**Perianesthesia Staffing and Practice Recommendations**  
Primary Investigator: Theresa Clifford DNP RN CPAN CAPA FASPAN FAAN  
Northern Light Mercy Hospital, Portland, Maine

**Introduction:** ASPAN is the premiere organization for nurses working within this specialty. Concerns for appropriate staffing ratios in the contemporary postanesthesia care unit (PACU) persist.

**Identification of the problem:** Current recommendations for staffing ratios in the Phase I PACU are based on expert opinion.

**Purpose of the Study:** The purpose of this study is to uncover evidence to support the current ASPAN recommended staffing ratios in the Phase I PACU.

**Methodology:** Using a mixed method approach, including a survey followed by qualitative one-to-one interviews with volunteer participants, the project aimed at identifying themes in clinical practice that both supported adherence to the current standards as well as to identify barriers to following these recommendations.

**Results:** The majority of respondents indicated that they were in a clinical situation where the staffing ratios as recommended were followed. Several themes emerged from the open-ended questions and the qualitative interviews that likely play a large role in the ability of a unit to function (or not) within the scope of the national standards.

**Discussion:** Gaps in evidence to support perianesthesia nurses to patient staffing ratios in the immediate postanesthesia care units have been longstanding. Generation of new knowledge to enhance the level of evidence in current standards will provide tools for advocating for optimal staffing ratios in the context of blended levels of care compounded by wide variations in patient acuity, care complexity, and several other factors influencing care in the perianesthesia environment.

**Conclusion:** Six primary themes with respect to staffing in the Phase I PACU emerged during the qualitative analysis. Broadly these include a sense of collaboration amongst peers, leadership with clinical PACU experience, access to national standards, cross-trained staff, and the blending of levels of care (Phase I and Phase II).

**Implications for perianesthesia nurses and future research:** The work of providing evidence upon which practice recommendations are based is endless. Constant changes in healthcare, advances in technology and pharmacology, and changing surgical populations are examples of factors that influence and impact daily clinical practice. The basic principles of ethics that guide patient care and protect human subjects from harm in the setting of the postanesthesia care unit require further probing into best practice opportunities.