Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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five teams of two were consistently matched with their partner, and worked every shift in the ICU as a pair.

**Statement of Successful Practice:** This collaborative effort between the perioperative and critical care nursing services achieved the goal of providing safe and competent care to a population in dire need during the height of the Covid-19 pandemic. This initiative also strengthened relationships between the services, thereby promoting improved communication and increased efficiency.

**Implications for Advancing the Practice of Perianesthesia Nursing:** The future implications of Covid-19 are largely unknown, and this initiative mobilized nursing resources in a systematic fashion to provide necessary specialized care. A framework was established that could be easily replicated, thereby strengthening our ability to collaboratively approach emergency preparedness moving forward.

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### MULTIDISCIPLINARY APPROACH FOR A PHASE II PEDIATRIC PANDEMIC RECOVERY PLAN

**Team Leaders:** Kimberly Valentine, MSN RNFA RN CSSM, Molly Mercier, BSN RN CPN  
**Team Members:** Sarah Schroeder, BSN RN CPN, Karen Johnson, MSN RN CNOR

**Background Information:** Phoenix Children’s Hospital (PCH) pediatric Post-Anesthesia Care Unit (PACU) is comprised of 16 bays, 4 being isolation rooms. This PACU area serves 10 OR/Endoscopy rooms. The daily census average is 26 patients with a range of acuity. The traditional model was to recover patients in Phase I and Phase II in the same area. The back log of cases from the COVID pandemic presented a challenge where we were seeing an increase in the daily census. Historically we have had challenges when the daily surgical patient census was more than 35 patients. Our multiple rapid, high turnover cases along with a lack of space in PACU, caused delays and a decrease in number of cases performed each day and dissatisfaction among surgeons, staff, and families.

**Objectives of Project:** Goal was to increase efficiency by freeing up space in the PACU department, create Phase II recovery with cross-trained Acute Care Nurses, maintain a revenue stream, and improve physician, staff, patient and family satisfaction.

**Process of Implementation:** Utilizing ASPAN’s Practice Recommendation and American Society of Anesthesiologists Standards for Post-anesthesia Care, we developed criteria that identified patients who met criteria for transfer to Phase II supported by the Aldrete Scoring System. Through collaboration with nursing leaders, we cross-trained Acute Care nurses to Phase II. Leadership identified hours of Phase II operation, which patients we would send to Phase II, and developed a plan to support the Phase II staff. Department leadership reviewed the schedule one week in advance to determine the most appropriate days for Phase II.

**Statement of Successful Practice:** Successfully able to accommodate more ENT patients on a daily basis, increase efficiency, prevent delays related to PACU saturation.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Using resources from multiple areas, AORN/ASPAN, perianesthesia nursing can increase productivity with this practice, by identifying patients that are appropriate to transfer to Phase II. Patient families can be with children earlier. It will decrease the RN’s divided attention with a mix of patients and supports the mission of nursing as life-long learners, and improved PACU RN’s efficiency with appropriately assessing the Aldrete scoring system.

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### ADAPTATIONS AND EVOLUTION DURING COVID-19 IN A PEDIATRIC SATELLITE SETTING

**Team Leaders:** Kerry McCaffrey, BSN RN CPN, Nicole Losurdo, BSN RN CPN  
**Team Members:** Karen Sylker, RN, Keisha Franks, BSN RN, Roseann Pena, MBA/HCM BSN RN NEA-BC NE-BC CNOR

**Background Information:** The global Covid-19 pandemic has required the rapid development and implementation of processes that support safety and quality of care. Prior to this unprecedented challenge, our satellite pediatric ambulatory surgical center consisted of four units: a preoperative unit (Preop), six operating rooms, a Post Anesthesia Care Unit (PACU), and an Inpatient Short Stay unit. Although the Preop and PACU nurses were cross-trained to cover both areas, Inpatient nurses maintained a distinct skill set and were a standalone unit. In effort to support virus containment, including social distancing, a flexible staffing model required the integration of Preop, PACU, and Inpatient nurses into one cohesive team.

**Objectives of Project:** Development and implementation of changes to perioperative processes that support quality care and safety during Covid-19.

**Process of Implementation:** Inpatient areas were converted to support the preop care of patients/families and facilitate the adoption of COVID safety regulations. Inpatient nurses were oriented to the Preop nurse role, Preop Covid test screening, and Visitor/Employee lobby screening. This cross-training educational program included in-services on Preop documentation and procedures and one to one orientation with a Preop nurse. Presently, nurses may care for the same patient/families preoperatively and during their inpatient stay which promotes quality care and an improved surgical experience. Changes to staffing models were evaluated through staff survey, analysis of Press Ganey patient satisfaction feedback and surgical throughput data.

**Statement of Successful Practice:** A majority (83.3%) of nurses agreed or strongly agreed that the new flexible staffing model promoted team cohesion and ensured safety and quality throughout the surgical experience. Between May and September 2020, our integrated perianesthesia team cared for 1206 perioperative patients. Press Ganey scores were overwhelmingly positive. One family stated “Before surgery the nurse kept us calm, engaged, & informed. After surgery that nurse did the same thing & was also a great teacher regarding home care”

**Implications for Advancing the Practice of Perianesthesia Nursing:** As ambulatory surgical centers, continue to adapt during the pandemic, it is imperative that perianesthesia nurses design and implement flexible staffing models that promote team cohesion and ensure safety and quality during surgery.

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**“OVER 10,000 SERVED” – COVID DRIVE THRU

**Team Leaders:** Amanda Hill, BSN RN, Nichole Bookout, BSN RN  
**Team Members:** Kathleen Echols, RN, Donna Collins, BSN RN

**Background Information:** The Atlanta area, like the rest of the world, was paralyzed with fear and the unknown of Covid-19. Nothing like the Covid-19 pandemic had ever been seen or experienced in this lifetime. Schools, restaurants, businesses, etc., life as we know it closed with fear of catching or spreading Covid-19. Healthcare, including surgeries, were not immune and were frozen. This put not only the health of patients in jeopardy (as delay in care occurred and/or complications) but put the healthcare system in financial limbo.

**Objective of Project:**  
- To find a way to get surgeries (in particular), but also healthcare back into operational status again.