

# The Clinical Support Resource Nurse: Responding to the Experience-Complexity Gap in a High Acuity Post Anesthesia Care Unit

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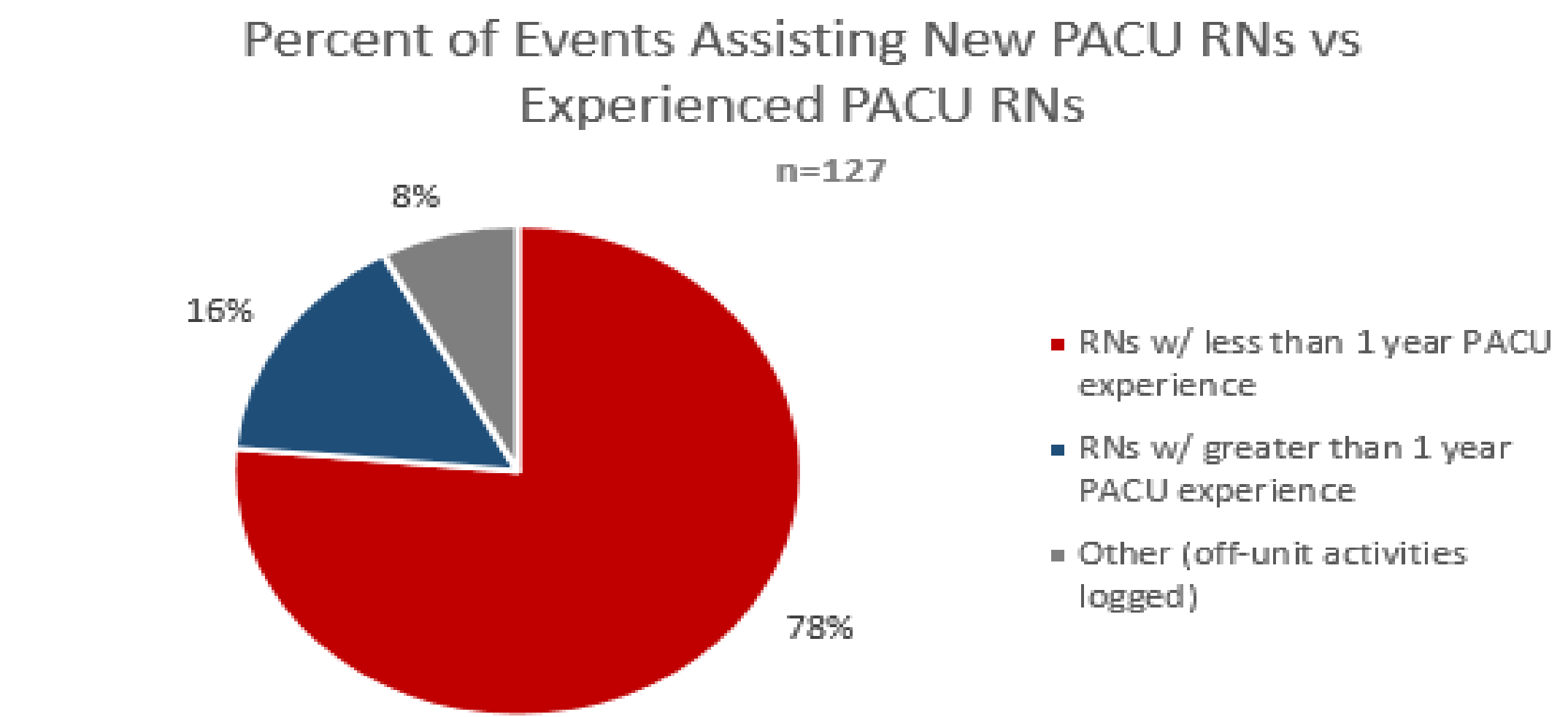
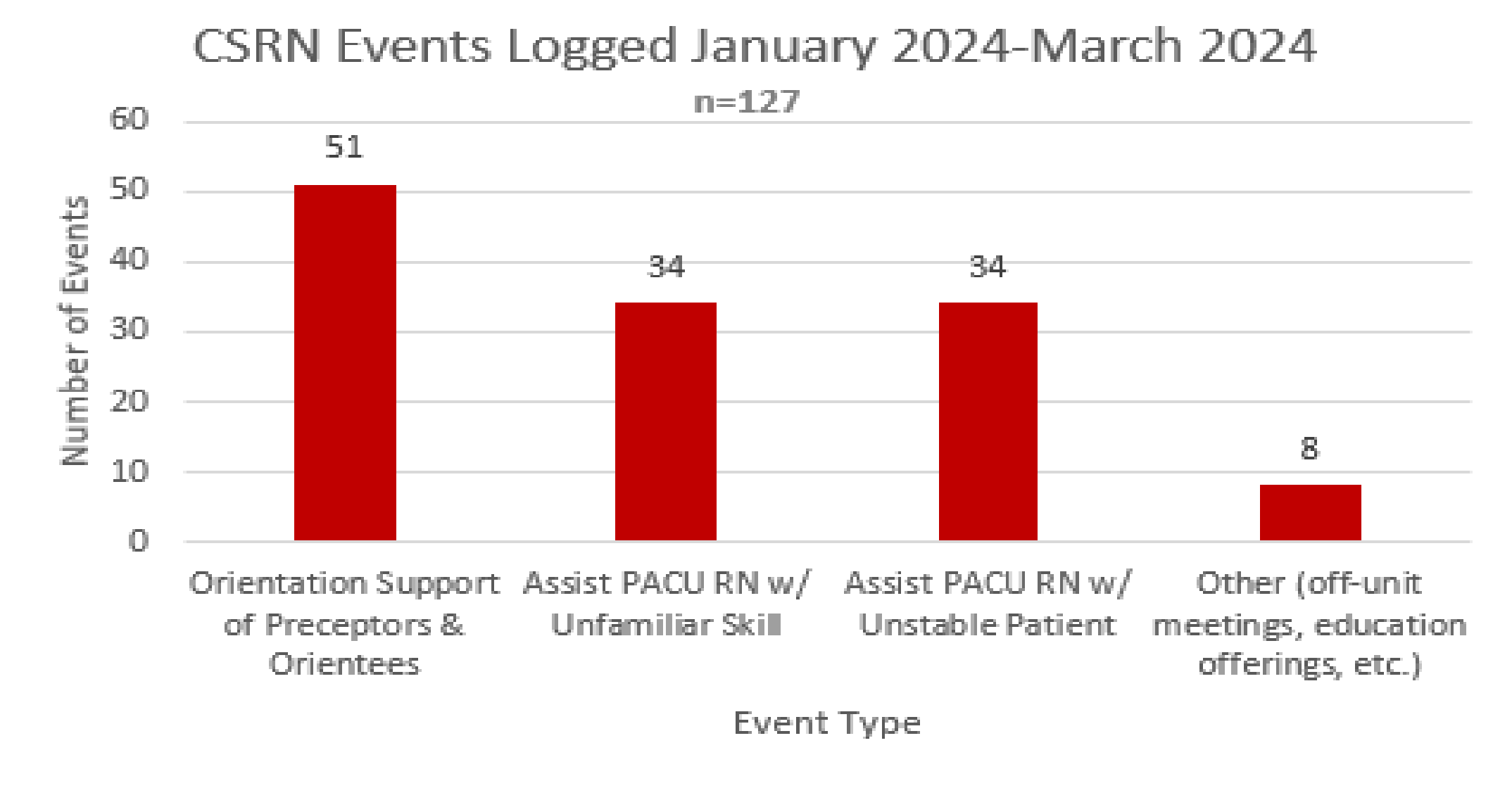


## Background

- Setting - High Acuity PACU recovers 100+ cases/day from multiple service lines such as transplant, burn, neurosurgery, cardiothoracic, vascular, and trauma
- 85+ RNs on PACU staff. In addition to experienced critical care RNs, the department hires nurse residents and pathways RNs with no critical care background
- Safety concerns were brought to PACU leadership regarding the lack of experience of new hire RNs, the increasing complexity of the patient population being cared for, and preceptor burnout and disengagement.
- Scope of the Clinical Nurse Educator role does not allow them to be on the unit daily to provide nursing support and real time education.
- A diverse workgroup comprised of PACU RNs and PACU leadership was formed to address concerns. The workgroup met to collaborate and brainstorm ways to improve safety on the unit, as well as ways to better support orientees, preceptors, and inexperienced PACU RNs.

## Outcomes

- Data from the CSRN daily log was collected and analyzed over a 3-month period from January 2024 -March 2024. There were 127 total logged events over 36 CSRN Shifts (3.5 events/shift average). 40% of the CSRN logged events were supporting Preceptors & Orientees, and 54% of CSRN logged events were assisting with an unfamiliar skill or unstable patient.
- Over the 3 month period, 78% of the total logged events supported orientees, preceptors, and newer PACU RNs with less than 1 year of experience. 16% of the events logged were to support experienced PACU RNs who needed assistance with an unfamiliar skill or unstable patient.



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## Implementation

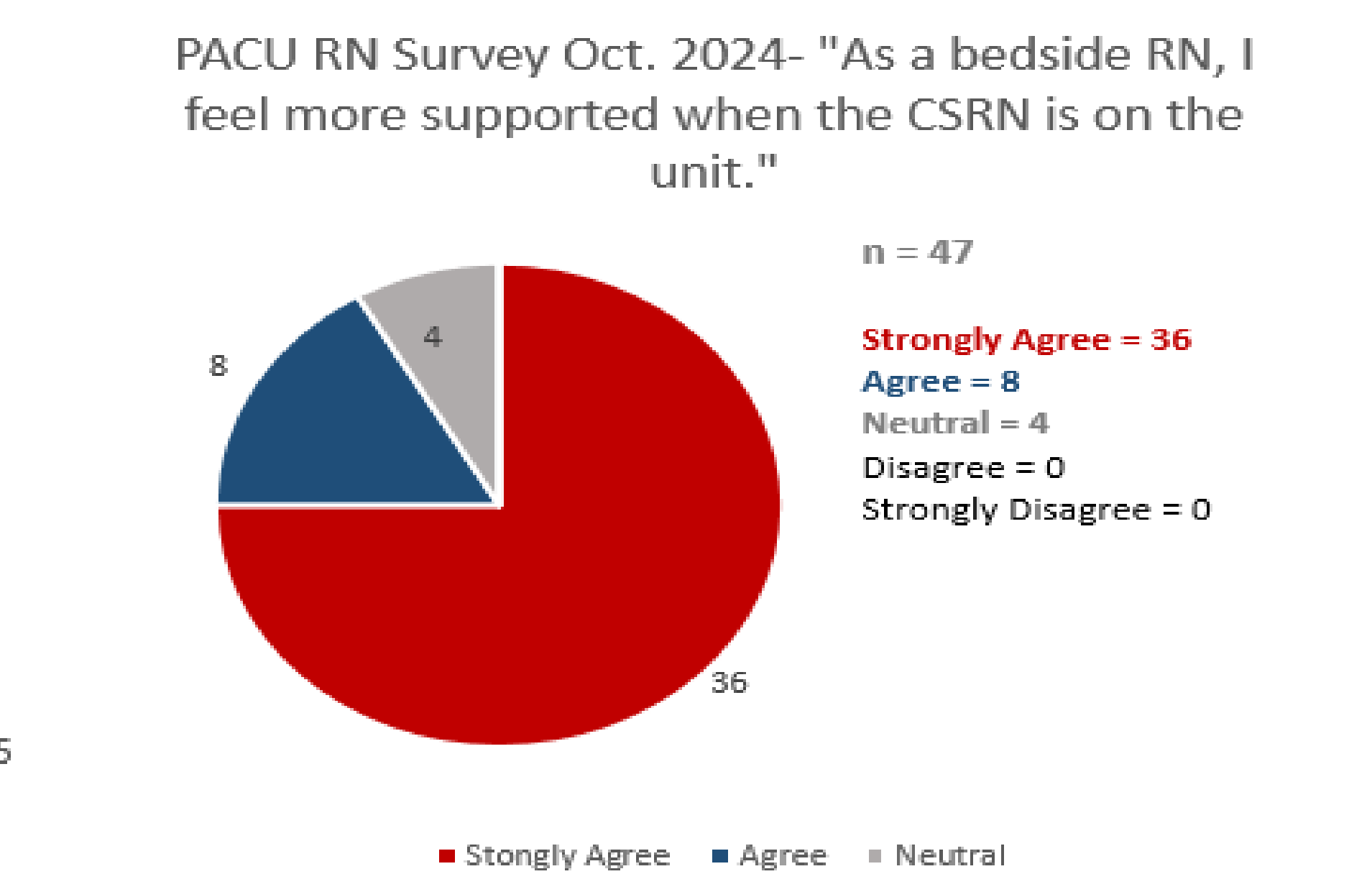
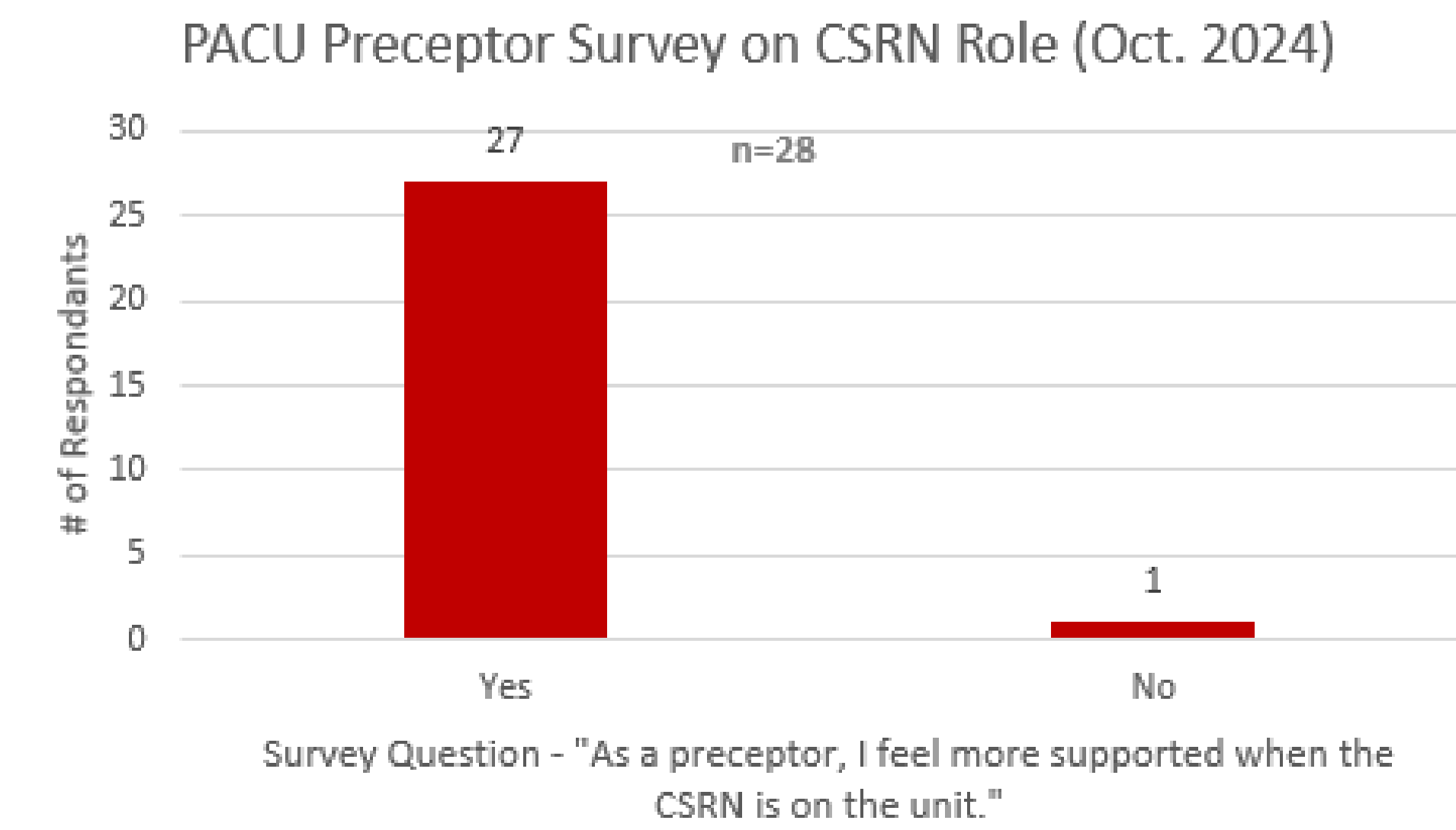
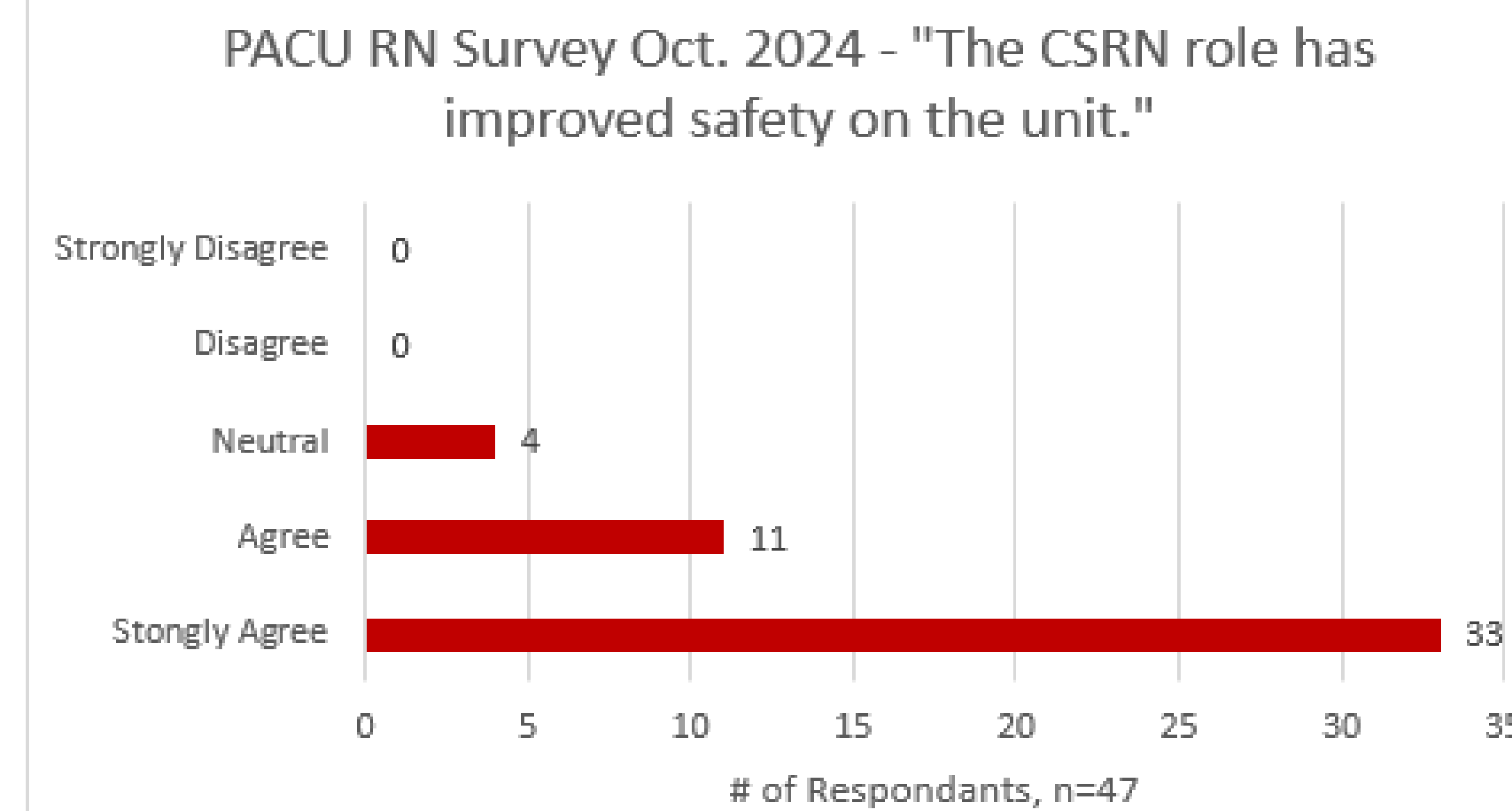
- Literature review completed to explore the experience-complexity gap, preceptor burnout, and ways to support both preceptors and new nurses.
- Referencing similar evidence-based models found in acute care settings, the workgroup proposed trialing a Clinical Support RN (CSRN) in the PACU setting.
- Role and responsibilities of the CSRN in PACU developed, along with qualifications required for the CSRN role.
- Piloted with one CSRN 2 days/week. Prior to data collection, a second CSRN was added to provide more coverage throughout the week. CSRNs were not counted in staffing numbers.
- Daily log kept by CSRNs tracking utilization and identified education needs.
- Staff surveyed to determine perceived benefits of CSRN role.

### CSRN Role Summary Includes:

- Rounds on PACU RNs, with a focus on RNs with less than 1-year of PACU experience, to ensure the provision of safe care, assist with unstable patients, and ease the transition off orientation.
- Provides real time 1:1 teaching on the unit. Coaches staff through high risk-low volume procedures and interventions.
- Rounds on orientees and preceptors to provide support and help set measurable goals for the shift. Serves as Chair/Co-chair of unit based Preceptor council. Assists with mentoring and development of preceptors.
- Identifies trends, safety concerns, and education needs on the unit. Delivers learning activities in collaboration with the educator and leadership team.

### Survey Results:

- PACU RNs and PACU preceptors were surveyed in October 2024 on perception of improved safety and support due to the implementation of the CSRN role.
- 92.% of RNs who responded either strongly agreed or agreed they feel more supported when the CSRN is on the unit, and that the CSRN role has improved safety on the unit.
- 96% of PACU Preceptors agreed they feel more supported when the CSRN is on the unit.



## Implications

- The gap between nursing experience and patient complexity is expected to continue to grow. Finding solutions to mitigate this experience-complexity gap that are tailored to meet the unique needs of the perianesthesia setting is crucial for quality and safety outcomes, as well as RN satisfaction and retention.
- The role of the Clinical Support RN has potential to be successfully utilized in the perianesthesia setting to support preceptors, orientees, and inexperienced PACU RNs and improve safety and RN satisfaction.

## References

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