

nursing care, and patient education. An extraordinary amount of preparation and teamwork was required to ensure that the highest level of patient care was delivered to all patients receiving this cutting edge surgical intervention.

**Objectives of Project:** Post-operative Phase

- Interdisciplinary team coordination
- Standardize patient and family education
- Ensure appropriate post-operative care is delivered

**Process of Implementation:** A collaborative educational pathway was developed to identify and fill knowledge gaps and establish best practice. It centered on providing safe and efficient care, utilization of key stakeholders, and operationalizing the procedure to perfect the timing of defrosting Luxturna. Collaborative meetings and practice “walk-throughs” were held to optimize patient care and identify barriers. Post-operative education highly emphasized the importance of maintaining a supine position to ensure the air-gas exchange bubble would not disrupt placement of the Luxturna bleb.

**Statement of Successful Practice:** A thorough planning phase led to the creation of strict protocols related to timing and throughput. Post-operative nursing education enabled staff to deliver appropriate and consistent care to all patients. As a result of the collaborative efforts, all of the patients who have received this surgical intervention have reported positive outcomes and rated their nursing care as “very satisfactory.”

**Implications for Advancing the Practice of Perianesthesia Nursing:** Education and planning for the recovery after this surgical intervention will become increasing necessary as more hospitals begin to perform this procedure. Utilization of the interdisciplinary team collaboration approach is key in the roll out of any new surgical procedure.

**Objectives of Project:**

- Redesign orientation binder
- Develop an exposure tracker
- Utilize exposure tracking to guide future experiences and set weekly goals
- Cultivate a bank of reliable and consistent preceptors

**Process of Implementation:** We redesigned our orientation binder to create a lean and focused resource guide for newly hired nurses. Nurses from a mix of skill levels were then given the binder to review and edit. An exposure tracker was developed with our most common Cases listed by surgical specialty to be tallied and then utilized to hone in on lacking experiences. PACU-specific tips and trick were compiled into a user friendly file. Potential preceptors, identified by PACU leadership, were given training on how to lead and effective preceptorship, general re-education, and were required to successfully complete a set of preceptor competencies.

**Statement of Successful Practice:** Newly hired nurses are now reporting increased satisfaction with the orientation process. Comfort levels related to independently recovering patients after orientation have also increased with these nurses. All feedback on the exposure tracker from new hires, preceptors and charge nurses has been positive. Evaluations of preceptor performance have been stellar and audits have demonstrated our goal of achieving consistency between preceptors has been reached.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Providing a standardized orientation process, which can be tailored to comprehensively fulfill each nurse’s individual needs, has proved effective for nurses in PACU at Children’s Hospital Los Angeles and can be adopted for PACU nurse nationwide.

**STANDARDIZED ORIENTATION FOR POST-OPERATIVE NURSES**

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 Team Member: Mira Ahn, BSN RN PHN



**Background Information:** A nurse’s ability to safely and efficiently practice in the Post Anesthesia Care Unit (PACU) requires a strong foundation. Upon completion of a four-week preceptorship, newly hired nurses consistently reported feeling apprehensive about recovering patients independently. Post orientation feedback from nurses indicated that our orientation lacked key exposures, overall direction, and formal preceptor preparation. A closer look at our orientation process revealed many additional issues related to case assignments, inconsistency with preceptor pairings, as well as unstructured and inadequate resources. All of these problems added up to an ineffective orientation process and an unstable foundation for onboarding PACU nurses.

**ASPAN YOUR MIND**

Team Leader: Katrina Push, RN BSN CPAN  
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 Team Members: Toya Clemons, MSN AGPCNP-BC, AAVAHCS  
 PACU Staff



**Background Information:** Nurses Week 2018 was celebrated in our PACU with an “ASPAN” quiz bowl. Questions for the contest were taken from a CPAN study guide. Staff really enjoyed the game and were shocked at how much they didn’t know. Once Nurses week was over – as well as the game – several requests came from the staff asking if we could continue to play. We decided to make it more than a game. We turned it into a quest for knowledge.

**Objectives of Project:** The objective of our project was to develop an educational program that would prepare the PACU nursing staff for the CPAN exam. Our ultimate goal is to have at least 75% of the nursing staff complete the CPAN or CAPA exam by 2020. We are shooting for the ABPANC Certification Achievement Award. At the start of this project – we had 0% staff with certification.

**Process of Implementation:** The first thing we did was order study materials and reference books. We then made a 100 question “pre-test” that covered all the areas in the actual exam. All nursing staff participated. After the initial “test” period,

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*Note: All abstracts are printed as received from the authors.*

everyone was given two questions a week to answer. We continued to keep score but found it difficult to maintain a weekly schedule of games. We have since moved on to weekly questions emailed to the whole unit. Staff responds individually and correct answers with rationale are given out the next week. Weekly drawings are held to acknowledge the high scores.

**Statement of Successful Practice:** Staff is more confident and has shown more interest in taking the CPAN/CAPA exams. Three of the 16 staff have successfully completed the exam and several others have committed to taking Fall 2019.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Provides the nursing staff an educational format that encourages participation and inspires staff to become CPAN/CAPA certified.

### COLLABORATION AND SUCCESS: ONE TEAM MOVING FORWARD



Team Leader: Michelle Johann, BSN RN PHN  
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Team Members: Peter Hirsch, BSN RN CNOR, Ida Antonio, MSN RN PHN CNOR CSSM NEA-BC, Kerry Caldwell, MBA BSN RN CNOR

**Background Information:** The recruitment of Oncology trained perianesthesia nurses can be an extremely difficult task to achieve. As our patient census continues to grow, the need to meet the high acuity recovery demands with minimal staff continues to be overwhelming for our comprehensive cancer center. Through collaboration with department leadership and the clinical educators, the resolution was clear, a perianesthesia nurse cohort must be developed. The idea was to envelop and develop nurses to gain oncology and recovery knowledge in order to perform independently at the highest acuity level in an oncology perianesthesia unit.

**Objectives of Project:** The object was to create a sustainable and thriving perianesthesia nurse cohort comprised of cohesive members. The training program would support the nurse cohort by including a critical care training course and a comprehensive didactics curriculum, clinical preceptorship, coupled with a weekly, monthly and semi-annual post conference follow up.

**Process of Implementation:** Trainees were rigorously validated on their communication skills, clinical skills and critical care aptitude during the interview process which included a panel interview, hands on practicum and a written exam. This innovative approach allowed the team to view the candidates in a scientific forum, supporting diverse perspectives by engaging the stakeholders.

**Statement of Successful Practice:** The successful practice is reflected in the longevity of the perianesthesia nurse cohort, now celebrating their thirtieth month anniversary. All six members of the original perianesthesia cohort continue to be nurse leaders within both inpatient and outpatient recovery care areas. They continue to thrive among a high acuity patient population with a high level of compassion, integrity, intellectual

curiosity, excellence and service with a sense of urgency all of which encompass our mission and values (City of Hope Values, 2018). With continued mentoring and academic support, the perianesthesia nurse cohort remain successful practitioners.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Creating a specialty nurse cohort advances the practice of Perianesthesia Nursing by training and cultivating a team of nurses to become experts in their field. Perianesthesia Nursing excels when members of their team are trained, supported, cultivated and encouraged to become the echelon nurses that they can be.

### MASS CASUALTY INCIDENT RESPONSE: FLEXING PACU MUSCLES



Team Leader: Elizabeth Resweber, MPH BSN CPAN  
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Team Members: Alya Nadji, MPH(c), Aviva Mandel

**Background Information:** Mass Casualty Incidents (MCIs) have greatly impacted hospitals across the United States. These unplanned traumatic events place extraordinary demands on hospital systems. Frequently, casualties from MCI events arrive unannounced via EMS and personal vehicles. Even ten traumatically injured patients would overwhelm a level-one trauma center. Each casualty could require a health care team of up to 10 professionals with skillsets including critical care, trauma, radiology, laboratory and social work. Collaborative communication across all services is essential in providing care in a Mass Casualty environment.

**Objectives of Project:** Identify opportunities for the PACU to support a MCI response in Philadelphia. Increasing situational awareness among PACU staff by developing and rehearsing the PACU response to a MCI in collaboration with the entire enterprise.

**Process of Implementation:** Our Emergency Preparedness Department has led the development of "mass casualty response plans" for departments throughout the institution. The close proximity of the PACU provides readily available access to the OR, anesthesia and surgical staff and is an ideal location to cohort patients requiring surgical intervention. PACU staff are ACLS/PALS certified, however, the staff do not routinely care for hemodynamically unstable trauma patients. To reinforce these skillsets, we have implemented monthly simulations focused on hypovolemia and shock. The PACU participates in regular hospital-wide emergency preparedness drills, including a full-scale table top exercise utilizing the Command Center and all available resources.

**Statement of Successful Practice:** The PACU has conducted 14 trauma simulations with 92 total attendees since July of 2017. These simulations have strengthened PACU nurses' trauma assessments and resuscitation skills. Additional learner engagement includes interdisciplinary Emergency Preparedness drills to identify learning opportunities. These simulations have elicited improved confidence around MCI preparedness in the PACU.

**Implications for Advancing the Practice of Perianesthesia Nursing:** The PACU has the capacity and resources to act as a staging area for the operating room to support a MCI.