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MODIFIED PACU DISCHARGE PROCESS DURING COVID-19 PANDEMIC

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Background Information: Coronavirus disease-2019 (COVID-19) has become a worldwide pandemic that presented challenges and brought extensive changes in the healthcare delivery. Restricting visitation in perioperative setting is one of the steps adapted by the institution to enhance safety of patients, families and healthcare workers. This had a great impact on the discharge process in the Post-anesthesia Care Unit (PACU).

Objectives of Project: Implement a modified discharge process to ensure safe transfer and continuation of care for post-operative patients.

Process of Implementation: Visitor’s restriction led to no visitors in perioperative setting except for pediatrics and patients with physical / cognitive limitations. This new process demanded a modified discharge process for outpatients. The two methods used were:

- Virtual instruction: Given to family or responsible person by phone before discharging patients from PACU.
- Face-to-Face discharge instruction: Provided in one of the four temporary discharge centers created at the entrance to minimize visitation time and exposure to other patients in PACU. Patient families who required one-on-one demonstration and practice identified and escorted to discharge center after COVID screening.

Prescriptions for all patients delivered by pharmacy. Copy of after visit summary and patient education provided to family and included in electronic medical record.

Statement of Successful Practice: Successfully implemented the modified PACU discharge workflow in April 2020. Data collected from 4/1/20 to 1/31/2021 shows that 7,409 patients used the modified discharge process. Out of the 7,409, 86% received instruction through phone call and 14% used the discharge center. Press Ganey patient satisfaction rate with discharge remained high at 96%.

Implications for Advancing the Practice: This project demonstrated the importance of adapting new process to enable safe delivery of care during emergencies. The modified workflow allowed effective transfer of discharge information and patient education for PACU patients while following COVID-19 protocol for visitation. This new model of discharge process can be replicated in similar healthcare environment.

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A PROACTIVE NURSE DRIVEN SYSTEMATIC APPROACH FOR COVID-19 SCREENING FOR PATIENTS UNDERGOING AEROSOL GENERATING PROCEDURES

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Background Information: Our complex healthcare systems were dramatically disrupted by COVID-19, an emerging virus that swept the nation in early 2020. The nurses in the Perianesthesia unit took a proactive approach when confronted with this evolving pandemic. Our hospital offers highly specialized services that appeal to domestic and international patients. In January of 2020, during the admission process we discovered patients who had recently traveled and returned from a quarantined area within China. It was also noted that we had an increase of patients that had symptoms that could be presumed as COVID-19 positive. These patients were arriving to our facility without standard practices in place for COVID-19 screening. We anticipated the need for a better process and took initiative to implement a nurse driven systematic approach for COVID-19 screening.

Objectives of Project:
- Promoting a safe work environment
- Isolate and contain the further spread of COVID-19
- Creating an effective system to prescreen for COVID-19
- Alleviate anxiety regarding upcoming admissions and procedures with ongoing pandemic
- To provide an efficient of the operating room schedule and to prevent day of surgery delays due to resulting COVID-19 tests

Process of Implementation:
- Utilizing Peri-operative float pool nurses to prescreen patients 24 hours prior to Surgery o Chart review performed to identify any concerns related to COVID-19 symptoms
- Collaborated with the center of perioperative evaluation to ensure patients received the appropriate COVID-19 testing
- Process evolved into the Peri-operative float pool nurses ordering COVID-19 test

Statement of Successful Practice:
- Decreased day of surgery cancellations
- Decreased patients arriving with COVID-19 symptoms
- Decreased anxiety of patients and staff related to COVID-19 exposure
- Successful practice of safe care commitment by striving for the safest possible environment in the Perianesthesia setting

Implication for Advancing the Practice of Perioperative nursing:
- We established a process that has evolved into a more sustainable practice to support the increase in OR procedures as the organization resumed to pre-COVID workflow and OR volume
- Multi-disciplinary team collaboration allows for smooth process to ensure safety of patients and staff

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MOBILIZING PACU NURSES TO PROVIDE CRITICAL CARE DURING THE COVID-19 PANDEMIC

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Background Information: In March 2020, a New York State mandate required our institution place a moratorium on elective surgery for an unknown period of time to ensure adequate Covid-19 surge hospital bed availability. This resulted in extremely low patient volumes for perioperative services. Conversely, critical care was experiencing an influx of patient volume and acuity, necessitating additional nursing support.

Objectives of Project: Our aim was to bolster the hospital’s critical care service line by pooling available nursing resources. The perioperative and critical care leadership teams further identified this initiative as an opportunity to strengthen relationships between nurses that share a common skill set.

Process of Implementation: Hospital command center meetings to address surge bed capacity reinforced the partnership between perioperative and critical care services. Team nursing models were reviewed collaboratively. The PACU nurse manager requested volunteers to staff critical care based on a team model. Five highly experienced PACU RNs and five newer PACU RNs without prior ICU assignments volunteered, with goals to expand knowledge, improve critical assessment skills, and help a service in need. The ten PACU nurse volunteers were assigned into five pairs, consisting of one experienced RN and one newer RN. The

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MULTIDISCIPLINARY APPROACH FOR A PHASE II PEDIATRIC PANDEMIC RECOVERY PLAN

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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/ASPN, 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
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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

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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.

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