

- 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**



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**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.

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*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**



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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

using evidence based practice (EBP) principles yet do not have the skills to initiate projects.

**Objectives of Project:** The goal of the project was to enhance the knowledge of perioperative/ perianesthesia bedside nurses about the EBP process.

**Process of Implementation:** A team was developed to devise an EBP education program for nurses in perianesthesia care units (PACUs) and operating rooms (ORs) across the health system. Before the initial session, a survey was sent to attendees to obtain information regarding current levels of knowledge regarding EBP. Nurses from PACU and OR with varying levels of education and three or greater years in their current job roles communicated definitions of what EBP means to them. Ongoing monthly presentations were then offered to staff to provide an overview of the EBP process. Successive sessions allow nurses to discover the many facets of EBP.

**Statement of Successful Practice:** The pre-project survey revealed knowledge deficits related to what the EBP process includes. The same nurses surveyed after the initial presentation indicated an increased general level of understanding of EBP based on an initial informal post-presentation survey. Staff revealed a new level of enthusiasm for initiating EBP projects and a strong desire to contribute to unit process improvements utilizing the process. The initial survey will be repeated at the completion of the project and results will be available for this presentation.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Bedside perioperative and perianesthesia nurses will have an improved understanding of the EBP process, initiate projects, and implement changes more readily by utilizing this process. Perianesthesia and perioperative nurses will communicate findings through presentation and publication allowing other nurses to benefit from their efforts.

### IMPLEMENTATION OF A CARDIAC SERVICE LINE

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Team Members: Jessica Jolly, BSN RN, Alison Israel, BSN RN, Sarah Mitchum, BSN RN, Rachel Mounts, BSN RN CPN



Nursing staff in the department recognized a need for additional education to care for cardiac patients. This included cardiac pathophysiology, anesthesia care post-procedure, and interventions performed in the Cath Lab. The Cardiac Service Line was developed through collaboration with bedside nursing staff, leadership, and the cardiac procedural team to meet the educational needs of staff and provide quality care for our cardiac patients and families.

#### Objectives of Project:

- Improve the quality of care provided to cardiac patients by increasing staff knowledge and comfort of post-procedure care in the PACU

- Mentor staff when providing care to cardiac patients and "Champion" cardiac patient care by requesting to care for cardiac patients
- Engage in educational opportunities to improve knowledge and bring newly acquired knowledge to the unit to share with fellow champions and bedside staff

**Process of Implementation:** An initial meeting involving the HR/PACU leadership, nurse educator, and staff nurses interested in serving as champions initiated the implementation. This meeting established objectives of the service line, opportunities for growth/learning for service line members, and prioritized educational initiatives to fill clinical practice gaps. Clinical practice gaps were identified through staff rounding, an organizational reporting system, and conversations with the cardiac procedural team. Post meeting, targeted education was provided by the Champions, Cardiologist, and CRNAs during unit morning education sessions. Service Line Champions initially attended a recurrent Cardiac Lecture Series, spent observational time in the Cath Lab, and met with the cardiac procedural team; additional opportunities for growth are ongoing. Initially, meetings occurred monthly but have transitioned to every 3 months as the line has become established. At each meeting, current initiatives and education topics, future initiatives, and opportunities for professional growth are discussed.

**Statement of Successful Practice:** Purposeful and targeted education from nursing peers, cardiology, and anesthesia Team Members has helped bridge the gap in clinical practice and continues to improve the quality of care provided to our cardiac patients and families.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Successful implementation of this initiative could lead to the creation of additional service lines for other perioperative specialties, populations, and roles.

### PROVIDING COMPREHENSIVE CARE TO PATIENTS WITH EPIDERMOLYSIS BULLOSA IN THE PERIOPERATIVE ENVIRONMENT

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**Background Information:** The University of Minnesota Medical Center and Masonic Children's Hospital EB Center offers comprehensive multidisciplinary care to children with Epidermolysis Bullosa (EB). This is the only center in the United States to offer Bone Marrow Transplantation (BMT) as a treatment for EB. To determine candidacy, these patients come to the Operating Room to have their dressings fully removed, labs drawn, photographs taken and skin biopsies collected under general anesthesia. The child is transported to PACU and remains under sedation while dressings are reapplied, often a 2-3 hour process. Since these patients are at high risk for severe blistering skin injuries, it was evident that modifications to equipment, practice changes, and staff education needed to occur to keep them safe