



ASPAN

American Society of PeriAnesthesia Nurses

Clinical Practice: Frequently Asked Question

Q: What does ASPAN say about staffing after hours and on call?

A: The CPC receives questions related to call coverage after hours and on weekends on the majority of weekly rosters. This is a hotly debated subject and a source of concern for many perianesthesia nurses. The same staffing requirements apply when patients are in the PACU after hours as during regular business hours. Each facility and unit should develop a written plan to define how safe staffing standards will be achieved in these situations. Patient safety should always be the priority. Management should consider the number and type of cases admitted to PACU after hours, patient acuity, number of qualified staff eligible to take PACU call and number of on-call hours to be covered. Additional considerations may include location of the PACU, whether special procedure areas also rely on PACU for after hours recovery and whether on-call staff are also assigned for preop and phase II patients.

The 2019-2020 ASPAN Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements address staffing for each level of perianesthesia care in several areas:

- Standard III, Standard and Personnel Management
- Practice Recommendation 1 Patient Classification/Staffing Recommendations
- Practice Recommendation 4 Competencies for the Perianesthesia Registered Nurse
- Practice Recommendation 5 Competencies of Perianesthesia Support Staff
- ASPAN's Position Statement 2 On a Healthy Work Schedule

Specialty organization standards are not mandatory and no facility can be forced to follow them. However, they are persuasive and are frequently cited by attorneys and experts when analyzing malpractice/negligence cases. In facilities which profess to follow ASPAN standards, exceptions should not exist just because a case occurs "after hours." Every patient deserves the same level of care provided by an appropriate number of qualified personnel no matter what time of day or night that care is delivered. On-call staff should have the same competency requirements as staff working during regular business hours. While it is acceptable to have a RN who is not cross-trained to PACU serve as the 2nd RN after hours, the staffing ratios cited in PR 1 for Phase I PACU still apply. The 2nd RN should not be providing care to patients without the requisite competencies. If the nurse to patient ratio requires the presence of a 2nd fully qualified PACU nurse, there should be a plan in place to call in additional qualified staff.

There are as many solutions to staffing on call as perianesthesia nurses can imagine. Common solutions include using preop/phase II, OR, house supervisors, prn perianesthesia staff and ICU RNs as the 2nd nurse. Some facilities transfer postop patients to other nursing units for phase I recovery where care is provided by a PACU RN or critical care RN. Wherever PACU care is provided, the monitoring equipment, emergency equipment and medications appropriate for the patient's level of care should be immediately available to the same extent as in the actual PACU. The RN providing Phase I care should have the same competencies as the PACU RNs, including ACLS/PALS. Discharge criteria from phase I level of care should remain consistent with that required in PACU.

The requirement that the 2nd RN be in the same room or unit means that the backup RN is immediately available and is physically present in the PACU. It is not acceptable to designate the OR circulator as the backup RN if duties require his/her presence in another area of the facility including the OR, central core, sterile processing, etc. The RN designated to provide PACU backup must not have any other assigned responsibilities which require the RN to be in another physical location.

In some states, laws prohibit mandatory overtime for healthcare workers. State law and/or BON rules may address the maximum number of hours a healthcare worker may be scheduled to work. This may be expressed as the number of consecutive hours in a 24-hour period or in hours worked per week.

In summary, ASPAN recognizes that providing safe perianesthesia care after hours can be challenging for staff members and for management. Patient safety should not be compromised because of the time of day or day of the week. Would we condone substituting a scrub tech for the OR circulator in the OR? All of our patients are vulnerable during emergence from anesthesia. Every patient deserves a qualified Phase I RN at the bedside as well as a backup RN committed to providing support to the Phase I PACU RN charged with their care.

References:

1. 2019-2020 ASPAN *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. Cherry Hill, NJ: ASPAN; 2018.

This FAQ was reviewed and updated July 2019