

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
City of Hope, Duarte, California

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.

Continued staff education and MCI drills empower nursing staff to feel confident and prepared to support many casualties of varying acuity levels. Therefore, the PACU is a viable option to support capacity management by providing ICU-level care for traumatically injured patients, and promoting forward flow out of the Emergency Department.

SUPPORTING PERIANESTHESIA NURSES THROUGHOUT THE TRANSITION TO ONE COHESIVE UNIT



Team Leader: Marie Courtney, BSN RN CPAN CAPA
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 Team Member: Heather Murphy, BSN RN CAPA

Background Information:

- Brigham and Women’s Hospital Perianesthesia area consists of 4 units: Pre-op Unit, Day Surgery Unit (DSU), Post Anesthesia Care Unit (PACU) and Extended Recovery Unit (ERU)
- Each nurse in these units have a specific skill set and are not cross trained in each area
- The Main OR volume is growing and hold times are increasing
- The decision was made to cross train all nurses and blend the 4 Perianesthesia units

Objectives of Project:

- To blend all existing units into one Perianesthesia unit
- To cross train all staff to care for patients across the Perianesthesia area
- To decrease OR hold times
- To allow for better flow and more adaptability of staff

Process of Implementation:

- The Pre-op Unit, DSU, PACU, and ERU blended in September 2018
- Cross training began with 2 nurses at a time
- Each nurse provided with orientation and education based on prior skill set
- Orientation adapted for each nurse to facilitate competency in pre-op, phase 1 and phase 2 level of care

Statement of Successful Practice:

- Blending of units has allowed for more bed availability
- OR holds have decreased
- Increased flexibility of nurses to move through the Perianesthesia area to improve flow

Implications for Advancing the Practice of Perianesthesia Nursing:

- The cross training of nurses allows for a broader skill set to care for the Perianesthesia patient
- Nurses in the Perianesthesia area are more adaptable and able to safely care for any patient

RESPOND, INTERVENE AND ESCALATE: ACUTE STROKE EVENTS IN THE POST ANESTHESIA CARE UNIT



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 Team Members: Miguel Laxa, BSN RN CPAN, Leena Mathew, BSN RN, Sharon Sarmiento, BSN RN, Kimberly Vanderhorst, BSN RN CAPA, Elizabeth Vogler, BSN RN PCCN

Background Information: In the post-anesthesia care unit (PACU) setting there can be challenges in differentiating between anesthesia-related versus thrombolytic neurologic deficits. The ability to accurately assess, differentiate and escalate care is imperative to improve outcomes. The occurrence of acute stroke events in the peri-operative setting at a comprehensive cancer center emphasized the need for an evidence-based and comprehensive approach to assessment, communication and documentation of risk factors for thrombotic complications.

Objectives of the Project: This project aimed to improve the knowledge of nurses related to assessment, management, and escalation of stroke symptoms, and improve patient outcomes in the PACU.

Process of Implementation: An assessment consisting of 8 questions evaluating knowledge of institutional resources about and the process of stroke assessment and management was administered to 152 PACU & Intervention radiology (IR) nurses prior to and following an educational intervention. Results informed a multimodal educational intervention which included: a power point presentation, evidence-based standards for neurological assessment, and assessment-focused case studies. Interprofessional discussion reinforced available institutional resources and standards for assessment, management, and escalation of stroke symptoms. Quarterly mock stroke and escalation education events are conducted in collaboration with anesthesiologists to maintain clinical competencies. These sessions included an algorithm-based clinical decision aid to guide escalation of care based on assessment findings that is also now used in clinical practice. The electronic health record was enhanced to include defined documentation fields for stroke indicators.

Statement of Successful Practice: Survey results suggest an improvement in overall knowledge of assessment, management, and escalation of stroke symptoms from a mean score of 68% at baseline to 85% post-intervention; with knowledge of acute stroke interventions improved from 69% to 91%. Since the introduction of the educational intervention patients demonstrating neurologic deficits have been identified and escalated more quickly, resulting in no sentinel events over the past two quarters.

Implications for Advancing the Practice of Perianesthesia Nursing: Early recognition of acute stroke symptoms in the peri-operative setting is crucial to the safety and wellness of our patients. PACU staff benefit from multimodal educational interventions to improve knowledge regarding assessment, management and escalation of acute events.

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