

Epic Changes – Exceptional Care: The PACU Nurse Experience

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Introduction: Electronic Health Record (EHR) transitions are complex and stressful, particularly in high-acuity perianesthesia settings. In 2024, Memorial Hermann Health System transitioned from Cerner Care4 to Epic. Many Post Anesthesia Care Unit (PACU) nurses had limited Epic experience, creating challenges in meeting documentation standards while maintaining patient safety and timely care.

Identification of the Problem: PACU nurses expressed concerns about navigating Epic's unfamiliar interface, balancing minimum charting requirements, and managing workflow changes. Without targeted support, the transition risked inefficiency, increased stress, and compromised confidence in documentation.

QI Question/Purpose of the Study: This quality improvement (QI) project sought to determine whether peer-led superuser support and structured cognitive aids could reduce stress, improve documentation confidence, and facilitate a smoother EHR transition for PACU nurses.

Methods: A PACU Workflow Group was formed, with select nurses designated as Epic superusers. The group revised workflows, created a step-by-step guide, and distributed a documentation checklist to every patient bay. "Macros" were built for common procedures, and nurses practiced in the Epic Playground prior to go-live. During the first month of implementation, superusers were relieved of patient assignments to provide real-time support. Staff perceptions were measured via a Likert scale survey (n=15). Pearson correlation was used to analyze the relationship between satisfaction and confidence.

Outcomes/Results: Findings showed strong positive perceptions of the interventions: 73.3% strongly agreed that superuser support enhanced confidence and satisfaction; 80% rated superusers more effective than the Epic Support team; 66.7% endorsed guides and checklists; and 60% reported reduced stress. A perfect positive correlation ($r=1$) was found between satisfaction and documentation confidence.

Discussion: Superuser-driven support and cognitive aids significantly improved staff adaptation, confidence, and efficiency while minimizing stress. Importantly, age and experience did not predict ease of adoption, emphasizing the need for flexible and individualized approaches to support.

Conclusion: The PACU Workflow Group played a vital role in ensuring a safe and effective EHR transition. Peer-led interventions enhanced nurse confidence, reduced stress, and supported accurate documentation during a high-risk system change.

Implications for perianesthesia nurses and future research: Perianesthesia nurses benefit from peer-led, unit-specific interventions, simulation-based practice, and cognitive aids during EHR transitions. Future research should explore tailoring strategies using adoption models to address diverse learning needs.