

Who's Who in the PACU? A Multidisciplinary Response to Emergencies

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Introduction: Role designation during emergencies is key for improved patient outcomes among high-performance teams.

Identification of the Problem: Increased turnover of perianesthesia staff in early 2023 prompted the PACU Medical Director and nursing leadership to identify potential gaps in staff competence when activating and responding to a PACU patient emergency. Opportunities identified were the response efficiency and team cohesiveness during the emergency.

QI Question/Purpose of the Study: This project aimed to decrease the PACU code response time and role delineation from 9 minutes in October 2023 to less than 3 minutes by June 2024.

Methods:

1. Pre-survey: 5-point Likert scale distributed to perianesthesia CRNAs, Anesthesiologists, RNs, and Care Partners, measuring the confidence in role assumption and skills required for each role (n=71)
2. Education: Reviewed emergency response roles, activation process, and equipment/skill expectations
3. Intervention: Primary investigator(s) facilitated mock codes and measured the time required for all necessary team members to arrive, fill appropriate roles, and participate effectively in care during the mock code. Code role stickers were given to responding team members upon arrival. Planned debriefing discussed the use of code role stickers and the perceived overall cohesiveness of the event.
4. Repeated (post) survey: Distributed to the same perianesthesia staff (n=65)

Outcomes/Results: After implementing the code role stickers, the average emergency team response time decreased from 9 minutes to 2 minutes.

Discussion: Early identification of the emergency response team facilitated efficient role delineation and effective participation in emergency events. Survey results showed improved confidence in assigning emergency roles to staff from 82% to 100%. Confidence in knowing what PACU staff roles need to be filled to run a code increased from 36% to 81%. Knowledge of initiating an emergency response for a PACU patient improved from 55% to 87%.

Conclusion: Using code role stickers during emergencies facilitated more efficient role assignment and supported clear responsibilities for each team member. Teamwork was observed during the events when the roles were clearly defined.

Implications for perianesthesia nurses and future research: Implementing a role designation system provides perianesthesia staff with a clear plan during a PACU emergency. Role delineation improves communication, team dynamics, and comfort, positively impacting patient outcomes.