

## SE10EOb

Using the required empirical outcomes (EO) presentation format, provide an example of an improved patient outcome associated with a nursing needs assessment and a related implementation plan in an ambulatory care setting.

- A copy of the needs assessment and implementation plan must be provided.

### Example b (Ambulatory): Standardizing Charge Nurse Role and Competencies in PACU Decreases Patient Phase I Length of Stay

#### Problem

The average Phase I length of stay in the Cary Post-Anesthesia Care Unit (PACU) needed to be decreased.

#### Pre-Intervention

Crystal Berry, BSN, RN, CNML, Nurse Manager, Pre-Anesthesia Testing, Pre-Op, and PACU, identified an opportunity to improve Phase I length of stay (LOS) in the Cary PACU. The LOS for Phase I in the PACU is defined as the time patients spend in the PACU from admission to discharge or completion of Phase I level of care. Phase I PACU LOS is when care ends and patients meet the Aldrete Scoring System criteria: Activity, Respiration, Circulation, Consciousness, and Oxygen saturation. Patients must achieve a minimum score on each measure before being safely discharged to the next level of care. The average LOS, in minutes, for Cary PACU Phase I patients in April 2023 was 121.3 minutes. Average LOS is calculated by adding the time, in minutes, from admission to discharge for all patients in a month and dividing the sum by the number of patients in the month.

#### Goal Statement

Decrease the average LOS, in minutes, for Phase I Cary PACU patients at WakeMed Health & Hospitals.

#### Participants

| Cary PACU CN Council          |            |                   |   |
|-------------------------------|------------|-------------------|---|
| Name/Credentials              | Discipline | Title/Role        | Department                              |
| Angela Newman, DNP, RN, NE-BC | Nursing    | Clinical Nurse IV | Pre-Anesthesia Assessment               |
| Crystal Berry, BSN, RN, CNML  | Nursing    | Nurse Manager,    | Pre-Anesthesia Testing, Pre-Op and PACU |
| Kendall Austin, BSN, RN       | Nursing    | Clinical Nurse II | Pre/Post PACU                           |
| Denise Collins, BSN, RN       | Nursing    | Clinical Nurse IV | Pre/Post PACU                           |

|                                  |         |                               |               |
|----------------------------------|---------|-------------------------------|---------------|
| Kelly Nelson, RN                 | Nursing | Clinical Nurse III            | Pre/Post PACU |
| Shereese Myers, BSN, RN          | Nursing | Clinical Nurse IV             | Pre/Post PACU |
| Meenakshi Khullar, BSN, RN, HACP | Nursing | Clinical Coordinator          | Pre/Post PACU |
| Allison Hendrix, BSN, RN         | Nursing | Clinical Nurse IV             | Pre/Post PACU |
| Ryan Conifer, BSN, RN            | Nursing | Clinical Nurse IV             | Pre/Post PACU |
| Penny McClain, RN, CPAN          | Nursing | Clinical Nurse III            | Pre/Post PACU |
| Crystal Maloy, BSN, RN, HACP     | Nursing | Clinical Educator/ Supervisor | Pre/Post PACU |
| Christina Mellino, BSN, RN       | Nursing | Clinical Nurse III            | Pre/Post PACU |

### **Description of the Intervention – Needs Assessment, and Implementation Plan**

#### *May-June 2023*

- Berry reviewed the LOS data and requested that Angela Newman, DNP, RN, NE-BC, Clinical Nurse IV, Preadmission Assessment, identify evidence to support ways to reduce PACU LOS. Newman found evidence-based literature supporting interventions to reduce PACU LOS related to leadership competencies, standardized training for nurses transitioning into the charge nurse (CN) role and establishing CN role clarity. These interventions have been shown to result in optimal patient flow and timely access to the appropriate level of care.
- Newman and Berry created and conducted a PACU Charge Nurse Needs Assessment in which PACU clinical nurses identified key leadership attribute education that was needed for a PACU CN. Newman and Berry evaluated the clinical nurses' responses on this assessment to begin planning for the next steps in reducing PACU LOS through further education offerings. ([Evidence SE10EOb-1, Cary Hospital PACU Charge Nurse Needs Assessment](#)) Responses to the PACU Charge Nurse Needs Assessment indicated a lack of clarity and the need for education on the CN's role in terms of patient flow and outcomes.

#### *July-September 2023*

- Berry and Newman, with consultation from charge nurses, created an implementation plan that included in-person training. ([Evidence SE10EOb-2, Cary Hospital PACU Charge Nurse Implementation Plan](#))
- Newman received permission to use the American Organization for Nursing Leadership (AONL) competencies for the PACU CN role. Berry and Newman selected the competencies most pertinent to the PACU environment.
- Berry and Newman created a clear description of the responsibilities and expectations of PACU CNs based on the AONL competencies and feedback from PACU clinical nurses.
- PACU CNs requested specific strategies and content for the proposed training, including scenario-based learning focused on real examples of decision-making. For example, Christina Mellino, BSN, RN recommended a scenario based on

difficult conversations with peers, and Allison Hendrix, BSN, RN recommended a scenario on increased opportunities for communication between Pre-Op and PACU.

- Newman partnered with Berry to create standardized orientation and training for PACU nurses new to the CN role. They revised the implementation plan based on feedback from CNs as the intervention phase progressed.

#### *October-November 2023*

- Berry ensured that each PACU CN (new to the role) attended the Charge Nurse Class offered through Nursing Education Department. This basic course is offered to RNs who will be serving as a charge nurse, regardless of clinical setting.
- Berry then led a separate in-person orientation and training for all PACU CNs to standardize the PACU CN role and provide education on specific skills required for PACU CNs. This 90-minute session included scenario-based challenges and opportunities specific to the PACU environment as identified from the Needs Assessment. The CN attendees specifically requested training that focused on real-life PACU situations, including interpersonal and interdepartmental communication. Real-life PACU examples in handling difficult, crucial conversations and conflict resolution were used in the two scenario-based training exercises.
- Newman and Berry asked CNs for their feedback throughout the intervention period and revised the implementation plan as needed.
- Berry created the PACU CN Council, a collaborative forum to facilitate communication, share best practices, and address CN challenges in the PACU. The council was formed to continue to address issues that were identified in the Needs Assessment and others that arise. For example, communication was a central theme in the Needs Assessment, and the council was identified as the forum in which communication issues in the PACU could be addressed.
- Standard practice for the PACU CN role now includes rounding every 60 minutes to assess patient discharge status and to identify potential barriers to a timely discharge.

A nursing Needs Assessment and related implementation plan focused on leadership development specific to the PACU charge nurse role, standardization and clarity about this role, and the creation of a Charge Nurse Council resulted in a decrease in Phase I average LOS for Cary PACU patients.

The interventions were fully implemented by the end of November 2023.

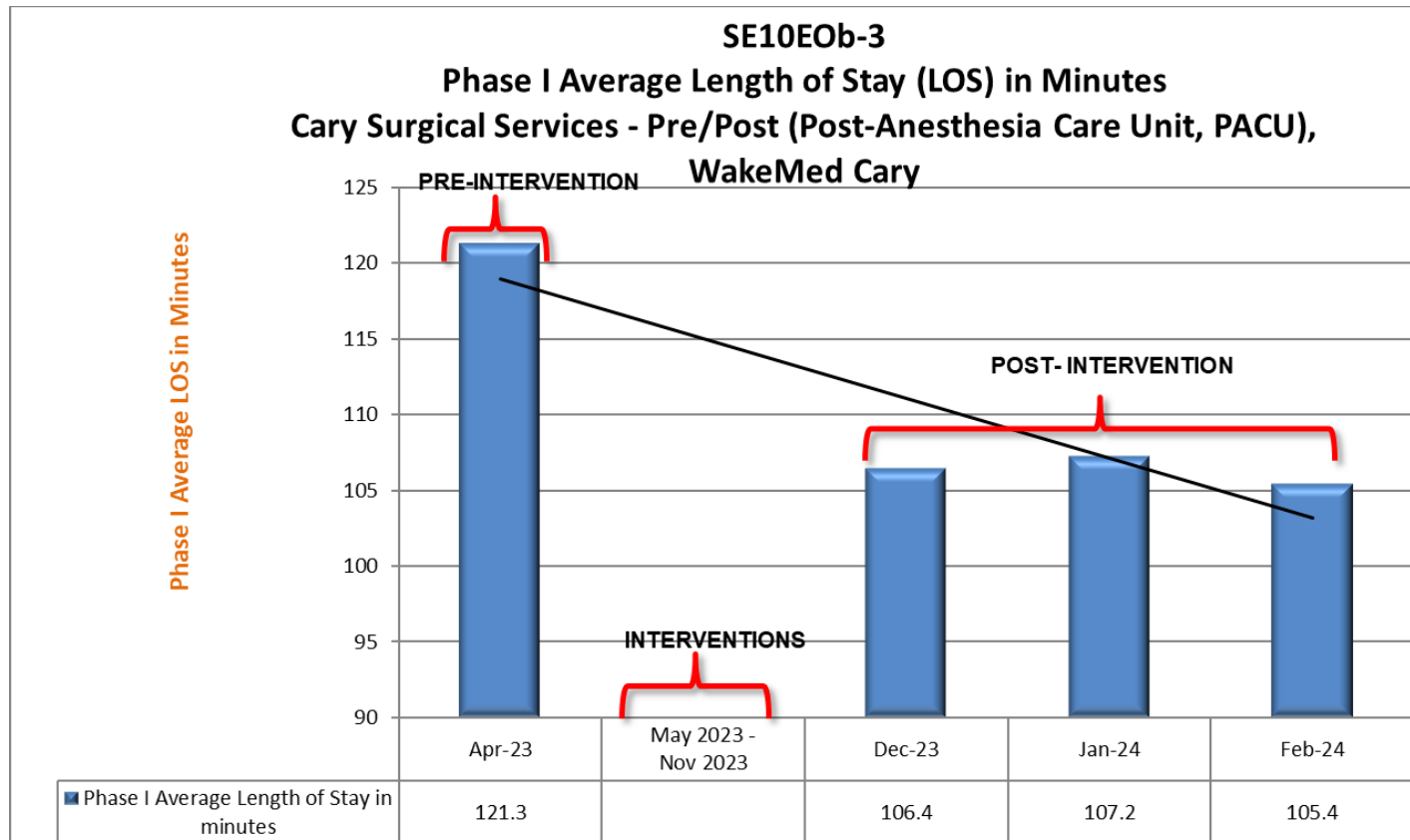
#### **References:**

Hughes, R., Meadows, M. T., & Begley, R. (2022). AONL nurse leader competencies: Core competencies for nurse leadership. *Nurse Leader*, 20(5), 437-443.  
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Jubenville, M., Longpre, C., & Tchouaket Nguemeleu, E. (2023). Standardized and validated training to support the charge nurse: Research protocol. *Nursing Open*, 10(7), 4756-4765. <https://doi.org/10.1002/nop2.1727>

Peng, R., Saghafi, R., & Maxwell, H. (2023). Discharge delay from the post anesthesia care unit: A nursing perspective. *Journal of Perioperative Nursing*, 36(2), e1-e12. <https://doi.org/10.26550/2209-1092.1214>

## Outcome



(Evidence SE10EOb-3, Phase I Average Length of Stay [LOS] in Minutes, Cary Surgical Services – Pre/Post [Post-Anesthesia Care Unit, PACU] WakeMed Cary)