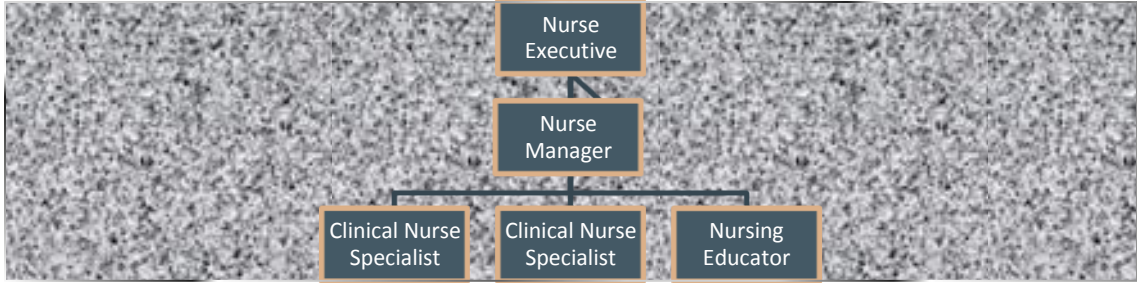


The position of my dreams would be the Nurse Manager (First-line manager) of an Operating Room in a 700 bed teaching hospital that currently is maintaining Magnet status. Although a majority of my career has been in small community based hospitals I would like to take the community atmosphere and bring it to the teaching hospital. I believe this would be the best way to teach surgeons, nurses and support staff how to treat each other when they get out into the community or real world experiences. It is my mission that nursing should revolve around the caring model and we are the ones who need to be the teachers and purveyors of the concept. 'Quality Innovations Hospital' will be the hospital other people visit when designing their hospitals. It will be the epitome of the framework designed by ANCC (American Nurses Credentialing Center) which include "visionary leadership, nursing structure, professional practice, quality improvement, nursing research and outcomes maintaining quality and safety standards" (American Nurses Credentialing Center, AACN).

The Association of periOperative Registered Nurses (AORN) has a guideline that will greatly assist in the financial management of the OR unit; it is called the PNDS or Perioperative Nursing Data Set. The PNDS dashboard is organized to assist the nurse manager in determining several factors responsible for the financial organization and success of the OR unit. Outcomes measured are staffing numbers, case numbers, clinical and operational PI as well as financial data. (Association of periOperative Registered Nurses, AORN 2010). **See chart below for an example of the PNDS.

Key participants in my organization for the operating room will be the Chief Nurse Executive (CNE), the Nurse Manager (NM), with three clinical positions that consist of two Clinical Nurse Specialists (CNS) and one Nurse Educator (NE). The CNE will be over all nursing units. The function of the CNE will be to work with the CEO, COO, and CFO to determine the budget, mission statement and prepare and gather information from board meetings (Finkler, Kovner, & Jones, 2007). My function as NM will be to work within the budget given me to provide the highest quality of care at the most minimal of cost. This is a very innovative position that demands creative solutions using resources at hand. The NM receives report from the CNS's and NE collaborating how to make the OR run more efficiently, focusing on excellent patient outcomes, while fostering and utilizing staff to their highest potential. As a NM I will be visible and attainable to the staff supporting them, their ideas and input as well as the CNS's and NE. I will lead by example expecting quality outcomes while producing revenues for the hospital. I can enable an environment where staff have high personal satisfaction and look forward to coming to work. The structure of the roles within the unit will look like this flow chart:



**

Data Collection

* Required fields

Change Record Date

Staffing	Clinical PI	Operational PI
* Required field # Budgeted RN Direct care givers* <input type="text"/>	* Required field Incorrect counts* <input type="text"/>	* Required field Missing or incomplete consent* <input type="text"/>
* Required field # Budgeted RN Indirect Care Givers* <input type="text"/>	* Required field Medication errors* <input type="text"/>	* Required field Missing or Incomplete HPS* <input type="text"/>
* Required field # of Budgeted Surgical Technicians* <input type="text"/>	* Required field Transfusion reactions* <input type="text"/>	* Required field 1st Case delays* <input type="text"/>
* Required field # of Filled Positions RN Direct Care Givers* <input type="text"/>	* Required field Patient Positioning injuries* <input type="text"/>	* Required field Case cancellations* <input type="text"/>
* Required field # of Filled Positions RN Indirect Care Givers* <input type="text"/>	* Required field # cases audited for evidence of surgical side/site verification process* <input type="text"/>	* Required field # Flash cycles* <input type="text"/>
* Required field # of Filled Positions Surgical Technicians* <input type="text"/>	* Required field # of cases with missing or incomplete side/site verification* <input type="text"/>	* Required field Incomplete or incorrect case cart* <input type="text"/>
# CNOR's <input type="text"/>	# of charts audited for pain documentation <input type="text"/>	* Required field Employee injury* <input type="text"/>
# RNFA's <input type="text"/>	Pain documentation missing or incomplete <input type="text"/>	
	# of charts audited for meeting pain goals <input type="text"/>	
	Pain goal not met <input type="text"/>	
	# charts audited for preoperative education documentation <input type="text"/>	
	Education documentation missing or incomplete <input type="text"/>	
Case Stats		Financial Data
* Required field # of cases* <input type="text"/>		* Required field Total employee expense* \$ <input type="text"/>
* Required field Minutes of Surgery* <input type="text"/>		Clinical salary expense \$ <input type="text"/>
* Required field Emergent Returns to Surgery* <input type="text"/>		Ancillary staff expense \$ <input type="text"/>
* Required field Average turnover time (mins)* <input type="text"/>		Contract/agency expense \$ <input type="text"/>
* Required field # 1st case starts* <input type="text"/>		Cost of goods sold (COGS) \$ <input type="text"/>
		* Required field Total Supply costs* \$ <input type="text"/>
		Charge revenue \$ <input type="text"/>
		* Required field Total revenue* \$ <input type="text"/>

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~Allison

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