

## **ENGAGING STAFF TO CREATE A BLENDED UNIT AND EFFICIENT STAFFING MATRIX**

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**Background Information:** The University of Kansas Hospital Main Campus Operating Rooms serve twelve surgical services. Growing Operating Room volume and the addition of Operating Rooms (totaling 32) and Pre/Post beds (totaling 57) deemed it necessary to reexamine Pre and Post-Operative patient flow and staffing guidelines. Historically, unit structure consisted of separate Same Day Surgery (SDS) and Post Anesthesia Care Unit (PACU) staff to care for patients in the Perianesthesia setting. Patient congestion on both the Same Day Surgery (Pre-Op and Phase II) and PACU (Phase I) units occurred due to this separation and increasing surgical volumes.

**Objectives of the Project:** Develop and implement a plan to meet increasing surgical volume and expanded capacity by combining existing units, cross-training staff, and revising the staffing matrix.

**Process of Implementation:** SDS and PACU combined to create one unit, Main Pre/Post (MPP). For incumbent staff members, Unit Leadership created cross-training competency checklists and staggered orientation schedules so that 2-4 RNS at a time were in orientation. Staff members were assigned a preceptor on their non-dominant unit for 2-6 weeks, dependent on previous competency levels. A Scheduling Committee was formed, including members of Unit Leadership and nominated Staff RNs. Through analysis of surgical and pre/post-operative volumes, it became apparent that the current staffing did not support safe and efficient patient flow. Based on this data and ASPAN staffing recommendations, the Scheduling Committee revised the staffing matrix, streamlining shift start times and shift length to support patient flow and acuity changes. Staff members bid on and were granted shifts based on seniority order.

**Statement of Successful Practice:** By merging traditional Pre-Op and PACU units, cross-training all staff, and developing a staff led Scheduling Committee, a fluid, more cohesive group of staff are available to adapt as patient flow changes. This flexible environment allows all beds on the unit to be utilized at all times, regardless of patient acuity. The Main Pre/Post Scheduling Committee continues to be a vital part of scheduling and staffing decisions as Pre/Post-Operative volumes continue to increase.

**Implications for Advancing the Practice of Perianesthesia Nursing:** RNs that are cross-trained for each level of care in the Perianesthesia setting ensure a more adaptable, safe unit for patient care.