

# Multidisciplinary Approach for a Phase II Pediatric Pandemic Recovery Plan

Kimberly Valentine, MSN, RN, RNFA, CSSM, Molly Mercier, BSN, RN, CPN, Sarah Schroeder, BSN, RN, CPN, Karen Johnson, MSN, RN, CNOR

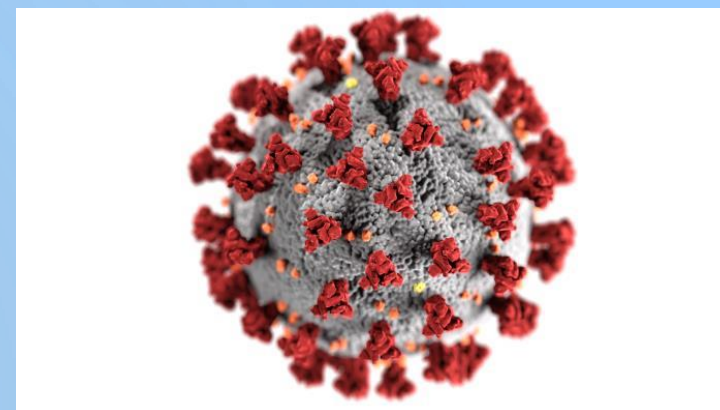


## Background

The COVID-19 Pandemic forced Phoenix Children's Hospital (PCH) to stop elective surgeries from Mid-March through May 1, 2020. This resulted in hundreds of surgical cases being cancelled. In anticipation of resuming elective surgical cases, PCH developed a recovery plan for accommodating the rescheduling of the cancelled cases to the already scheduled cases. The traditional model was to recover patients in Phase I and Phase II in the same area. Historically we have had challenges when the daily surgical patient census was more than 35 patients. Our multiple, rapid, high turnover cases along with a lack of space in PACU, caused delays and a decrease in number of cases performed each day and dissatisfaction among surgeons, staff, and families.

## Purpose

- Optimize throughput by freeing up space in the PACU department
- Identify an alternative space for Phase II recovery
- Utilize Acute Care Nurses for Phase II recovery
- create a Phase II recovery with cross-trained Acute Care Nurses
- Maintain a revenue stream
- Improve physician, staff, patient and family satisfaction.



## Assessment

- Due to space limitations, a separate area for Phase II recovery is needed
- Additional staff are needed to support Phase II recovery
- Acute Care nurses has bandwidth to support staffing Phase II unit
- Acute Care nurses have skill foundation to safety care for Phase II patients with minimal training

## Preparation and Planning

- Met with Acute Care Clinical Manager and department VP's to discuss staffing resources
  - Leveraged Acute Care RN's who were interested in being cross-trained to Phase II
  - Met with Facilities, Pharmacy, Nutrition, IT, to identify a space that would adequately serve the patient needs for Phase II care and make sure areas had appropriate resources
  - Established Criteria for Phase II: ENT out-patients only; excluded BMT patients, excluded last patient of day
  - Education plan included:
    - Overview of Malignant Hyperthermia (S/S, resources, MH cart location, treatment algorithm, etc.); Review of staffing and leadership resources; Review Phase II recovery workflow; Review PACU monitoring requirements; Review documentation; Review Discharge criteria including discussion of modified Aldrete scoring
    - Orient with preceptor in PACU;
- Real time exposure to CPM documentation  
Identified when patients meet Phase II criteria  
Experience with giving IV pain narcotics via IV push with preceptor  
Discharge instructions printed and reviewed with parent  
Discharging patients

## Implementation

- Utilized ASPAN's Practice Recommendation and American Society of Anesthesiologists Standards for Post-anesthesia Care
- Developed process that identified patients who met criteria for transfer to Phase II supported by the Aldrete Scoring System
- Collaborated with nursing leaders and unit educator to cross-train Acute Care nurses to Phase II
- Identified hours of Phase II operation
- Developed a plan to support the Phase II staff
- Department leadership reviewed the schedule one week in advance to determine the most appropriate days for Phase II

## Statement of Successful Practice

- Successfully able to accommodate more ENT patients on a daily basis, increase efficiency, prevent delays related to PACU saturation.
- Perioperative department was able to care for 67 surgical patients in one day.
- Sent a total of 158 patients in Phase II PACU over 24 days. Average 6.5 patients per day.

## Implications for Perianesthesia Nursing

Using resources from multiple areas, AORN/ASPAN, perianesthesia nursing can increase productivity with this practice, by identifying patients that are appropriate to transfer to Phase II. Patient families can be with children earlier. It will decrease the RN's divided attention with a mix of patients and supports the mission of nursing as life-long learners, and improved PACU RN's efficiency with appropriately assessing the Aldrete scoring system.

## Recommendation-Next Steps

- Continue to look at volumes to predict need for future Phase II coverage
- Secure an area where we can maintain a Phase II PACU for Monday through Friday
- Utilize the Acute Care RN's who have been trained to help with Phase II recovery and look at cross-training to PreOp
- Based on volumes, add incremental FTE's for Phase II nursing
- Expand the types of patients we send to Phase II