

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  
 UC San Diego Health, San Diego, California  
 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 21<sup>ST</sup> 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 21<sup>st</sup> 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.

---

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