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**MODIFIED PACU DISCHARGE PROCESS DURING COVID-19 PANDEMIC**



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**Background Information:** Coronavirus disease-2019 (COVID-19) has become a worldwide pandemic that presented challenges and brought extensive changes in the healthcare delivery. Restricting visitation in perioperative setting is one of the steps adapted by the institution to enhance safety of patients, families and healthcare workers. This had a great impact on the discharge process in the Post-anesthesia Care Unit (PACU).

**Objectives of Project:** Implement a modified discharge process to ensure safe transfer and continuation of care of post-operative patients.

**Process of Implementation:** Visitor's restriction led to no visitors in perioperative setting except for pediatrics and patients with physical / cognitive limitations. This new process demanded a modified discharge process for outpatients. The two methods used were:

- Virtual instruction: Given to family or responsible person by phone before discharging patients from PACU.
- Face-to-Face discharge instruction: Provided in one of the four temporary discharge centers created at the entrance to minimize visitation time and exposure to other patients in PACU. Patient families who required one-on-one demonstration and practice identified and escorted to discharge center after COVID screening.

Prescriptions for all patients delivered by pharmacy. Copy of after visit summary and patient education provided to family and included in electronic medical record.

**Statement of Successful Practice:** Successfully implemented the modified PACU discharge workflow in April 2020. Data collected from 4/1/20 to 1/31/2021 shows that 7,409 patients used the modified discharge process. Out of the 7,409, 86% received instruction through phone call and 14% used the discharge center. Press Ganey patient satisfaction rate with discharge remained high at 96%.

**Implications for Advancing the Practice:** This project demonstrated the importance of adapting new process to enable safe delivery of care during emergencies. The modified workflow allowed effective transfer of discharge information and patient education for PACU patients while following COVID-19 protocol for visitation. This new model of discharge process can be replicated in similar healthcare environment.

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**A PROACTIVE NURSE DRIVEN SYSTEMATIC APPROACH FOR COVID-19 SCREENING FOR PATIENTS UNDERGOING AEROSOL GENERATING PROCEDURES**



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**Background Information:** Our complex healthcare systems were dramatically disrupted by COVID-19, an emerging virus that swept the nation in early 2020. The nurses in the Perianesthesia unit took a proactive approach when confronted with this evolving pandemic. Our hospital offers highly specialized services that appeal to domestic and international patients. In January of 2020, during the admission process we discovered patients who had recently traveled and returned from a quarantined area within China. It

was also noted that we had an increase of patients that had symptoms that could be presumed as COVID-19 positive. These patients were arriving to our facility without standard practices in place for COVID-19 screening. We anticipated the need for a better process and took initiative to implement a nurse driven systematic approach for COVID-19 screening.

**Objectives of Project:**

- Promoting a safe work environment
- Isolate and contain the further spread of COVID-19
- Creating an effective system to prescreen for COVID-19
- Alleviate anxiety regarding upcoming admissions and procedures with ongoing pandemic
- To promote efficiency of the operating room schedule and to prevent day of surgery delays due to resulting COVID-19 tests

**Process of Implementation:**

- Utilizing Peri-operative float pool nurses to prescreen patients 24 hours prior to Surgery o Chart review performed to identify any concerns related to COVID-19 symptoms
  - Assessed patients for COVID-19 symptoms
  - Collaborated with the center of perioperative evaluation to ensure patients received the appropriate COVID-19 testing
- Process evolved into the Peri-operative float pool nurses ordering COVID-19 test

**Statement of Successful Practice:**

- Decreased day of surgery cancellations
- Decreased patients arriving with COVID-19 symptoms
- Decreased anxiety of patients and staff related to COVID-19 exposure
- Successful practice of safe care commitment by striving for the safest possible environment in the perianesthesia setting

**Implication for Advancing the Practice of Perianesthesia nursing:**

- We established a process that has evolved into a more sustainable practice to support the increase in OR procedures as the organization resumed to pre-COVID workflow and OR volume
- Multi-disciplinary team collaboration allows for smooth process to ensure safety of patients and staff

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**MOBILIZING PACU NURSES TO PROVIDE CRITICAL CARE DURING THE COVID-19 PANDEMIC**



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**Background Information:** In March 2020, a New York State mandate required our institution place a moratorium on elective surgery for an unknown period of time to ensure adequate Covid-19 surge hospital bed availability. This resulted in extremely low patient volumes for perioperative services. Conversely, critical care was experiencing an influx of patient volume and acuity, necessitating additional nursing support.

**Objectives of Project:** Our aim was to bolster the hospital's critical care service line by pooling available nursing resources. The perioperative and critical care leadership teams further identified this initiative as an opportunity to strengthen relationships between nurses that share a common skill set.

**Process of Implementation:** Hospital command center meetings to address surge bed capacity reinforced the partnership between perioperative and critical care services. Team nursing models were reviewed collaboratively. The PACU nurse manager requested volunteers to staff critical care based on a team model. Five highly experienced PACU RNs and five newer PACU RNs without prior ICU assignments volunteered, with goals to expand knowledge, improve critical assessment skills, and help a service in need. The ten PACU nurse volunteers were assigned into five pairs, consisting of one experienced RN and one newer RN. The