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INCREASING PACU CERTIFICATION AND RECOGNITION DURING COVID-19 PANDEMIC

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Background Information: High certification rates can represent skilled registered nurses’ commitment to nursing professionalism. Research has shown that higher specialty certification rates are associated with better patient outcomes and a higher sense of nursing empowerment. NYU Langone Orthopedic Hospital has a goal of 51% nursing certification for Magnet re-designation. In 2018, the PACU nursing certification rate was 43%. Limitations to obtaining certification include costs, inadequate incentives, weak interest, poor access to resources, and stressors.

Objectives of Project: To increase the certification rate in the PACU and achieve a goal of 60% by March 2022.

Process of Implementation: In 2018, a survey was distributed to PACU nurses on barriers and motivators for achieving certification. Based on the results, leadership, certified nurses, and nurse educators used a team approach and implemented strategies to increase certification rates. Certification coaches mentored eligible nurses throughout the certification process and formed study groups. Pertinent information about certification was shared through flyers and resource tables. To increase their knowledge, nurses received peer-to-peer education or presentations from content experts during in-services, special events, and conferences. Newly certified nurses were recognized during a pinning ceremony. Due to the restrictions during the COVID-19 pandemic in 2020, strategies were modified to comply with social distancing guidelines. For example, pinning ceremonies and in-person events had limited participants. Nurses embraced technology by distributing certification information via email, video conferencing educational presentations, and using phone-based application learning platforms. Certified nurses were recognized on the hospital website, newsletters, emails, and a photo wall.

Statement of Successful Practice: Despite the challenges, nurses remained motivated to continue to study, become certified, and celebrate their peers. The PACU certification rate increased by 18.3% due to the implementation of informational, celebratory, and supportive strategies. As of October 2021, the PACU certification rate is 61.3%.

Implications for Advancing the Practice of Perianesthesia Nursing: Implications for advancing the practice of perianesthesia nursing by increasing the number of certified nurses is the use of certification coaches, certification information sharing, obtaining study resources, educational opportunities offerings, and nursing recognition. Continued support is essential to a culture that values life-long learning and professional development.

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INSPIRED BY THE RESEARCH PROCESS: LESSONS LEARNED IN THE PARTICIPATION OF A MIXED METHOD RANDOMIZED COMPARATIVE CLINICAL TRIAL

Team Leader: Maria Liza Anicoche, MSN RN ACNS-BC CPAN CAPA
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Team Members: Patricia Anne Bulacan, BSN RN CCRN, Kelly Webber, MSN RN MUS MAT-Integrated

Background Information: Post Anesthesia Care Unit (PACU) nurses met with the clinical nurse specialist to participate in a music-based intervention research study whose purpose was to reduce anxiety and pain in laparoscopic radical prostatectomy patients. One co-investigator was a nursing student whose expertise was in music. The research team chose to frame their study using a mixed method, randomized comparative design between two complementary music interventions: (1) patient-selected music preferences using Spotify; (2) pre-recorded guided breathing relaxation narrative underscored with minimal, hypnotic music.

Objectives of Project: To participate as co-investigators in a mixed method randomized comparative study to determine the effectiveness of music listening interventions in reducing anxiety and pain scores in the PACU; learn about patient experiences through qualitative inquiry.

Process of Implementation:

1. Co-investigators took CITI protection for human subjects
2. Submitted study protocol; approved by IRB
3. IT Department programmed music interventions on devices
4. Invitation PreOp phone call night prior
5. Night prior, team collates brown envelope; headset/fully charged i-Pods in plastic bag w/encoded randomized group; I-Pods checked fully charged/tested
6. PI/Co-investigators consented patients in waiting room
7. Drew music G-cleft by patient’s ID
8. Patient escorted to Prep; listened to music
9. Once awake – patient offered assigned music until discharge
10. Blinded RN records “Post” STAI scores; completes PACU data form
11. RN documents patient’s own words to qualitative inquiry
12. RN returns plastic bag/data sheet to LCN desk. All equipment sanitized; placed in locked drawer for recharging; ready for next patient
13. Nurses shared results of their study with nursing leaders and surgeons

Statement of Successful Practice: The PACU nurses successfully completed the research study, authored a music listening manuscript, submitted manuscript for publication, and disseminated results of the study through local and national poster presentations.

Implications for Advancing the Practice of Perianesthesia Nursing: Participating in the conduct of research inspires bedside PACU nurses to continue their scientific inquiry by creating new knowledge to improve perianesthesia nursing practice and patient care. Future research should focus on the benefits of PACU nurses participating in research and contributing to nursing theory.

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THE POWER OF A TEAM HUDDLE DURING THE COVID-19 PANDEMIC

Team Leader: Staci Eguia, MSN RN CCRN
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Team Members: Mahroz Mohammed, BSN RN CMSRN, Kimberly Potts, MSN RN CNOR

Background Information: Debriefing is a structured process designed to continuously evolve in rapidly changing situations that originated in the military as a way to learn quickly and address concerns or changes. In a leading oncology organization, a new offsite ambulatory procedure unit was established. Leading a new clinical team during a pandemic can be challenging. The focus of daily team huddles was to mitigate fear related to COVID-19 healthcare challenges, promote team work, address patient safety concerns, establish workflows, and identify challenges.

Objectives of Project: Establish a daily team huddle to promote

• Problem solving
• Communication forum during COVID-19 Crisis
• Create healthy work environment standards
• Identify risk management concerns
• Promote teamwork
• Provides a venue for feedback
• Develop leadership skills for charge nurses
• Safe environment for discussion
• Discuss strategic direction

Process of Implementation: Implementation of the team huddle was established by the leadership team which included the nurse manager, assistant nurse manager, and clinical development specialist. Daily team huddles were...
conducted at the same designated time and location. Guidelines for the team huddle were developed including: check in with the team, daily institutional COVID-19 updates, patient census and review staffing, potential patient safety concerns, anticipated needs for the next day, positive outcomes, recommended improvements, workflow concerns, open forum with no topic off limits, staff recognition (end with a win) and thank everyone for attending the huddle.

Statement of Successful Practice: Ninety five percent of staff members surveyed indicated that conducting a daily debrief was an effective way to communicate institutional updates. Eighty nine percent of team members indicated that the daily team huddle improved their communication with leadership and team members. Ninety nine percent of team members surveyed felt safe speaking up in the daily debrief. All team members surveyed indicated daily debriefs can improve the patient experience.

Implications for Advancing the Practice of Perianesthesia Nursing: Conducting daily team huddles improved team communication by creating a safe venue where team members felt empowered to address workflow concerns and identify safety issues. Implementation of this daily communication tool could help improve staff retention, patient safety and the patient experience.

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"WHY CAN'T WE DO IT ALL?" CREATION OF A PERIOPERATIVE FLEX TEAM

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Team Members: M. Trevor Bennett, MBA MSN RN CNOR, Rebecca L. Vincent, BSN RN CPAN, Sandra L. Price, MS RN CAPA, Heather Hebberecht, BSN RN CPAN, Margaret E. Brody, BSN RN, Holly Pealo, RN, Wende J. Betts, BSN RN

Background Information: Two nurses with pre-operative and PACU experience wanted to create an opportunity for cross-training nurses across all phases of perioperative care rather than hiring RN's solely to pre-operative or PACU units. They asked, "Why can't we do it all?"

Objectives of Project: The objectives of this project were to create a team of nurses trained to care for patients in all phases of the perioperative experience except for the OR. These highly flexible and skilled nurses provide care in preanesthesia, phase 1, phase 2, and discharge home. The goal of cross-training was to increase staff satisfaction and provide a flexible work force to fill staffing holes across the perioperative service.

Process of Implementation: We began with a staff survey which explored interest and nursing perceptions of the benefits and deterrents to flex team implementation. Survey results guided development of a proposal presented to perioperative nursing management. We conducted staff interviews, recruiting nurses already within the perioperative service, and initiated a six-month pilot program. We cross-trained two PACU RNs to preop, and one preop RN to PACU. Two RNs leading the group were already cross-trained. We met with management biweekly to assess progress/satisfaction levels.

Statement of Successful Practice: Our pilot project was implemented in October 2020 through April 2021 with five RNs. Anonymous polling of management and flex team RNs provided positive feedback regarding increased nursing satisfaction. The flex team filled most (88%) of posted holes in the first time block it was initiated.

Implications for Advancing the Practice of Perianesthesia Nursing: Cross-training and creating a perioperative flex team is imperative to provide efficient care and safe staffing ratios, and to increase nursing satisfaction.

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IMPLEMENTATION OF A PACU PAUSE IN A PEDIATRIC POST ANESTHESIA CARE UNIT

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Team Members: Kate Bullock, BSN RN CPN, Juleah Walsh, MSN RN PCNS-BC CPAN, Caren Alexander, MSN RN CPN

Background Information: Effective communication between the surgical team and the PACU nurse is essential to delivering safe postoperative care. Distractions during anesthesia/OR team hand-off to PACU results in gaps in information and leads to adverse patient outcomes. The PACU Clinical Practice Council (CPC) completed an observational survey on the arrival of pediatric patients from OR to PACU. The observations indicated the PACU nurse was distracted during the hand-off because anesthesia/OR team gave report while the PACU nurse placed the monitors and attempted to assess the patient’s respiratory status. Additionally, the audit found that the anesthesia/OR team report did not follow a consistent communication structure. Both observations showed the PACU nurse is not receiving/processing all information needed to safely care for the patient. Distraction and lack of standardization during hand-off may result in information gaps, leading to adverse clinical outcomes.

Objectives of Project: The goal of this nurse led project is to increase patient safety by improving communication between the perioperative teams and provide a safe transition from the OR to PACU.

Process of Implementation: The CPC surveyed the PACU nurses to obtain baseline information on their perception of the current process. Most nurses reported feeling distracted during the arrival and report process of the patient to PACU. They also felt they did not receive all the information needed to safely care for the patient. The CPC completed a review of best practices and collaboratively with nursing leadership and the anesthesiologists to implement an evidence-based hand-off protocol and "PACU Pause." Checklists were created and placed at each bay to facilitate standardized report. The CPC provided education to all nurses and anesthesiologists involved in hand-off and audited the process to evaluate protocol adherence.

Statement of Successful Practice: Implementation of the standardized perioperative protocol has enhanced safety during the transition of care from OR to PACU. Nursing satisfaction increased with the patient arrival process and hand-off from the anesthesia/OR team. Serious safety events related to communication failures decreased.

Implications for Advancing the Practice of Perianesthesia Nursing: Results are consistent with the literature suggesting that implementing a PACU Pause increases patient safety and facilitates undistracted communication of vital information to safely transition the pediatric patient from the OR to the PACU.

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POST ANESTHESIA RESPONSE UNIT: DEVELOPMENT OF AN INTENSIVE CARE UNIT WITHIN A POST ANESTHESIA CARE UNIT

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University of Rochester Medical Center’s Post Anesthesia Care Unit, Rochester, New York

Team Members: Shea Beiter, BSN RN CPAN CCRN, Martina Landahl, RN

Background Information: During the COVID-19 pandemic, the bed availability in Intensive Care Unit’s (ICU) at Strong Memorial Hospital was limited. The Post Anesthesia Care Unit (PACU) was able to help load balance the intensive care units (ICU’s) by caring for 6 ICU patients utilizing a nurse-led model.

Objectives of Project: The goal of the Post Anesthesia Response Unit (PARU) development was to utilize a team nursing model successfully caring for ICU patients. Because not all of the nurses who work within the PACU are traditionally trained to care for ICU patients, perioperative services leadership...