Problem: Our Level one hospital performs over 100 surgery cases a day. Our Perianesthesia (PACU) department must concisely and timely transfer patients to the intensive care units, observation units and floors after anesthesia sign out. A potential barrier to patient flow is the quick pace limiting communication and relations within interdepartments. To proactively improve the RN to RN interaction between PACU staff and other divisional lead charge nurses with the institution, the PACU participated in a program similar to our hospitals’ “Walk a Mile in My shoes” program.

Interventions: PACU staff nurses in the charge role were paired with a variety of divisions within the hospital for shadowing. Divisions included specialties such as neurosurgery, gynecology, cardiothoracic, and trauma services. Several hours were spent watching the flow of the receiving divisions, how PACU transfers impacted their day, and floor dynamics as new post-surgical patients arrived. Discussion regarding the divisions concerns regarding “safety, communication, and handoff” occurred. Relationships were formed between multiple divisions due to active concerns for PACU staff in addressing patient flow.

Outcome: PACU lead charge staff has built strong relationships with hospital divisional lead-erships. Improvement in communication has occurred. Information from personal experiences is shared at staff meetings. Patient safety and concise handoff have been prioritized by all divisions. Increased awareness and understanding regarding impact of transferring patients and timing concerns is seen by all.