

IMPROVING COMFORT LEVEL OF PACU NURSES DURING INTUBATION AND CODE BLUE EMERGENCIES



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Team Members: Emily Tirado, BSN RN, Katelyn Jones, BSN RN CCRN

Background Information: The PACU is a diversified group of nurses with a wide range of experiences. These experiences range from 43% nurses with less than 5 years nursing experience to 26% nurses having greater than 21 years of experience. After having an emergent intubation and a code blue, the staff verbalized various comfort levels in assisting the Anesthesiologist in these situations. ACLS is currently done via computer program and does not lend to hands on practice other than the CPR portion.

Objectives of Project: To ensure PACU staff comfort level and confidence in assisting with intubation and code blue emergencies.

Process of Implementation: A survey was given to the PACU staff to better ascertain their comfort level assisting with intubation and code blues. Using the survey results, clearly reflecting the PACU staffs request to have hands on practice with these scenarios, an educational offering was provided. Using resuscitation equipment and mannequin, practice sessions were implemented.

Statement of Successful Practice: The PACU staff were resurveyed and overwhelmingly the consensus were, the practice sessions were helpful to elevate the PACU staffs comfort level and confidence in assisting with intubation and code blue situations. These practice sessions will be implemented as a yearly educational offering.

Implications for Advancing the Practice of Perianesthesia Nursing: With the ever changing diversified group of PACU nurses, with varying levels of experience, there will be an ongoing need to re-evaluate the level of comfort and confidence in emergencies. We will then need to implement further education as PACU nurses verbalize their need for further practice sessions with these emergencies.

IMPROVING WORK-LIFE BALANCE IN THE PACU TO CULTIVATE AN ENVIRONMENT OF MINDFULNESS WHILE BUILDING NURSING RESILIENCE



Team Leader: Michelle P. Carter, MA BSN RN CPAN
Sibley Memorial Hospital, Washington, D.C.
Team Member: April Brown, MSN BSN RN

Background Information: The Mindful Ethical Practice and Resilience Academy (MEPRA) training advocates for nurses to build resilience by using mindfulness in their practice. Nursing resilience is crucial to handling morally distressful situations that challenge nurses daily. Staff attended a "train the trainer" course, embracing and encouraging coworkers to improve self-care strategies for themselves and their patients.

Objectives of Project: The first set of objectives included: defining the need for moral resilience and the use of mindfulness while caring for patients in the post anesthesia care unit (PACU). The second set of objectives included: staff education about the resources available when facing ethically distressful situations in the PACU and examining work-life balance to build resilience.

Process of Implementation: PACU staff attended MEPRA, which led to the formation of the Resilience Committee. The committee focused then educated staff via emails, posters, and huddles. Staff completed surveys to help them assess their work-life balance. Management and the Resilience Committee discussed the results with the goal of implementing changes to improve communications and scheduling processes that assisted staff with work life balance.

Statement of Successful Practice: Sharing the information from the MEPRA seminar has introduced alternative ways for the PACU staff to address daily, ethically, challenging dilemmas. Staff began utilizing the tranquility and exercise rooms provided by the hospital. Charge nurse communications have increased and improved. Several nurses have reported using mindfulness during stressful situations in the PACU. Nurses further reported the use of daily meditation practices. Changes in scheduling and increased communication resulted from staff surveys.

Implications for Advancing the Practice of Perianesthesia Nursing: MEPRA training advocates for nurses to build resilience by using mindful practice. Nursing resilience is crucial for handling morally distressful situations. Improving work life balance in the PACU resulted from improving communication, scheduling flexibility, and increasing needed supplies as identified by staff. Mindful communication led to the opportunity for staff to care for themselves while building nursing resilience.

"WIDE-EYED AND BUSHY TAILED": A TRANSITION INTO PACU FROM THE PERSPECTIVE OF A NEWLY LICENSED NURSE



Team Leader: Kara Leigh MacLean, BSN RN
Brigham and Women's Hospital PACU, Boston, Massachusetts
Team Members: Cara Bailey, BSN RN, Holly Bourdon, RN

Background Information:

- The first newly licensed nurse (NLN) to be hired to the recovery room at Brigham and Women's Hospital, a Harvard Medical School teaching hospital in the heart of Boston, Massachusetts, embarks on a precedent setting orientation through the 57 bed post anesthesia care unit (PACU).
- A successful orientation allowed for rich experience and education at the bedside of patients recovering from anesthesia and a variety of surgical procedures.

Objectives of Project:

- Demonstrate the efficacy of hiring NLN's to the perianesthesia procedure areas and investing in their success.
- Encourage NLN's and student nurses to pursue specialty in perianesthesia nursing.
- Demonstrate to perianesthesia leaders and NLN's, the mutual benefits to each of investing in the specialty of perianesthesia nursing.

- Progression from novice to future expert perianesthesia nurse.

Process of Implementation:

- Individualized orientation to accommodate the specific needs of a new nurse’s education and experience requirements.
- Collaboration with educators, charge nurses, and nursing administration.
- Participation in educational preparations such as ICU Consortiums, Critical Care Programs, and shadowing CRNA’s in operating rooms.
- Frequent meetings and debriefings with preceptor and educators to determine progress and areas for continued work.

Statement of Successful Practice:

- This NLN transitioned from the tailored orientation to a full time PACU position.
- Successful orientation lead to NLN feeling confident in her ability to care for a range of patients from day surgeries to boarding, ICU patients.
- Cognitive awareness that learning is a life long process and the support of educators and co-workers is vital to a successful practice. Recognizing and accepting that positive feedback and constructive criticism are needed for growth.
- Working for two years as a competent and collaborative Team Member.
- Recruited to MASPAN board as Chair of Membership, encouraging coworkers to become involved with/join ASPAN and pursue further education.

Implications for Advancing the Practice of Perianesthesia Nursing:

- Educating and mentoring NLN’s allows eager, educated and energetic professionals to assimilate into the perianesthesia environment.
- Hiring NLN’s encourages an environment of learning that promotes engagement from expert perianesthesia nurses to pass on their experience and expertise.

PACU STAT! UTILIZING LOW FIDELITY SIMULATION TO ENHANCE TEAMWORK AND BUILD CONFIDENCE AMONG PACU NURSES DURING CRISIS SITUATIONS



Team Leader: Rebecca Vincent, RN BSN CPAN
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 Team Members: Rebecca Vincent, RN BSN CPAN, Beth McNeill, MS EMT, Wendy Bernstein, MD MBA FASA

Background Information: The PACU experienced a distressing code event in January 2017 that resulted in a successful resuscitation and return to OR, but left nursing staff feeling frustrated with the lack of organization, role designation, and leadership throughout the duration of the event.

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

Objectives of Project:

- Provide a safe and confidential setting for PACU nurses to participate in a mock emergency simulation.
- Promote a culture of safety through clear designation of roles and identification of the team leader.
- Build upon multidisciplinary teamwork and closed-loop communication skills through formal debriefing.

Process of Implementation: The PACU nurse educator consulted with the Mock Code Program Director for Med-Surg nursing practice as well as the Anesthesia Simulation Director to initiate a PACU-specific simulation program. A survey was first conducted amongst PACU nurses to determine the focus points for this program. PACU nurses were provided with on-line pre-learning, assigned in conjunction with a 1-hour interactive simulation. Simulations were conducted using “Basic Assumptions” and a review of the “Ground Rules for Simulation.” Groups consisted of 5-8 PACU nurses and 1 anesthesia resident. The scenarios were conducted in nursing skills labs, with low fidelity mannequins and mock crash cart. A formal debriefing occurred afterwards. Sessions were conducted over a 2 year period and all participants provided feedback via anonymous evaluations.

Statement of Successful Practice: The PACU staff subsequently experienced a code event in May 2018. The bedside nurse had participated in the simulation program and as a result felt empowered to designate roles and identify the team leader. This code resulted in both a positive outcome for the patient, and a positive outcome for the staff involved; the communication and teamwork had vastly improved from the January 2017 event. A formal debriefing was conducted with the staff members who determined that closed loop communication and teamwork led to a successful resuscitation.

Implications for Advancing the Practice of Perianesthesia Nursing: Teamwork and communication are essential in emergency situations. The PACU Simulations provide an opportunity for perianesthesia nurses to practice and build these skills in a safe and confidential multidisciplinary environment. The simulations are an excellent adjunct to the required training that is completed via ACLS every 2 years.

EVIDENCE BASED PRACTICE EDUCATION INITIATIVE



Team Leader: Margaret Netti, BSN RN CPAN
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 Team Members: Denise O’Brien, DNP RN ACNS-BC CNS-C
 CPAN CAPA FAA FASPAN, Toni Szpara, MSN RN ACNS-BC CNRN
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Background Information: Nurses commonly identify the need to improve clinical practices and rely on their own clinical expertise and experience to provide evidence to support change. There is a knowledge deficit related to the process by which existing clinical research is incorporated and utilized to promote and support practice improvements. Nurses are increasingly called upon to develop process improvements