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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
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.

https://doi.org/10.1016/j.jopan.2021.06.030

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

Team Leaders: Kimberly Valentine, MSN RNFA RN CSSM, Molly Mercier, BSN RN CPN
Phoenix Children's Hospital, Phoenix, Arizona
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.

https://doi.org/10.1016/j.jopan.2021.06.031

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

Team Leaders: Kerry McCaffrey, BSN RN CPN, Nicole Losurdo, BSN RN CPN
Boston Children's Hospital, Boston, Massachusetts

**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. Cross-training educational program included ins-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.

https://doi.org/10.1016/j.jopan.2021.06.032

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

Team Leaders: Amanda Hill, BSN RN, Nichole Bookout, BSN RN
Wellstar Kennestone Hospital, Marietta, Georgia
Team Members: Ann Hanshaw, RN, Keisha Franks, BSN RN, Ruthie Rivera, MBA BSN NE-BC CMSN RN, Zina Frazier, MSN BSN RN, Roseann Pena, MBA/HCM BSN RN NEA-BC NE-B CNOR

**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.

Note: All abstracts are printed as received from the authors.
UF HEALTH JACKSONVILLE PERIOPERATIVE SERVICES COVID-19 REACTIVE CARE MODEL

Team Leader: Melissa Ann Seabaugh, MSN RN
UF Health Jacksonville, Jacksonville, Florida
Team Member: Rebecca Nordness, MSN RN CNOR

Background Information: Rise of the COVID-19 pandemic prompted an imperative need to design a reactive patient care model to protect perioperative staff caring for patients at a level one trauma center. The UF Health Jacksonville Perioperative COVID-19 Reactive Care Model (PRCM) was created after literature review based on team concepts, isolation practices, and communication strategies. The model is now the standard of care in perioperative services and has endorsed no positive staff conversion from exposure to COVID-19 known or unknown.

Objectives of Project: UF Health Jacksonville perioperative team created the model after extensive literature review on how to mitigate risk of exposure to caregivers while maintaining the highest standard of perioperative practice. Implications for practice include use of adult learning theory, didactic training, custom coded language and a reactive process which has translated to practice changes and established competency standards. The model implementation allows for nursing to practice in a reactive manner without direct orders from the provider.

Process of Implementation: A team of content experts developed the proprietary PRCM for UF Health Jacksonville. Didactic training emphasized viral pathophysiology, isolation principles, personal protective equipment, environmental controls and use of a custom common coded language to convey critical information. A model checklist, roles and responsibilities grid, and a reactive process which has translated to practice changes and established competency standards. The model implementation. The model subscribes to standard CDC recommended PPE for COVID-19+/PUI/AGP which includes: N95 mask, water impermeable gown, gloves (double glove if scrubbed in), face shield-goggles/eye protection (personal eye glasses are not acceptable), head cover, and shoe covers.

Implications for Advancing the Practice of PeriAnesthesia Nursing: The PRCM along with the communication tools and operational strategies are reproducible for any perioperative setting. The PRCM has been replicated within the UF Health Jacksonville procedural areas including outpatient surgery, ophthalmology surgery, GI lab, interventional radiology and cardiology. The model is now fully implemented at UF Health Jacksonville where the risk of positive conversion from exposure to a COVID-19 patient for staff has been contained.

https://doi.org/10.1016/j.jopan.2021.06.034

ANSWERING THE CALL

Team Leaders: Gifty Boateng, MSN RN CPAN, Kim Campbell, MSN RN CAPA, Lauren Durk, BSN RN, Kathleen Steindl, BS RN CAPA, Kaitlyn Bang, MSN RN TNCC
Bayhealth Medical Center, Milford, Delaware

Background Information: Bayhealth Medical Center in Delaware employs more than 4,400 staff. As the Covid-19 pandemic approached, the task was to successfully shift staff to care for the upcoming critically ill Covid-19 patients. Our small community hospitals had to respond with a plan that provided safe care of patients and a redeployment plan for staff that ensured safety and protection. The leadership team evaluated our resources and devised a plan for appropriately educating and placing staff in the areas best suited to their background and skills.

Objectives of Project:
- Assess staffing resources available
- Educate staff for caring for Covid-19 patients
- Devise a redeployment plan for physicians, nurses, and nursing assistants
- Prepare surgical areas for Covid-19 care units
- Optimize care for Covid-19 patients by providing more front line staff

Process of Implementation: Our leadership team determined that elective surgeries would likely be put on hold for an indefinite period of time. The perioperative department became a resource pool to assist and support the critical care areas as well as shift to an overflow area of care for Covid-19 patients. The staff were personally evaluated for their work history, knowledge and skills. Many Periop nurses and APRNs had recent critical care experience. They were placed in the critical care units and emergency departments. Some nurses were best suited for acuity adaptable care. Others became part of the Covid-19 management team that provided direction for staff exposures and quarantine protocols. Anesthesiologists were redeployed as ICU Intensivist. Educators were posted off site to test community members for Covid-19. Non-Covid-19 patients had to be cared for in a protected environment as well. The whole work environment had to be repurposed. Redeployment occurred from April to June of 2020.

Statement of Successful Practice: Redeployment of the majority of perioperative staff during the Covid-19 pandemic provided ten to thirty percent additional staff for the frontline care of Covid-19 patients. This support minimized nursing stress and allowed for optimized care. Keeping staff informed and involving staff with planning were essential for success. Redeployed staff currently reflect back with pride while answering this unprecedented call of duty.

Implications for periAnesthesia nurses and future research: As health care facilities adapt to face future challenges associated with redeployment of staff many lessons can be learned. Front line staff must be supported during an overwhelming number of critical patients. Appropriately planning, preparation and appropriate reeducation of staff are crucial.

https://doi.org/10.1016/j.jopan.2021.06.035