

Bankstown-Lidcombe Hospital – Operating Theatre Assistants (OTA), Wardsperson and Porters Review

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Executive Summary

At Bankstown-Lidcombe Hospital, concerns regarding working arrangements for Operating Theatre Assistants (OTA), Wardsperson, and Porters have been raised with management and the Health Services Union (HSU). In June 2021, the Chief Executive supported a District led external review of the OTA, Wardsperson, and Porter services at Bankstown-Lidcombe Hospital.

SWSLHD Shared and Corporate Services were appointed as the lead in this independent review, and five (5) staff were selected to form the review team. The team included District Managers, the Director of Corporate Services from Fairfield Hospital, the Manager of General Services from Liverpool Hospital, and a Clinical Nurse Specialist from Liverpool Hospital Operating Theatre. The four main objectives were to review the demand and utilization of services, assessment of roles and responsibilities, roster management, and budget allocation.

In June 2021, the review plan and schedule were developed and circulated to all stakeholders. An agreement was reached on the content by late October. A mixed-method approach was used for collecting quantitative and qualitative data for the review. On the 08 and 09 of November, a two-day site visit to Bankstown-Lidcombe Hospital was undertaken and interviews conducted with thirty (30) employees from the OTA, Wardsperson and Porter departments. HSU representatives were also invited to participate in a meeting on 18 November 2020 with Bankstown staff members in order to provide feedback on the current service through an interview with reviewers.

The review identified twelve (12) key concerns across the OTA, Wardsperson and Porter services which can be categorized into three (3) main themes:

1. An unclear reporting structure for OTA staff.
2. Ineffective communication between Perioperative Services and General Services departments, and also between employees and General Services management.
3. A lack of governance around the basic position structure and unresolved historic issues leading to a poor work culture and potential inefficiencies.

Twelve (12) recommendations were made to enhance collaboration between clinical and non-clinical staff. These strategies would be supported by increasing the local Transforming Your Experience Safety Essentials strategy, to create an overall positive work environment, and also by aligning current practice in both Perioperative Services and General Services with the Australian College of Perioperative Nurse (ACORN) Standards and NSW Health Policies.



Introduction

A number of ancillary services are provided by Bankstown-Lidcombe Hospital's General Services department, including Operating Theatre Assistants, Wardsperson, Porters, Cleaners, Couriers, etc. In November 2020, Bankstown-Lidcombe Hospital's Director of Corporate Services completed an internal Capacity and Demand Review of the hospital's General Services department and a subsequent Roster Review. A number of concerns were also raised by the Health Services Union (HSU) regarding the level of staffing within Bankstown-Lidcombe Hospital for General Services.

In June 2021, the Chief Executive supported an independent review of the OTA, Wardsperson, and Porter services for Bankstown-Lidcombe Hospital. SWSLHD Shared and Corporate Services led the review team in conducting a two-day site visit at Bankstown-Lidcombe Hospital on 08 and 09 November 2021, as well as conducting a meeting with HSU staff on 18 November 2021. The review team included Managers from the District, Director of Corporate Services from Fairfield Hospital, General Services Manager from Liverpool Hospital and Clinical Nurse Specialist from Liverpool Hospital Operating Theatre.

The scope of the review had four main objectives. Evaluate the demand and utilization, assessment of roles and responsibilities, roster management and the budget allocation for OTA, Wardsperson, and Porters.

The review plan and schedule were developed and approved with stakeholders within SWSLHD, including the Director of People and Culture, District Human Resources, Executives from Bankstown-Lidcombe Hospital and the HSU. An online meeting was held with stakeholders on 07 September 2021 to introduce the review team to the HSU and provide an overview of the project. During this meeting, no concerns or objections were expressed by the HSU regarding the scope or plan for the review.



Methodology

In this independent review, quantitative and qualitative data were collected using a mixed-method approach. Quantitative data were used for the analysis, including the rosters for OTA, Wardsperson and Porters, position descriptions, the budget allocation, operating theatre information, including the number of rooms, and cases. Interviews were conducted with relevant stakeholders from the management team, frontline staff and HSU representatives.

A total of thirty (30) employees from Bankstown-Lidcombe Hospital were interviewed during the site visit on 08 and 09 November and the meeting with HSU on 18 November. These included members of the leadership team and frontline staff, including OTAs, Wardsperson, and Porters. Bankstown-Lidcombe Hospital's leadership team had informed staff that an independent external review team would be analysing their OTA, Wardsperson, and Porter services in the weeks ahead, and the review team would welcome their feedback on current services. Interview participants were advised of the purpose of the review, reassured their responses would remain anonymous and that none of the participants would be identifiable.



Findings – Operating Theatre Assistants

According to the Standards for Perioperative Nursing in Australia 16th ed. (Attachment A), orderlies (OTA) and technicians working in the operating room are considered ancillary staff and have the primary responsibility of supporting perioperative staff. OTAs are responsible for cleaning and maintaining the clinical environment and transporting patients, beds, and trolleys in support of perioperative clinicians. According to the ACORN Standards, ancillary workers including OTAs should be managed by Nursing. The relevant section of the Standards is included below:

“ACORN recommends that all ancillary worker roles be managed by a registered nurse, who has relevant postgraduate qualifications in management and is experienced in perioperative nursing.” (ACORN, 2020, p. 71)

Despite the ACORN recommendations, in the current management model of the Bankstown-Lidcombe Hospital OTA service, governance of the OTA group is through the General Services Organizational Chart and the General Services Manager. The following concerns were identified during interviews with various stakeholders and the site visit to Perioperative Services, which includes the Day Surgery Unit, Endoscopy, Operating Theatre and Recovery areas.

1. Lack Of Clarity Regarding The Reporting Structure For OTA Employees

A total of nine (9) OTAs are assigned to work in Perioperative Services across nine different shifts on a Monday – Friday basis. Nursing is the primary profession that works with OTA staff and provides direction including tasks to be undertaken on shift and the allocation of breaks. OTAs are required to escalate any operational issues to Perioperative Nursing management. Nursing provides all day-to-day managerial oversight of the OTA role, but the General Services Manager is responsible for overseeing OTA rosters, recruitment, staffing and oversight of performance issues.

OTAs at Bankstown-Lidcombe Hospital follow a different structure compared with other hospitals in the District. Nursing management in Perioperative Services is responsible for the management of the OTA group at Liverpool and Campbelltown Hospitals. At Bankstown-Lidcombe Hospital, the OTA staff have expressed their desire to have their management structure transferred to Perioperative Services nursing management, as they report operationally to nursing on a daily basis and have no interaction with General Services.

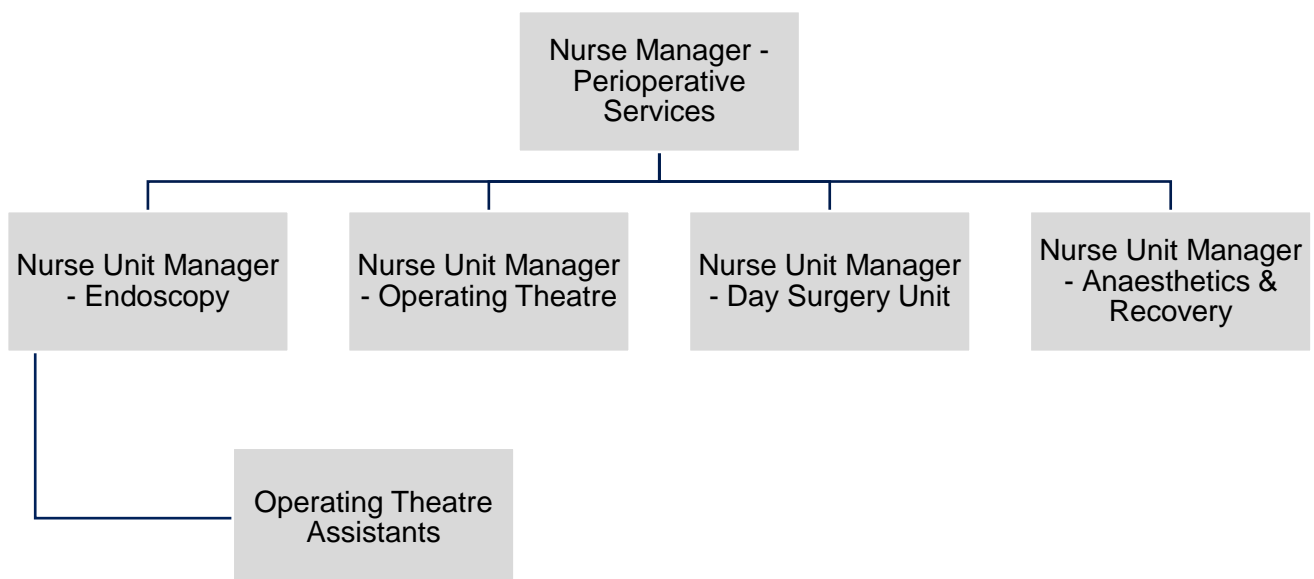


Recommendation 1: Transfer OTA Staff To The Perioperative Service Nursing Management

Transfer of OTA services to the Perioperative nursing team will provide greater direction and governance for the OTA team and remove the ambiguity created by two leadership teams. Transferring OTA staff under nursing management will also meet the ACORN Standards and align the Bankstown-Lidcombe Hospital OTA management model with that of Liverpool and Campbelltown Hospitals which also come under Perioperative Services. It will assist in clarifying the duties undertaken by ancillary staff in operating rooms and provide a clear escalation point to management.

Transfer of the OTA group from General Services to Perioperative Services should include both the existing OTA budget and employees. It is recommended that future OTA recruitment, staff management, performance management and all OTA issues be addressed by Perioperative Services Nursing Management. The suggested organisational chart for the OTA group is shown in Table 1.

Table 1: A Recommended Organizational Chart for OTA Services



2. OTA Employee Duties – Terminal Cleaning

Operating Theatres are currently divided into two (2) lists, a morning list 0830 – 1230hrs and an afternoon list 1300 – 1700hrs, with a 30 minute break between each list. Currently, cleaning services, including terminal cleaning of operating rooms, are provided by General Services. Despite being part of the OTA job description, in the event a terminal clean is needed after the morning list between 1230hrs and 1300hrs, the nursing team will contact General Services to arrange for a cleaner to complete the terminal clean during this time. This may require the redirection of cleaning staff from other tasks.

Two factors contribute to the inability of OTAs to fulfil this part of their job description:

- a) Attendance to other cleaning and stores tasks.
- b) A lack of opportunity for OTA's to complete their cleaning competency.

According to the current cleaning schedule, General Services provide four (4) cleaners to perform cleaning services in Perioperative Services from Monday to Friday and two (2) cleaners for the weekend and public holidays. Cleaning staff provide coverage from late afternoon until the early morning. Four (4) staff are rostered on weekdays and two (2) on weekends and Public Holidays.

Perioperative Services also employs two (2) Storepersons whose core responsibilities are to distribute stock to appropriate areas within the Operating Theatre. Storepersons currently begin at 0600hrs and finish by 1430hrs. After 1430hrs, OTA teams take over the duties of restocking operating theatres. Operating theatres are busiest between 0800hrs and 1700hrs, when consumables are frequently used and need regular replacement. There is a period of approximately 30 minutes required to ensure stores and supplies are ready for the peak times. The beginning of the Storepersons' shift does not have supervision by Nursing Management in the Operating Theatre which may limit the ability of the storesperson to align their work with the highest priority operational demands. These factors contribute to the supply tasks undertaken by the OTAs in the afternoon.

Recommendation 2: OTA's Should Undertake Terminal Cleaning, and the Shift Hours for Cleaners and Storepersons in Theatres should be reviewed.

OTA's to undertake terminal cleaning

It is recommended that OTA's should undertake terminal cleaning duties as per the requirements of their of their position description. The current arrangements whereby cleaners provide terminal cleaning in theatres should be viewed as temporary in order to ensure a continuum of care, while the OTA staffing detailed in Recommendation 4 are progressed.



Cleaners' schedules

Cleaning services are not provided in the Operating Theatre before 1600hrs, however there is at time coverage of two cleaners during low activity periods. The rostered shifts of theatre cleaners should be reviewed with respect to theatre activity levels and cleaning demand.

Storepersons' schedules

The shift times of the storeperson should be reviewed with respect to the theatre activity, timing of deliveries and when supervision is provided by Theatre Management.

3. Perioperative Nursing And General Service Have No Formal Communication Channel

It was reported that there is no formal structured meeting between Nursing and General Services where issues regarding OTA and cleaning services can be discussed. Past attempts to set up a monthly meeting between Nursing and General Services have run into difficulties. Plans to establish a regular formal meeting have not progressed.

Transforming Your Experience and the practice of the CORE values are important components in creating a positive work culture. The review team noted that future investment in TYE coaching may be necessary to achieve these objectives for the two groups if Recommendation 1 is not accepted.

Recommendation 3: Establish A Regular Monthly Meeting Between Perioperative Services And General Services

In order to facilitate collaboration and understanding between different professions, it will be beneficial to hold regular communication, such as discussing the concerns of cleaning staff, or OTA staff, if Recommendation 1 is not adopted. It was noted that attempts in the past have been made to organize regular meetings between the two groups, however, those meetings failed due to a lack of a structured meeting format.

To facilitate clarification of roles and responsibilities in both professions, Terms of Reference should be developed with the aim of improving Perioperative Services. The Executive Leadership Team is also recommended to provide least-experienced staff with guidance on meeting structure, so that they can develop, implement and apply a structured meeting model for their professional development.



4. OTA Staffing Level

As per the current OTA staffing requirements that are requested by the Nursing management in Perioperative Services, nine (9) shifts are required from Monday – Friday, three (3) shifts per weekend and on public holidays with an additional ad-hoc four hour shift from 1000hrs to 1400hrs sometimes required.

The review team noted that leave relief was not built into the OTA FTE establishment and that backfill is often required by other general services staff, including the use of overtime and casuals. While relief staff are provided training, the practice is not considered economical. Given that backfill is always provided, the reviewers believe that the OTA FTE should be increased to accommodate leave relief.

Recommendation 4: Increase OTA FTE to Accommodate Leave Relief

The OTA workforce is currently funded for 10 FTE (including 1 FTE for the cardiac catheter laboratory). Based on the current nine shifts required each day, Monday to Friday and the three shifts per weekend, the reviewers established that an additional 2.14 FTE were required to provide leave relief.

The reviewers recommend that the OTA establishment be increased by 2.14 FTE and that leave relief be provided within the OTA team and not through General Services. The review team further recommend that following recruitment, the OTA commence terminal cleaning duties as stated in their position descriptions. This will also enable cleaning staff to focus on other cleaning tasks within the hospital.



Findings – Wardspersons & Porters

During the site visit and interviews with management and frontline staff, it was noted that over the years, service realignment had created a number of historic anomalies that influence the way in which some staff work.

During the review process, the following concerns were identified:

5. Names Of Services Are Inconsistent

The standardisation of the names used to refer to the roles of Wardsperson and Porters is essential in order to avoid confusion. The term "transporting services" should be eliminated, as this service no longer exists.

Recommendation 5: Standardise Naming In Current Services

Remove the term "Transporting Service" from General Services as it no longer exists and the service has since been renamed as Wardsperson.

6. Wardsperson Position Descriptions

There are various versions of Wardsperson position descriptions existing in the current department. It is recommended that the previous versions should be made obsolete and replaced by the latest version of the position description that outlines the key accountabilities for the Wardsperson. This would also standardise these roles.

Recommendation 6: Standardise The Wardsperson Position Description

Human Resources should provide assistance to General Services' management in revising the Wardsperson position description and removing all previous editions. A copy of the new position description for the Wardsperson team must be provided to all team members with the accountabilities that are appropriate for the current service model. All staff must read and sign the position description and return a copy to management.



7. Wardsperson Performance Issues

It was noted that some staff members within the Wardsperson team choose their work environments, and express a preference for working outside of the Emergency Department due to its fast paced environment. The management team is advised to conduct a Performance Development Review for all staff members in the Wardsperson service and provide them with the latest position descriptions reflecting their core tasks and responsibilities. An unequal approach in the workplace may adversely affect the productivity and job satisfaction of employees within the service.

Recommendation 7: Manage Performance Issues In A Timely Manner

A contributing factor to the existence of multiple versions of the Wardsperson's position description is the poorly implemented performance management process within General Services. Performance reviews must be in line with the *SWSLHD – Performance Development and Review (PDR), a guide for staff*. Through the PDR process, staff will discuss, review, and sign their position descriptions annually to ensure that their work aligns with the organisation goals. When carried out correctly, the PDR process should ensure that position descriptions are standardised and relevant. Human Resources can support the process where appropriate.

By standardising the Wardsperson position description, all Wardsperson will be accountable for the same tasks and responsibilities which will remove the ambiguity from the current arrangement and improve efficiency.



8. Data Capture

Data collection for ancillary requests does not take place in the facility after 1600hrs. Between 0700 – 1600hrs, General Services maintains a staff position based in the control room, which monitors all requests ordered by the clinical team through the Powerchart system. The control room staff then assigns the requested task to another member of the Wardsperson team.

Ancillary requests made within Powerchart are recorded and a report is generated from the database. However due to the lack of recording out of hours, there is no complete data on activity or unmet service demands to support requests for staffing and budgeting adjustments.

Recommendation 8: Establish A Data Capture Process For General Services Work Requests

The lack of evidence of ancillary staff activities beyond 1600hrs makes it difficult for management to justify the need to adjust the current staffing levels and financial budget. It is necessary to establish a system by which all staff work activities are recorded around the clock. Options to achieve this include:

- Option 1: Identify a suitable person in General Services to monitor and delegate requests in Powerchart after-hours.
- Option 2: Record job requests in a log book for after-hours.
- Option 3: Investigate the use of an IT System such as CARPS task management system for General Services.

9. Budget Impacts

General Services, which include OTA, Wardsperson and Porters, are over their allocated budget. This overrun has been consistently increasing for the past four (4) years. There are three (3) main contributing factors:

- i. Inadequate casual staffing in General Services has led to current employees working overtime
 - There are insufficient casual Wardsperson available in the General Services Department.
- ii. Ineffective allocation of resources
 - The shift hours for OTA are set by Perioperative Services. However, the shifts for the Storeperson working in Operating Theatres are determined by the Patient Registration Manager. These two positions report operationally to the Nursing Management in Perioperative Services, and due to the ineffective communication between clinical and non-clinical management, staffing is not allocated effectively, impacting the General Services budget further.
- iii. The Role Of Porter Is Unclear
 - There are four (4) members of General Services serving as Porters covering: discharge lounge, X-ray, CT, and ultrasound. The assignment of a staff member to work exclusively in each of these four (4) areas is unclear. It was noted that these roles have duplicated responsibilities with Wardsperson. With only four (4) staff members, it is not feasible to provide leave coverage within the group and any shortages in the Porter Service are covered by Wardsperson. Merging of the two groups would provide a larger pool to draw from and consideration should be given to rotating staff through each role.

Recommendation 9: Remove Budget Impacts

- Increasing the casual pool size to reduce the need for internal staff to participate in overtime shifts.
- Consider merging Wardsperson and Porters to achieve efficiencies from a larger pool.

10. Staff and Management Engagement

Frontline staff have indicated that improvements can be made in communication and engagement with management. The General Services management team has struggled to hold team meetings on a regular basis over the last two years, due to Covid-19 restrictions, leaving few opportunities for staff to discuss concerns and ideas. Staff have expressed their wish to receive more clarification from the management team regarding any changes within the department.

The General Services management have also voiced their frustration that frontline employees are reluctant to communicate or raise issues with them. Managers felt there is a tendency for staff to raise issues with their unions to resolve rather than with their managers. Basic line management issues, which can be resolved by a frontline staff member and management without union involvement, often become complicated once the union is involved. This absorbs a significant amount of the management teams' time, which would have been better spent on the employee's primary issue. In addition, the management team expressed the view that they were not supported by their staff and that managements' hard work and efforts in developing innovative strategies to improve the current services were not appreciated by them.

Recommendation 10: Strengthen Engagement Within General Services Through Transforming Your Experience

The goals of SWSLHD Transforming Your Experience program includes providing safe, quality care, and positively transforming the way in which patients, consumers, staff, and community members experience the organisation and its services. Practicing the TYE safety essentials is key to maintaining team morale and improving communications between employees, managers and customers.

To encourage a regular conversation among the members of the General Services team and increase staff management engagement, it is recommended that management increase Leader Rounding throughout all services. Through a two-way conversation, both parties can acknowledge each other's hard work and benefit from workplace success. Leader-customer rounding with the Peri-op NUM would also be beneficial.



11. Roster Disruptions

It was noted that there was a drop-down rotating roster, but that there was little compliance with this, from both management and staff. Frequent roster changes by the frontline staff and management has caused confusion and frustration in managing the staff profile, and negatively impacted the budget.

Recommendation 11: Develop A Drop-Down Rotating Roster

It is recommended that the General Services management team review the current rostering process and develop a drop down rotating roster process.

12. Mail Room Arrangements

Staff indicated that the mail room arrangements in General Services needs to be improved. The courier currently delivers mail to the mail room, and the Wardsperson then distribute mail to pigeon holes and also deliver mail to departments. The Wardsperson also pick up mail from all departments, collect and stamp all mail for the courier to deliver to the Post Office. The staff stated that there are not enough Wardsperson to manage the mail room in a timely manner.

The reviewers observed there was mail in the mail room waiting to be sorted. It was noted that discharge letters are sent out in the same mail and must be sent out promptly. Delays in the receipt and distribution of mail may affect patient safety and quality of service. A reorganization of roles and responsibilities within General Services and other departments would improve the efficiency of the mail room.

Recommendation 12: Rearrange The Duties Of The Mail Room

It is recommended that Management review the duties for managing the mail room and make them consistent with the rest of the District.



Attachment A – Standards For Perioperative Nursing In Australia: Ancillary Workers

Ancillary workers

Introduction

Ancillary workers are necessary members of the perioperative team contributing to the efficiency and effectiveness of quality perioperative care.

National and jurisdictional statutory requirements must be followed and take precedence over all recommendations contained within this position statement.

This position statement should be used in conjunction with other relevant ACORN standards, and national and jurisdictional statutory requirements, standards and guidelines.

Purpose

The purpose of this position statement is to provide direction for the management of, and duties undertaken by, ancillary workers in order to provide safe, high quality perioperative care to surgical patients.

ACORN recommends that all ancillary worker roles be managed by a registered nurse, who has relevant postgraduate qualifications in management and is experienced in perioperative nursing¹.

Evidence review

The evidence underpinning this position statement has been graded using a method that pre-dates the model ACORN now uses which is based on the AORN* evidence rating model. For further information about ACORN's previous evidence grading methods visit www.acorn.org.au/evidence.

Principle

The ancillary worker has a supportive role assisting perioperative nurses and other professionals to provide quality perioperative care.

Explanatory statement

ACORN upholds the patient's right to the highest quality nursing care during surgical intervention. The patient's surgical outcome is influenced by the competence, knowledge, skill and attitude of the qualified nurse. This is

achieved by nurses performing the roles of the instrument nurse, circulating nurse, anaesthetic nurse and post-anaesthesia care nurse, and complying with standards of practice for perioperative nursing. All direct patient care activities should be undertaken by qualified nursing staff or appropriately supervised nurses in training^{2,3}.

To achieve this outcome, ACORN acknowledges that assistance from a mixture of staff with a greater range of skills, knowledge and experience is required. Consequently, ACORN recognises the need for appropriately qualified ancillary staff in the perioperative environment. Roles of ancillary workers may include, but need not be limited to, cleaners, operating suite orderlies, store persons, clerical assistants, sterilising department personnel, equipment and/or health technicians.

Glossary

Ancillary staff: non-registered personnel who provide essential support e.g. receptionists, cleaners, orderlies, store persons, sterilising department personnel, technicians.

Nurse: a registered nurse, enrolled nurse or nurse practitioner. The term is reserved in Australia, under law, for a person who has completed the prescribed training, demonstrates competence to practice, and is registered as a nurse under the Health Practitioner Regulation National Law.

Registered nurse: a person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia. (NMBA, 2016)

Approval statement

This position statement was authorised by the ACORN Board of Directors on 28 March 2010.

First compiled 2003. Revised 2010. Minor edits 2018, 2020.

* Association of periOperative Registered Nurses

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