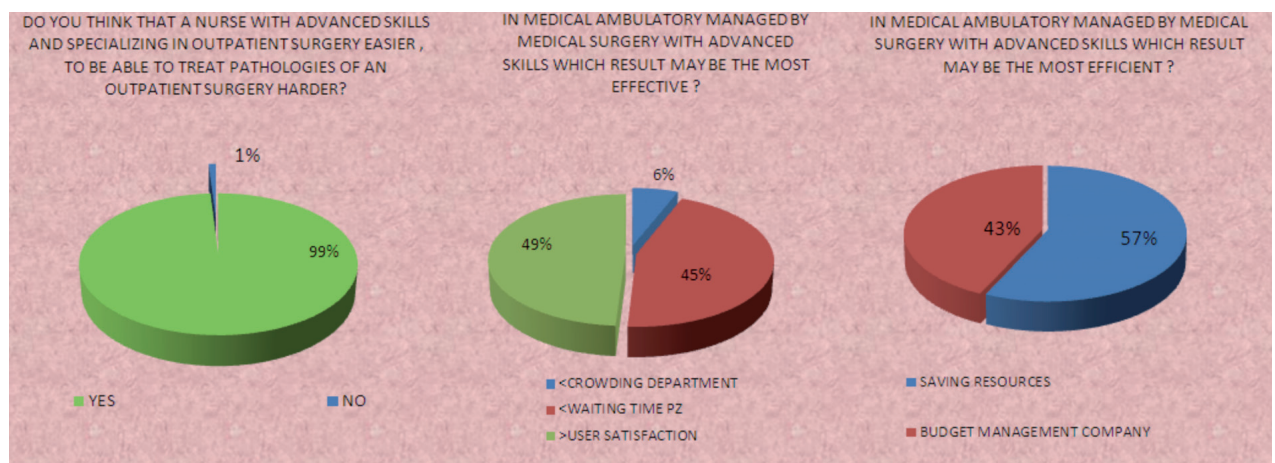


Figure 1. Percentage of user model

and clinical breast examination; Unit of Ambulatory Surgical and Unit of Short-Term Care Surgery. The number of patients who constituted the sample analyzed was based on the principle of sample estimate that the units in the sample are representative of the whole patient population. The sampling weight was calculated from the weight direct (reciprocal of the inclusion probability of units in the sample), which in turn was multiplied by a correction factor for non-response (inverse of the response rate), which is necessary to ensure that the reporting units represent the units not satisfying.

The statistical unit is considered to be composed of 50% by patients and the remaining 50% by Doctors and Nurses. A total of 200 questionnaires were delivered of which one hundred and fifty returned. The questionnaires were filled in as user only after the citizens had already received assistance, while those related to personnel were delivered directly to the wards. The questionnaires were delivered individually in order to avoid any forced feedback or influenced by the vision of another questionnaire already filled.

Results

Model questionnaires for users

They received only 50 of the 100 questionnaires administered to patients, of whom 15 (30%) were males and 35 (70%) were females.

With regard to age, five patients are under 25, 15 were aged between 25 and 35 years, 20 between 35 and 55 years, while 10 were aged between 55 and 80 years. The average elapsed time from the day of the visit to that intervention has been more than a month for the 90% of respondents, while the time spent in the waiting room before being operated in the surgery ambulatory was less than 10 minutes for 83% of respondents, 10 to 30 minutes for the 14%, from 30 minutes to an hour to 3%. The diseases for which patients have turned to the health facility are shown in Table 1, which are commonly classified as a disease “simple” that are treated in outpatient surgery (10).

Table 1. Listing of minor clinical types uniquely representative of minimum severity, risk of life and consumption of a resource or no diagnostic or welfare.

The pathologies are treated with protocols defined for each of them:

- Lipoma
- Pyogenic granuloma
- nevus
- sebaceous cyst
- Foreign body in skin
- Foreign body in the subcutaneous
- hemorrhoidal thrombosis
- Basal cell carcinoma
- Ingrown Fingernail
- Foreign body under the nail
- Infection of the nail base
- Wart
- Injuries for short sutures
- Superficial wounds do not suture
- Removals points

For the 65% of surveyed patients, the care was excellent for 12% excellent, 16% good, 7% sufficient, for no patient was very bad. 100% of patients surveyed said that their problem had been completely.

From the graphs emerges as a clear majority (99%) of the population surveyed responded positively to the questionnaire showing favorable to the introduction of the professional in question.

Model questionnaires for nurses and doctors

The sample examined consisted of 100 respondents: 20 doctors, 74 nurses and six nursing coordinators; 73% of the sample was represented by females and 27% by males. The respondents answers to questions regarding the effectiveness and efficiency of the project showed "greater satisfaction for the user" and "lower waiting times for patients" and "saving resources".

99% of the sample surveyed was in favor of the introduction of this new professional organization of the ambulatory surgery.

Discussion and Conclusion

An analysis of the questionnaires given to patients clearly showed the usefulness of the figure of the nurse with advanced skills in an outpatient surgical procedure. The impact of the project advanced nursing skills was positive both for users and for health professionals. However, it is necessary to emphasize that, despite the quality of care received by patients just prior to being interviewed fully meets their expectations, it is not solved the problem of the length of waiting times from diagnosis until the day of surgery.

For a functional and effective management of the ambulatory surgery will be helpful to encourage the formation of new figures Nursing characterized by "Advanced Skills" to build the organizational and management innovation to meet the demands of public health. This figure may support innovative organization of care provided to allow one side to enhance the individual skills of individual practitioners and the other to preserve the citizen's right to receive high

quality care. Of course, the road ahead is long. For a more detailed analysis of the results of the testing of the new organizational structure would require the implementation of clinical outcome indicators and the construction of measuring outcomes of care in order to best document the activity, clinical outcome, which results in economic performance, and the benefits for the patient.

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