

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
Brigham and Women’s Hospital, Boston, Massachusetts
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



Team Leaders: Lisa Jiang, BSN RN, Heather Douglas, BSN RN CNRN SCRNP
The University of Texas M.D. Anderson Cancer Center, Houston, Texas
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.