

## **When Two Become One: Merging ASC and PACU into the Surgical Services Unit**

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**Abstract Background Information:** A separate Ambulatory Surgical Center (ASC) and Post Anesthesia Care Unit (PACU) led to nurses working in silos. ASC nurses are tasked with preoperative care and Phase II recovery while PACU nurses focus only on care of the patient undergoing peripheral nerve block (PNB) and Phase I recovery. This structure results in multiple handoffs, shorter durations of patient care, and unnecessary transfers. Construction of a new merged space brought the need to cross-train staff to the forefront.

**Objectives of Project:** Our aim was to create a cross-training program to equip each nurse with the skills needed to care for patients in all phases of preoperative and postoperative care. Successful implementation will promote cohesion among staff members, streamline the flow of patients, and reduce delays. Our goal is to improve the patient experience by increasing continuity of care.

**Process of Implementation:** Implementation of the cross-training program began with newly hired nurses receiving orientation to all areas: preoperative, PNB, Phase I and Phase II recovery. For existing staff, a tracker was created to outline the existing skill set of each nurse and pending competencies. Cohorts of three to four nurses are enrolled in cross training to avoid any impact to patient care during the transition.

**Statement of Successful Practice:** Nurses who have been cross trained to all aspects of peri-anesthesia care have been found to be more versatile. Patient flow has improved, transport requests decreased, handoffs minimized, and door to discharge time reduced.

**Implications for Advancing the Practice of Perianesthesia Nursing:** This initiative streamlined workflow for staff and provided greater continuity of care for patients. Previously, a patient may have encountered four nurses during their visit. Now, patients see only one to two nurses, which increases efficiency, promotes patient safety, and leads to less fragmented care. We feel other institutions could benefit from this easy to implement initiative.