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Perianesthesia Staffing Solution **INOVA** Solution Challenges Perianesthesia Fellowship Growth in surgical services and procedures Recruit, develop and retain robust team of specialized Nursing shortage in PACU perianesthesia nurses and procedural areas Promote standardization of perianesthesia nursing Limited pool of critical care RNs

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llowship Business Proposal		<b>■</b> INC
	2021 National	2021 Inova
Hospital RN Turnover Rates  * 23% New RNs leave within 1 yr	18.7 %	15%
One RN Turnover Cost	\$28,000- 54,000	\$40,000
Traveler Expenditures *Cost of 1 PACU RN Traveler x 6 mo.	= Cost of 2 PACU RNs Orio	entation x 6 mo
Greatest means to off set most costly labor exp Elimination of 20 travelers = 3,000,00		tracts
https://www.nsinursingsolutions.com/Documents/Libra	ry/NSI_National_Health_Care_Retention	on Report.pdf



#### How do you make a PACU Nurse?

**■** INOVA

Jack of all trades and masters of the A- B- Cs



NOWLEDGE - SKILLS - PRACTICE

RN Fellow – RN with 1-2 years of medical/surgical experience

RN Graduate – New Graduate RN

Ideal Candidates for PACU Fellowship

 Highly motivated, eager to learn, able to 'think on their feet', flexible

 Critical thinker, able to receive constructive feedback, resilient, self directed, accountable, emotionally mature

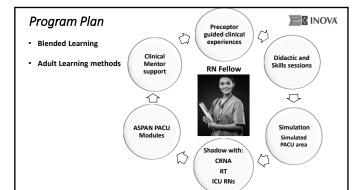
· Nursing is a second career

• Nursing school GPA > 3.5

· Letters of Recommendation

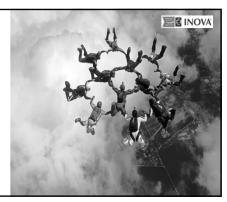
Expectation New Grad RN One year commitment to Nurse Residency Program

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Multidisciplinary Team

- Nursing Leadership
- Anesthesia Providers
- OR Nurses
- Wound Care RNs
- · Respiratory Therapy
- Trauma Educator
- Pediatric RNs
- ICU RNs
- Pain Nurses
- Physical Therapy



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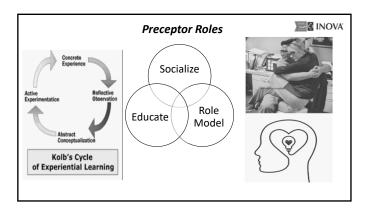
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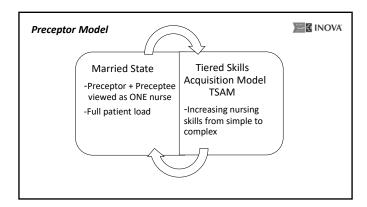
## PACU Preceptor → \*KEY to successful program



- Commit to a 2.5month period of precepting
  - RN Fellows rotate PACUs after 10 weeks to PACU with increased patient acuity
  - Two Preceptors for One PACU Fellow
    - Promote bonding and trusting relationship
    - Decrease caregiver variations performing process/procedure
    - Promote consistency
    - Enhance communication
- Complete preceptor workshop
- Attend small group sessions w/ Preceptors throughout Fellowship

INOVA Benner's Novice to Expert Framework Typical Timeframe Level Characteristics Limited background and experience. Novice 0-6 months rules govern behavior \*\*Advanced Beginner 6 months - 2 years Some experience, but still needs extensive guidance \*\*Competent 2 – 4 years Sense of mastery and performs adequately day to day unless major variations occur Perceives global aspects of situations, Proficient 4 – 5 years recognizes variations, and modifies plans appropriately Intuitively grasps situations, solving problems and effectively and Expert 5 – 7 years \*\*BEST PRECEPTORS\*\*





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	Weeks 0-3: (5) 8 hr days – Didactic + Skills + Simulation + Shadowing					
Week 0: Hospital Orientation, Epic Documentation, Intro to PACU Environment; Learning Styles						
Week 1 Basics of PACU + Skills Acquisition	Week 2 Preop Considerations	Week 3 Multidisciplinary sessions + Skills				
- ECG introduction - PACU fundamentals - Assessments with - Epic documentation - Oxygen adjuncts/ Airway - PACU care basics (ie.) Aldrete, POSS, Pain scales - 2 <sup>nd</sup> assist on admit PACU patient (Educator guided)	- Preop standards of care - Preop Essentials - Preop Processes - ERAS - Phlebotomy - Clin tech guided IV starts - Shadow: Preop-OR-PACU	- System ECG classes - OR RN: drains + dressings - Wound/ostomy RN- shadow - Respiratory Therapy - Physical Therapy - Skills training (ie.) Blood transfusion Foley insert + care				

Week 4 Respiratory	Week 5 Anesthetics and MH
Respiratory Assessment OSA screening/ETCO2 monitoring Review Airway management NIPPV – Bipap; CPAP PACU respiratory complications Intubation/ RSI Introduction to mechanical ventilation Shadow with Respiratory Therapy	- Types of Anesthesia - ASA Classification scale - Anesthetic agents - Reversal agents - Review: Aldrete; POSS - Complications of Anesthesia - Malignant Hyperthermia - MH Cart - Shadow with CRNA

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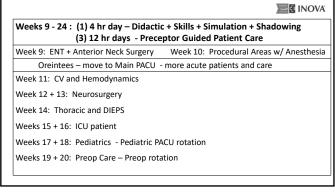
# Preceptor Guided Clinical Goals – General PACU patient Weeks 4 and 5:

- Acclimate to unit meet preceptors; charge RN; staff; supplies; emergency carts; lunch/ break room
- Observe an admission with preceptor and fellow be  $2^{nd}$  assist on admissions-complete assessment, charting, patient management w/ preceptor
- Observe and assist with patient care administer meds with supervision; airway management, obtain blood work, start PIVs, IVF to pumps, PCA
- When ready: With assistance and oversight- Admit patient from OR

   receive handoff report, complete assessment, charting, patient management w/ preceptor

\*Preceptors: Ask Fellow -Cardiac Rhythm, Aldrete and POSS scores; Pain scale to use and about ordered medications; Reinforce EVENT charting

Weeks 6-8: (1) 8 hr day – Didactic + Skills + Simulation + Shadowing (1) 8 hr day + (2) 12 hr days - Preceptor Guided Patient Care				
Week 6	Week 7	Week 8		
Medications/ Fluids	General Surgery – GI, GYN, Urology	Orthopedics; Intro to Trauma		
PACU Medications Pain Management Fluids Blood administration	Surgical procedures w/ nursing considerations ERAS Skills: Bladder scanner Coude catheter Cont. Bladder Irrigation Foley Fill and Pull procedure POUR	Surgical procedures w/ nursing considerations Neurovascular assessment Doppler device Immobile devices; traction Orthopedic complications Introduction to Regional Blockadd - catheter care; ON Q pumps		

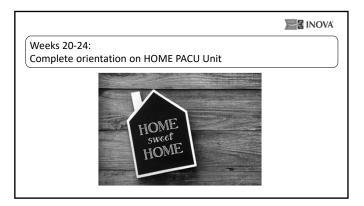


Week 20 - Determine HOME PACU Unit

- Based on unit openings and orientee preference

- Orientee interview on unit(s) of choice

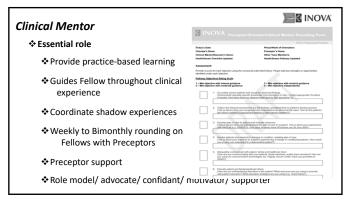
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Clinical Goals:

Phase 1
Phase 2
Phase 3
0 - 8 wks
8-16 wks
16-24 wks
Care of 1
PACU patient
PACU patients
Care of full PACU assignment

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Assessments and Evaluations

ASPAN Knowledge Inventory Test

· Complete PACU orientation pathway

• Complete PACU skills checklist

• Complete Fellowship evaluation

Serial measurements anxiety and self confidence (White Tool)

System ECG course
 Assessment at 6 and 12 weeks

PACU modules – quizzes

### White Tool -

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- Nursing Anxiety and Self-Confidence with Clinical Decision Making (NASC-CDM) scale
- Evaluates Anxiety and Self Confidence as it relates to Clinical Decision Making (CDM)
- 27 questions with a 6 point Likert-type scale
  - (ie.) I am \_\_self-confident and \_\_\_ anxious in my ability to identify which pieces of clinical information I gathered are related to the patient's current problem.
  - SC: 1 = Not at all; 2 = Just a little; 3 = Somewhat; 4 = Mostly; 5 = Almost totally; 6 = Totally A: 1 = Not at all; 2 = Just a little; 3 = Somewhat; 4 = Mostly; 5 = Almost totally; 6 = Totally
- PACU Fellows took this serial assessment at:
  - 2 months --- 6 months --- 9 months (3 months off orientation)

#17 lam	_ self-confide	nt and	anxious in my a	bility to		
independently make a clinical decision to solve patient's problem						
Specific Question # 17.	M – New Grad	A – New Fellow	H – New Fellow	J – New Fellow		
6/ 2021	A - 3 SC - 4	A - 3 SC - 3	A - 2 SC - 4	A - 4 SC - 2		
10 / 2021	A – 2 SC - 5	A – 4 SC - 4	A-2 SC-6	A - 3 SC - 4		
1/2022	A-1 SC-6	A – 2 SC - 5	A-1 SC-6	A – 2 SC – 6		
# 20 I am	_		_ anxious in my	•		
limplement one a						
	M – New Grad	A – New Fellow	H – New Fellow	J – New Fellow		
Specific Question # 20. 6/ 2021		· .	H – New Fellow A – 2 SC – 4	J – New Fellow A – 4 SC – 2		
Specific Question # 20.	M – New Grad A – 2 SC - 4	A – New Fellow				

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WHITE TOOL RESULTS	M- ne	ew grad	A – nsį	g fellow	H – ns	g fellow	J – n	sg fellow
A = anxiety	Α	sc	Α	sc	Α	sc	Α	sc
SC = self confidence								<b>™</b> INOVA
Using resources to gat	her infor	mation a	nd listen	ing fully				E INOVA
6/7/2021	20	68	27	57	18	63	41	41
10/4/2021	16	75	17	75	17	75	24	69
1/3/2022	13	78	17	77	13	78	14	77
Using information to s	ee the b	igger pict	ure					
6/7/2021	13	33	28	25	13	37	27	16
10/4/2021	13	36	20	32	7	42	20	34
1/3/2022	8	42	12	33	7	42	14	35
Knowing and acting								
6/7/2021	19	30	19	23	12	31	27	15
10/4/2021	11	37	20	32	11	40	20	31
1/3/2022	7	42	12	38	7	42	14	36
Total – 1st eval	52	131	74	105	43	131	95	72
Total – 2 <sup>nd</sup> eval	40	148	57	139	35	157	64	134
Total – 3 <sup>rd</sup> eval	28	162	41	148	27	162	42	148

Take care not to upfront with complex didactic content
 Revised program to decrease the number of education / skills days
 Increase preceptor guided experiences
 Survey evaluations requested preop education before PACU
 Offer more preceptor preparation and guidance

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# Successes

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#### All PACU Fellows:

- -completed orientation program on time
   -obtained PACU positions of their choice
   -continue with satisfactory performance
- Multidisciplinary collaboration provided excellent learning and networking
- Shadowing experiences provided positive, memorable learning
- Growth in preceptor knowledge, skills and practice
- Revision of PACU checklist

# **Implications for Practice**

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 Recruit, develop and retain robust team of specialized perianesthesia nurses

New program – labor intensive to develop
 requires more education support

- Promote standardization of perianesthesia nursing education across Inova
- Implement continued PACU Fellowship program
  - System PACU education coordinator position
  - Created 5 PACU Clinical Mentor positions
  - System creation of Designated Education Units

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#### Questions for Review



- 3. Effective methods to prepare novice nurses to PACU nursing include
  - a. Blended learning methods utilizing adult learning principles
  - b. Consistent preceptors that promote mastery of simple nursing interventions before moving on to more complex nursing

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- c. Frequent monitoring of orientees progress and troubleshooting  $% \left\{ 1\right\} =\left\{ 1\right\} =\left$ issues early in orientation process
- d. All of the above

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1. Most common reason new RNs leave within one year a. Dissatisfied with their pay

b. Feel like they don't fit in with the staff c. Workload is too difficult

- 2. According to Benner's novice to expert scale, the best preceptor is
  - a. Expert
  - b. Proficient
  - c. Competent

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