In the Zone: A Team Approach to Pre- and Post-Operative Patient Care

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Background

Staffing in a perianesthesia unit is a continuous challenge with an ever-changing surgery schedule. An off-site surgical hospital for a large academic medical center previously had separate pre-operative and post-operative units. With the opening of a new hospital in 2018, a zone staffing model was used to implement a blended perianesthesia unit.

Methods

The Unit Coordinator and Educator shadowed other blended perianesthesia units within the system to evaluate their processes. A new zone staffing model was designed to meet our unique patient population, as well as the physical layout of the new unit. This unit has 24 bays with the capacity to staff up to four zones. When making the daily staffing schedule, zones are clustered together by surgeon/OR. There are 8 operating rooms at the location. The assignments are made in such a manner to decrease overall staff footprint and utilize Lean processes.

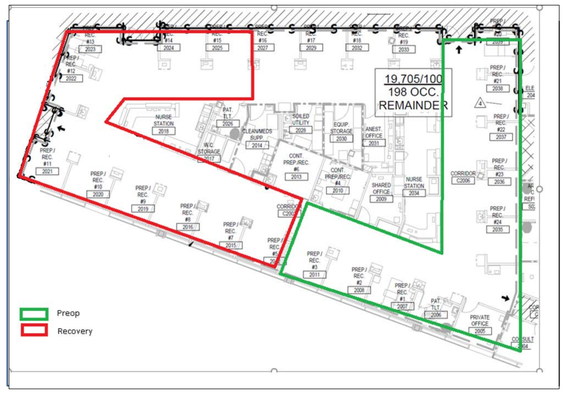
Considerations when making assignments:

- Number of first starts
- When cases are scheduled to end
- Type of anesthesia (general vs. MAC, and/or regional, or local only)
- Will a block be done preoperatively
- Outpatient vs. inpatient cases

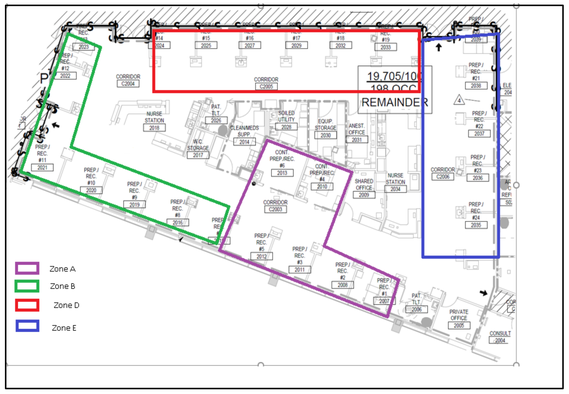
Latest scheduled staff members are assigned to the zone with the latest scheduled patients out of the OR. As needed at the end of the day, the zones condense to one zone, allowing for cost savings with everyone blended we no longer keep two nurses in preop for one patient and two nurses for one patient in recovery, staffing can be adjusted where two nurses can cover the two patients.

An in-depth analysis on unit staffing budget impact has not yet been completed. However, hours of operation have increased without the need to increase FTEs.

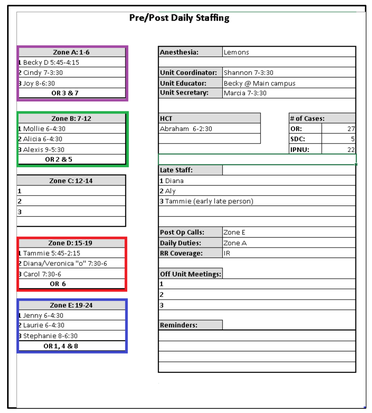
Separated Pre and Post



Blended Unit Layout



Staffing with Corresponding ORs



Pre/Post Daily Staffing

Zone A: 1-6	
1 Becky D 5:45-4:15	
2 Cindy 7-3:30	
3 Joy 8-6:30	
OR 3 & 7	
Zone B: 7-12	
1 Mollie 6-4:30	
2 Alicia 6-4:30	
3 Alexis 9-5:30	
OR 2 & 5	
Zone C:12-14	
1	
2	
3	
Zone D: 15-19	
1 Tammie 5:45-2:15	
2 Diana/Veronica "o" 7:30-6	
3 Carol 7:30-6	
OR 6	
Zone E: 19-24	
1 Jenny 6-4:30	
2 Laurie 6-4:30	
3 Stephanie 8-6:30	
OR 1, 4 && 8	

Anesthesia:	Lemons
Unit Coordinator:	Shannon 7-3:30
Unit Educator:	Becky @ Main campus
Unit Secretary:	Marcia 7-3:30

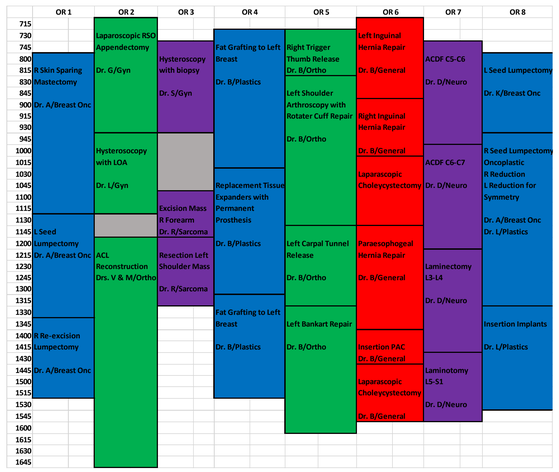
HCT	# of Cases:	
Abraham 6-2:30	OR:	27
	SDC:	5
	IPNU:	22

Late Staff:
1 Diana
2 Aly
3 Tammie (early late person)

Post Op Calls:	Zone E
Daily Duties:	Zone A
BR Coverage:	IR

Off Unit Meetings:
1
2
3

Reminders:



	OR 1	OR 2	OR 3	OR 4	OR 5	OR 6	OR 7	OR 8
715								
730								
745								
800	R Skin Sparing Mastectomy Dr. A/Breast Onc	Laparoscopic RSO Appendectomy Dr. G/Gyn	Hysteroscopy with biopsy Dr. S/Gyn	Fat Grafting to Left Breast Dr. B/Plastics	Right Trigger Thumb Release Dr. B/Ortho	Left Inguinal Hernia Repair Dr. B/General	ACDF C5-C6 Dr. D/Neuro	L Seed Lumpectomy Dr. K/Breast Onc
815								
830								
845								
900								
915					Left Shoulder Arthroscopy with Rotater Cuff Repair Dr. B/Ortho			
930								
945						Right Inguinal Hernia Repair Dr. B/General		
1000		Hysteroscopy with LOA Dr. L/Gyn					ACDF C6-C7 Dr. D/Neuro	R Seed Lumpectomy Oncoplastic R Reduction L Reduction for Symmetry Dr. A/Breast Onc Dr. L/Plastics
1015								
1030				Replacement Tissue Expanders with Permanent Prosthesis Dr. B/Plastics		Laparoscopic Cholecystectomy		
1045			Excision Mass R Forearm Dr. R/Sarcoma					
1100								
1115								
1130	L Seed Lumpectomy Dr. A/Breast Onc					Paraesophogeal Hernia Repair Dr. B/General	Laminectomy L3-L4 Dr. D/Neuro	
1145		ACL Reconstruction Drs. V & M/Ortho	Resection Left Shoulder Mass Dr. R/Sarcoma		Left Carpal Tunnel Release Dr. B/Ortho			
1200								
1215				Fat Grafting to Left Breast Dr. B/Plastics				Insertion Implants Dr. L/Plastics
1230						Insertion PAC Dr. B/General		
1245					Left Bankart Repair Dr. B/Ortho		Laminotomy L5-S1 Dr. D/Neuro	
1300						Laparoscopic Cholecystectomy Dr. B/General		
1315								
1330	R Re-excision Lumpectomy Dr. A/Breast Onc							
1345								
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1645								

Conclusions

Competency in all aspects of perianesthesia care has increased nursing proficiencies and improved delivery of patient care. Clustering of physicians and nurses by zones has enhanced the ability to respond to changes in the surgical schedule and prevented surgical delays. The same pre/post staff and OR staff work together for continuity of care through the day. Despite the magnitude of these changes, all members of the interdisciplinary team have embraced the zone staffing model and Press Ganey outpatient scores have sustained above the 90th percentile.

Zone staffing increases nurse autonomy, providing an opportunity for bedside nurses to use critical thinking and problem-solving skills. Zone staffing also promotes accountability, teamwork, and inter- and intra-professional communication, as members of the zone are accountable to each other in real time. Increased nurse autonomy and improved accountability, teamwork, and communication yield better patient experiences.

Assigning zones by OR has been largely successful as most times the patient can return to the zone postoperatively that they were prepped in. This decreases potential hand off issues with the continuity of care.

OR holds have essentially been non-existent since implementing the blended unit as staff has been able to adjust assignments within their zone while adhering to ASPAN staffing standards.

Acknowledgement & References

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American Society of PeriAnesthesia Nurses (ASPAN). *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements* (2019-2020 ed.). Cherry Hill, NJ.

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