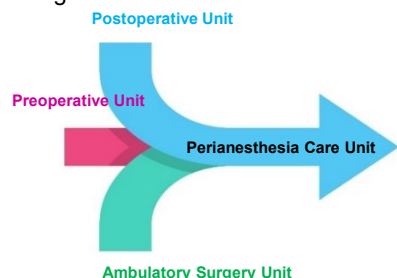


Revolutionizing Perianesthesia Care: A Unified Model for Enhanced Efficiency and Flow in Post-Pandemic Healthcare Settings

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Background

During the COVID-19 pandemic, a surge in critically ill patients necessitated the merger of multiple perioperative units, with staff undergoing extensive cross-training. Post-crisis, reverting to standard operations caused throughput challenges, including operating room delays. Recognizing the value of an adaptable workforce, leadership opted for permanent unit integration.



Purpose

This initiative aimed to **optimize operational workflows** by leveraging pandemic-era training, ensuring sustained **high-quality care, enhanced efficiency, and seamless patient flow** across the perioperative continuum.

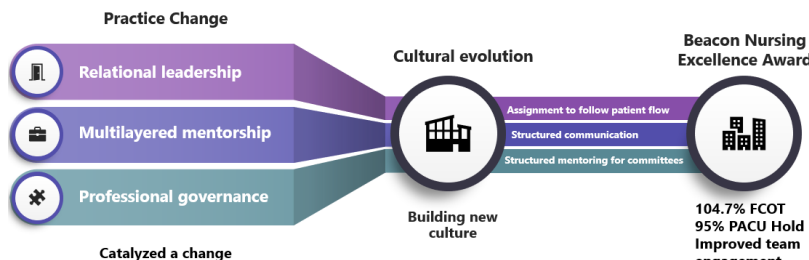
Synthesis of Evidence

Relational leadership, enriched by **mentorship** programs, boosts team unity and operational outcomes in diverse teams. **Mentorship** enhances leadership skills and workforce well-being, crucial for cohesive environments and achieving shared goals. Such leadership fosters a **positive climate, essential for unifying teams and ultimately enhancing nurse retention and operational efficiency.**

Practice Change

Relational Leadership

This initiative catalyzed a culture evolution, transitioning the PACU into high performing unit defined by trust, professional governance with shared ownership. Through multilayered mentorship and structured professional governance, frontline nurses became decision makers, reinforcing a culture of accountability and innovation, ultimately leading to Beacon Clinical Excellence award.



Multilayered mentorship strengthens professional governance

Bi-weekly mentorship sessions with senior leaders focused on leadership development. Unit leaders held weekly one-on-one meetings to review progress and identify barriers. Structured communication channels, including huddles, emails, and monthly meetings, fostered trust and facilitated feedback. Nurse leaders mentored committees, guiding agendas and data review. Committees organized daily huddles for updates and integrated their projects into the unit's governance framework, receiving ongoing mentorship and resources for implementation

Implementation Strategies

The merger enhanced staff competencies through targeted education and restructuring staffing model. Nurses adapted a dynamic, patient-centered model, improving patient flow and staffing efficiency, leading to a **104.7% improvement in first case on time starts**. During this merge, relational leadership-built trust and redefined the unit's culture, fostering adaptability and shared accountability.

Embedding multilayered mentorship strengthened staff autonomy, team engagement, and directly contributed to a **95% reduction in PACU hold hours and 55.1% decreased in turnover**. Leadership and frontline team created a shared mission and vision, implemented a multimodal communication method and strengthened professional governance.



Multilayered Mentorship

Result

Relational leadership and a strong mentorship program devoted to strengthening professional governance resulted in:

- 95% reduction in PACU hold hours
- 104.7% improvement in FCOTS
- 55.1% decrease in staff turnover
- 39.7% increase in employee satisfaction.

This success resulted in the **first PACU unit in New York City** to receive the Beacon Award, underscoring the **effectiveness of this model in a diverse healthcare setting.**



Implications for Practice

Merging preoperative, postoperative, and ambulatory surgery units has significantly enhanced perioperative workflow, thereby improving efficiency, patient outcomes, and cost-effectiveness. Relational leadership empowers healthcare professionals, while multilayered mentorship strengthens professional governance. The integration not only maximizes resource utilization, but it also fosters a more resilient nursing team capable of adapting to varying patient care demands.

References

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