

A New Model of Care: The High Intensity Surgical Short Stay Unit

Team Leaders: Ingrid Daley MScN BA BScN RN CNCC(C),

Avery Nathens PhD MD FRCS(C), Surgeon-in-Chief,

Denyse Henry MHM BHA (Hons) RN, Director of Operations OR & RS

Sunnybrook Health Sciences Centre, Toronto, ON, Canada

Team Members: Joele Cuenca RN, Carrie Hart BScN RN,

Elein Taking BScN (Hons) RN, Leon Yan BScN RN, Dzmitry Mikhaltsevich BScN RN,

Jennifer Chukwuemeka BScN RN

Background Information: Our academic health sciences centre has a mandate for care of complex surgical oncology and trauma patients, putting significant strain on ICU capacity. The result has been a high rate of cancellations for elective surgical patients who require short term monitoring in a level 1 or 2 ICU. To mitigate these cancellations we needed to implement a different model of care to balance operational efficiencies without compromising quality of care. To accomplish this goal, we expanded our PACU to offset the demands on the two existing intensive care units supporting the recovery of these patients. This expanded unit was referred to as the High Intensity Surgical Short Stay Unit (HISSSU).

Objectives of Project: Development of a model for the HISSSU within the Post Anesthesia Care Unit (PACU) to improve efficiency, standardize and streamline surgical supports and care, limit surgical cancellations and improve patient flow and satisfaction.

Process of Implementation: The project team consisted of senior perioperative leadership, critical care leadership and frontline staff to develop a project plan. Staff were engaged through debriefs and huddles to improve communication and collaboration across the perianesthesia and perioperative team. A customized operational model, patient eligibility criteria, clinical escalation pathways and evaluation metrics were developed. Frontline providers were hired and practice support tools specific to the selected patient population and the novel context of care were created, including standardized order sets, care plans, communication tools and staff rosters.

Statement of Successful Practice: Implementation of the workflow model decreased capacity constraints in the ICU. The design was sustained successfully through the COVID pandemic in spite of the great demand for ICU capacity. The perianesthesia nurses developed an improved relationship with the various surgical services, surgical flow, ward nurses and the interprofessional staff. PACU nurses continue to add to their expert level of critical thinking, knowledge, judgment and skills for all levels care.

Implications for Advancing the Practice of Perianesthesia Nursing:

Successful throughput involves staff input at every level through committee meetings

Multidisciplinary stakeholder and leadership support

Leading perianesthesia knowledge and practice from a critical care perspective

Leading in patient centered care and patient satisfaction