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Interview

# Meet the Team

Jacqui Bishop

*St George's Healthcare NHS Trust, Tooting, London, UK*

**1. Describe the type of service you provide in your Anaesthetic/Recovery room.**

We cover a huge variety of surgeries including cardiac, thoracic, neuro, renal, gynae, general, trauma and orthopaedics, paediatric, vascular, urology, Ear Nose and Throat, maxillofacial, plastics and robotic surgery to name a few.

In cardiac recovery, we provide care for ventilated patients post by-pass or aortic valve surgery. We extubate and fast track these patients to the ward later the same day.

**2. How is your unit set-up?**

There are 5 inpatient theatre suites within one site. The main theatre suite is open 24 hours/day and comprises 7 theatres, including an emergency theatre. The recovery unit attached to this suite has 9 bays, one of which is set up for a ventilated patient if required. The Trauma and Orthopaedic theatre suite has a recovery unit with 6 bays for 3 theatres. Our paediatric, obstetric and gynae recovery units have 8 bays for three theatres, as well as for patients requiring recovery from the delivery suite theatres. The cardiac recovery unit has 6 bays for 4 theatres, with 2 ventilated spaces for the cardiac fast-track patients. The neuro recovery unit has 6 spaces for 4 theatres, and in addition will recover children following the magnetic resonance imaging scans.

**3. Introduce us to your team.**

We have a large and multi-skilled team of 115 staff. This comprises a clinical recovery manager, 4 team leaders, a practice educator/lecturer practitioner, 21 advanced practitioners, 46 recovery practitioners and 42 assistant theatre practitioners. We have 27 staff members on duty per day to cover all areas, basing the skill mix on at least one band 7/6 in each area.



**Cardiac Recovery.**



**Main Recovery.**

**4. What are the daily clinical or managerial challenges you cope with in your unit?**

Ensuring that there is a safe level of staffing every morning, covering for any sickness or changes to



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**Trauma and Orthopaedic Recovery.**

lists, and then re-allocating staff to different areas are some of the challenges we cope with.

The main problems are discharging our patients back to the wards as the beds are not always readily available. This leads to a bottleneck, predominately in the main recovery and has an impact on lists overrunning.

**5. What part of your working day do you find the most rewarding?**

It is fantastic when the flow of patients through the units is unimpeded. This makes a huge difference to the patient journey and experience. It also has a huge impact on the stress levels of the staff and makes it a more pleasant place to work.

**6. How do you orientate learners to your unit and what provision do you have for ongoing education?**

We have a set of basic competencies that all new members of staff are given and expected to achieve within the first 3 months. New staff members are settled into one area; then when they feel confident and ready, they are rotated through all the other areas to vary their experiences.

We have a link Consultant Anaesthetist who liaises with our Practice Educator to organise regular teaching sessions by Anaesthetic Registrars and other Practice Educators on a number of topics. We also have monthly simulation training sessions, based on previous events, where we focus on the non-technical skills such as situation awareness and communication, as well as technical skills.

All staff members are encouraged to attend study days that are relevant to their practice, as well as undertake courses at undergraduate and postgraduate levels, which contribute to their continuing professional developmental needs.

**7. What was the last audit/research your unit took part in, and what were the outcomes?**

We have an ongoing delayed discharge audit; the outcomes showed that in December 2009 our delays were equivalent to having a patient stay in the recovery unit for 19.6 days. As a result of this, there has been much work undertaken by the wards to improve the discharge processes. Our current aim is to maintain the percentage of delays under 15%. We are planning to present this audit and its findings at the British Anaesthetic and Recovery Nurses Association conference in July 2011.

In addition to this we have an ongoing normothermia audit.



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