CARING FOR THE OVERFLOW PATIENT IN YOUR PACU: STRATEGIES FOR SUCCESS

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Changing Face of Healthcare
- Older & sicker
- Delays/non-existent preventative care
- ED visits
- $$$ deductibles delaying surgery
- Less elective surgery
- >> minimally invasive procedures

"Over-flow"
- Patients have met d/c criteria but no inpt bed
- Surgical and non-surgical patients admitted to ASU when no inpatient bed is available
- Critically ill patients, surgical and/or medical, admitted to PACU when the ICU is full or cannot take the patient
- Some define overflow as any pt who should be somewhere else

Put Anything you Can in the Unit*
- ICU beds are closed d/t lack of ICU RNs
- ER is backed up: pre-op pt sent to PACU
- Pt in a procedural area had severe allergic reaction d/t dye and will need close observation and monitoring
- Cath lab holding area nurse is due to go home and last case not ready to be d/c
- Pt codes, ICU too busy: pt comes to PACU

Challenges
- OR flow
- Space
- Staffing and staffing ratios
- Competency
- Equipment/supplies
- Visitors
- Patient satisfaction- or not
- Nurse satisfaction- or not
- Physician management of the critically ill
- And.....................

* Quoted from Kim Litwack
Who to Hire
- Critical care experience?
- Telemetry experience?
- How many years of nursing experience?
- Internal or external?
- Interview
  - No weekends or holidays?
  - Just check BPs?
  - Eager to learn?
  - What do they read? Memberships? Certifications?

Orientation Resources
- Unit-based
  - CNS/Clinical Educator
  - ? Critical care experience
  - Preceptors
  - Budgeted classroom time
  - On-going education
- Central Nursing Education
- Critical Care Nursing
  - Access to critical care CNS/CE
  - Orient in ICU?

Orientation
- Length
  - Learning needs assessment
  - Adult learners
- Content
  - Same as ICU?
  - How???
  - Preceptor
  - Classroom
  - Computer
  - Time in ICU?

Preceptors
- Preceptor classes
- Experience
- Role modeling
  - How do you want your orientee to look in 6 months?
- Support
  - Possibly long time
  - Draining if novice/no experience

Orientation: Day 1
- Get the schedule out of the way
- Be clear on the learning expectations
- Competency based assessment (CBA)
  - Self-assessment
  - Determine clearly past experience and/or skill level
  - Just became they came from the ICU may not equate to competency
- Orientation plan

Orientation
- Length
  - Time-based or
  - Competency based
- Checklists
  - Surgical specific
  - Critical care content
  - ? Med-surg content
- Ensure flexibility in assignments
Orientation Challenges

- Need to orient to PACU skills first!
- Time constraints
- Preceptor limitations
- Critically ill patients rare?
- EMR: lack of access to med-surg/critical care profiles

Recommended Competencies per the ASPAN Standards - Phase I

- ACLS/PALS
- Hemodynamic monitoring & interpretation
- Acid-base balance evaluation/ABG
- Respiratory and ventilator management
- Pharmacology

Competencies

- Ventilator modes/alarms/care of the pt on EKG wave form analysis and interpretation
- Hemodynamic monitoring
  - Wave forms
  - Trouble-shooting
  - Medication titration
- Devices:
  - Central lines/PA lines
  - Intracranial: ICP and drainage
- Medications!!!!
  - Critical care med tests

Competency Strategies

- Time in ICU
  - Challenges
    - Weaning and extubation
    - Vasopressor titration
    - Not the same as the PACU
    - Availability of preceptors
  - Anesthesia in the OR- intubation, extubation, PA line insertion, vasopressor management & clinical indications
  - Respiratory therapy
  - Critical care orientation

Competency Strategies

- Cognitive learning
  - Classroom
  - On-line courses- internal & external
  - Webinars
  - Journals
- Technical skills
  - Use device away from pt
- Simulation

Translating Knowledge into Practice

- Data overload & prioritization failure
  - Transition from PACU care to ICU care
- Protocols and guidelines
  - What are they? PACU or ICU
  - Learning the rules
- Getting the big picture
  - Plan of care
  - Shift in focus from "how" and "when" to "what if"
- Independent exploration & transition
- Competent practitioner

Evaluation of Learning
- Cognitive- tests, discussion, “explain to me…”
- Demonstration
  - Simulation
  - Real-time
- Case review
- Audits
- Weekly wrap-up and progress assessment

Evaluation of Learning
- Use CBO/CBA to its fullest
- Ensure language captures mastery that is pt specific
- If RN not progressing, address immediately and develop action plan

Transition into Practice
- Ensure resource for ICU pt- may be months before orientee care for one
- On-going collaboration with charge nurse pt assignments to facilitate learning
- Case studies for all staff
- Encourage attendance at critical care lectures, presentations

Annual Competence Assessment
- Skills fairs
  - Unit-based
  - Testing vs teaching
  - Measurable competencies
  - Include rarely seen
- Continuous competence assessment
  - Audits
  - Patient and RN rounding
  - Learning needs assessment
- Portfolios
- Peer review

Annual Competence Assessment
- Keep current
  - ICU & M/S RN competencies
  - Policies
  - Medications
  - Surgeries
  - Care plans

Phase I Staffing per the ASPAN Standards

- 2 RNs present at all time, 1 competent in Phase I level of care

- 1:1
  - Critical elements are met
  - Report received, transfer of care
  - Stable airway [jaw support, oral airway]
  - Initial assessment is complete
  - Hemodynamically stable
  - Free from agitation, combative, restlessness

- 1:2
  - Adult, conscious, stable, free of complications, not yet meeting discharge criteria
  - Conscious, stable, under 8 with family present or competent support person
  - 1 unconscious pt, hemodynamically stable w/ stable airway over the age of 8 & 1 conscious pt stable and free of complications

- 2:1:
  - Critically ill unstable pt

Phase II Staffing per the ASPAN Standards

- Preparing pt for care at home or extended level of care
- 2 competent personnel, 1 RN competent in Phase II level of care
- 1:3
  - > 8 years old
  - < 8 w/ family, support person
- 1:2
  - < 8 w/o family, support
  - Initial admission of pt post procedure

Extended Care Level of Care Staffing per the ASPAN Standards

- 2 competent personnel, 1 RN competent in pt population
- 1:3-5
  - Pts awaiting transportation home
  - Pts being held for inpatient bed

ASPAN Standards: ICU Overflow

- Phase I PACU is a critical care area
- Primary responsibility is to provide optimal standard of care to postanesthesia pt AND maintain flow of surgery schedule
- Appr staffing to care for PACU & ICU overflow
- Staffing should be consistent w/ ICU guidelines, based on acuity & needs

ASPAN Standards: ICU Overflow

- Phase I = critical care area
- Competencies:
  - Ventilator management
  - Hemodynamic monitoring
  - Med administration
- Comprehensive resource utilization plan
  - Staffing needs
  - ICU bed utilization
- Medical management of the pt established
ASPN Standards: Medical-Surgical Over-flow

- Primary responsibility is to provide optimal standard of care to postanesthesia pt AND maintain flow of surgery schedule
- Pts whose surgery has been completed but are unable to be admitted to the PACU [still in OR] should receive same standard of care for Phase I PACU
- Over-flow pt grouped together
- Appropriate competencies required for pt

Med-Surg Overflow Patients

- Patient rights
  - Family presence
  - Privacy
- Ambulate
- Diet
- Bathroom - do you have one???
- Post-op orders - need to be implemented
- TV

Challenges

- Family visitation
- Ability to safely ambulate
- Communal bathroom or none???
- Dietary/food service
- Phones
- Privacy
- NOISE
- Transitioning care from Phase I to med-surg

Med-Surg Nursing Care

- Care plans
- Vital signs
- Fall risk assessments
- Teaching
- Medication management
  - Med rec
  - Pharmacy review
  - Pt profiling
  - Med administration
- Discharge process POD #1

How to Staff for Med-Surg Overflow

ASPN Standards **but**

- Unlikely that an inpt nsg assignment contains 5 fresh post-ops
- Can you group together **but**
- Difficult to simultaneously meet the needs of immediate post-op and m/s pt
- Toileting
- Meals
- Visitors
- Ambulation
How to Staff for ICU Over-flow

- ASPAN Standards
- RN competency
- Resources
  - RN w/o assignment
  - CC float
  - CNS/CE/charge RN
- Patient acuity & stability
- Intubated airway does not = unstable

Questions?