

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

Megan Juliano MSN, RN, CPAN, Kaitlin Ronning, DNP, RN, CPAN, Kristin Fargnoli BSN, RN, CPAN,

Anna Lee Siqueza, DNP, RN, NE-BC, CPAN, Elaine Burke BSN, RN, CMSRN, Rita Joyce RN, CMSRN, Chelsea Oldfield MSN, RN & Kevin Sweeney MSN, RN, CCRN CEN NEA-BC

Perianesthesia, Penn Medicine-Pennsylvania Hospital, Philadelphia, Pennsylvania



## Background

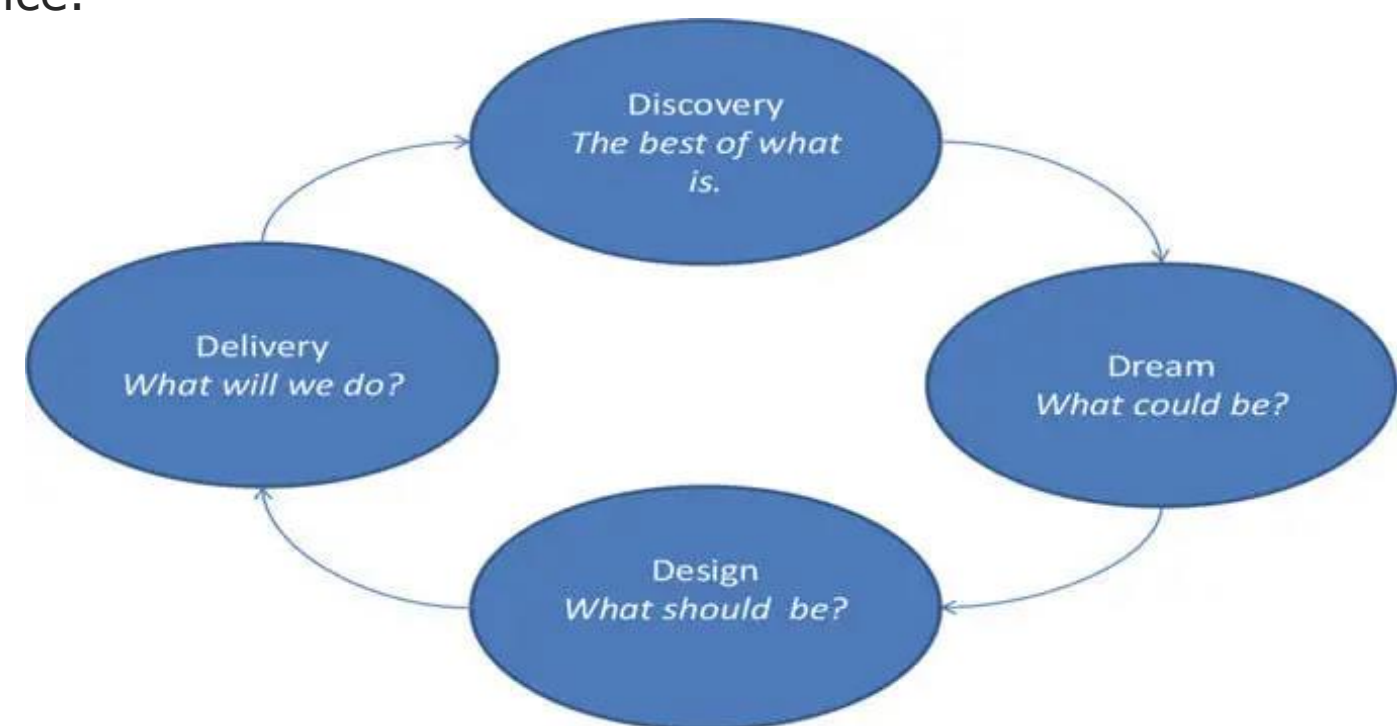
- Post-COVID, it was evident that there were severe signs of burnout and a mass exodus from nursing. It is imperative that nurse leaders focus on strategies to engage and recognize the values and opinions of the staff. From multiple appreciative inquiries (AIs), leadership was able to solicit meaningful 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.

## Objective 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
  - Pre/post surveys were collected to provide feedback from the shadowing experience.



## Process of Implementation (Cont.)

### Pre-shadow Questions / Assumptions

Med-Surg	Perianesthesia
"How do PACU staff determine patient is safe to transfer?"	"How are patient assignments made?"
"What is the cascade of events from time of report given to transfer?"	"What does the charge RN do on the floor vs. admission RN?"
"What does OR report look like in PACU?"	"Can we use secure chat?"



### Post-shadow Lessons

Med-Surg	Perianesthesia
"The flow of care from OR and throughout PACU is very busy ensuring vital milestones are met."	"The admission RN is extremely valuable to the unit and should be expanded."
"I understand the backflow that occurs when inpatient discharges are delayed."	"I understand the importance of calling report when the patient is truly ready for escort and ensuring delays to floor are minimized."
	"There are many factors that affect discharges from the floor which in turn delays the PACU."

## 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 Nursing Practice

- 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.

## Conclusion

- The formation of this collaborative group allowed for open dialogue and a psychologically safe environment to work through challenges that both departments face.
- The foundation to implement innovative initiatives to improve patient and staff experience was sustained through quarterly meetings, continued shadow opportunities, and daily text communication.
- A culture of respected and understanding was fostered between both departments and continues to strengthen as Bridging the Gap and appreciative inquiry opportunities evolve.

## References

- American Society of PeriAnesthesia Nurses. (2022). *2023-2024 Perianesthesia nursing standards, practice recommendations and interpretive statements*. Cherry Hill, N
- Briggs, M., Sakurets, A., & Sergot, M. (2015). Promoting Successful Transitions from PACU to Inpatient Units. *Journal of PeriAnesthesia Nursing*, 30(4).
- Cox, M., et al. (2015) Decreasing the Length of Stay in Phase I Postanesthesia Care Unit: An Evidence- Based Approach. *Journal of PeriAnesthesia Nursing*, 30(2): 116-123.

