Adaptations and Evolution during COVID-19 in a Pediatric Satellite Setting

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BACKGROUND
• The global Covid-19 pandemic has required the rapid development and implementation of processes that support safety and quality of care
• Our satellite pediatric ambulatory surgical center consisted of four units: a preoperative unit (Preop), six operating rooms, a Post Anesthesia Care Unit (PACU), and an Inpatient Short Stay unit
• Preop and PACU nurses were cross-trained to cover both areas
• Inpatient nurses maintained a distinct skill set and were a standalone unit
• A flexible staffing model required the integration of Preop, PACU, and Inpatient nurses into one cohesive team

PROCESS OF IMPLEMENTATION
• Inpatient areas were converted to support the Preop care of patients/families and facilitate the adoption of COVID safety regulations
• Inpatient nurses were oriented to the Preop nurse role, Preop Covid test screening, and Visitor/Employee lobby screening. This cross-training educational program included in-services on Preop documentation and procedures and one to one orientation with a Preop nurse
• Presently, nurses may care for the same patient/families preoperatively and during their inpatient stay which promotes quality care and an improved surgical experience
• Changes to staffing models were evaluated through staff survey, analysis of Press Ganey patient satisfaction feedback and surgical throughput data

STATE OF SUCCESSFUL PRACTICE
• A majority (83.3%) of nurses agreed or strongly agreed that the new flexible staffing model promoted team cohesion and ensured safety and quality throughout the surgical experience
• Our integrated perianesthesia team cared for 1206 perioperative patients
• Press Ganey scores were overwhelmingly positive
• One family stated “Before surgery the nurse kept us calm, engaged, & informed. After surgery that nurse did the same thing & was also a great teacher & re: home care”

IMPLICATIONS
• As ambulatory surgical centers continue to adapt during the pandemic
• It is imperative that perianesthesia nurses design and implement flexible staffing models that promote team cohesion and ensure safety and quality during surgery

Changes to Perioperative Process Feedback Survey (n = 17)

<table>
<thead>
<tr>
<th>Changes to Perioperative Process</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The recent development and implementation of changes to the perioperative process</td>
<td>12% (n=2)</td>
<td>59% (n=10)</td>
<td>29% (n=5)</td>
<td>0% (n=0)</td>
<td>0% (n=0)</td>
<td>12% (n=2)</td>
</tr>
<tr>
<td>Changes in the Perioperative process have enhanced collaboration and team cohesion amongst staff in all areas</td>
<td>7% (n=1)</td>
<td>31% (n=5)</td>
<td>31% (n=5)</td>
<td>31% (n=5)</td>
<td>0% (n=0)</td>
<td>7% (n=1)</td>
</tr>
<tr>
<td>Flexible staffing models promote team cohesion and ensure safety and quality care</td>
<td>23% (n=4)</td>
<td>53% (n=9)</td>
<td>18% (n=4)</td>
<td>6% (n=1)</td>
<td>0% (n=0)</td>
<td>23% (n=4)</td>
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