As regulatory agencies expect real time continual readiness, including unannounced site visits, nursing staff is required to be up to date with this information. The PACU nurses felt unprepared and pressured with the last minute information to prepare.

To better prepare the staff, we developed a unit based continual readiness committee. It is composed of the Perioperative Educator and four staff nurses who meet monthly.

Among the four staff nurses, each week they presented an educational topic. The topics included privacy restrictions, advanced directives, etc. In addition to presenting educational topics, the committee agreed to mock survey their colleagues. Performing mock surveys individually helps to empower the staff and allow the staff to not feel pressured. These questions vary monthly based on the hot topics or areas of concern. It is beneficial for committee members to audit their colleagues to make sure they are compliant and up to date with this information. The team can also identify where there may be a knowledge deficit.

The committee members require minimal time out of staffing but this provides maximum readiness. The creation of a continual readiness committee has also made our four nurses informal experts. After our most recent survey, the committee members were sought out for assistance and guidance.

With cost containment and cost repositioning on the horizon, a continual readiness committee is beneficial. It empowers the staff nurses to take charge of continual readiness and it allows for collaboration between the leadership and nurses to help with continual readiness.