

## **One Dose Ahead: Perianesthesia and Pharmacy Collaboration**

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**Abstract Background Information:** At an urban Level I trauma center, pharmacy related issues constrained throughput in the Perianesthesia Care Unit. In preanesthesia and postanesthesia care, PAR levels and restocking frequency did not meet clinical need, limiting point of care availability and delaying administration. Workflows between perianesthesia and pharmacy were not aligned for timely order verification and medication delivery. In outpatient stream, dispensing was delayed and bedside delivery was inconsistent. Collectively, these patterns contributed to delays entering the operating room, medication administration, and discharge, indicating a systems issue requiring a structured response.

**Objectives of Project:** Establish an interdepartmental workgroup of pharmacy and perianesthesia leaders and staff nurses to address medication related contributors to perioperative delay by aligning workflows and strengthening coordination. Goals are to reduce operating room delays, ensure medication administration, and promote postanesthesia discharge.

**Process of Implementation:** Formed in June 2023 as unit level committee within shared governance, this nurse led workgroup included inpatient and outpatient pharmacy directors, unit based pharmacy technician, perianesthesia nursing leadership, and staff nurse representatives. The committee met regularly, solicited agenda items from frontline staff, and prioritized issues involving stocking, verification, dispensing, and bedside delivery. For each item, a responsible lead and target date were set, and a summary was circulated after each meeting. Updates were shared through unit councils, staff meetings, and huddles.

**Statement of Successful Practice:** A nurse led unit committee translated frontline concerns into improvements that support perioperative throughput. Review of PAR levels and restocking intervals improved automated dispensing cabinet reliability and reduced out of stock events. The perianesthesia team adopted secure chat channels with inpatient and outpatient pharmacy, creating a single pathway for requests and updates. For extended recovery stays, needed medications were added to the dispensing cabinet, and the medication room was reorganized to support technician workflow. Staff reported fewer concerns and consistent bedside delivery, and the meeting schedule shifted to every other month.

**Implications for Advancing the Practice of Perianesthesia Nursing:** A nurse led unit level committee within shared governance offers a structured path to resolve clinical issues. Elevating frontline input, partnering across departments, and assigning clear ownership convert concerns into action, align workflows, and improve communication. This transparent, accountable model scales to other interdepartmental challenges to advance safe, timely care.