

Role of Nurses in Planning New Health Care Projects

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Nurses form the largest group in the health care system and are the major endusers of all facilities and equipments required to equip any health institution. They are working at all levels in all kinds of health care institutions, but are rarely involved in the planning of the institutions where they work. Nurses by their professional knowledge and experience gained through their course of studies and work are in the best position to comment upon the layout of the building, operational aspects, and to recommend instruments and equipments to meet the overhanging needs in medical-technology, therefore the involvement of nursing experts while planning new health care projects is emphasized.

Health care projects include all stages of planning that leads to the provision of health care services in prevention, promotion, treatment and rehabilitation to the society within stipulated period. In other words, it includes the building work of health centres, hospitals, nursing homes, clinics and rehabilitation centres.

Role of Nurses in Planning Team :

Question arises that what role can be played by nursing personnels as members of planning team? Nurses involved in planning are responsible for collecting the relevant information from their colleagues and feed the planning team with their requirements in nursing units as well as in the supporting services of new projects. They have to make references to the available information over the world before putting up the recommendations.

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The nurses' role has been identified at two stages of the project : (a) the planning stage and (b) the commissioning stage. For smaller projects these stages are not so distinctly marked.

Planning Stage:

The civil health care projects are usually initiated by medical and health department, supported by health advisory committee, and approved by Finance department. The private health care projects are initiated and approved by the managing committee. After approval the planning stage is commenced. Nursing input is then required by the planning team in drawing up the operational policy of the institution and the schedule of accommodation within various units. Project architect is responsible to prepare the primary drawings in accordance with the operational policy and the schedule of accommodation provided by the planning team. If the primary drawings are in order, the project architect shall work more closely with the planning team, for planning of each speciality unit. The nursing member at this stage is responsible for the following :

- * Identifying the requirements of office accommodation for senior nursing staff, and nursing staff quarters by projecting the nursing manpower for the whole institution.

- * Preparing room data-sheet for every single room in the nursing units showing the special services requirements e.g. oxygen, suction, ventilation, a/c system, sanitary and electrical installations attached with a lobby and pantry and all the equipments and furniture within the nursing unit.

- * Sorting out all equipments that have

to be installed during the construction period e.g. autoclave, sterilizers specifications for those equipments have to be drawn up for forward procurement. The length of the planning period depends on the size of the project.

Commissioning Stage :

For a large hospital project the commissioning stage starts at the commencement of the super structure of the building. At this stage the responsibility should be taken over by the commissioning team of the nurses. The commissioning team should consist of the nurses who will be absorbed in the hospital as the staff of new hospital. The commissioning work is the continuation of the planning work which by no means could be altered at this stage, except there is the change in the policy such as changing the surgical beds into I.C.U. or changing some medical beds into renal beds. The duties of commissioning team include mainly the following aspects:

Building Services provision:

To follow up the team on building services requirements in all nursing units and to ensure such items are adequately provided.

Forward Procurement Equipment:

To follow up the forward procurement of the items as per requirement and specifications, vet tenders, recommend acceptance of equipments, supervise installation, conduct test on equipments and take charge of these equipments.

Hospital furniture, Surgical instruments and other equipments:

To identify the quantity of hospital furniture - both standard and non-standard items for all the nursing units.

For the requirement of special equipments and instruments, they should work in consultation with medical and allied staff in their respective units. The procedure in obtaining these equipments are practically the same as those for forward procurement items. It is a matter of priority only.

Nursing Manpower:

To project the total requirement for nursing manpower for the whole project and to break-down the requirements according to phase opening program as formulated by the commissioning units. To create appropriate nursing posts at suitable time, and to liaise with nursing training units for the adequately trained staff for the nursing services.

Nursing Policy:

To formulate nursing policy for the

administration of the whole nursing services in the hospital. To formulate departmental policy for speciality units, and such policies must be in line with the nursing administration.

Planning and Commissioning Nurses:

Now after examining nursing duties in planning and commissioning a health care project, let us examine who can be a good planning and commissioning nurse. The nurses in India are capable of taking up this job after they are given some inservice education. The planning nurse must have the following qualifications: (a) an experienced professional nurse having wide knowledge in the service and care for the operational aspect in each area, but not necessarily to be an expert of certain speciality; (b) a willing learner with analytical ability. She has to keep up professional knowledge by all sorts of latest information and be able to

select which practice could be applicable in local institutions; (c) good in interpersonal relations. She must be able to obtain relevant information from both medical and nursing colleagues in the clinical area and even with those people who normally do not have direct working relationship with her; (d) an efficient committee member - as she serves as a member in planning team. She must be able to stand firm on her position and express her ideas across to other members in the team. To conclude, I do not see there should be any problem for our nurses to perform such duties. It is time when we should come forward to take up these responsibilities, we should include contents to this regard in our curriculum as part of nursing administration to enable our nurses to take up these responsibilities and discharge it effectively.

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For details please contact:

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