

## **Enhancing Patient Outcomes through PeriAnesthesia Clinical Leader Engagement, Development and Unit-Level Shared Governance**

Team Leaders: Robin Kaufman DNP RN NEA-BC, Kathryn B. McCarraher MHA BSN RN CPAN  
Brigham and Women's Faulkner Hospital, Boston, Massachusetts

**Background Information:** A new Perianesthesia Nurse Director (ND) and Professional Development Manager (PDM) at a 171-bed community teaching hospital that is part of a large, integrated health system identified a need to enhance staff flexibility and the speed with which their unit could accommodate change. Growth in same day discharge eligibility, Interventional Psychiatry procedures and newly earned Magnet designation required Perianesthesia nurses to adapt rapidly to provide the best patient care. To support growth, optimal effectiveness and retention of their clinical leadership as pivotal change agents, a unit level shared-governance structure was developed and implemented.

**Objectives of Project:** To support Perianesthesia nurse adaptability through uniting the clinical leadership team of three Perianesthesia Departments and enhancing their skills around conflict management, professionalism, change management and systems thinking.

### **Process of Implementation:**

The ND and PDM implemented a structure to provide regular venues for teambuilding, information sharing, professional and leadership growth, and team problem solving:

- Weekly Operations Meeting: Discussion of operational concerns, information sharing, collective problem solving, decision making and monitoring metrics.
- Holiday Retreats: Day long retreats scheduled on holiday weeks to enable staff attendance. Content grounded in ASPAN Standards and position statements, Massachusetts Nurse of the Future Competencies, the Johns' Hopkins EBP Model, the Magnet model and local strategic plan.
- Individual one to ones: Regular individual meetings to discuss operational and strategic issues as well as coaching, professional and leadership development.

**Statement of Successful Practice:** Implementation of the Perianesthesia Clinical Leadership Group (PDCLG) supported execution of multiple new processes including same day PACU discharge of joint arthroplasty, prostatectomy, mastectomy and select nephrectomy patients, increased volume and efficiency of electroconvulsive therapy and ketamine infusion patients. CPAN and CAPA certification rates grew. Clinical Leaders reported greater group cohesion, growth of their leadership skills and greater satisfaction in their roles.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Adaptable, empowered Perianesthesia nurses can be powerful change agents and contributors to advancing patient care. Perianesthesia nursing leaders can support autonomy, engagement and satisfaction through intentionally providing opportunity for team building, professional development and operational collaboration.