

Walking a Mile in Your Shoes: Bridging the Gap between Perianesthesia and Med Surg

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Background Information: Post-COVID, it was evident that there were severe signs of burnout and a mass exodus from nursing. It is imperative that nurse leaders focus on strategies to engage and recognize the values and opinions of the staff. From multiple appreciative inquiries (AIs), leadership was able to solicit meaningful projects that would directly affect the staff. Historically, it is known that the relationship between perianesthesia and the medical surgical (med-surg) floors can be tense and at times collaboration is low. The AIs produced an innovative idea that came from the perianesthesia staff nurses who had recently transitioned from the floor. Their overarching goal was to bridge the gap between both specialties and forge a professional relationship that consisted of mutual understanding, bidirectional communication, and increased patient/staff satisfaction.

Objectives of Project: Goals of this project were to enhance the relationship between units, to create an environment of mutual understanding, respect, trust, and to improve nurse/patient satisfaction. In theory, if staff and patients are satisfied, increased patient experience and outcomes would subsequently increase. Three mutual goals were identified between the two departments: a better understanding of daily operations, clarification of assumptions surrounding workflow, and assistance with patient progression.

Process of Implementation: Following the National Database of Nursing Quality Indicators results, leadership conducted multiple AIs or listening sessions, to formulate meaningful action plans. There was a reoccurring theme of teamwork, communication and respect. The idea of forming a workgroup between perianesthesia and med-surg was introduced. Staff and leadership outlined the framework of what this workgroup would accomplish. Quarterly meetings were established, structured shadowing sessions were carried out, and pre/post surveys were collected to provide feedback from the shadowing experience.

Statement of Successful Practice: Through the quarterly meetings both perianesthesia and med-surg staff were able to bring forward pain points, top of minds, and actively participate in the resolution of quality improvement initiatives. Ideas such as daily huddles, continuous text communication, and real time feedback were initiatives introduced by the staff. Pre/post surveys, quarterly meetings, and bidirectional communication allowed leadership to obtain real time feedback from the staff nurses.

Implications for Advancing the Practice of Perianesthesia Nursing: The ago old acceptance of perianesthesia against the inpatient team can no longer be accepted. Leadership should strive to forge a psychologically safe environment that elevates and engages the staff. Holding frequent AIs allowed the team to gauge what was important to these staff members. Bridging this gap empowered the nurses with knowledge, collaboration opportunities, and allowed for innovative strategies to improve patient and staff experience.