### **INNOVATION OF G31: ONE COHESIVE UNIT**

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#### **BACKGROUND INFORMATION:**

With the expansion of the Cleveland Clinic and increase in patient volume, there was a need to create a unified Perianesthesia unit. In October 2013, the SDS and PACU nurses collaborated to make one cohesive unit, G31. Due to various locations of ORs, there was need for expansion for colorectal surgery, general surgery, and plastic surgery. Per ASPAN Standards, Phase I level of care is provided in close proximity to where anesthesia is administered.

#### **OBJECTIVES OF PROJECT:**

The objectives include increased communication and collaboration among the Perioperative staff.

#### PROCESS OF IMPLEMENTATION:

The two groups collaborated to design the unit. The SDS nurses developed a core team to open the unit, identify, and solve problems with the work flow. The group surveyed the existing preop area's supplies and stocked according to the surgical needs of the patient. There is a resource nurse who coordinates and communicates with PACU to determine bed utilization. The unit is unique in that they are able to flex the amount of bed spaces needed to pre-op and discharge patients. Communication is enhanced by the oncoming nurse receiving bedside report.

# STATEMENT OF SUCCESSFUL PRACTICE:

One cohesive unit has allowed for bedside reporting, which involves the patients and families in the plan of care. The innovation of G31 has increased nurse accountability and teamwork between OR, SDS and PACU. Additional benefits include decreased travel times, continuity of care, patient and family involvement, facilitating surgeon-family communication, and efficient use of OR time.

## IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

Improved hand off communication has led to less communication errors and a decrease in redundancy and confusion. One cohesive unit has expedited the discharge of patients to home. G31 has provided an opportunity for the cross training of nurses to pre-op.