Developing a New PACU Overnight Unit Through Mentorship and Empowerment
Team Leader: Ian Trefethen BSN RN
Brigham and Women’s Faulkner Hospital (BWFH), Boston, Massachusetts
Team Members: Evelyn Kelleher BSN RN CPAN, Kerry Kelly BSN RN, Erin Moore BSN RN, Charlene Salvi BSN RN CPAN

Background Information: Like much of the world, Brigham and Women’s Faulkner Hospital, a Magnet-designated teaching hospital which is part of a major, integrated health system in the Northeast, has been impacted by increasing patient volumes in the emergency department, inpatient units, and operating room. As part of the health system’s capacity management plan, the decision was made to create a new PACU overnight Extended Recovery Unit (ERU) for postsurgical patients to allow for an accelerated discharge pathway without utilizing inpatient space. Under the mentorship of the clinical leader a group of peri-anesthesia staff volunteered to adapt their schedules during a transition period in order to implement new care pathways while permanent staff were oriented. The nurses developed a staffing model, a patient care checklist, and enhanced the environment of care to support efficiency, patient safety, and experience.

Objectives of Project: To empower the Perianesthesia nursing staff to create a work environment and develop tools that would enhance the care of PACU Overnight ERU patients.

Process of Implementation:
Central steps in the process included:
• Formation of a work group which reviewed outcomes from a previous ERU pilot, pertinent literature, professional society guidelines, and lessons learned from a sister institution.
• Individual peer mentorship and group collaboration to outline, assign, and prepare for distinct roles within the unit.
• Development of electronic resources for communication and reference.
• Collaboration with the Patient and Family Advisory Committee and Patient and Family Relations to help enhance the environment of care for ERU patients.

Statement of Successful Practice: The Perianesthesia PACU ERU team, supported by clinical leader mentorship, demonstrated a high level of autonomy in building a staffing model, environment of care enhancements, and care checklists to successfully open a new PACU ERU.

Implications for Advancing the Practice of Perianesthesia Nursing: Staff empowerment, collaboration, and mentorship using an evidence-based approach can be formidable instruments in building new care processes. This can contribute significantly to efficiency for hospitals and safe, excellent care for patients.