Preparedness in Perioperative Departments: Strategies for Effective Disaster Response

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About University of Colorado Hospital

- Flagship Hospital with 894 licensed beds and 110 ambulatory clinics
- #1 US News and World Report in Colorado 11 years in a row
- Six-time Magnet Designated Hospital
- American College of Surgeons Level 1 Trauma Center with 41 Operating Rooms (34,671 surgeries performed in 2024)
- I of 63 American Burn Association (ABA) verified locations in the United States and the first ABA-verified burn center in Colorado



Background

The perioperative department, with over 600 staff, is a critical component of the hospital, serving as the hub for surgical procedures and patient care that directly impacts multiple areas of the hospital. However, during disaster events, this department can often be overlooked when determining patient flow and processes. By employing a systems-level approach, we developed job action sheets that clearly outline the perioperative departments' roles and responsibilities in disaster scenarios, ensuring effective coordination and communication across all departments. This proactive planning helps mitigate risks and enhances overall hospital resilience during emergencies.

Objectives

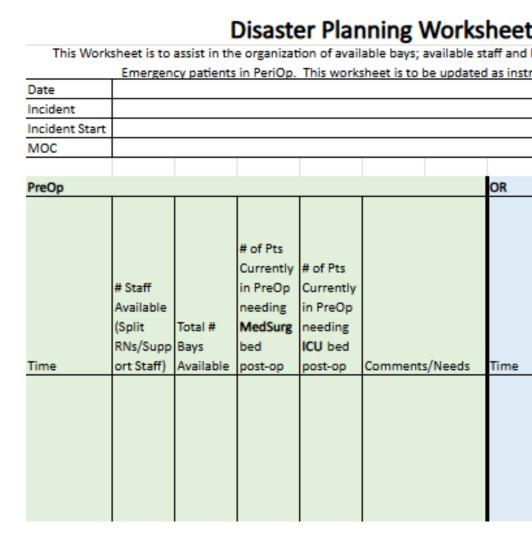
The project aims to outline the roles and responsibilities for all staff by interlinking a series of job action sheets to streamline the communication process throughout the perioperative departments ensuring successful treatment and transition of patients in a disaster event. Empowering staff at all levels with specific job functions allows for increased collaboration and gives direction during highly stressful situations.

2025 ASPAN National Conference

Process of Implementation

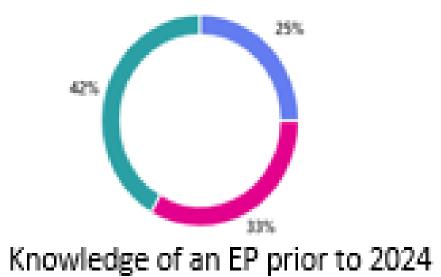
The process for implementation included all perioperative departments creating job action sheets, which are broken down into four sections: assess, prepare, respond, and maintain. Each section then has designated tasks. All perioperative leaders met to collaborate and discuss the implications of a disaster and how this affects each unit, as well as the trickle-down effect that occurs between departments. A job action sheet was also created for the perioperative manager on-call in order to provide clear direction for their role during a disaster. A disaster drill was held, and the job action sheets were implemented. After the exercise event, a debrief meeting was held to discuss suggested changes to these sheets to better match workflows. A Microsoft Teams page was created to include all perioperative leaders, charge nurses, and supervisors throughout the departments. This Teams channel has designated folders for each department with their respective disaster plans, as well as the job action sheet for the perioperative leader on-call. We also created a 'live' disaster worksheet that is on this Teams page. During a true disaster, the charge nurses/supervisors can fill out this spreadsheet with available staff, open bays, resources needed, ORs running, etc. We also created a condensed version of this worksheet to be used during patient flow incidents, such as code yellows (any incident where hospital incident command would be stood up), EPIC downtime, or high capacity alerts. This sheet focuses on how many patients require bed assignments postoperatively and any other needs the units may have that are not mass casualty related.

	Job Action Sheet
Perioperative Administrator On-Call	
	AMC Perioperative Services
	Reports to:
	Hospital Incident Command Center (HICC)
	Command Center Contact:
UCH: 8004	15 / Incident Command Center Room #8.892/8.893 (double check Everbridge message)
	int person for communication to and from perioperative departments (PPS, SPD, Pre-Op, , Perfusion, and PACU) and Hospital Incident Command Center
Role Summ	ary: Remain present in HICC throughout duration of disaster event, communicate status and needs between Perioperative Departments and HICC
Department	Role: Maintain effective communication between HICC and perioperative department leadership (managers/ANMs)
Tasks:	the City et an
	the Situation
	ne Decision Maker's Call on Microsoft Teams (You will receive an Everbridge alert with a oin this meeting)
	dent command center is initiated, please report to the hospital incident command center or within 1 hour, if not already on campus
Prepare	for Situation
	laptop/charger, paper, pen, and phone with charger to HICC
Initiat	e Teams Chat with Perioperative Leaders Start new chat in Teams & use "UCH-AMC Perioperative Leader On-Call" as the recipient
	"Emergency Management" channel in the Perioperative Leader On-Call Resources s Page
	Perioperative leadership phone list is located here
	All units' disaster plans should be located in their respective folders for reference Live disaster planning resource worksheet is here – unit charges have access to update
Pre-C	p Charge RN (or PACU night/weekend charge RN) will start a secure chat group to
	e perioperative admin on-call, SPD leadership, central & east pre-op/OR/PACU charges cuss OR cases & additional needs
	jes/unit supervisors will update the Disaster Planning Worksheet on the Teams page
Revie	w worksheet & gather information from all units (if not present already on worksheet):
	PPS (x81263) – # of available staff to help respond Pro Op (Control x86252, Fast x81350) – # of available staff % resources to help
0	Pre-Op (Central x86252, East x81350) – # of available staff & resources to help respond, # of open bays now
0	OR (Central Chg x83597, Central Chg 2 x83512, East Chg x81508) - # available
	staff, # of ORs running now, # OR available now, case/room, SPD needs, perfusion needed (Y/N)
0	SPD (x87120) – # of staff available, emergency case cart checked, # sets in decon, #
1	sets available/type (vascular, thoracic, ortho trauma, burn)



Statement of Successful Practice

This new structure can be implemented in situations of mass casualty, evacuation, or internal systems malfunctions (EPIC downtime, high hospital capacity, code yellows). The perioperative department has had several practice drills and non-mass casualty related incidents where these job action sheets and live worksheets were implemented across all departments. Charge nurses and staff have stated that they feel more prepared if a disaster were to occur through the use of the job action sheets and have confidence in their role during these situations. Our perioperative leaders have also expressed confidence in knowing exactly what to do and what the expectations are from them during these incidents if they are the leader on-call. The next steps are to expand this process into other procedural areas in the hospital and maintain quarterly meeting to review resources.



Reviewed new PeriOp EP Plan Do you find PeriOp LOC JAS to be helpful

Implications for Advancing the Practice of Perianesthesia Nursing

Providing perioperative staff and leaders with a job action sheet will provide direction, clarity, collaboration, improve patient flow, expedite patients to the OR, and ensure patient safety during a disaster event.

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- Job Action Sheet
- PACU (Central x86203, East x81360) number of available staff & resources to help respond, number of open bays now & open bays within 1 hour *If needed- Perfusion (Landline x86338, best contact is in EPIC & search AMC erfusion Float) - # of staff available, available heart/lung machines, # ECMO running # available ECMO. # ATS available
- Overflow patient holding area would be in Orange Pre-Op (AIP 3), if needed
- Respond to Situation
- In the Teams chat, establish a time frame to regularly check-in on available staff and resources. Determine interval of check-ins based on severity of situation (30 min vs 1 hour, etc.) Assume the role of communication liaison between perioperative departments and HICC Report out departmental issues to the HICC regarding facilities, supply chain, IT, staffing, or other resource issues
- Share prepared list of available resources with HICC
- Allocate available staff for HICC priority areas once the immediate departmental needs are Report back to respective units if staff need to be reallocated to other areas based on the
- direction from the HICC
- Work with department directors to assess potential needs to adjust next day's surgical volume/schedule, if needed
- If you need additional support, please reach out to perioperative leadership team in Teams Chat asking for someone to come to the command center to assist
- Maintain the Situation
- Continue to be present in the HICC and attend any Decision Maker's Call/HICC related
- Maintain an ongoing list of current available staff and resources Remain liaison between perioperative departments and HICC and communicate ongoing
- needs for resources, staffing or concerns until disaster response has resolved Maintain communication in the Perioperative Leader Teams chat
- At Home/Off Hours Process:
- Join decision maker's meeting call on Teams sent out via Everbridge If you miss this meeting, someone will physically call your phone to update you on the situation and response plan In this meeting, a decision will be made if incident command will be set up & if you need
- to come in person to the hospital or respond virtually. Please wait until you are told how to respond before coming to the hospital AFTER the decision maker's call, if HICC is stood up & you are at home & you know someone is still on site, you can delegate and have them start the job action sheet duties until you get on
- If HICC is set up, all leaders should receive hospital wide Everbridge message

