

Multidisciplinary Approach for a Phase II Pediatric Pandemic Recovery Plan

Team Leaders: Kimberly Valentine MSN RNFA RN CSSM, Molly Mercier BSN RN CPN
Phoenix Children's Hospital, Phoenix, Arizona

Team Members: Sarah Schroeder BSN RN CPN, Karen Johnson MSN RN CNOR

Background Information: Phoenix Children's Hospital (PCH) pediatric Post-Anesthesia Care Unit (PACU) is comprised of 16 bays, 4 being isolation rooms. This PACU area serves 10 OR/Endoscopy rooms. The daily census average is 26 patients with a range of acuity. The traditional model was to recover patients in Phase I and Phase II in the same area. The back log of cases from the COVID pandemic presented a challenge where we were seeing an increase in the daily census. 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.

Objectives of Project: Goal was to increase efficiency by freeing up space in the PACU department, create Phase II recovery with cross-trained Acute Care Nurses, maintain a revenue stream, and improve physician, staff, patient and family satisfaction.

Process of Implementation: Utilizing ASPAN's Practice Recommendation and American Society of Anesthesiologists Standards for Post-anesthesia Care, we developed criteria that identified patients who met criteria for transfer to Phase II supported by the Aldrete Scoring System. Through collaboration with nursing leaders, we cross-trained Acute Care nurses to Phase II. Leadership identified hours of Phase II operation, which patients we would send to Phase II, and 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.

Implications for Advancing the Practice of 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.