## The Creation of a PACU Rapid Response in Collaboration with the Surgical ICU Providers

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**Abstract Background Information:** After a patient is transferred from the operating room (OR) to the PACU, they are most often expected to further transfer to the med/surg floor or be discharged home following their recovery. However, if a PACU patient has a clinical change prompting a rapid response, it greatly increases the likelihood that they will require a higher level of care. In calendar year 2023, 60% of PACU RRTs required a higher level of care, with 88% of those RRTs required SICU. However, it was often unclear of how to facilitate these transfers to higher level of care from the PACU, which led to frustration from both the PACU staff and SICU staff.

**Objectives of Project:** The ultimate goals for the SICU Advanced Practice Providers' presence is to 1) create a direct line of communication from PACU to SICU, 2) partner with the responding and primary teams to appropriately identify if the surgical patient will need a higher level of care and, if necessary, 3) assist in the timely transfer of that patient to the SICU.

**Process of Implementation:** This project pilot was created through the SICU operations taskforce at Pennsylvania Hospital. It was then presented to all relevant stakeholders: critical care, SICU APPs, perianesthesia leadership and staff, and the attending surgeons. The process was able to go live in winter 2024.

**Statement of Successful Practice:** Since inception of new process, eight RRTs have been activated by the PACU team and two of the eight RRTs were transferred to a higher level of care. Both PACU staff and SICU APP staff praised the new process for having clear lines of communication and less confusion overall while dealing with an emergency situation.

**Implications for Advancing the Practice of Perianesthesia Nursing:** This was a great example of collaboration between perianesthesia and the surgical ICU APP team. In order to further strengthen understanding of the process, clinical simulations have been conducted with the perianesthesia staff and APP team using real-life scenarios. Staff appreciated the ability to simulate the process and feel that they are pretty prepared to execute this if it were to occur in the future.