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

Team Leaders: Lauren Boston, MSN RN PNP-PC, Leigh Ann Chadwell, MSN RN NE-BC, Lacie Favret, BSN RN CPN
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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

Team Leader: Emily Theis, BSN RN
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Team Members: Mary Briggs, BAN RN CAPA, Gretchen Lilja, BSN RN, Sarah Preusser, MS PA-C, Elena Zupfer, MD

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

during critical times in Perioperative Services when their usual expert care provider, often a parent, is not present.

Objectives of Project:

- Design supplies and education to ensure that all disciplines and departments are equipped to care for the unique needs of the EB patient.
- Develop a mechanism to alert any provider who may come in contact with the patient in Perioperative Services that this patient is at high risk for injury.

Process of Implementation:

- Identify an individual in each department or service line that would serve as the "EB Champion." Provide education to all staff that may provide direct patient care.
- Creation of the EB STOP Sign visual tool.
- Ongoing work with a product innovator to develop equipment for the Perioperative environment that is both safe for EB patients' skin and functionally allows for safe monitoring of the patient.

Statement of Successful Practice:

- Demonstrate commitment to being a center of excellence for the EB patient, with resource support to meet the goal of skin injury prevention.

Implications for Advancing the Practice of Perianesthesia Nursing:

- Multidisciplinary collaboration supported by leadership and implemented by anesthesia and nursing staff allows these patients at high risk for skin injury to be cared for in the safest way possible. Perianesthesia nurses provide critical elements of the care required to provide comprehensive treatment aimed at improving the quality of life for children living with EB.

LEADERSHIP OF PERIOPERATIVE QUALITY IMPROVEMENT COUNCIL

Team Leader: Esther Lee, MNP MBA RN CHEL
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Team Members: JoAnn Daugherty, PhD RN CNL, Thomas Hamelin, MBA DNP RN

Background Information: Our Perioperative Senior Director and Perianesthesia Nursing Director developed a Quality Council (QC). The QC consists of the Senior Director for Perioperative Services, Perianesthesia Nursing Director, 2 Clinical Educators from Operating Room (OR) and 2 Clinical Educators from Perianesthesia (PA).

Objectives of Project: The QC's mission is to lead quality improvement initiatives within perioperative services, provide mentoring for clinical nurse promotion on the career ladder, and support research and publications in peer reviewed journals by Team Members within the perioperative service.

Process of Implementation: The QC was formed in 2016. The group charter was written by 3 members of the committee and voted on by the group. The Senior Director and Director of Perianesthesia Nursing lead the monthly meetings. The group discusses initiatives around the core mission and shares best practices to promote the continuum of care across perioperative services.

Statement of Successful Practice: This meeting has been a perfect vehicle to promote communication and patient flow between preoperative holding unit (PH), operating rooms (OR), and post anesthesia care unit (PACU). For example, the development of PH to OR handoff improvements was facilitated by this council. To date, in addition to educational role, the members of the team have published 9 articles, presented over 15 posters in national and international conferences, facilitated the promotion of 4 clinical nurses to the next level of the clinical ladder, developed unit guidelines for new procedures and updates existing guidelines.

Implications for Advancing the Practice of Perianesthesia Nursing: Perioperative Divisions should consider implementation of a QC for directors and educators to communicate directly about the educator's role in quality improvement, evidenced based practice projects, research studies and professional development of staff.

REIMAGINE HEALTH CARE LEADERSHIP, CHALLENGES AND OPPORTUNITIES IN THE 21ST CENTURY

Team Leader: Esther Lee, RN MBA MNP CHEL
UC San Diego Health, San Diego, California
Team Members: Thomas Hamelin, RN MBA DNP NEA-BC, JoAnn Daugherty, RN PhD CNL

Background Information: Healthcare leaders face many challenges in redesigning the healthcare ecosystem of the 21st century. Important considerations include human capital (leaders and staff) management and cost control. Under hospital-wide, centralized services in Information technology (IT), material services (MS) and finance models, these support teams for Perioperative Services were disconnected from the frontline managers who needed data for quality improvement and monitoring budget and resource utilization. In this model, support staff and clinical managers took several days to communicate managers' needs, complete database searches or financial reports, and notify requestor of results.

Objectives of Project:

1. To reduce communication and feedback delays among division Team Members.
2. To reduce surgical costs by providing surgeons with feedback on resource utilization in the operating room (OR).

Process of Implementation: The Senior Director (T.H.) of Perioperative Services championed a change management strategy that promoted more interactions across teams and mutual learning. Chief Administrative officers (CAO) at first expressed doubt about the new model but improved accuracy in reporting data because computer analyst staff had better understanding of clinical data & managers' needs by working side-by-side in same department was persuasive. Also, OR cost reductions proved the value of the model.