SE15 – RECOGNITION OF NURSING

RECOGNIZING THE PACU TEAM FOR EXCELLENCE IN CLINICAL CARE

Provide one example, with supporting evidence, of the organization's recognition of an interprofessional group (inclusive of nursing) for their contribution(s) in influencing the clinical care of patients.

PACU Interprofessional Team Contributions Influencing Clinical Care of Patients

NewYork-Presbyterian/Columbia University Irving Medical Center (NYP/Columbia) recognizes interprofessional teams for excellence in providing clinical care to patients. The PACU (MB3,4-605325) [PACU] interprofessional team, composed of nurses, surgeons, anesthesiologists, social workers, nutritionists, pharmacists, and Patient Placement Operation Center team members, among others, collaborate to deliver high-quality clinical care to perianesthesia patients, encompassing preoperative, ambulatory surgery, and post-anesthesia care. Their significant contributions to enhancing patient care in the PACU were showcased in the 2023 PACU Beacon Award application. These contributions included interprofessional team strategies used to promote collaboration with patients, families, colleagues, and other healthcare providers. These strategies included:

- Regular Rounds and Meetings
    - Postoperative interprofessional daily rounds by physicians; members of the Placement Operation Center team, anesthesiology team, and pastoral care; and the day charge nurse, night charge nurse, clinical nurse manager, and patient care director (nurse manager); were conducted to discuss all patients in the postoperative phase and establish discharge needs.
    - Preoperative interprofessional daily rounds involving pastoral care, patient services, the charge nurse, OR clinical manager, and PACU clinical nurse manager reviewed and addressed case delays and patients' needs.

    - Bi-daily rounds with representatives from the Patient Placement Operation Center, nursing leadership, the PACU anesthesiology team, and charge nurses monitored patient flow and bed requirements.
    - Family meetings with interprofessional team members, including the patient's nurse, clinical nurse manager, social worker, physician, anesthesiologist, and patient services team member, were scheduled at a time convenient for the patient and their family to address issues related to operation schedule changes, operation delays, discharge processes, extended stay in PACU due to a lack of available inpatient unit beds, and any other care-related concerns.
    - Monthly process improvement meetings for the Cardiac service, Orthopedic service, and Neurosurgery service, known as the Comprehensive Unit-based Safety Program (CUSP), were comprised of members from the Operating Room nursing team, PACU nursing team, nursing leadership, surgeons, anesthesiologists, physical therapists, Patient Placement Operation Center staff, and project managers. They worked to remove barriers, review data, and create improvement plans for follow-up.

- Recognition of Interprofessional Team Members
    - Encouraged interprofessionals to use the NewYork-Presbyterian Amazing Points, an electronic card recognition platform to recognize colleagues for their contributions to outstanding care.
    - Employee of the Month was voted on by the interprofessional team. The recipient received a gift certificate and was recognized on the unit's visibility board along with an awards ceremony.
    - An appreciation jar was available for team members to provide small thank you notes to colleagues, which were then displayed for the entire team to review.
    - Monthly birthday celebrations for team members.
    - Perioperative service's Amazing Star monthly award presented by the perioperative service quality and patient safety team to a practitioner who caught a near miss event that contributed to patient safety.
    - PACU nursing leadership – patient care director (nurse manager) and clinical nurse managers – present weekly shout-outs each Thursday

recognizing a team member for their performance and posted the recognition on the unit's visibility board.

  - Awarded the practitioner who scanned all medications 100 percent through the year with a gold medal and gift card and posted the achievement on the unit's visibility board.

  - Patient feedback shout-out shared during daily huddle and posted on the unit's visibility board. Email recognition from department senior leadership on the patient feedback shout-outs.

- Clinical Care Outcomes, including:

  - Maintaining a 95 percent barcode scanning rate for medication administration compliance throughout the year

  - Improvement on first case on time start

  - Reducing patient falls

  - Minimizing PACU/OR hold times

  - Achieving a record of zero serious reportable events

SE15.1—PACU AACN Beacon Application

On November 30, 2023, the American Association of Critical-Care Nurses (AACN) conferred a silver-level Beacon Award for Excellence on the PACU interprofessional team, inclusive of nurses. (SE15.2—PACU AACN Beacon Award Letter) The NYP/Columbia PACU was the only PACU to receive a Beacon Award in New York City (at the time). In the feedback report, clinical outcomes for patient care that were highlighted included barcode scanning for medication administration compliance throughout the year, improvement on first case on time start, reducing patient falls, minimizing PACU/OR hold times, and achieving a record of zero serious reportable events.

Barcode Scanning for Medication Administration Compliance

The PACU implemented barcode medication administration (BCMA) scanning in May 2021. Susan Kokura, PharmD, MBA, Pharmacy Manager; Mohak Dave, PharmD, Pharmacy Manager (at the time); Angel Cambreo, information technology analyst; and PACU medication safety champions consisting of PACU clinical nurses Mikko Decastro, BSN, RN; Gilbert De Sotto, MSN, RN, CCRN; Carmela Cimagala, BSN, RN, CCRN; John Sloan, BSN, RN; Majorie Aquende, BSN, RN, CCRN; Jacqueline Brown, MS, RN, CAPA, NI-BC; Azenith Ramos, BSN, RN, CPAN; Rey Alpuerto, BSN, RN, CPAN; and

Robyn DeJesus, BSN, RN, CPAN; collaborated to identify and address barriers to barcode scanning for medication administration. Barriers identified included device malfunctions, Wi-Fi connectivity issues, medications lacking barcodes, and training and learning challenges.

Regular meetings were held weekly from May 2021 through March 2022 with Dr. Dave, Dr. Kokura, and PACU leadership, including Max Pascua, BSN, RN, CCRN, and Alexandra Dmeza, MSN, RN, CCRN, Clinical Managers, PACU, (clinical nurses, at the time); and Ellie Jun, DNP, RN, CCRN, Patient Care Director (nurse manager), PACU. Together they focused on reviewing and addressing the barriers until 90 percent barcode scanning compliance was reached. After this milestone, the meetings transitioned to a monthly schedule for ongoing follow-up, with the PACU achieving a 95 percent BCMA scanning rate.

First Case On-Time Start

The collaboration of operating room nursing leadership, PACU nursing leadership, perioperative service senior leadership, surgeons, and the anesthesiology team ensured timely start of the first case, significantly enhancing the patient experience and improving clinical operation metrics. This proactive approach ensured prompt completion of necessary procedures for patients requiring surgery. To address barriers, they initiated the CUSP within the cardiac, neurology, and orthopedic service lines. Monthly meetings tracked progress of first case on-time starts. Through CUSP project-driven improvements, PACU consistently achieved an 80 percent first case on-time start rate.

Patient Falls

Physical therapists Fabiola Paul, PT, DPT, and Lori Buck, PT, MSPT, members, PACU Unit Council and PACU fall champions; Jenean Igmat, BSN, RN, CCRN, clinical nurse; and Jeannie So, MSN, RN, FNP-BC, MEDSURG-BC, clinical nurse, conducted fall risk assessments both preoperatively and postoperatively. This was a vital step in identifying individuals at risk of falls. The PACU Fall Multidisciplinary Team and PACU Unit Council collaboratively reviewed fall and near miss events and devised an implementation plan. This plan included educating the team on the proper use of supportive devices for patient mobilization; placing safety instruction signs near recliners; conducting regular assessments of mobilization equipment, recliners, and stretchers; and establishing a routine assessment tool to ensure patient safety before mobilization. As a result, from 2020 to 2022, PACU only had one fall incident occurring in the first quarter of 2023, which remained below the national benchmark.

Minimizing PACU/OR Hold times

Roxanne Rosenberg, PA, MS, Director of Capacity Management; Tisha Hinds, MSN, RN, and Jose Correa, MSN, RN, Clinical Program Coordinators, Bed Management; Nick Pedersen, BSN, RN; along with PACU charge nurses, nursing leadership, and anesthesiology leadership ensured that efficient patient flow from preoperative, intraoperative, and postoperative areas was a top priority for the Perioperative service. Prolonged OR/PACU hold times impacted the hospital's operational efficiency, leading to delayed case start times, cancellations, decreased staff satisfaction, suboptimal patient experiences, and reduced revenue.

In the first quarter of 2021, the average monthly OR/PACU hold time was 7,690 minutes. To address this challenge, the interprofessional team assembled to identify root causes and set a goal to reduce hold times. They analyzed PACU space utilization, daily staffing requirements, overnight PACU stays, surgical bed capacity, patient acuity, and surgical procedure lengths. They refined recovery process criteria for each service line, successfully reducing recovery times for bariatric and thyroid cases. They collaborated with the Patient Placement Operations Center and anesthesiology leadership to reduce overnight PACU stays, expedite inpatient bed assignments, decrease delays in discharges, and enhance inpatient unit bed readiness. By the fourth quarter of 2022, OR/PACU hold times were reduced by 94 percent compared to the first quarter of 2021. SE15.3—PACU AACN Beacon Feedback Report

Organization Interprofessional Group Recognition

On December 11, 2023, NYP/Columbia hosted a ceremony to honor the PACU interprofessional team for their remarkable achievement of the Silver Beacon Award and their outstanding clinical care for patients. The ceremony took place in the NYP/Columbia Riverview Terrace and was attended by NewYork-Presbyterian enterprise leadership, NYP/Columbia leadership, and clinical members. The interprofessional teams that played a pivotal role in this journey were also in attendance, including the Patient Placement Operations Center team, pharmacy team, and anesthesiology team.

During the ceremony, Dr. Jun delivered the opening remarks. She acknowledged the patient care achievements and the Silver Beacon Award earned by the PACU interprofessional team. Next, Margaret Lynch, MSN, RN, CAPA, clinical nurse, PACU, Ms. Aquende, and Mr. De Soto spoke about the PACU journey to Beacon. The Beacon Committee followed with words of praise. Then PACU leadership recognized the efforts of the interprofessional team. To conclude the ceremony, Bernadette Khan, DNP, RN, NEA-BC, Group Vice President and Chief Nursing Officer, NYP/Columbia Division, commended the interprofessional PACU team for their exemplary clinical care and provided accolades to the team. As a symbol of this achievement, the PACU team was presented with a trophy during the ceremony, which they proudly display on their unit.

SE15.4—Award Ceremony Program and Presentation

In January 2024, this accomplishment was published on NewYork-Presbyterian's Infonet home page and in *CNO Connect*, a newsletter that Dr. Khan emails to all NYP/Columbia employees, highlighting the recognition of the interprofessional PACU team. SE15.5—January 2024 Infonet and CNO Connect

AACN Beacon Award for Excellence Application Template

Introduction

Congratulations on choosing to apply for the Beacon Award for Excellence! Like many other units you are on a journey to distinguish yourselves by improving every facet of patient care. This Application Template, along with the Beacon Award Program Handbook and other resources are available through www.aacn.org/beacon, will support you in completing the Beacon Award application process.

Instructions for Use

Prior to using this template, it is recommended that you read and familiarize yourselves with the Beacon Award Program Handbook. It contains detailed information about the Beacon Award Program and Beacon Award application process. Whether you are applying for designation or redesignation the application and submission process is the same.

Once you are prepared to write your application you will use this form to write your Beacon Award Application. Please be sure to follow these instructions:

- For your application submission you will need to download and save this Beacon Award Application Template. You will enter your responses in the appropriate 'Response' box under each criteria question. Once completed you will upload your saved document during the "Online Submission Process."
- Pay special attention to font size and length restrictions:
    - Minimum font for the application is size 10. The template is formatted for this font size.
    - Including the pages of the application template, the maximum length is 50 pages. If the application exceeds 50 pages, only the first 50 pages will be reviewed.
- Ensure all graphics, particularly in the Outcome Measurement section, are appropriately labeled.
- Avoid using acronyms and abbreviations. They can have more than one meaning, which detracts from an application's clarity. If it is essential to use an abbreviation or acronym, it must be spelled out the first time it is used.
- Do not include patient- or employee-specific information. If confidential information is included in the application, all identifying details must be removed.

When your application has been written and proofread, you are ready to begin the online submission process. Click "Application Process" on the Beacon home page (www.aacn.org/beacon). Then click "Online Submission Process," and log in with your member or customer ID number. The person who logs in and submits the application will become the primary contact associated with the application.

Once you log in, you will be guided through a series of steps to submit your application and payment. If you have additional questions about the Beacon Award Program or the Application Template please contact us at beacon@aacn.org

Unit Profile

The Unit Profile describes the framework within which your unit functions. The Unit Profile should identify the key characteristics of your unit including the environment of care and relationships with other units, patients, families, and stakeholders. Information from the Unit Profile helps reviewers better understand the composition and structure of your unit and facility. You do not need to include detailed information about your processes or outcomes in the Unit Profile. You will have an opportunity to provide that information when answering the criteria questions in Categories 1-5. The Unit Profile is not scored.

Criteria Questions	
1	Describe the type of facility the unit works within. How many beds are in the hospital and unit?
Response	NewYork Presbyterian Hospital (NYPH) is a non-profit, world-class academic medical center located in New York City dedicated to providing the highest quality, most compassionate care, and service to patients in the New York metropolitan area, nationally, and throughout the globe. It is one of the nation's largest and most comprehensive teaching hospitals affiliated with two renowned medical schools, Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons, making the hospital a recognized leader in medical education, groundbreaking research, and innovative patient-centered clinical care. For over 20 years, NYPH is consistently ranked #1 in the New York metropolitan area by *U.S. News and World Report* and repeatedly named to the *Honor Roll* of "America's Best Hospitals." NYP is one of the largest healthcare providers in the United States employing 29,000 professionals that care for more than 2 million patients (about the population of Nebraska) annually. NYPH has over 2600 beds, 738 of which are at Columbia University Irving Medical Center (CUIMC) campus. In July 2020, the Post Anesthesia Care Unit, Ambulatory Surgery Unit, and the Pre-Operative Area were integrated into one unit now known as PeriAnesthesia Care Unit (PACU). Under the Operations Department, the PACU is the adult pre and post operative care unit of NewYork Presbyterian-Columbia University Irving Medical Center (NYP-CUIMC). PACU has 81 bays in 3 geographical locations: Heart Center 3 has 24 bays mostly dedicated to preoperative processing, Milstein 3GN and Milstein 4GN have 33 and 24 bays respectively designated for post-operative recovery.
2	Describe the scope of service the unit provides, including major diagnoses, the types of patients admitted, a brief description of the admission and discharge criteria, and level of acuity. Please include if patients are admitted to the unit through an open or closed admission structure. ***Notes:*** Examples of scope of service may include intensive care, progressive care, telemetry, or trauma. With regard to the admission structure, are patients admitted to an intensivist or single service for management, or admitted and followed by individual physicians?
Response	The PACU is the adult pre and post operative care unit of NYP-CUIMC. The unit caters to patients undergoing surgical procedures and interventions from various service lines including cardiac, thoracic, transplant, neurology, vascular, bariatric, orthopedic, urology, plastics, gynecology/oncology, breast, hepato-biliary, endocrine, ears nose throat (ENT), and oral and maxillofacial surgery (OMFS). Surgical procedures processed in PACU range from complex procedures such are organ transplantations (post heart and lung transplants can be processed preoperatively in PACU but will go direct to ICU (Intensive Care Units) post procedure),

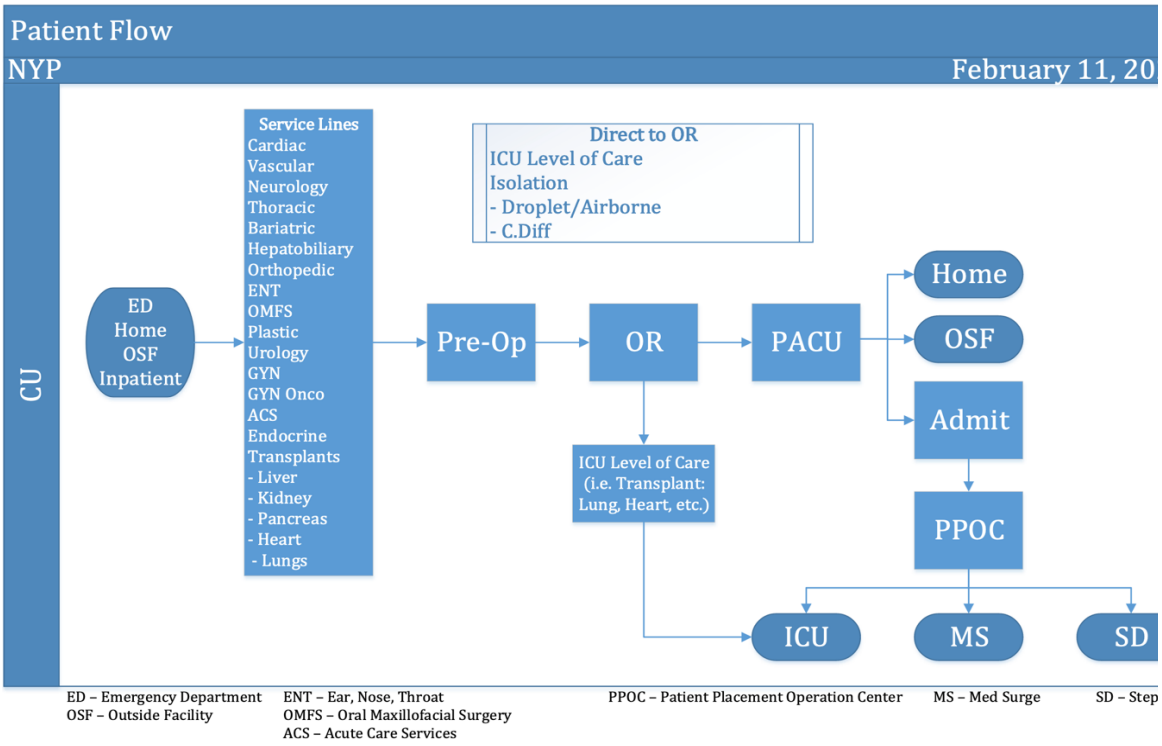
craniotomies, and carotid endarterectomies to simple surgeries like laparoscopic appendectomies and cystoscopies, to innovative procedures like Transcatheter Aortic Valve Replacement (TAVR), aneurysm and mitral valve clipping through percutaneous approach.

The admission and discharge process in the PACU is a multidisciplinary approach directed by the Department of Anesthesiology. The surgical service specific to the patient's condition is the primary admitting team once the patient is discharged from PACU.

Initial admission to PACU is done in the pre-operative area. Patients are either admitted directly from home, the ED (Emergency Department), outside nursing facilities, or inpatient units. Full clinical assessment from multi-disciplinary teams (surgical, anesthesia, and nursing services) are done prior to the patient's surgical procedure. All elements for a safe invasive procedure such as informed consent, complete history & physical, medication reconciliation to name a few, are also completed in the preoperative area before patients are brought to the Operating Room for the procedure.

Post-surgical procedure, the patients are brought to the post operative side for recovery. All types of surgical procedures done under several types of anesthesia (general, spinal, block, etc.) are admitted to the post op side except organ transplantations of the heart, lung, or liver. These cases go directly to specialized Intensive Care Units (ICU).

Figure 1: PACU Patient Flow



3 Describe the general demographics of the patients cared for by the unit. Include a description of specific cultural or spiritual needs of the major groups you care for.

Notes: Examples may include age, cultural, ethnic, or spiritual groups.

Response	The NYP-CUIMC campus is in the 10032 zip code and is in one of the most diverse cities and populations in the world. There are 870,000 plus people who live in the area from Washington Heights, Inwood, Harlem, and portions of the Southwest Bronx. The PACU serves the adult population. Sixty-one percent of the NYP-CUIMC region is of Hispanic descent. Other ethnicities in the local community include Caucasian, African American, Asian, and Pacific Islander. As a result, the PACU patient population has a truly diverse cultural mix. Spanish is the predominant language spoken in these communities, but most of the population report English as their primary language. There are also different languages spoken other than English and Spanish. This mix of cultures allows for diversity in religious background, inclusive of Christianity, Judaism, Hinduism, and Islam.
4	Each unit contributes to the facility's overall mission and vision. Describe the unit's role in contributing to and achieving that mission and vision.
Response	**NYP Mission**: In collaboration with two renowned medical schools, Weill Cornell Medicine and Columbia University College of Physicians and Surgeons, NYP is dedicated to: • Educating the next generation of health care professionals • Developing groundbreaking research, • Advancing innovative, patient-centered clinical care • Serving the needs of our local, national, and global community **NYP Vision: To** be the #1 Integrated Academic Health System in the Nation in high-quality patient centered care, education & research. NYP affirms to "Put patients first" and upholds the following values: Respect, Teamwork, Empathy, Excellence, Innovation, and Responsibility. At the core of NYP's culture is Respect. It subscribes to the belief that "every person and every role counts," treating everyone as a valued human being, considering everyone's feelings, needs, ideas, and preferences. It pledges to honor everyone's contributions to creating a healing environment for patients, families, and workers. To support the hospital's mission and vision, the PACU aims to provide high-quality patient centered care and excellent patient-family experience in an empowered, engaged, and innovative professional nursing practice environment. This mission statement and the institution's Credo of Respect are visible on the PACU Huddle Board and encourage the staff to function within and observe NYPH's Culture. The PACU team believes structural empowerment, staff engagement, evidence-based practice, professional development, and continuous improvement are key to achieving this goal. At the core of PACU's structural empowerment is the Unit Council (UC) with its six sub-committees: Quality & Safety. Education & Professional Development. Information Technology. Recruitment/Retention/Recognition & Respect (R4). Magnet. and Patient Experience. The UC is dedicated to enhancing patient and staff experiences, driving staff engagement and professional development. Some of the initiatives UC develops include Performance Improvement projects/initiatives, the Clinical Ladder program, and forming specialized groups (i.e., Staff Scheduling Task Force, EPIC and Point of Care super users, etc.), to name just a few. These are all geared to ensure safe, efficient, and high-quality patient care and positive patient and staff experiences.

	The PACU also contributes to the institution's high reliability in health care by providing the best clinical outcomes and the best patient and staff experience, while being mindful of fiscal responsibilities to the organization. The sense of accountability gives the PACU team the mindset of "being owners, not renters," and it assures autonomy to correct issues within the scope of our practice.
5	Who are the unit leaders? Describe the leadership relationships and accountabilities for unit function between medical, nursing, and other key stakeholders. ***Notes:*** A unit leader is anyone who has daily responsibility for unit function and may include managers, supervisors, charge nurses or directors. Unit leaders may also include physicians or other non-nursing personnel.
Response	The Director of Nursing (DON) for Perioperative Services is responsible for Nursing in the PACU and contributes to the development and implementation of strategic direction for nursing practice throughout NYP-CUIMC and NYPH. The **Patient Care Director** (PCD) carries out this goal to the unit level and maintains autonomous, 24-hour operational responsibility. The PCD manages all aspects of the unit including mentoring and evaluating staff, identifying process improvement, fiscal performance, resource allocation, and ultimately accountable for all patient care delivery in the unit. Reporting directly to the PCD are two **Clinical Nurse Managers** who are delegated with the above responsibilities in addition to payroll management and staff scheduling. They also act as liaison to the interdisciplinary teams, serve as resources to the clinical nursing and nursing-support staff, and help facilitate the daily flow of the unit. PACU has a unit-based **Nurse Educator** who ensures that the unit adheres to established clinical policies and protocols, regulatory compliance, and standards of practice. In coordination with the hospital's Department of Nursing Professional Development, the Nurse Educator coaches and mentors staff, on-boards newly-recruited staff during orientation, and maintains skills competency of the team through activities such as annual training, skills fair, and journal club meetings. The **Charge Nurse** (mostly a Clinical Nurse III) directs the daily operation of the unit, ensuring timely and efficient flow of the patients in pre and post operative areas. The Charge Nurse collaborates with the PCD and/or CNMs to identify daily goals, design nursing and ancillary staff assignments, and ensure resources (i.e., supplies, equipment, etc.) are ready and available for use. The Charge Nurse closely coordinates with the Patient Placement Operations Center (PPOC) for appropriate patient bed assignments post-surgery. Inherent to the Charge Nurse role is serving as real-time resource to whatever issue arises in the unit, and properly escalating to PCD and/or CNM as needed. The **Medical Director** for Surgical Services approves and organizes surgeries for the department, and coordinates with physician services and services provided by other professionals as they relate to patient care. The **Director of the Anesthesia Department** is responsible for the medical/surgical aspect of patient care in PACU. The post-operative area of PACU is under the direct supervision of a **Team Captain** (TC), usually a PGY2 anesthesia resident. The TC is physically in the unit, oversees the

recovery process, and evaluates every patient has met anesthesia recovery requirements to be safely transitioned to the next level of care or be discharged home.

6 Describe the unit's staff and skill mix including titles and roles of each provider type including health providers and other professionals; and the number and types of nurses, including education levels. If staff includes unionized workers or bargaining units, identify the union and its impact on the nursing structure.

Notes: The roles of each provider type may include unlicensed assistive personnel or registered nurse. If a union is present, you may wish to include further information about its impact on your unit in later categories.

Response

One of the incentives of being in a unionized hospital is that it creates better working conditions thereby encouraging staff to stay longer in the position. PACU nurses and support staff belong to the New York State Nurses Association (NYSNA) Union and 1199 Union, respectively. The years of experience of our staff range from 7 years to 35 years. PACU has 95 Registered Nurses: 9 are master's prepared and 86 have a bachelor's degree. These clinical nurses provide direct total patient care.

PACU has 30 nursing ancillary support staff. These include Patient Care Assistants, Unit Assistants, Patient Navigator, and their tasks include but are not limited to, patient transport, blood draws, stocking of supplies, coordinating and facilitating patient and family needs, and assisting with admission and discharges.

Table 1: PACU Team Demographic

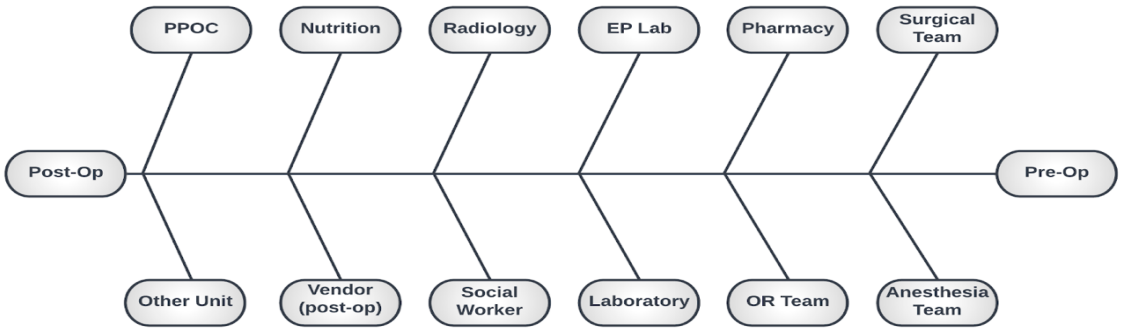
Total Patient Bays	Total RN	BSN	Masters	Certified	Support Staff	Average Range of Experience
81	95	86	9	49	30	7 - 35 years

7 Describe other key stakeholders, individuals, groups, or departments present on the unit that collaborate with unit staff to provide patient care.

Response

The PeriAnesthesia Care Unit flow is unique from inpatient areas in the way patient admissions and discharges are processed. From the preoperative area where the patient is admitted for a final check before the surgery, to the post op area where the patients are transitioned from the OR for recovery, interdisciplinary team members may consult with the team to optimize patient safety and experience. These stakeholders include Patient Placement Operation Center (PPOC), Electrophysiology (EP), Pastoral Care, Dietary, Pharmacy, and Radiology (see Figure 2). These services offer additional testing and/or clearance before the patient is brought to the OR for procedure.

Figure 2: PACU Interdepartmental Collaboration



PACU Collaboration Between Stakeholders

The pre-operative area opens at 6:00 AM to start processing the first cases of the day. Essential to this process is the constant communication between the unit and the OR, as well as surgical and anesthesia teams to ensure timely start of the procedure. Similarly, the recovery process in the post-operative area entails much collaboration between interdisciplinary teams to provide the safest and most efficient patient care. For example, a Nurse Practitioner from EP will consult preoperatively with a patient who has a pacemaker, then follow-up after the procedure when the patient is in the postoperative area. Another important partner of PACU is the PPOC for its function as the in-patient bed assignment coordinator of the hospital.

8	Describe the structure for unit governance and decision making including how decisions affecting operations are made. ***Notes:*** Examples may include top-down leadership or unit-based councils.
Response	Decision-making in the PACU is a collaborative effort between the leadership and the Unit Council (UC). They convene with each other to make sound clinical and business decisions that will improve care delivery. A yearly strategic action plan is made to reflect the unit's needs. The UC empowers the PACU team to make decisions that affect their practice and practice environment, including evaluation of policies and procedures affecting unit standard, fostering evidenced-based practice, assessing, and providing educational needs to the unit, and promoting effective communication. Our UC has sub-committees that tackle specific performance improvement initiatives, including Quality and Safety; Education and Professional Development; Patient Experience; R4 (Recruitment, Retention, Recognition, and Respect); IT (Information Technology); and Magnet. Membership is encouraged for all staff. The UC meets every 4th Monday of the month, through in-person and through Zoom. A report-out from each sub-committee is expected during these meetings, and outstanding deliverables are incorporated in the concurrent action plan. In certain instances, other interdisciplinary teams are invited to the meeting to provide information, guidance, or feedback on specific issues pertinent to our practice and/or unit flow. Our robust professional governance structure allows staff to be accountable and promote problem-solving ability as individuals and as a unit that translates to self-fulfillment and great staff satisfaction.
9	Describe the key challenges the unit faces and how the unit addresses these challenges to ensure optimal patient care. ***Notes:*** Key challenges might relate to technology, people or other resources or regulatory requirements.

Response	The integration's purpose was to provide a coordinated and highly functioning PACU system for optimal patient outcomes and experience. Nevertheless, the process of this integration has significantly affected staff satisfaction and engagement. Some felt their work routine was disrupted and were not comfortable with the changes. The disparity of skills sets among staff (charting, patient interaction, and preprocedural routine) were among the issues that had to be addressed. To resolve this issue, a cross-training educational plan from pre-op to post-op and vice versa, was implemented. In addition, multiple skills day, competency assessment and training, mentoring, and buddy system were also adapted. Another key challenge is compliance with medication scanning using handheld devices. Among the reasons for non-compliance are non-availability of scanners, poor internet connection, and missing medication barcode. To address these issues, loaner scanners and chargers were provided, collaborated closely with information technology colleagues for technical support, and coordinated with pharmacy department to update medication database and missing barcodes.
10	Without providing trend or survey data (this will be requested in a later category), summarize the key factors that affect staff satisfaction.
Response	Recent survey results showed staff work satisfaction in PACU is closely related to the perception of autonomy of practice and recognition of the work that they do. Another factor is the availability of resources to support the staff and unit's needs to perform work. These issues are addressed in the strategic action plan of the unit and at the hospital level.

Category 1: Leadership Structures and Systems – 150 Points

Unit leaders are integral to ensuring a healthy work environment that focuses on the delivery of the best care for patients and families. On the unit, the best care may be reflected in a commitment to systematically develop and train nurse leaders; ensure accountability; advocate and participate in decision making; and provide meaningful recognition to staff. Creating a sustainable healthy work environment can improve the care delivery environment, thereby improving clinical outcomes, patient and family satisfaction, and staff satisfaction and retention.

The criteria questions in this category are aimed at soliciting information about how your unit leaders support and maintain a healthy work environment. For each question reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning, and process improvement.

Criteria Questions	
1	For unit leaders identified in the Unit Profile: a. Describe how they are trained to meet and maintain the responsibilities of their role. For example, how are unit leaders held accountable by managers, staff, or interdisciplinary stakeholders? b. Describe how unit leaders guarantee joint accountability between medical, nursing, and other leaders. c. Describe how this group works together to ensure integration of patient care within and outside of the unit.

	Notes: Unit leaders are defined as anyone who has daily responsibility for unit function and may include managers, supervisors, charge nurses or directors. This may also include physicians and other non-nursing personnel. Some examples of accountability may include formal processes such as peer review, performance evaluation and/or performance against measurements and goals; it may also include informal feedback mechanisms or surveys. Integration of patient care includes the processes and systems used to ensure sustained quality of care between your unit and supporting units (such as dialysis or radiology) and/or outpatient care settings (such as clinics, offices, and rehabilitation facilities).
Response	The **Director of Nursing** (DON) for Perioperative Services has the overall responsibility for nursing in the PACU and contributes to the development and implementation of strategic direction for nursing practice throughout NewYork Presbyterian-Columbia University Irving Medical Center (NYP-CUIMC). The **Patient Care Director** (PCD) carries out departmental goals—such as achieving excellent patient-centered care while maintaining optimal patient flow—and maintains autonomous 24/7 operational responsibility for the unit. The PCD manages all aspects of the unit, including mentoring and evaluating staff, identifying areas for process improvement, fiscal performance, and resource allocation, and is accountable for all patient care delivery in the unit and any process issues that might ensue. The PACU PCD holds a Doctor of Nursing Practice (DNP) and CCRN certification. She completed a rigorous 9-week onboarding process that included classroom training, precepting with a fellow PCD, and mentoring from the Director of Nursing (DON) of Perioperative Services. She also received in-depth training on healthcare management which included hospital policies and procedures, staff and patient safety, staffing, daily unit operations, payroll, communication, budgeting, labor relations, and other management concerns. The PCD is responsible for ensuring the unit is in regulatory compliance and that it follows established clinical policies, protocols, and standards of practice. All periop-nursing leadership carries specialty organization membership and carries (or is pursuing) certification from the American Organization of Nursing Leadership and the American Society of PeriAnesthesia Care Nurses. Nursing leadership are supported in pursuing educational advancement, including (but not limited to) attending specialty conferences and certification review classes which help prepare nurse leaders to gain expertise and develop leadership skills to transform and advance health care. Reporting directly to the PCD are three **Clinical Nurse Managers** (CNMs), who serve as the first line of support to the team in managing the daily patient flow. The CNMs also act as liaisons to the interdisciplinary teams, serve as resources for the clinical nursing and nursing support staff, and help facilitate the daily flow of the unit. They are vital in enhancing the patient and staff experience by being visible and interactive with the staff, patients, and families. The CNMs act as mentors and perform tasks delegated by the PCD based on unit need. They participate in healthcare management trainings and meetings with the PCD on topics such as hospital policies and procedures, staff and patient safety, staffing, daily unit operations, communication, budgeting, payroll, labor relations, and other management concerns. PACU also has a unit-based **Nurse Educator who ensures all unit staff are up to date on all essential competencies and supports staff educational needs.** In coordination with the hospital's Department of Nursing Professional Development, the Nurse Educator coaches and mentors staff, onboards new staff during orientation, and maintains the skills competency of the staff through activities such as annual trainings, skills fairs, and journal club meetings. The Nurse Educator also co-sponsors the PACU Education Committee along with nursing leadership. The

Nurse Educator's training and performance is overseen by the Office of Nursing Professional Development and Innovation.

The **Charge Nurses** (most of whom have Clinical Nurse III designations) direct the daily operation of the unit, facilitating timely and efficient patient flow in pre- and post-operative areas. The Charge Nurses play a vital role in the smooth operation of the unit, collaborating with the PCD and/or CNMs to identify daily goals, design nursing and ancillary staff assignments, and ensure resources (supplies, equipment, etc.) are ready and available for use. The Charge Nurse on duty closely coordinates with the Patient Placement Operations Center (PPOC) for appropriate patient bed assignments post-surgery. Inherent to the Charge Nurse role is serving as real-time resource for any issues that might arise in the unit, and properly escalating to PCD and/or CNM as needed. Charge nurses are experienced staff nurses who have successfully completed charge orientation and leadership training. Charge nurses in training are offered many resources to support their learning, including the Charge Nurse Workshop, informal leadership training through a one-week orientation with a seasoned charge nurse, and coaching and teaching from the PCD and CNMs, who continuously check on the charge nurse's progress to ensure an easy transition and to provide coaching and teaching as needed.

The **Medical Director** for Perioperative Services approves and organizes surgeries for the department and coordinates with surgeons and other multidisciplinary leaders related with patient care. The Medical Director coordinates with Director of Nursing on changes in nursing care or updates to the provision of patient care. The Medical Director oversees all surgical providers and staff in the department, including the teams of surgical service lines, perfusionists, and Certified Nurse Anesthetists (CRNAs).

The Director of the Anesthesia Department, or **Anesthesia Attending**, is responsible for the medical/surgical aspect of patient care in PACU. The Director of the Anesthesia Department works with the PACU PCD to solve bed assignment issues in times of urgent need. The post-operative area of PACU is under the direct supervision of a **Team Captain** (TC), usually a PGY2 anesthesia resident. The TC is physically in the unit, interacts with the charge nurse and staff to oversee the recovery process, and evaluates patients to determine if they have met anesthesia recovery requirements to be safely transitioned to the next level of care or be discharged home.

The PCD meets regularly with the DON of Perioperative Services and is held accountable through mid-year and annual performance reviews, as well as via the results of unit-based outcome measures such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), the Press Ganey survey, and the National Database of Nursing Quality Indicators (NDNQI). The PCD also reports to monthly multidisciplinary (anesthesiology and surgical service lines) meetings and nursing committees regarding PACU quality and safety data. The PCD must address and monitor any issues or concerns in patient experience, nursing quality indicators, and staff satisfaction with an action plan that involves a collaboration between nursing leadership, nursing staff, and other key stakeholders.

2

Describe how unit leaders interact with staff to:

a. Build relationships, provide timely feedback, and ensure patient-centered care.
b. Encourage/ensure frank, two-way communication throughout the unit.
c. Share key hospital decisions and information.

Notes: Your response may include the frequency of interactions and modes of communication, both formal and informal.

Response

Periasthesia Care Unit (PACU) upholds the organizations's motto of "We Put Patients First." and strongly subscribes to the NYP Credo of Respect, wherein "At NYP, every person and every role counts. We will treat everyone as a valued human being, considering everyone's feelings, needs, ideas, and preferences. We will honor everyone's contributions to creating a safe healing environment for our patients, families, and colleagues."

Figure 3: NYP's Credo of Respect

The PACU believes that accountability and transparency are key factors to a successful unit. The PCD and CNMs have an open-door policy to encourage communication and enhance relationships with staff. This helps facilitate dialogue with all members of the team. The PCD and/or CNMS also give unit updates at daily huddles regarding issues, concerns, and solutions being put into or already put in place. The huddle is also a place where an informal recognition (shout-outs) of a job well done is given to members of the team. The PCD and CNMs round on the unit with the charge nurse to get updates about flow and acuity of patients and potential issues requiring attention. The PCD also meets with the charge nurse at the end of the day to debrief regarding issues that occured during the day.

Monthly UC and staff meetings allow the PCD to interact with staff and establish strong professional relationships. These meetings give the PCD and CNMs venue to update the staff on current issues affecting nursing practice and serves a forum for the staff to ask questions or clarify issues.

PACU staff are required to carry Mobile Heartbeat (MHB) devices, a work iPhone issued to all NYP staff. This allows for an easier access for all staff members to comunicate via EPIC secure chat or call thru Jaber, an in-house application that allows staff to make and receive outside calls much like a regular phone. The MHB device can also be used to access patient's chart in EPIC and NYP Infonet to inquire hospital-wide policies and procedures, serve as a scanner to comply with the Bar Code Medication Administration (BCMA), and scan the specimen label printer for lab draws, thereby ensuring patient centered care.

All NYP employees are given an NYP email address. E-mail communication is central to PACU's information dissemination. Meeting invations, practice alert updates, staffing/schedule

adjustments, just to name a few, are communicated through this. The Office of Nursing Professional Development and Innovation also keeps staff up to date on changes in policy and procedures via email. A link to the new policy or procedure is usually included for easy access. The PACU RNs keep a WhatsApp communication thread, where issues relevant to our work and work process are informally discussed

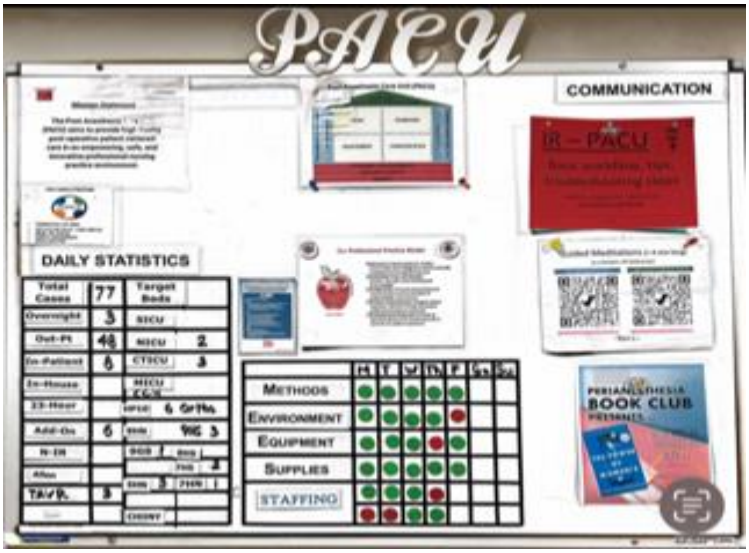
The PACU maintains a Communication Board (Figure 2) to convey messages inbetween staff or team members. Utilized during huddles, it shows the daily statistics for the day:

- Total number of surgical cases, broken down into three categories: out patients, in-house, and same day admit.
- Total number of surgical beds needed for the same day admit patients
- Specific surgical inpatient beds as required by each surgical service line
- Number of patients boarded in the PACU post op area overnight

The Board also shows the daily readiness of the unit through the **MEESS:**

- **M**ethods: How does the unit flow look like. Does the unit have enough open bays to accommodate cases for the day?
- **E**nvironment: Does the physical environment support optimal working conditions?
- **E**quipment: Do we have the necessary equipment to do our work?
- **S**upplies: Do we have enough resources and materials to fully function?
- **S**taffing: Do we have enough qualified staff to deliver quality care?

Figure 4: PACU Communication Board



To provide standard and consistent excellent care for our patient, a hand-off report is given in Situation, Background, Assessment, Reccomendation (SBAR) format at the bedside. In adddition, when a secure chat exists relevant to the patient care, the incoming/relieving nurse can be added to the thread of communication between groups or individuals for better understanding of the situation.

The PCDs and nursing staff participate in a Peer Feedback Process to help promote nursing excellence and exemplary professional practice. Peer feedback is a collegial, systematic, annual process by which RNs seek feedback on their practice to foster refinement of their knowledge, skills, and decision-making at all levels and areas of practice (ANA Standards of Practice 2010).

3	Describe how licensed staff are held accountable by unit leaders for practicing within their individual scope of practice. Describe how other unlicensed personnel employed on the unit are held to the expected level of professional practice. ***Notes:*** Scope of practice defines the boundaries/limits of practice for individual care providers, i.e., the ability to do a particular activity based on education, license or training and may include facility, state, or federal regulations. Professional practice is defined by the standards of practice and standards of care set by the profession and provides a framework for evaluating how a particular group meets the expected outcomes.
Response	PACU considers ownership of practice and accountability as essential components for professional nursing practice and patient safety. PACU staff, at all levels of the team are expected to function at their highest level within their scope of practice. This setting of expectation is started on interview process, carried through the orientation period, and maintained throughout staff's employment in PACU. Patient and Family-centered care is the core for NYP's Professional Practice Model (figure 5).This model is grounded on the principles of advocacy, autonomy, collaboration, evidence-based practice, and professional development. These values are taught and ingrained to all staff in the PACU. Figure 5: NYP's Professional Practice Model  ❑**Advocacy:** Empower patients, families, communities and colleagues to ensure culturally competent and compassionate care ❑**Autonomy:** Foster self-directed practice through critical thinking and accountability ❑**Collaboration:** Promote interprofessional communication and coordination of patient/family centered care ❑**Evidence-Based Practice:** Integrate clinical expertise, scientific findings and patient preference to improve outcomes ❑**Professional Development:** Commit to personal, clinical, and scholarly growth to optimize the patient experience The unit leadership is highly selective on the hiring processs, and would include frontliner staff in the inteview process. A four-month comprehensive orientation for new hires follows where they are expected to successfully complete a customized and comprehensive orientation plan developed for new hires collaboratively between the PCD, PACU Nurse Educator, experienced nurse preceptors, and the PACU Education Committee. New hires without an immediate ICU experience are also required to attend the critical care course taught by nursing educators. Weekly meetings between the orientee, preceptor, PCD, and Nurse Educator are held to track the orientee's progress and allow the Nurse Educator and PCD to make recommendations. Orientation can be extended based on the results of these meetings. After successfulcompletion of orientation, the "buddy system" and mentorship programs are in place further support the new nurse to acclimate to the role and to the workplace. A "Survival Guide for Nurses" pamphlet

	was created by the Education Committee to help staff navigate complex processes and procedures in the pre and post op areas. All unit staff must complete annual competencies sent through and stored in the NYP Learning Center. The PACU Education Committee ensures that the knowledge and skills of staff are current and updated by holding an annual Skills Day both for RNs and ancillary staff. A learning needs assessment is done prior to identifying learning courses for the Skills Day to identify low volume high-risk procedures. Specialty certifications such as Critical Care Registered Nurse (CCRN), Certified Ambulatory Perianesthesia Nurse (CAPA), and Certified Perianesthsia Nurse (CPAN) are strongly encouraged for all nurses as this demonstrate their specialty expertise and validate their knowledge to patients. Patient Care Assistants (PCAs), Unit Assistants (UAs) and Patient Navigators (PNs) are highly valued team members. These unlicensed team members have strong presence in the Unit Council and are instrumental in the efficient flow of PACU. In collaboration with the charge nurse, the PCAs may suggest on how their daily assignment looks like. The PCAs have their own skills day annually to keep them up to date, like donning and doffingg for isolation, obtainingg EKG, and blood draws as few examples. UAs and PNs are overseen by the UC to follow their unit-based standard of work.
4	What facility- and/or unit-level reward and recognition programs are currently in place? How do unit leaders take an active role in providing and encouraging reward and recognition?
Response	NYP strongly values the commitment of its employees as evidenced by its reward and recognition system. The hospital provides a competitive salary and benefits package for nurses, salary differential commensurate to years of experience and graduate degrees, tuition reimbursement, certification differential and reimbursement for exam costs, and advancement on the Clinical Ladder Program. In 2013, the Clinical Ladder Program was introduced to recognize and incentivize ongoing pursuit of education, professional development, and growth in clinical expertise among Registered Nurses. There are a variety of hospital-wide rewards and recognition programs for all staff. The most highly anticipated is the NYP Gala, an annual event (usually a formal dinner) hosted by hospital senior executives to recognize employees with 20 or more years of service to the enterprise. “New Hire Breakfast” is another, held quarterly for new employees wherein senior executives get to be introduced to the group. There is also the Annual Appreciation Day for Employees where meals are served to the staff by the leadership. During Nurses Week, Nursing Executives and Directors give out gifts to all nursing staff and host multiple receptions for staff. NYP also celebrates “Certified Nurses Day” and hosts a luncheon to honor certified nurses in the organization. In addition, NYP Everyday Amazing, is an online, hospital-wide program that allows leaders and staff to recognize individuals or groups who go above and beyond the core values of NYP, including: responsibility, teamwork, excellence, respect, empathy, and innovation.

The Recruitment, Recognition, Retention and Respect (R4) is a robust sub-committee of the Unit Council (UC) that works tirelessly to establish and sustain an engaged workforce by maintaining formal and informal modes of recognition of job well done. .

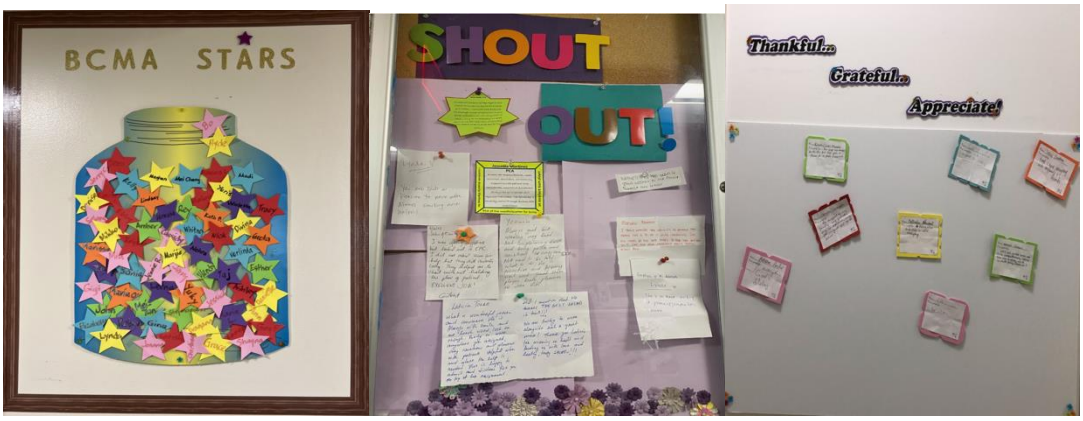
Table 2: Recognition Programs for PACU Staff

Recognition Title	Purpose	Recipient
PACU Employee of the Quarter	Recognize PACU nurses	All PACU Staff
PACU Employee of the Year	Recognize PACU nurses	All PACU Staff
Falcon Award	Enables managers to recognize staff outside of their departments for superior performance	All Employees
Shining Star	Enable patients to recognize staff members	All Employees
PACU BCMA Award	Recognize nurses who are copliant with Barcode Medication Administration	All Nurses
Daisy Award	Honor nurses and support staff who consistently demonstrate commitment and compassion to patient centered care.	Nurses and Support Staff
Length of Service Award	Celebrate employees who have continues length of service	All employees with 3,5,10,15, and more years of service
Certified Nurses Day	Recognize nurses who have achieved certification in their specialty to affirm skills and meet challenges in their respective area.	All Certified Nurses
Nurses Week Celebration and Best Theme Contest	Annual recognition of the Nursing Profession in their contribution across the hospital	All Nurses in NYP
Applaud a Team Mate	Recognize our workforce to encourage engagement	All Employees
Clinical Nursing Excellence Award	Recognize a clinical nurse who demonstrates excellence as a clinical nurse providing direct patient care.	All Nurses
NYP Employee of the Month	Exemplifies our motto of *"We Put Patients First,"* as well as the NYP Values: Respect, Teamwork, Excellence, Empathy, Innovation and Responsibility	All Employees
NYP Everyday Amazing	Recognize each other in many ways	All Employees

PACU also observes and celebrates Unit Assistants appreciation day on the last Wednesday of April and Patient Care Assistants appreciation week on June 14-20. These invaluable members of the PACU team are recognized and given small tokens of appreciation on those days.

Strategically placed around our unit are these informal recognition visuals that denifintely boost the morale of the staff, including notes from other staffs, patients and families.

Figure 6: Recognition within PACU



In addition to these awards, the R4 committee members throw birthday parties, anniversary celebrations, baby showers, and "Welcome" and "Farewell" parties for all the members of the PACU team.

5	How do unit leaders evaluate the effectiveness of reward and recognition programs? Include mechanisms for soliciting staff feedback and how reward and recognition programs are improved based on evaluation results.
Response	The degree of staff engagement is one way to evaluate the effectiveness of reward and recognition programs. The PCD and CNMs provide direct feedback on one-to-one conversation with the staff, during monthly staff and UC meetings, and through the visibility board. Employees who receive recognition feel inspired to continue doing great work. One concrete exaple of this is our BCMA compliance. Since the start of our recognition board, our compliance have increased (Figure 25 PACU BCMA Compliance). An annual Staff Engagement survey is sent to all staff and results are shared with the team, including areas of improvement. Based on the results, the staff's input is solicited on how to improve these recognition programs.
6	How does the unit select, collect, align, and integrate data and information for tracking unit performance? How is key comparative data and information selected? ***Notes:*** Performance measurement data is used in fact-based decision making for setting and aligning unit direction and resource use with organizational strategy and operations. Comparative data and information are obtained by benchmarking and seeking competitive comparisons. Benchmarking refers to identifying processes and results that represent best practices and performance for similar activities, inside or outside of your unit.
Response	Efficient flow is a top priority for Perioperative Service. The throughput of patients from preop to intraop to post operative areas is integral to the unit performance. Frequent flow bottlenecks from the operatin room to the recovery area dscribed as OR hold. An OR Hold is the inability to

	assign a spot in the recovery area, while a PACU Hold is the delay in transfering a patient from PACU to the next level of care due to lack of inpatient bed availability. The collection of these data is important because persistent increased OR/PACU holds have significant effect on hospital's operational efficiency that directly affects overall patient experience and hospital revenue.
7	What are the key unit performance measures for patient and clinical outcomes (report results in Category 5)? Patient and family satisfaction (report results in Category 5)? ***Notes:*** Staff-related measures should be identified in Category 2 – Appropriate Staffing and Staff Engagement.
Response	Safe and efficient perioperative process is the key performance measure for patient and clinical outcomes. These are evaluated by the PACU Hold, First Case on Time Start (FCOTS), Falls, and BCMA (Bar Code Medication Administration) using hand held device to reduce medication errors. Patient and family satisfaction in PACU is measured through Ambulatory Surgery Patient Satisfaction Survey (ASPSS) and HCAHPS which include communication between surgical service teams and nurses, environment conducive to healing, responsiveness of staff, pain management, and discharge information. To enhance patient experience, the Patient Experience Committee has worked on several initiatives, including noise reduction, quiet time, tote bags for each patient, expanding food choices, and QR survey for services provided included in AVS envelope. Post-op discharge calls are immediately done the day following the surgery.
8	How does the unit use the data and information to support unit decision making and process improvement?
Response	PACU adopts NYP's way of utilizing the lean methodology to decrease waste and promote operational efficiency. This problem-solving process uses the A3 model to identify the problem, link and evaluate the probable cause/s, set a goal to resolve the issue, identify and implement solutions and corrective actions, and communicate these findings to the staff for further recommendation. The staff collaborate with the leadership to ensure that the PI (Performance Improvement) project is suitable for the unit's needs. One of the factors affecting the throughput of our unit is the specific length of stay (LOS) of some surgical procedures. An example is the six-hour stay for the post Laparoscopic Sleeve Gastrectomy (LSG), a past practice was to keep patients for six hours of observation even though the patient has been recovered in lesser time, subsequently taking up space for other cases that needed to be recovered. The PACU team collaborated with Anesthesia and Bariatric Team to explore options to reduce LOS. Pre-intervention data were collected and is used to benchmark the study results. Evidence based studies and literature supporting safe transition of LSG patients to inpatient beds at the three-hour mark were presented to the bariatric surgical team. As a result, a revised algorithm for anesthesia recovery such as pain management and early ambulation was created. Unit Council (UC) is formed to advise and guide the nursing practice in the unit and act to decentralize its governance. UC advice PCD and DON related to unit practice and operations. Specific examples are: • Address the needs of nursing practice and staff • Promote best practice standards in line with the hospital's quality and safety standards • Advocate for quality care for patients and families • Identify process problem and present solutions to these issues using evidence- based practice

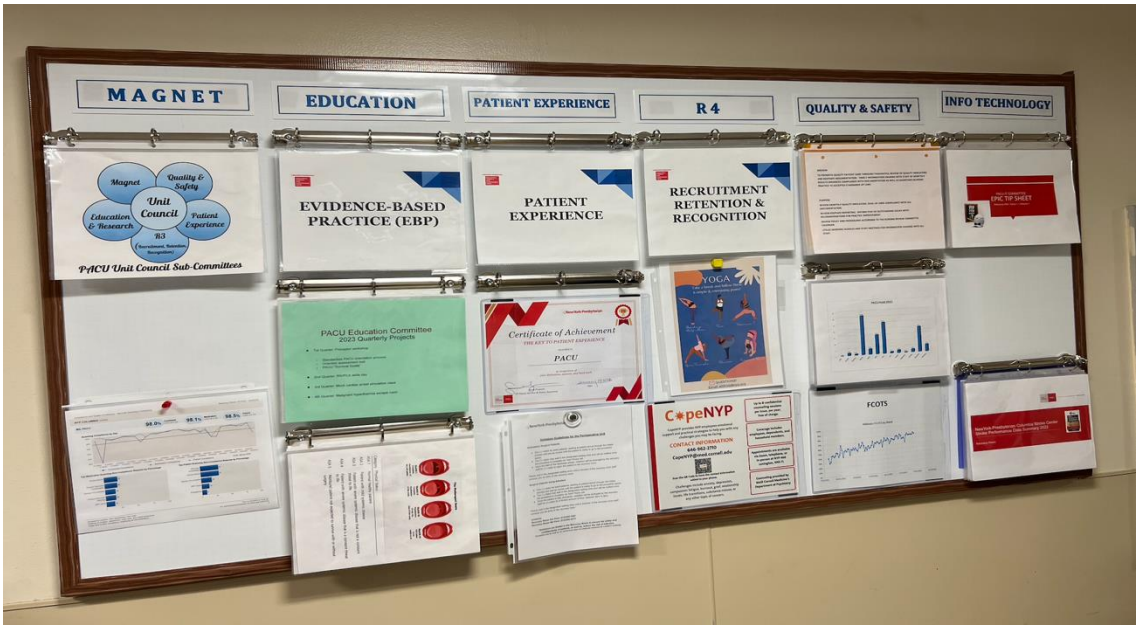
- Support the development of practice in the unit
- Share best practices with other units to standardize delivery of clinical care

Figure 7 PACU Engagement Wall

The Engagement Wall is a (tangible representation) physical diagram posted on the wall to highlight our staff's engagement. It was made visible to the public (to provide information on our goals and objectives. It serves as a directory of our projects and initiative and makes the leaders and their members visible giving them a sense of ownership and pride.

9	How do unit leaders ensure the performance measurement system can be modified in a timely manner to respond to ongoing changes in organizational or external reporting requirements?
Response	Performance Improvement initatives using the A3 Lean Methodology. This allows for an on-going assessment of the identified problem or a newly-implemented process. Concurrent performance improvement projects are shown in Visibility Board and the owner/s should present the results in the folder of the pre- and post-implemention data. When outlined on the visibility board, the staff can comment if the countermeasures are effective. The Visibility Board contains current data, which allows for ongoing changes in collaboration with Quality Improvement subcommittee to identify and promptly address issues.

Figure 8 Visibility Board



Category 2: Appropriate Staffing and Staff Engagement – 100 Points

Appropriate staffing is key to ensuring the provision of safe, quality, patient-centered care; it also ensures the safety, satisfaction, and retention of competent staff. Although staffing can be complex, ensuring an effective staffing plan can positively affect the measurable outcomes on the unit.

The criteria questions in this category are aimed at soliciting information about how your unit engages, manages, and develops staff. For each question, reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders, and evidence of continued evaluation, shared learning, and process improvement.

Criteria Questions	
1	Describe how staffing needs and the staffing plan are determined for the unit including staffing levels and skill mix based on required skills and competencies. Describe how adjustments to the staffing plan are made during seasonal variances, times of low or high census, or sudden increase in patient acuity. ***Notes:*** Skill mix describes how many of each type of care providers are generally available for each patient care shift.
Response	PACU supports and follows practice recommendations from ASPAN based on patient classification and number of staff needed. Staffingg mix is based on census, patient acuity, flow processes, resources to provide care, and physical environment. The PACU staff and leaders uses sound judgement to determine assignment to match staff's skills and knowledgges with patient's acuity. The safety of the patient and PACU team are studied to determine the nurse patient ratio and efficiency (American Association of PeriAnesthesia Nurses, p 48).

The PACU is a unit in a specialized setting that encompasses the care of patients throughout the perioperative period. It has over 90 full-time and 5 part-time nurses and ancillary staff, including 24 patient care associates (PCAs), 6 unit assistants and 2 patient navigators. RNs in the PACU work 12 hour shifts while PCAs, UAs and patient navigators work 8 hour days. The unit is overseen by 2 clinical nurse managers (CNM) and a patient care director (PCD). PACU nurses are baccalaureate and masters prepared with some holding certifications in med-surgical, critical care and perianesthesia nursing. Travelers at times were used to fill up seasonal variances, but the viriety of unconventional start of shifts *(see table 3)* and staff flexibility to move from preop to post op or vice versa covers the dynamic acuity of patients throughout the day

The nursing care provided in the PACU includes all phases of preoperative and post operative care across multiple surgical specialties. This role demands that nurses be competent to provide care from the simplest of procedures to the most complex that require intensive monitoring. It is a fast-paced, dynamic, and unique environment because it was one of the few settings within the hospital where nurses are called to know all body systems.

The operating room cases officially start at 7:30 am. There are 32 ORs (Operating Rooms) and 3 rooms in the cystoscopy suite that utilizes the PACU to recover patients. Daily caseload varies but averages 90 per day, not including emergency add on cases. The preoperative section of the PACU begins at 6 am where the first cases are seen for preoperative assessments. This entails ensuring the accuracy of health information and preparing the patient for surgery. This may also include drawing appropriate lab work, administering vital medication and creating an individualized plan of care that encompasses the spiritual, cultural, and psychological domains for the patient and family. This area of the PACU continues to process preoperative patients and make preoperative phone calls to relay patient instructions for the following days surgery. There are approximately 13 RNs including a charge nurse, UA, 3 PCAs and 1 transporter assigned to this area until it closes at 6pm. After that time, there is a designated RN who processes any remaining cases or emergency cases from 6pm to 6am.

The remaining sections of the PACU recover ambulatory and inpatient/inhouse patients. Post operative ambulatory patients begin arriving after 8 am. These patients are initially recovered by nurses who work the 8 am-8 pm shift. Approximately 14 nurses are needed on this shift to split between the two areas. In the ambulatory section, there are 25 bays, including an isolation room used to recover patients scheduled to be discharged home after recovery. The nurses assigned to the ambulatory are assigned 3 bays or “spots” each. This section also utilizes 3-4 PCAs and an UA to ensure a smooth workflow.

Most of the heavier surgical cases will start to arrive in the designated inpatient/inhouse area of the recovery room. This area has 24 bays including and isolation room to recover the more complex cases. Here, the nurses have a 1:1 or 1:2 ratio depending on patient acuity. As the day progresses, an influx of cases arrives in midmorning and afternoon. To prevent OR delays and recover patients in a timely manner, 10 am and 12 pm nurses are utilized. There are usually 7-9 nurses per shift. Their role is to recover patients, supplement the preop staff, cover RN breaks and to take over assignments for nurses who leave for the day. During this time in postoperative area there are 4 PCAs and a UA to help facilitate non nursing care. At 8pm the night shift nurses arrive and continue with patient admissions and handoff for staff going home.

This shift usually has 8-12 nurses which includes a charge nurse, a 6pm preop nurse, 4 evening PCAs and a UA.

The charge nurses are an extension of the clinical nurse manager. To meet the demands of staffing, the OR schedule is reviewed up to a week in advance to anticipate a particularly large caseload day. The charge nurse at 6 am is responsible for the smooth running of the unit's preoperative aspect. They oversee patients who are coming for surgery, assist and assign preoperative calls for the following day's cases and make the assignment for the next morning

The 8 :00 am charge nurse oversees the department's postoperative aspect, including inpatient and ambulatory surgeries. They work in collaboration with the 6 am charge nurse to prevent delays in the OR and trouble shoot emergency situations that arise. They are assisted by a flow nurse who allocates patients who call to come out of the OR. It is imperative that all three work together to avoid delays that impact the flow from the operating room

The 8 pm charge nurse is tasked for allocating the remaining surgical procedures and progressing recovered patients to their designated inpatient areas. Due to limited overnight staff, the charge nurse is also involved in consolidating the three areas (preoperative, ambulatory and postoperative) onto one floor. One of the other tasks of the night charge nurse is to confirm the accuracy of the following days' cases and alert the CNM for more staff depending on case numbers and sick calls. The PACU is a closed unit and functions as its own entity. It relies on overtime by staff within the unit to supplement for staffing needs. The surgical caseload on Mondays to Fridays is the heaviest where increased number of staffing including UA, PCAs are needed. Weekends and holidays have a much lower caseload which require a quarter of the staffing needed. Staffing guidelines are set by Human Resources and Nursing leadership. Understanding the ebbs and flows of the PACU environment allows for a scheduling committee to assist with ensuring the minimum number of staff are available for any given shift.

Table 3 PACU Staffing Grid Number of RN by Day

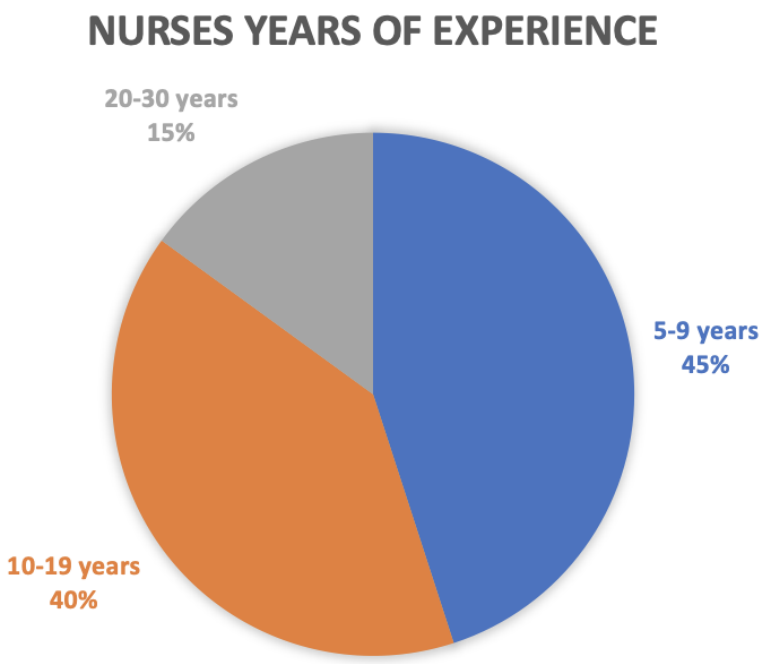
RN Shift	No. Of Hours	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6:00am-6:30pm	11.5	14	12	12	12	12	2	2
8:00am-8:30pm	11.5	11	11	11	11	11	7	7
10:00am-10:30pm	11.5	9	9	9	9	9	0	0
12:00pm-12:30am	11.5	9	9	9	9	9	0	0
6:00pm-6:30am	11.5	1	1	1	1	1	1	1
8:00pm-8:30am	11.5	11	11	11	11	11	5	5

2	What are the key measures used to evaluate the effectiveness of staffing decisions (report performance results in Category 5)? How are these measures used to assess staffing and adjust changing staffing needs after a plan is established?
Response	A unit based practice council made up of UAs, PCAs and RNs exists to discuss issues faced within the PACU setting. Some reasons for staffing issues include mass retirement of staff post COVID19, nurse burnout, and nurses leaving to pursue higher studies. Staffing issues are discussed with CNMs and the PCD to identify opportunities for improvement. Travel nurses and Per Diem staff have been utilized to fill in gaps in staffing while the PCD actively recruits new hires in collaboration with guidelines set forth by human resources. The throughput of the unit and patient safety are the measurement of effective staffing. PACU Hold, FCOTS, and falls prevention are among the performance that the unit measure to adjust staffing needs. The unification of preop and post op made the staff more flexible, wherein staffs can move from less busy area to a busier area when help is needed.
3	Describe the processes to ensure an effective alignment between patient clinical, spiritual, and cultural needs and nurse competencies. ***Notes:*** Examples may include formal or informal acuity-based systems and competency tracking information.
Response	Spiritual and cultural competencies enhance patient-centered care and respectful relationships among staff. All staff are required to complete an annual mandatory cultural competency and empathy training. To promote inclusivity, NYP requires new hires to complete an e-learning module called "*Caring for the LGBT Patient, Family, and Staff of NYP*" to identify strategies for creating a welcoming and inclusive healthcare environment for LGBTQ community. Admission assessment in the PACU identifies religious beliefs or practices and cultural considerations that the team needs to be aware of to provide individualized and tutilize in-house and phone access interpreters for non-English speaking patients. To meet the individual spiritual needs of the staff, the Pastoral Care & Education Department sends educational emails about a specific holy day for all faith traditions represented across all campuses throughout the year. They also round throughout the hospital regularly to see patient and staff to ask concerns. A multi-faith chapel located in the first floor of the Presbyterian Building, serves as an area for prayer, meditation, quiet, and reflection. The chapel offers faith-based and religious services open to all patients, families, and staff who wish to participate. Chaplains are available to visit patients, families, and staff 24 hours a day, seven days a week to provide emotional, psychological, and religious support.
4	How does the unit recruit, hire, place and retain staff? Describe how staff nurses and interdisciplinary stakeholders participate in staffing decisions, including planning, recruiting, hiring, orientation, education, and evaluation. ***Notes:*** Examples of staff participation in staffing decisions might include peer reviews, group interviews or nurse shadowing. Also include staff participation in orientation, education and evaluation, although further description of these processes will be requested in a later category.
Response	The PACU caters to some of the most demanding perioperative cases. As one of the leaders in healthcare, NYP/CUIMC attracts patients from across the country and the world. This

requires a high-level of clinical and cultural experience and expertise from our nurses and their support staff. PACU meets that challenge by recruiting and hiring some of the best nurses in the industry through a rigorous screening process.

The Talent Acquisition Department provides a healthy referral of strong candidates applying to move to PACU. Our PCD and the unit leadership collaborate in selecting the best candidates. Currently, our staff is composed of nurses coming mostly from the different intensive care units like the Cardio-Thoracic Intensive Care Unit (CTICU), Surgical Intensive Care Unit (SICU), Cardiac Intensive Care Unit (CICU), Medical Intensive Care Unit (MICU) and the Pediatric Intensive Care Unit (PICU). We also have nurses transfer from different Step-down units. Almost half of our nurses have clinical certifications.

Figure 9 Distribution of PACU Nurses Experience



The range of experience among staff is strong: 15% have 20 to over 30 years of experience; 40% with 10-19 years; and the remaining 45% with 5-9 years. The range of experience is between 5 and 35 years. Coming from different clinical backgrounds, this ensures that PACU meets the clinical and cultural needs of our truly diverse patient population and levels of clinical acuity.

To prepare newly-hired nurses to acclimate to the unique care we provide to patients recovering from surgery, PACU established a pool of nurse preceptors. These preceptors are under the direct guidance of the unit-based Nurse Educator who ensures that we maintain with the standards established by the American Society of Peri Anesthesia Nurses (ASPAN).

The mandatory pockets of E-Learning and In-Service education warrant to keep the staff abreast with the latest research and standards of care, understand and learn the latest

	evidence-based care to accommodate the ever-dynamic advances in surgery, pharmacology and clinical devices involved in the care of our post-surgical patients. The Annual Peer Evaluation effectively identifies the strengths of the staff and areas that need improvement in an environment of open communication with the unit leadership. This also identifies future goals for the nurse in relation to his role in the unit. All these operate under the guiding principles of the mission and vision of NYP/CUIMC. All these put together create for a very competent pool of PACU nurses consistently delivering excellent perioperative patient care. The Recruitment, Retention, Recognition, and Respect (R4) Council of PACU works actively to assist nursing staff optimize the care environment to support quality patient care and career advancement. R4 council align initiatives with startegic needs, review data of turnover, exit interviews, nurse engagement, and patient satisfaction to identify opportunities for improvement. The council also review healthy work environment opportunities, support effective communication and culture of civility, encourage professional growth, and identify opportunities to increase staff engagement through recognition activities.
5	Describe how the unit maintains a safe, secure, and supportive work environment.
Response	NYP's commitment to provide a safe working environment for its employees is clearly expressed in the Respect Credo. NYP has zero tolerance for all types of harassment (sexual, cyber, physical, verbal, etc.), violence, or discrimination of any kind in the workplace under any circumstances. The ZeroHarm reporting is in place at the hospital's website. Employees can access it to report an incident as soon as it occurs. NYP also provides Worker's Compensation benefits to eligible staff. Employees and supervisors are responsible for reporting work- related incidents, including injury, illness, and any type of exposure to Workforce Health and Safety (WH&S) as soon as it happens. The PACU provides multiple initiatives to provide supportive work environment to staff. Among these initiave are: **Buddy system:** is where two nurses will work on the same floor, close to each other to support the new nurses whose been recently off orientation. We tend to put the previous preceptor of those orientee because they have developed rapport. **Resource Nurse:** supports PACU nurses on anything they need, from bedside to transport. It is a great support because anything that bedside nurses could do the resource nurse can also do it. This is helpful in an emergency where two nurses are needed to deal with the situation. **Survival Guide:** is a tool for beginners and experts who need refreshers' information about certain policies and procedures related to the area of work. It is a quick and consice reference made by our staff to maintain a safe practice. **Mentorship Program:** an initiative by the Unit Council recruiting seasoned PACU nurses to serve as a clinical resource to new staff. In addition to providing emotional support and professional development that is supportive and non- judgmental, these mentors also advise

	and coach to promote professional growth. This supports engagement and retention through involvement in continuous improvement and professional development of nurses. **No Man Left Behind:** where nurse helps each other to achieve a common goal. Team work is particularly important because it can boost morale of each other. A good example of this is when doing a preoperative call, nurses who finished their call first will voluntarily help other nurses who were left behind of their call for what ever the reason. Everyone should go home on time and no one is left behind. **Non-punitive environment:** Mistakes could happen to anyone. Instead of blaming the person who made the mistake, PACU leadership conducts a root cause analysis of the incident. Based on the result of investigation, steps to correct the process will be implemented to avoid the same situation that could harm for staff and patient. **No Pass Zone:** No matter who is passing by at the patient's bedside, if the patient calls anyone should be able to help them and escalate whatever the patient's needs based on their scope of practice. This is to ensure that all patient's needs are met and unnessary interruption of patient care are avoided. This is a notable example of teamwork and employee engagement. No passing zone improve patient's outcome, reduce falls, expidite patient's request, and avoid adverse events in the unit.
6	Describe the formal and/or informal methods and key measures to determine staff safety and satisfaction (report results in Category 5). ***Notes:*** Formal or informal methods to determine staff satisfaction could include formal surveys, absenteeism rates, turnover, list of applicants waiting to transfer to the unit or informal feedback.
Response	Formal method of measuring staff satisfaction are staff engagement surveys namey the Gallup survey and Pulse Survey. PACU developed an innovative way for the staff to be more engaged and join the survey such as dedicated time to complete the survey, providing specific areas to complete the survey, giving freebies, and providing snacks. This year, the survey coincides with Nurse's Week celebration to keep the momentum ongoing. Informal methods of determining staff safety and satisfaction are open communication with charge nurses/leaders and participation in daily huddles to voice out concern and foster communication. If needed, management is also willing to address concerns privately.

Category 3: Effective Communication, Knowledge Management, Learning and Development – 100 Points

Skilled communication is an important component of a healthy work environment and supports true collaboration to provide quality patient-centered care. Continued growth and development through education and training in the ever-changing field of healthcare can improve outcomes and satisfaction.

The criteria questions in this category are aimed at soliciting information about how your unit ensures effective communication among all staff that provide care; staff competency among those who provide care; and manages and encourages knowledge sharing. For each question reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning, and process improvement.

Criteria Questions: Effective Communication

1	Describe how all staff and interdisciplinary stakeholders become skilled in effective communication and collaboration. ***Notes:*** Examples of ensuring effective communication may include formal training or coaching.
Response	"Teamwork and clear communication are necessary for providing the highest quality care" is an excerpt from NYP (NewYork Presbyterian) Credo. It is in everyday practice in the PACU to communicate and collaborate to provide an efficient and safe environment for the patient and staff. NYP offers formal and informal classes in communication which are available for all NYP employees. Formal communication includes Charge Nurse Workshop and Preceptor Workshop. Informal learning by completing learning modules in our Learning Center like Customer Service & Communication, Hybrid Team Communication, Interpersonal Communication Pathway, Crucial conversations. Concrete examples of communication and collaboration is how the unit adheres to the hospital's practice, PACU staffs are mandated to take this introductory online courses to gain greater understanding of terminology and concepts that can help you better care for LGBTQ patients and their families, and foster understanding and respect between colleagues. These courses includes: • An Introduction to your LGBTQ Patients • Expanding LGBTQ Cultural Competency • LGBTQ Healthcare for Clinicians • Working with Trans Youth • Working with Trans Adut Part of an employee's annual evaluation are in the areas of effective communication, empathy, and teamwork. A self-evaluation is done initially and every PACU employee meets with the PCD/CNM nursing to discuss strengths and areas of improvement in these categories. Nurses in leadership positions attend Director Development Program offered by NYP to improve communication, collaborative, and leadership skills.
2	Describe how all staff and key stakeholders effectively communicate and collaborate for optimal patient care. ***Notes:*** Examples of stakeholder communication processes may include interdisciplinary care teams, plans of care or daily goal sheets.
Response	Communication guidelines are the key component to promoting consistent and safe patient care. NYP has a policy in place that PACU must follow. It utilizes communication channels for conflict resolutions and clarifications. All are encouraged to activate this system regardless of position. The NYP Code of Conduct is an integral part of the orientation process for newly employees. Each shift starts with a team huddle with the PCD/CNM in attendance. Any team member can lead the huddle, and in fact, encouraged. Vital details for the day are discussed such as daily statistics (total case volume, mix of cases- outpatients, in-house, and same-day admits, anticipated number of surgical beds needed, acuity level, and current open beds surgical beds in the hospital), unit readiness through the MEESS method (see Figure 4 Communication Board), overnight boarder patients in the PACU and their acuity, shout-outs and other updates on policies, procedures, or standards of practice/care. Utilization of red or green magnets allows staff to see where vulnerabilities for the lie.

	The KeepSafe reporting system is used to communicate near miss events, environmental safety concerns, and errors that occur with direct and indirect care provided. It is reviewed by unit leadership, the hospital quality department and any other department that may be involved. Root Cause Analysis (RCA) may or may not be done following a KeepSafe review. If the quality team deems it appropriate that RCA needs to be conducted, a clinical nurse is asked to be part of the review, which allows for better understanding of all non-clinical and clinical parties involved. Individual review of cases and clinical situations informs the team of incidents that occurred and provides an opportunity for education and learning opportunities. It also allows staff to be aware of all incidences that occur within the unit.
3	Describe how your unit ensures effective processes and systems for patient transfer to and from your unit. What formal and/or informal methods and measures are used to determine the satisfaction of these interactions? ***Notes:*** Examples of effective processes for inter-unit communications may include tools or expectations to address safe patient hand-off and medication reconciliation.
Response	NYP enterprise utilizes EPIC's Secure Chat messaging system. Like text messaging, it is a good quick chat coordination between staff and care teams because it generates push notifications to recipient's device and can be seen in EPIC Hyperspace or handheld mobile device. Staff and care teams can send a chat to people, multiple people, group, and or add a recipient later in an existing conversation. The entire conversation will be seen by that additional recipient even if it was added later in the conversation, making it extremely useful in knowing the situation. The chat is secure and can be pulled out later for review and documentation. In EPIC, all staff that are taking care of patients must assign themselves according to their roles in the patient's chart for efficient and direct communication and collaboration of care teams. The process of handoff from OR to PACU is triggered by the EPIC system once the procedure has ended. The charge nurse will assign a bay and the nurse will be notified via secure chat. If the nurse did not respond on time a phone call will be made to communicate about the incoming admission. The nurse can look the attached chart in the secure chat to check on patient's history, surgery performed, what happened during the procedure, and release orders appropriate on that surgery, thereby can clarify any questions at the time of patient's arrival. The surgical and anesthesia team will come on the patient's arrival in the bay. Verbal handoff will be given by surgical team, then the anesthesia team, respectively. The anesthesia recovery process in the PACU is completed when all criteria have been met. The resident Team Captain will then sign out the patient by conducting/writing an Anesthesia Post Evaluation note.

Table 4 PACU Recovery Criteria for Transfer or Discharge

Anesthesia Recovery Criteria Tx	
Medication sent to receiving unit	
BP Within Pre-Op Value	
BP No Less Than 20% Below	
BP No More Than 30% ABOVE	
Heart Rate (60-100 or patient's baseline value)	
Patient has pacemaker and/or AICD. Is repr...	
Heart Rhythm Unchanged from Pre-op	
Optimal Pain Relief Achieved	
Level Of Consciousness Ambulatory: 4	
Level Of Consciousness Other: 3	
Temperature 36-38 Centigrade	
Respiratory Rate Within Normal Limits	
O2 Saturation > 94% or at Pre-op Baseline (if <...	
O2 Source	
Urinary Output: > or =.5ml/kg/hr (Foley)	
Written Anesthesiology Leave PACU order obta...	
Written Service Discharge/Transfer Order Obtai...	
Incision/Dressing Dry	
Patient Demonstrates steady gait or meets pre-...	

Interdisciplinary rounds are conducted beginning of day and night shifts between charge nurses and attending anesthesiologist or their representative to discuss acuity and bed needed for the cases. The surgical team and the assigned nurse make rounds for admitted patients waiting for their bed anytime of the day to check on the patient's condition and patient's needs.

Not all cases may trigger other services because patients in the PACU are only transient. They may either go home on the same day or be admitted and transfer to the other unit within hours. Other discipline will come and rounds with the assigned nurse when there are triggers to admission or upon request and order by the provider (e.g., Nutrition, PT, pastoral care, etc.)

The Patient Placement Operation Center constantly communicates with the charge nurse to look for the bed assignment appropriate for the patient's condition and ordered by the provider. For the admitted patient, a handoff report using System, Background, Assessment, Recommendation (SBAR) form to facilitate prompt and appropriate communication between units.

Patient who will go home on the same day must meet discharge criteria for recovery (Table 4 PACU Recovery Criteria for Transfer or Discharge) and structured discharge instructions called After Visit Summary (AVS) must be filled up and verify patient's understanding. To provide a formal method of measuring quality service provided, QR code is attached to the AVS to measure their PACU experience (Figure 24 PACU Post Discharge QR Code Survey Questions).

4	How does the unit identify and resolve care-related ethical issues? Other issues that create moral distress for staff? How is learning from these issues shared? ***Notes:*** Examples of identifying and managing issues that create moral distress may include monitoring the clinical climate, critical stress debriefings or grief counseling.
Response	NYP supports patients, families, and clinical staff to address difficult conversations and issues. Patient Services Administration works with the Ethics Committee at NYP to respond to ethical questions or concerns related to patient care. Any member of the hospital staff, patient, or patient's representative may request an ethics consultation. The consultant sees the patient, interviews the family, discusses the case with the clinical team and writes a consultation note. The Ethics Committee addresses ethical issues regarding patient care, ethics education for physicians, nurses, and all members of the healthcare team, and assists with formulating policies and procedures related to medical ethics. Process for these scenarios may be initiated in the PACU but are typically completed in the in-patient units. Dealing with ethical dilemmas in the PACU is challenging and different in inpatient areas. Most common is a Do Not Resuscitate (DNR) patient undergoing a surgical procedure. NYP has a set of policies and procedures to help healthcare workers to guide and overcome this issue. Reconsideration of the DNR status during Surgery or Invasive Procedure must be established and clarified by the primary surgeon prior to obtaining informed consent for the procedure. The procedure MUST discuss the DNR status with the patient or surrogate as part of the informed consent process. The DNR order may stay in effect during surgery or the procedure or, with the consent of the patient or surrogate, the order may be revoked during the perioperative period. The period and conditions of the DNR status must be clearly defined and documented in the EMR. PACU staff came from a remarkably diverse group of the population with different skills levels and ethnic backgrounds. What is a norm for one might not be for another group. Nevertheless, we learned how to work as a team. We all agree that dealing with cardiac arrest poses physical and great emotional trauma to any individual who participated in that scene. Resuscitation is complicated, emergent, and emotionally stressful. To help the staff deal with that situation, we have developed a Post Code Debriefing. It allows staff to discuss the process and events that occurred, provides learning in a timely manner, identifies opportunities for improvement as individual/team and vent out feelings. PACU was converted into ICU overflow unit like our neighboring hospitals and around the country during the first surge of COVID19 cases. PACU nurses can take care of complex ICU patients, however with the substantial number of patients per nurse the workload was overwhelming. It was a challenge for the PACU to take care of the ICU overflow due to lack of appropriate equipment, and additional training to meet the demands of ICU patients, for example the process of weaning patients on ventilator. The usual practice was once the patient is transferred to recovery room, they are extubated. This created a big moral distress for the staff. Group counseling was created by pastoral care regularly and on call to reflect feelings, verbalization for learning and frustration. It served as an outlet of stress and emotion. PACU staff were paired to ICU nurses in the ICU area to refresh knowledge and skills. Free meals were provided for the staff and lodging in different hotels for those staff that do not want to go home to their families to prevent the spread of infection.

5

Describe how the unit addresses and eliminates abusive or disrespectful behavior. Include the role of unit leaders, staff, and other key stakeholders in your response.

Notes: Examples to address abusive or disrespectful behavior may include zero tolerance policies or joint nurse/physician elevation and resolution processes.

Response

The PACU has a zero-tolerance policy regarding abusive or disrespectful behavior. All staff are aware that abusive and disrespectful behavior are not tolerated. These behaviors include physical or sexual harassment; assault; felony conviction(s); fraudulent acts; stealing or damaging hospital property; inappropriate physical behavior while on Hospital property; falsifying Hospital documentation; abusive, harassing, threatening, vulgar or grossly offensive conduct or language; any incident of patient abuse; or possession of weapons, dangerous instrumentalities, or illegal substances while on Hospital property. Unit leaders serve as a model for good behavior and conduct.

A single violation of abusive and disrespectful behavior is addressed by PCD and the involved party. Staff involved will receive a corrective plan that is implemented immediately. If the plan is ineffective, nurses' union (NYNSA) and Human Resources can be involved, resulting in suspension and corrective action, including employment termination. All staff must complete an annual mandatory training course online to comply with the hospital's employment requirement. Specific examples are Maintaining a Harassment-free Workplace, De-escalating Aggressive Behavior, Mitigating Unconscious Bias to name a few.

Criteria Questions: Knowledge Management, Learning and Development

1

Describe how all staff members (including new staff, float pool nurses, contract staff and temporarily assigned staff) are oriented and competent to provide safe care to patients to whom they are assigned. Include how feedback from orientees is incorporated into the orientation process and how orientation plans are tailored to meet individual needs.

Notes: Examples of orientation processes may include formal orientation or mentor programs.

Response

All staff members coming from outside the NYP/CUIMC attend general hospital orientation for one week except in-house staff, and then to their respective discipline. In collaboration with Unit Educator, Nursing Professional Development Department (NPDD), PCD, and Unit Council, orientation process are described in Table 5. Every two weeks, each nurse's progress is evaluated with the Preceptor, Unit Educator and PCD for feedback of all parties to determine areas of improvement and tailor the orientation process based on the evaluation. Valuable feedback from the orientee are used to improve individualized orientation process of future orientees. Also, the orientee is informed to begin setting personal and professional goals to give them proper direction in their professional career.

Table 5 Length of PACU Orientation

New-Hire Nurse	General Orientation	Critical Care Course	Same Day Admit	Out-Patient	Pre-Op Area	ICU Rotation	Home Shift
Inhouse	N/A	1 week	4 weeks	3 weeks	2 weeks	1 week	1 week
Outside	1 week	1 week	4 weeks	3 weeks	2 weeks	1 week	1 week

Inhouse with ICU Experience	N/A	N/A	4 weeks	3 weeks	2 weeks	1 week	1 week
Outside with ICU Experience	1 week	1 week	4 weeks	3 weeks	2 weeks	1 week	1 week
Traveler	Modules	N/A	N/A	N/A	N/A	N/A	1 week

Upon successful completion of the orientation process, new hires outside who are new to NYNSA Union will remain on probation for six months.

2

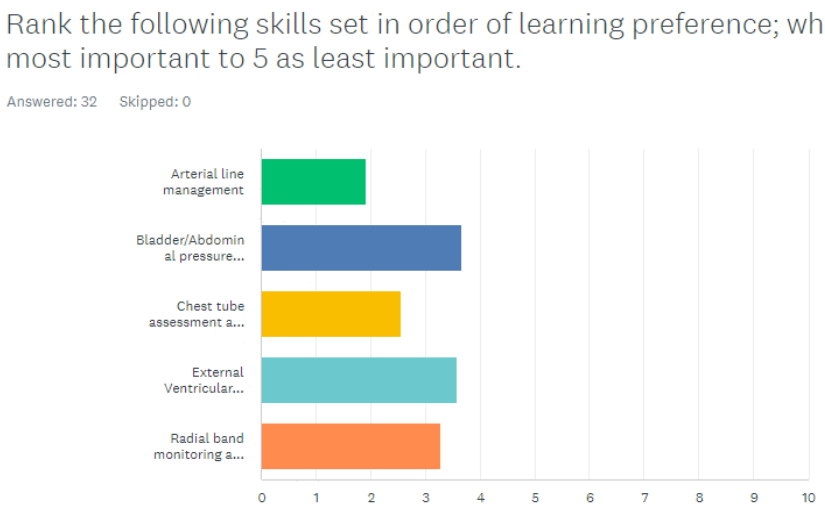
Describe the unit's learning and development structure, including how learning needs are identified and validated by individual staff members and unit leaders; how learning and development needs translate into action; and how new knowledge and skills are reinforced on the job. Discuss how this structure supports skill competency and professional growth and development.

Notes: Examples to identify learning and development needs may include quality indicators, patient satisfaction results or regulatory requirements. Examples of tools to translate learning needs into action may include department education or individual development plans. Examples of continued professional growth and development may include specialty certification, continuing professional education or continuing academic education.

Response

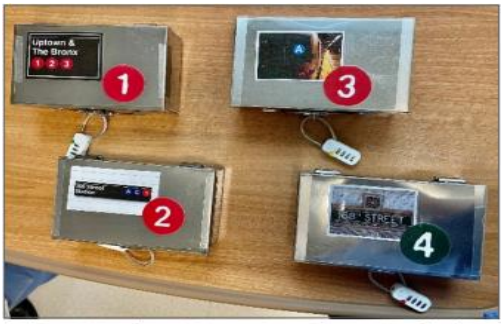
The Unit-based Education Committee and UC, together with NPDD, are done by learning needs assessment through Survey Monkey to choose top-five topics to present in our competency days, usually low volume high-risk procedures and new evidence-based practice. The goal is to have at least 80%-90% of the staff to attend the skills day. Validation papers are filled-up by the assigned instructor in each skills station. Validation papers are kept by the Clinical Nurse Managers in each nurse's file in their office.

Figure 10 Example of Unit Based Survey Question and Result



The NPDD continuously gives nurses the opportunities to update unit specific skills/competency, mandatory and voluntary learning in the classroom or e-learning. An example is Malignant Hyperthermia which is specific to PACU area. To make it more engaging, the unit-based education committee adopted a scape room simulation for Malignant Hyperthermia. Two postoperative/preoperative staff will team up for the game. The game required four boxes and four locks, answering the questions correctly will give the lock combination to open for the succeeding boxes. Two members of the Education Committee acted as game hosts and two escape rooms were running simultaneously in each session. The hosts helped troubleshoot any issues with the locks and provided clues for tough questions. It was timed to encourage fast thinking and friendly competition. Each session was completed in less than 15 minutes from start to finish. The game concluded with a review of the Malignant Hyperthermia Kit that is kept on standby in the anesthesia and OR areas. Many nurses immediately expressed that it was a fun learning experience.

Figure 11 Images of Escape Room Simulation



Malignant Hyperthermia Express Escape Room set-up: four boxes with four-digit locks

All learning regardless of approach are validated. Certifications are encouraged and NYNSA provides 23 hours annually for continuing educational units.

3 Describe how the objective evaluation of the results of patient care decisions, including delayed decisions and indecision, is accomplished. How is this information shared for unit-wide learning and continuous improvement?

Response

Any unusual issues from the previous day are discussed to provide learning. The Communication Board (Figure 4) with emphasis to the method, environment, equipment, supply, and staffing (MEESS) provides the unit's overview for the day that helps the staff with incoming issues, expectations, and decision making.

Monthly staff meeting with leadership is held to discuss summary from the daily huddle of unit's MEESS, including new hires, vacant positions, and any questions/clarification from the staff to improve the overall function as a unit. Every week, the PCD meets with surgical service lines to evaluate and discuss outstanding issues of both sides (Nursing and Medicine) and is disseminated in daily huddles and monthly meetings.

In delayed decision or indecisions like in DNR status, the PACU consults with the Patient Services Administration (PSA)/Administrator On Call (AOC) for the following:

- Adult patients who lack capacity without a surrogate
- Surrogate requests a DNR status that is not consistent with the patient's prior wishes
- Adult patients who have a developmental disability
- Emancipated Minors

	PSA/AOC is available to answer all questions at all times related to DNR and DNR/DNI policies and procedures.

Category 4: Evidence-Based Practice and Processes – 200 Points

The ever-changing healthcare environment demands that patient care practices are based upon the most current and relevant information. To do this requires continual assessment, innovation, and improvements. Ensuring evidence-based practices directly relates to positive patient outcomes and satisfaction.

The criteria questions in this category are aimed at soliciting information about how your unit engages all staff to achieve better patient outcomes, improve processes, and stay current with evidence-based practice and research. For each question, reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders, and evidence of continued evaluation, shared learning, and process improvement.

Criteria Questions	
1	Describe how the unit ensures that policies, procedures, and protocols in the unit are current, relevant, and based on nationally recognized evidence, standards, and best practices. In your response include the sources of evidence employed.
Response	The Institute of Nursing Excellence and Innovation (INEI) develops and supports programs integral to the advancement of nursing practice across the NYP enterprise. Through the initiatives of the Institute, professional nursing practice is defined, supported, and knowledge regarding nursing practice and related issues are disseminated to the teams.

Figure 12 NYP's Patient Centered Care by The Institute of Nursing Excellence and Innovation

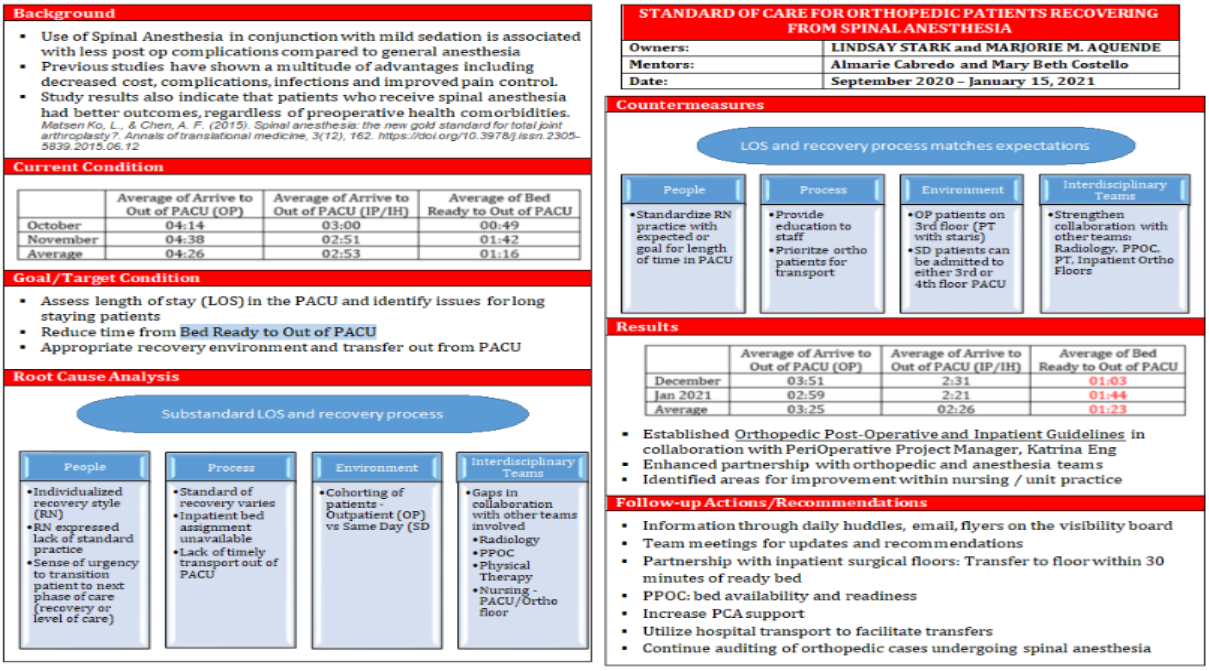
One of the programs, the INEI oversees the development and maintenance of clinical practice and administrative nursing standards, patient and family education programs, and the corporate nursing

communication plan. The INEI continually updates all staff with the latest changes in the policies and procedure of the hospital through emails and UC Education Committee using read and sign method or group/1:1 instruction.

The UC performs regular review and disseminate the changes in practice and policies as apprised by INEI. An example of this is the visitation policy of the unit. Because of the recent COVID19 pandemic, the visitation policy in PACU was restricted. The departure of family members from patients during the perioperative period can lead to anxiety and other unfavorable feelings for both groups. Favoring family visitation in the PACU is one way to mitigate some of these feelings and improve patient and family satisfaction (Croke, 2019). Visitors are allowed for patients with special needs and is open to everyone with time restrictions. We continually evaluate the situation based on the patient's needs. UC conducted a monkey survey about the staff's opinion and decision to open the visitation and now we allow visitors to see the patient.

Below is an example of best practices based on evidence and standards presented as quality improvement projects to meet the throughput of the unit.

Figure 13 Sample Presentation/Project of PACU staff



2 Describe how a culture of inquiry is fostered within the unit. In your answer include:

a. How unit staff stays current with the latest advances to support clinical practice.
b. How new knowledge is translated from evidence-based research into bedside/unit practice.
c. How new knowledge is shared with others.

Notes: Examples of processes to support a culture of inquiry may include unit research and nursing accountability for research as exemplified by data collection, primary investigator, or performance improvement activities.

Response	It is evident in PACU that we do not stay in status quo. There are always quests for questioning and learning to innovate and support clinical practice. To stay current, staff are encouraged to get their certification and become a member of said organization to provide latest development in our practice. Nurses are eligible to get 23 hours of paid time to attend contnuing education outside of NYP. This is to support staff in advancing knowledge in clinical practice. Although it is not compulsory, staff who attended the conference is encouraged to share the information during our Thursday huddle to educate and update staff on the latest trends and advancement in nursing practice and standards. The UC and unit's Education Committee is responsible for sharing this knowledge with all staff. To stay up to date on the latest procedures and guidelines, attending surgeon of specific service will hold a short lecture or presentation. The Cross Campus Nursing Practice Council (CC-NPC) oversees professional nursing practice and standards that foster evidence-based practice for quality nursing care for patients and families. Responsibilities may include deleting, revising, introducing new standards, presenting complex or unresolved practice issues, and introducing innovative evidence-based practice changes. Through the development of the clinical ladder program, staff have been provided a platform that supports the investigation and development of performance improvement projects which were shared through read and sign, 1:1 education or instructions, showing of posters during skills day, emails and posting presentations in the unit. Continuous improvement allows staff to address concerns and structures within the unit.
3	Describe how the unit ensures safe medication practices and the reporting mechanisms to evaluate compliance. (Report results for errors and medication reconciliation in Category 5.)
Response	Safe medication practice is done using the Mobile Heartbeat (MHB), a hand-held device that uses EPIC Rover platform for scanning barcodes of the medication. Use of the scanning device ensures that a medication is correctly ordered, and verification is completed by the pharmacy including any potential contraindications (allergies, critical lab results, etc.) or interactions with other medications. It is a fail-safe tool that adheres to the rights of medication administration. The MHB device is designed to be used at the bedside where the final safety check occurs. Should a medication error arise, all parties involved are required to complete a KeepSafe report, NYP's non-punitive platform for reporting errors or near misses. Once the KeepSafe report is completed, it goes to a committee who reviews and analyzes the data collected, determines patterns and common occurrences. This information is then shared by the PCD with the PACU staff during meetings and daily huddles as a learning experience and to determine how the error occurred and offer solutions to the error. The staffs' BCMA compliance is tracked and evaluated. Monthly compliance data is shared with the team and posted in the unit. Currently, PACU's compliance is >95%, exceeding NYP's overall goal compliance of 95%. Despite high compliance in PACU, there is always room for improvement, we strive to have 100%. The PACU staff had identified a few barriers to hitting 100% BCMA compliance. Some of these issues are poor Wi-Fi connectivity, unscannable medication barcodes, device failure, emergency, and device not available. The Unit Council has proactively connected with IT tech support and pharmacy to resolve these issues.
4	Describe how the unit ensures consistent pain management of all patients. Include in your response: a. What pain management or measurement tools are used? b. How does the unit ensure pain scale inter-rater reliability among care givers?

Notes: Examples of ensuring consistent pain management may include policies, procedures or protocols, measurement tools appropriate to your unit patient population, or training to ensure inter-rater reliability for pain management tools.

Response

nanagement and control is one of the highest priorities in the post operative recovery process and ge. Pain is assessed on arrival and every 15 min until recovery care is complete. Tools for pain ent vary depending on the patient's level of consciousness. To assure interrater reliability these tools the Numeric pain scale, Faces pain scale, and Critical Care Pain-Observation Tool (CPOT).

Figure 14 Numeric Pain Scale

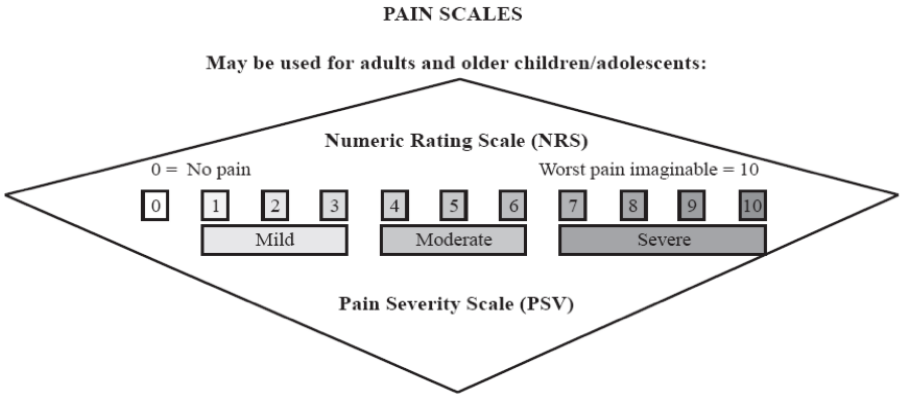
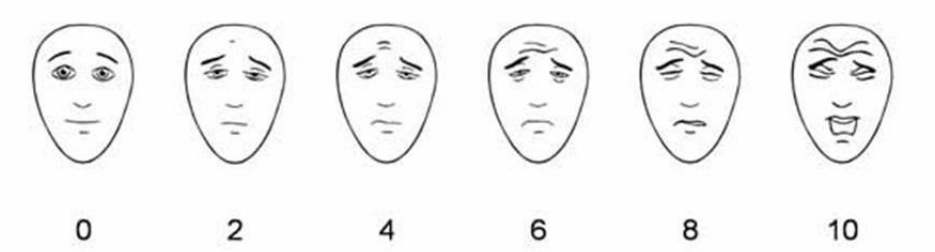


Figure 15 Faces Pain Scale –Revised (FPS-R)



erstanding that pain is highly subjective, the PACU nurse considers the patient's personal, spiritual, and/or ethical beliefs. The pain management plan also factors in the patient's clinical condition and co-morbidities, and type of surgery. The plan is constantly evaluated as pain intervention is delivered assessment is required. Adequate pain control is required before a patient is discharged home or red out from PACU. The PACU RN will assess whether the patient has acceptable pain relief based on port and appropriate level of consciousness for discharge or transfer.

nts are screened for pain at regular intervals throughout the hospitalization. It is the hospital's policy n the patient for pain within the hour of admission and reassess within one hour of intervention. The area assesses, gives, and reassesses more often as ordered by the provider. In the post-op area, as the patient is assigned to a bay coming from the operating room, the nurse assigned ensures that asures are ordered in the chart so that it can be verified by the nurse and pharmacist to become ately available if patient complaint of pain. On arrival at the assigned bay, the surgical and anesthesia ll give handoffs which include pain and pain medication given throughout procedure. For olled pain, the PACU uses the Pain Service of our unit, comprising anesthesia resident and nurse oner, which could include PCA.

	sure quality, standards, and consistency, PACU selects 20 charts randomly everymonth to be audited for essment and reassessment. The result is compiled and analyzed to identify areas for improvement and nce of staff in assessment and reassessment.
5	Describe how evidence-based design features and effects of the physical environment promote healing and improve patient outcomes and satisfaction. ***Notes:*** Examples of evidence-based design features and effects may include single-occupancy rooms, use of natural light, encouraging day/night rhythm and visitation or hospitality programs.
Response	The physical layout of our unit is not conducive for a more quiet environment, but it did not stop us from providing a healing environment for our patients. By working together, we created an environment that promoted healing and positive outcomes for our patients. The PACU implemented several best practices to reduce the noise, these includes: • Do not be afraid to ask a patient or visitor to please lower their voice. Hospitals are healing environments • Request that patients and visitors put their phones on vibrate • Gently remind families and visitors that they are in a hospital and healing requires a restful environment • Ensure bedside monitor alarms are set to appropriate volumes and tones. Responds quickly to solve the alarm issues. • Report any mechanical or equipment noise to facilities, including squeaky doors or wheels. • Flicker lights to signal when it is too loud • Hang noise reduction signage • Reduce the volume of overhead pages and limit overhead pages to emergencies • Respect quiet hours on your unit. Gently remind your colleagues and visitors that quiet time is being observe • Practice bed-side-shift exchange with mindful voice • Schedule noisy tasks, like floor buffing, for the daytime, or the weekends when the unit is closed • Assess any/all sources of noise during rounds and address the leadership to in-service all staff. After putting the patient in NPO for a long time before the procedure, the patient can eat in the post op area. The UC develop a project that geared toward “Food Choices for Post-Op patient.” It is a collaborative effort with the Dietary Department to support nutritional needs while providing food preference for the patient. The implementation of visitation restrictions may negatively affect the postoperative experience of non-covid positive patient undergoing surgery. The conclusion from the study showed that a new strategy is needed to improve post operative experience of patients (Zeh, R. D.et al 2020). To amend this experience Patient Navigators constantly stay connected with the patient’s family during intraoperative process to provide updates. They help to overcome obstacles, finding resources, and bridge communication between staff, patients, and their family. Visitation are now allowed in the recovery area. Every PACU staff member has a key role in providing patients and their families the best imaginable experience especially if there is a delay, gaps, and disappointment in service. We practice effective recovery service by acknowledging, apologizing, amending the situation to solve their issues and wishes. Working together with Patient Services we actively listen and offer sincere apologies to correct the situation to help build a positive relationships with our patients.

6	Describe how the unit incorporates perspectives of patients and their families into patient care decisions. ***Notes:*** Examples of incorporating patient and family perspectives into care decisions may include formal or informal patient/family satisfaction programs, communication mechanisms, a defined decision-making process or patient/family education.
Response	PACU work together as a team partnering with our patients and their families to provide high quality, safe, compassionate care, thereby creating a connection to meet standards and individualized care of our diverse patient population. During the preoperative process, the patient and their families can come during the admission process in preoperative area. Surgical team and Anesthesia team will talk to the patient and family giving them the opportunity to asked and answer questions, and clarify information in real-time, thereby allowing patients and family to solidify their decisions about their procedure and care. Contact person is identified during registration and preoperative interview to ensure proper release of information and keeping family up to date after the procedure. During recovery phase in postoperative area, the nurse will update the family and the patient is encouraged to use their phone to call family members. If criteria for patient's discharge are met, discharge instructions or After Visit Summary (AVS) are provided. Teach back process are used to make sure that instructions were understand before discharge. It is always how the patient feels and meeting discharge criteria before sending patient home. Paper copy is given in an envelope with attached QR code (Figure 24) to provide us feedback regarding the service they received during their stay. We use that feedback to identify our deficiencies to improve our service.
7	Describe how the unit provides palliative and end-of-life care to patients and their families. In your response include the mechanisms available to support staff in this process.
Response	Palliative and end-of-life services are very uncommon in PACU and rarely needed as the patient only stay for a brief period. However, the PACU provides comprehensive Palliative Care Services to our all patient. The PACU use the Palliative Care Service (PCS) that consists of Attending Physicians, Nurse Practitioners, and Social Workers who all have Advanced Certified Hospice and Palliative certification. Any patient and/or family that need this service while in PACU is referred to and consulted with the PCS team, in addition, PACU staff can reach out to administrator on-call, and refer to policy and procedures for guidance and decision.

Category 5: Outcome Measurement – 450 Points

This category focuses on the results achieved from your objective evaluation and patients/ family evaluations of the unit's performance. Through measuring your progress, you can assess and improve processes related to clinical, staff, patient, and family outcomes.

For each question, reviewers will evaluate the data presented. Specifically, they are evaluating your current performance levels[1], trends over time[2], and results against comparable benchmarks[3]. Although there are no requirements for the reporting time frame or amount of data you present, keep in mind that your results are used for performance management of your unit. Therefore, the measures you select to include should support decision making in a rapidly changing environment, and the measurement intervals should be appropriate for effective, timely, data-based decision making.

Notes:

1. Levels reflect numerical information that places or positions a unit's results and performance on a meaningful measurement scale.
2. Trends are numerical information that shows the direction and rate of change. A statistically valid trend requires a minimum of three historical data points.
3. Comparisons are data points to evaluate a unit's outcomes against similar external outcomes. Comparisons might include other units, overall facility, regulatory requirements, external benchmarks, or relevant nationally recognized standards. Some examples of recognized standards may include National Database for Nursing Quality Indicators (NDNQI), National Quality Forum (NQF) or National Association of Children's Hospitals and Related Institutions (NACHRI).

Criteria Questions

1 Summarize your unit's key staffing effectiveness, staff safety and staff satisfaction results. What are your current levels and trends in key measures of:

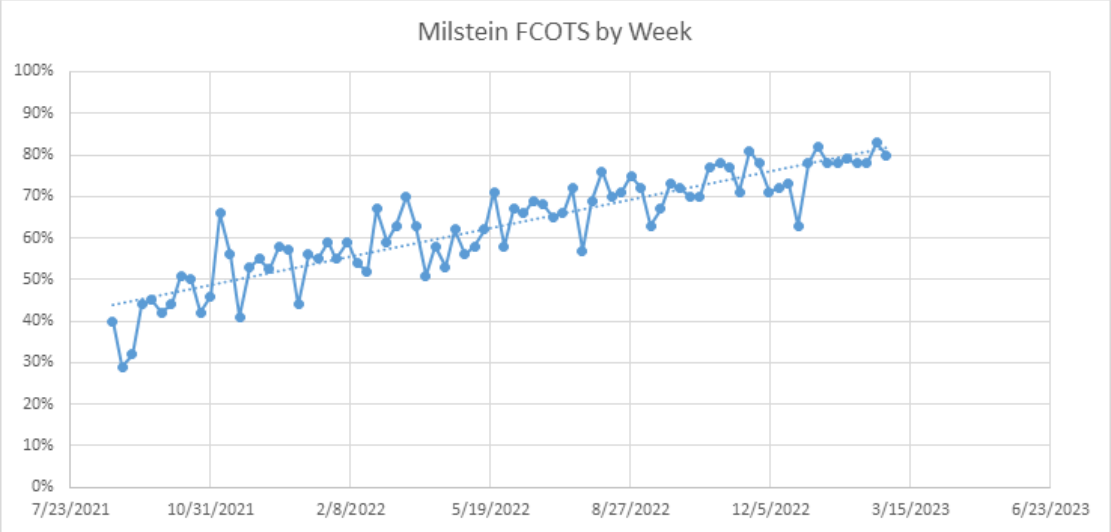
a. Staffing effectiveness?
b. Staff safety?
c. Staff satisfaction?

How do these results compare with the performance of similar units?

Response

The number of nurses working significantly impacts the throughput of PACU. Adequate staffing allows for smooth flow of patients as reflected in the First Case On Time Start (FCOTS) statistics in the pre-operative area and in the low OR/PACU Hold time in the post-operative area. It validates the staffing grid regarding the number of nurses needed to process the patient pre-operatively, thereby, meeting scheduled time for the procedure. Since 2021, PACU hired enough nurses to fulfill the grid and the needs of the unit.

Figure 16 First Case on Time Starts (FCOTS)



The throughput of the PACU as a unit is unique, due to the volume and acuity of surgical services we provide, thereby it is difficult to find a facility for comparison It is different in other units or facilities. Thus, we do not have any comparison, however we met the goal of 80% on time.

The number of falls can be attributed to staffing effectiveness. Patients who undergone a procedure are always at risk for falls due to physiologic changes and medications they received during surgery. A proper staffing ratio can provide patient safety as it provides more attention can be given in each

patient. Assessment in PACU is important to determine who is at risk and provide effective measures to prevent falls. Figure 24 showed number of PACU patients fell from 2020 to first quarter of 2023

According to Press-Ganey:

"Patient falls occurring during hospitalization can result in serious and even potentially life-threatening consequences for many patients. Nurses are responsible for identifying patients at risk for falls and for developing a care plan to minimize that risk. Short staffing, nurse inexperience, inadequate nurse knowledge, and the immature state of the science regarding fall prevention may place patients at risk for injury. High performance measure rates may suggest the need to examine clinical and organizational processes related to the identification of, and care for patients at risk of falling, and staffing effectiveness on the unit." (p. 4).

Staff Safety:

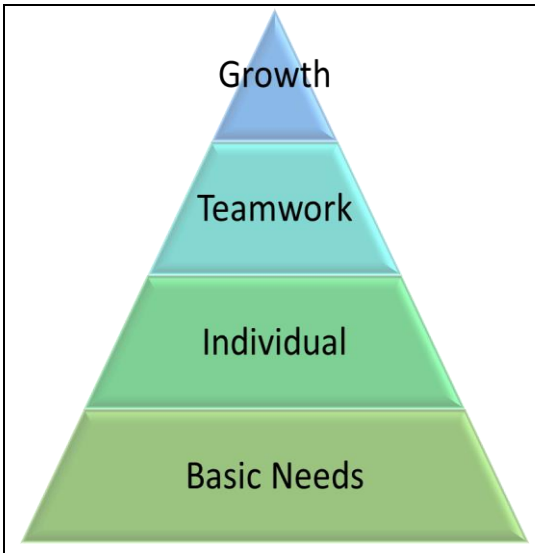
The most crucial resource in our unit is our staff. Ensuring that adequate measures are in place to protect workplace safety and security are essential and translates to quality patient care outcomes. As part of this commitment, the hospital has initiated a Zero Harm policy and Zero Harm Reporting System where it seeks to eliminate all preventable employee injuries. Some examples of preventable employee harm are needle sticks, exposure to blood and secretions, injuries sustained by care providers during moving/lifting patients, and workplace violence associated with patients and families. It has a dedicated task force to understand the root causes of preventable employee harm and to put processes in place to protect staff. The question of "Is there any staff harm?" is included in everyday huddle. There is no staff harm reported to date.

Staff Satisfaction:

Gallup Engagement Survey: The Gallup Employee Engagement Survey measures employee engagement in the workplace across several dimensions. It poses questions regarding overall job satisfaction, recognition, and relationships with senior management, and ranks each response on a scale of 1-5. In September 2021, nurses from the PACU completed the survey. The results demonstrated opportunities for improvement.

The results of this survey were presented to the staff during the November 2021 staff meeting. The biggest reasons identified for the low scores was the merging of the pre and post units post CoViD pandemic. The staff had ambivalent feelings about the change in the roles and needed time to adapt to the new role expectations. The leadership and the staff agreed to develop an action plan to improve engagement based on Gallup's 4 level-heirarchy Employee Engagement Model.

Figure 17 Gallup's 4 Level-Heirarchy Employee Engagement Mode



GROWTH: How can I grow?

TEAMWORK: Do I belong here?

INDIVIDUAL: What do I give?

BASIC NEEDS: What do I get?

To address staff perceptions regarding a punitive work environment, the PACU has implemented huddle education sessions for discussing staff errors. During these sessions, nurses are given the opportunity to openly discuss their errors to educate other staff and avoid similar errors in the future. During these education sessions, the nurse would highlight the error, why it occurred and the corrective action. As a result, all staff members can learn from the event. Furthermore, several re-education initiatives were undertaken to re-educate staff on appropriate clinical techniques and protocols.

The graph below demonstrates the PACU Gallup Employee Engagement Survey performance for 2021. It also shows comparative performance scores for the perioperative division and the NYP system.

Figure 18: PACU Gallup Survey

EMPLOYEE ENGAGEMENT REPORT | **2021 EMPLOYEE EXPERIENCE SURVEY**

Q12 Mean

The Gallup Q12 score represents the average, combined score of the 12 elements that measure employee engagement. Each element has consistently been linked to better business outcomes.

Engagement Mean: 3.25

Mean Percentile Rank - Industry - Healthcare and Social Assistance: 5

Engagement Index

Engagement Index is unavailable for the currently selected scorecard.

	Current Mean	Mean Percentile Rank - Industry - Healthcare and Social Assistance	Company Overall Current Mean
Q00: On a five-point scale, where 5 means extremely satisfied and 1 means extremely dissatisfied, how satisfied are you with your organization as a place to work?	2.88	2	3.71
Q01: I know what is expected of me at work.	4.13	13	4.45
Q02: I have the materials and equipment I need to do my work right.	3.19	4	3.84
Q03: At work, I have the opportunity to do what I do best every day.	3.31	4	3.94
Q04: In the last seven days, I have received recognition or praise for doing good work.	2.56	7	3.32
Q05: My supervisor, or someone at work, seems to care about me as a person.	3.56	11	3.89
Q06: There is someone at work who encourages my development.	2.88	4	3.72
Q07: At work, my opinions seem to count.	3.38	24	3.43
Q08: The mission or purpose of my organization makes me feel my job is important.	2.81	1	3.82
Q09: My coworkers are committed to doing quality work.	3.69	16	4.03
Q10: I have a best friend at work.	3.53	35	3.59
Q11: In the last six months, someone at work has talked to me about my progress.	2.81	6	3.57
Q12: This last year, I have had opportunities at work to learn and grow.	3.19	7	3.70

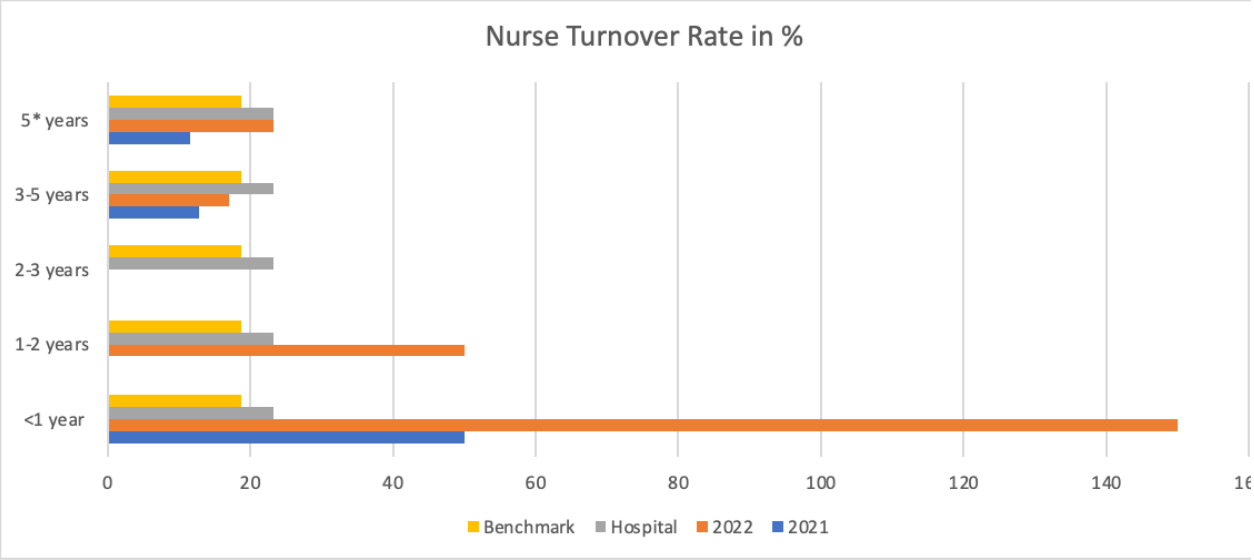
Percentile Rank in Industry - Healthcare and Social Assistance Database: < 25th Percentile | 25-49th Percentile | 50-74th Percentile | 75-89th Percentile | >= 90th Percentile

PACU Recruitment, Retention, Recognition, & Respect (R4) Council is heavily investeed in recruitment and retention of staff. R4 and unit leaders reviews the data for turnover, do exit interview, and identify opportunities for improvement. R4 Council provides incentives in a form of small gifts and appreciation, and yearly activities to keep staff engaged and fulfilled with their works.

The COVID-19 pandemic affects our staff retention and vacancies. Because of our RN capacity to take care of ICU patients, PACU and OR was converted into ICU units. Many retired early and resigned due to the pressure of taking care of COVID-19 innfected patients. In contrast, where COVID-19 is in the past, PACU is appealing to nurses who want some change because surgical patients are all stable, not infected, otherwise procedure is not performed.

Comparing the data for 2021 and 2022 with 2 years and below work experience, the turnover rate were above the hospital ad behmarks. Besides the reason mentioned above, it was found out during the exit interview that reasons for leaving the unit were 1.) offer more monetary compensation in other facility 2.) better job opportunity and monetary compensation as a traveler RN, 2) many staff finished school and moved for career advancement.

Figure 19: PACU Nurse Turnover Rate



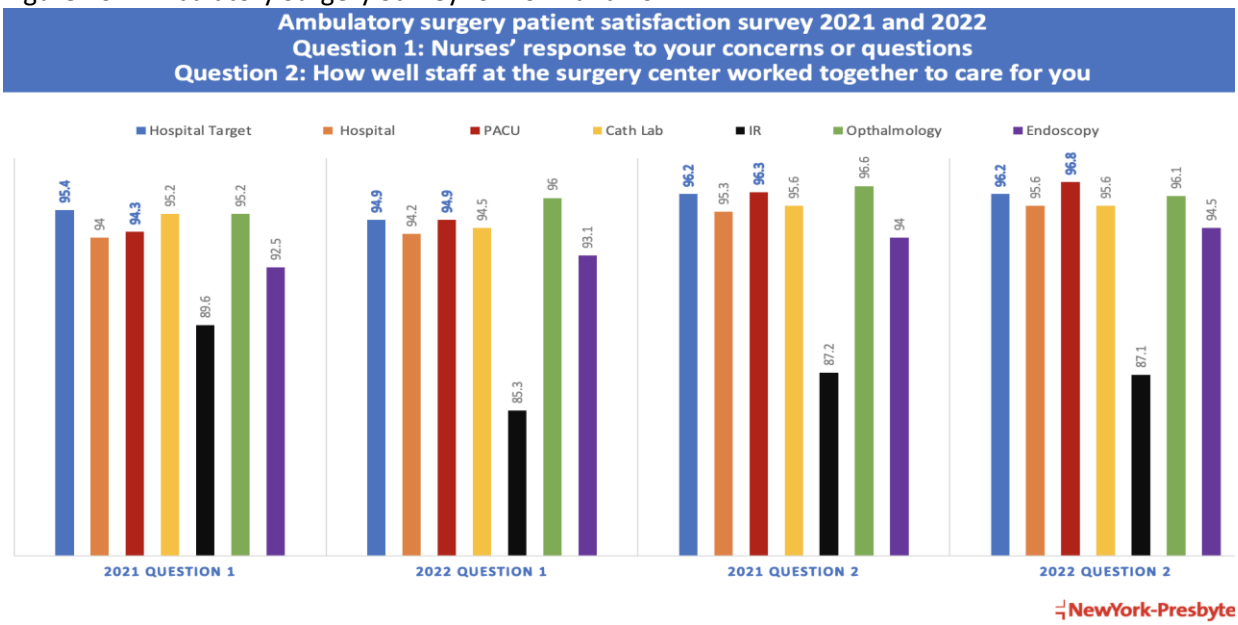
To decrease the turnover rates, the R4 Committee is continually engaged in providing activities and incentives for staff. Such activities are quarterly employee of the month, peri-anesthesia week, administrative assistant day, nurse's week, patient care assistant/PACU tech week, summer team building picnic, family activities like rafting, and holiday celebrations.

This year, the nurse's union (NYNSA) regained its position to maintain and improve salaries and benefits of all nurses to compensate the inflation. The increase in salary and benefits made it more attractive and competitive for nurses to stay in their position.

2	What are your current levels and trends in key measures of patient and family satisfaction? How do these results compare with the performance of similar units?
Response	The Ambulatory Surgery Survey collects information about patient's experiences of care in outpatient and ambulatory surgery. The survey includes questions of their experiences regarding procedure,

admission process, facility cleanliness, communication between staff and patients, discharge process, and discharge instructions. Annually, hospital assess the questions and re-evaluate the focus. For year 2021 and 2022 the facility focuses on " nurse's response to your concerns and questions" and "how well staff at the surgery center worked together to care for you". The blue bar represents the Hospital's goal, the red bar represent PACU survey result, and in comparisson to the other ambulatory surgery areas in the hospital.

Figure 20: Ambulatory Surgery Survey for 2021 and 2022



For 2023, the questions are focused on "Staff ensure you were comfortable" and "You received instructions regarding recovery.

Figure 21: Question #1 for 2023 Survey

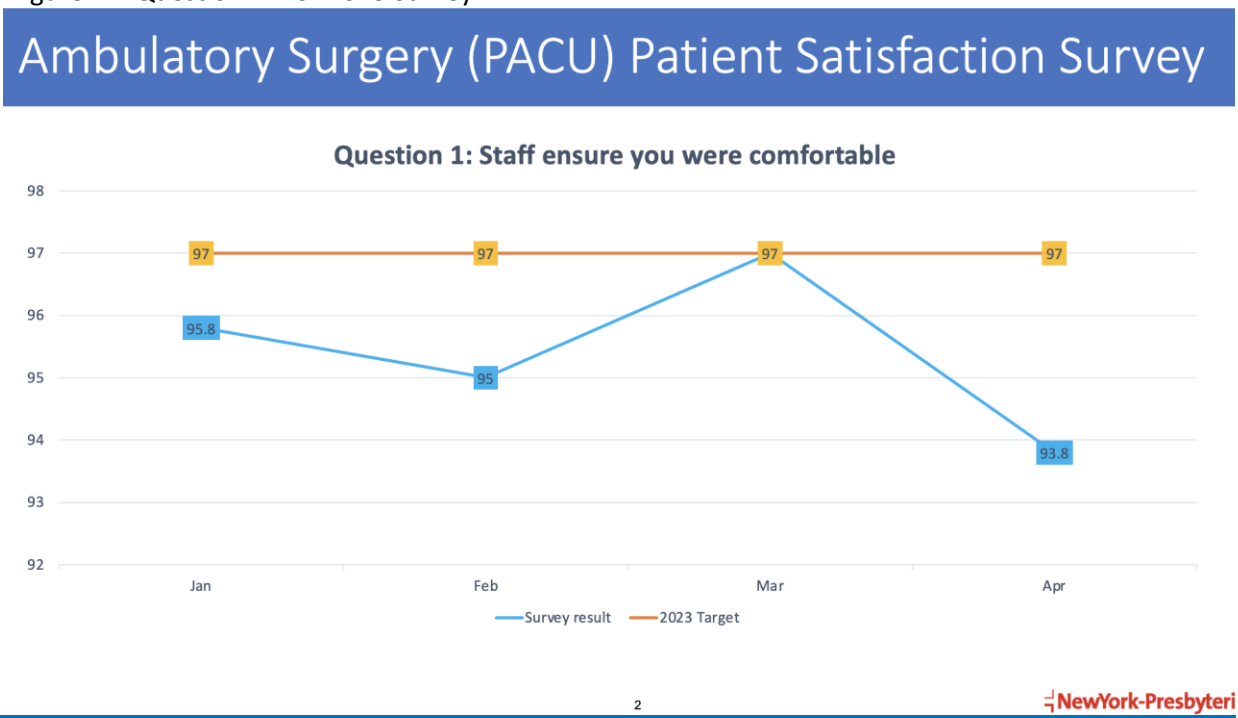
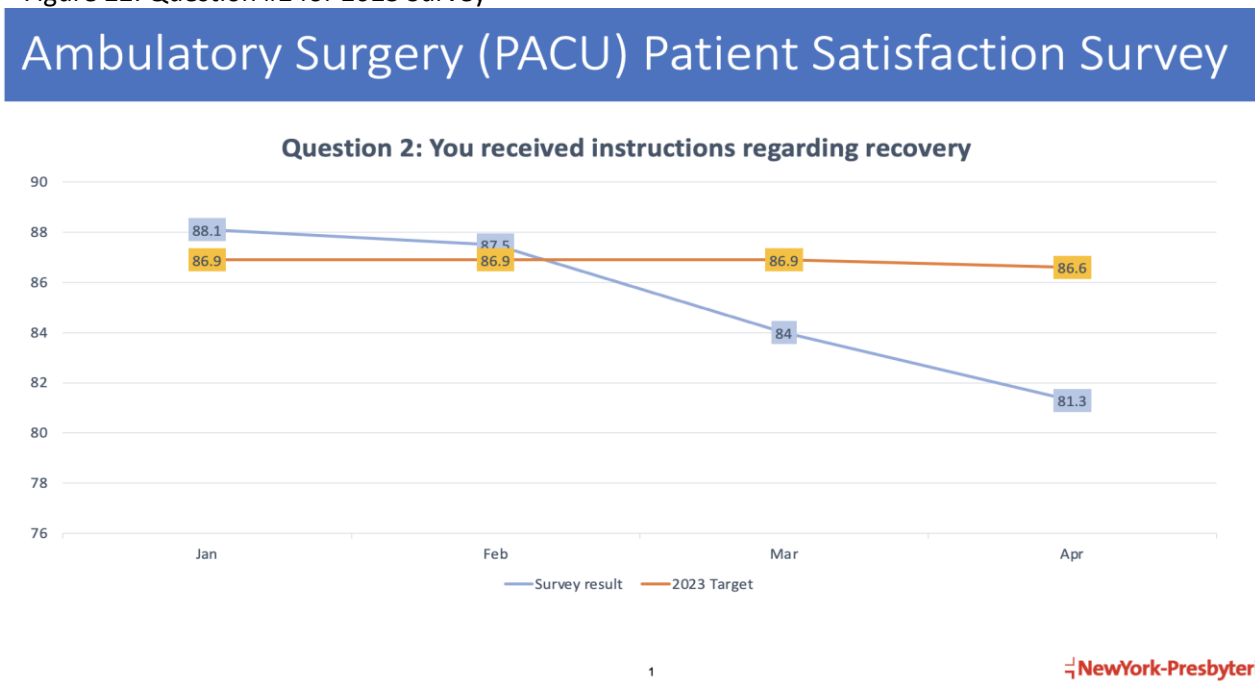
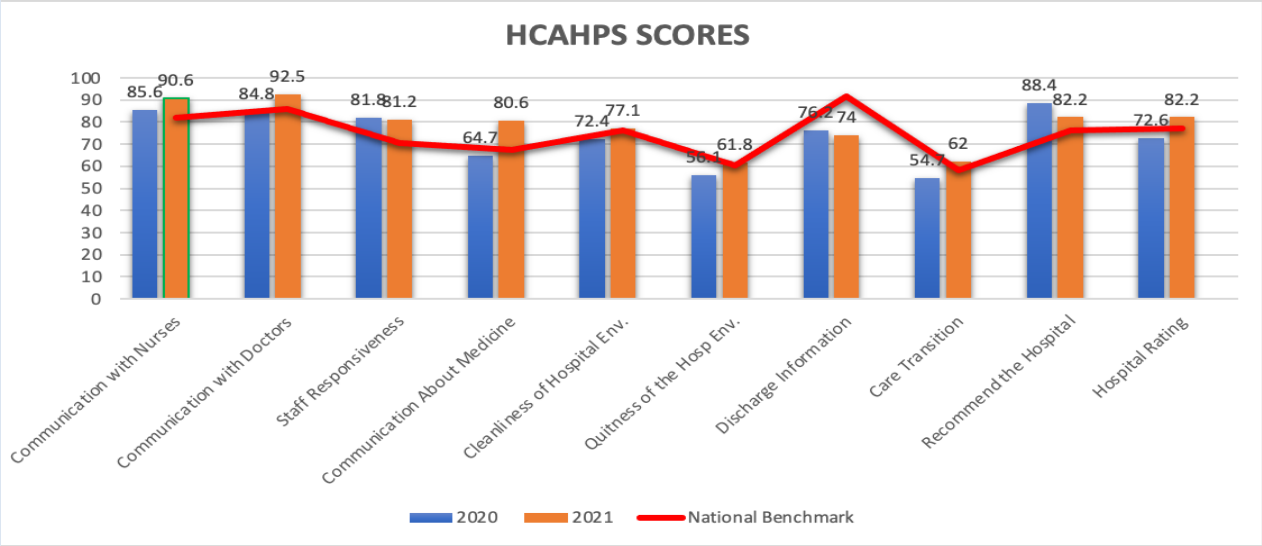


Figure 22: Question #2 for 2023 Survey



The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is important to know the patient's perception of how we provided quality service to our clients. We can only provide 2 years of HCAHPS score card because the merger of preop and post of was just happened recently in 2020. Figure 23 showed that PACU met most of the domains based on the national benchmark. It showed improvement from 2020 to 2021. Report from 2022 is not yet released. The graph showed that the "Discharge Information" benchmark was not met.

Figure 23: HCAHPS Survey Result



Ambulatory Surgery Satisfaction Survey and HCAHPS compliments the data and showed that environment and discharge information need improvement. To improve scores in these areas, our UC created a Patient Experience Committee in close collaboration with the Hospital's Patient Experience manager to improve scores and create a unit-based strategic plan.

Figure 24: Patient Experience Committee Strategic Plan

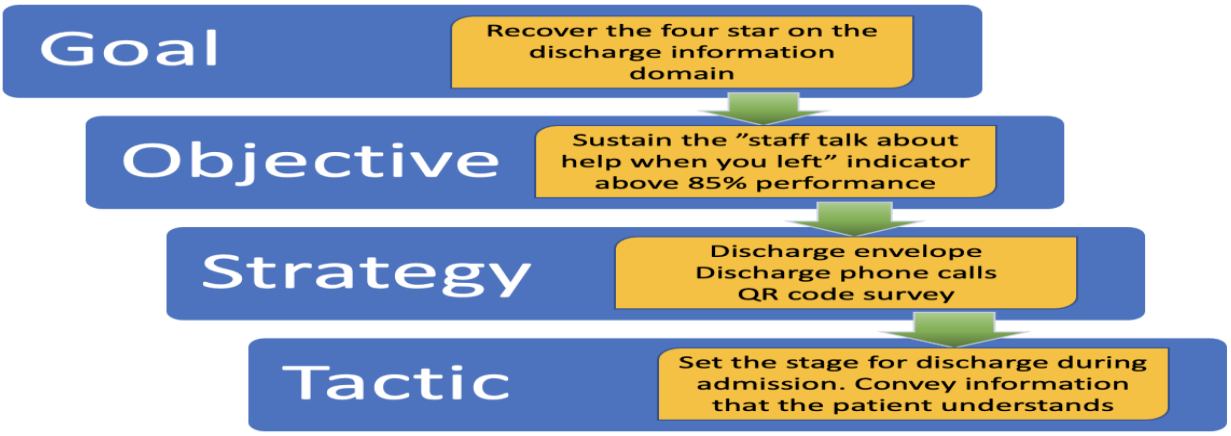
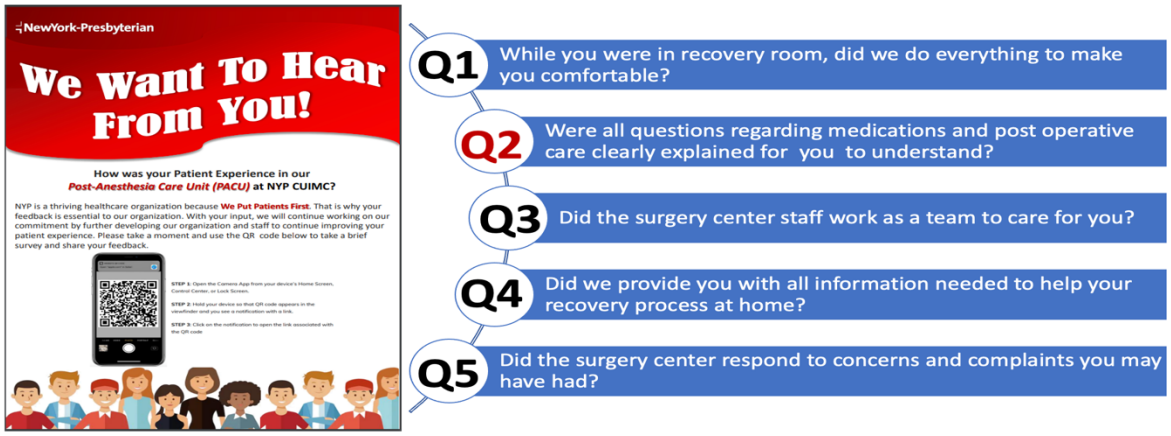


Figure 25: PACU Post Discharge QR Code Survey Questions



This form is attached to AVS or discharge information. This initiative (QR code) comprises of five questions. It is similar to HCAHPS questions and Ambulatory Surgery Survey domains, but in condensed form to encourage patient's participation. The PACU focuses on Q2, that corresponds to the low score in HCAHPS which is about "Discharge Information". Figures 23 and 24 show the collaboration between committees to achieve a common goal.

3

Summarize your unit's key patient safety and clinical outcomes results. What are your current levels and trends in key measures of:

a. Medication safety?
b. Hospital-acquired conditions? Serious reportable events?

How do these results compare with the performance of similar units?

Notes: Outcomes included in this section should reflect your specific unit patient population and scope of service; at a minimum, those measures required in regulatory reporting requirements should be included. See additional notes in the Beacon Program Handbook under Category 5: Outcome Measurement.

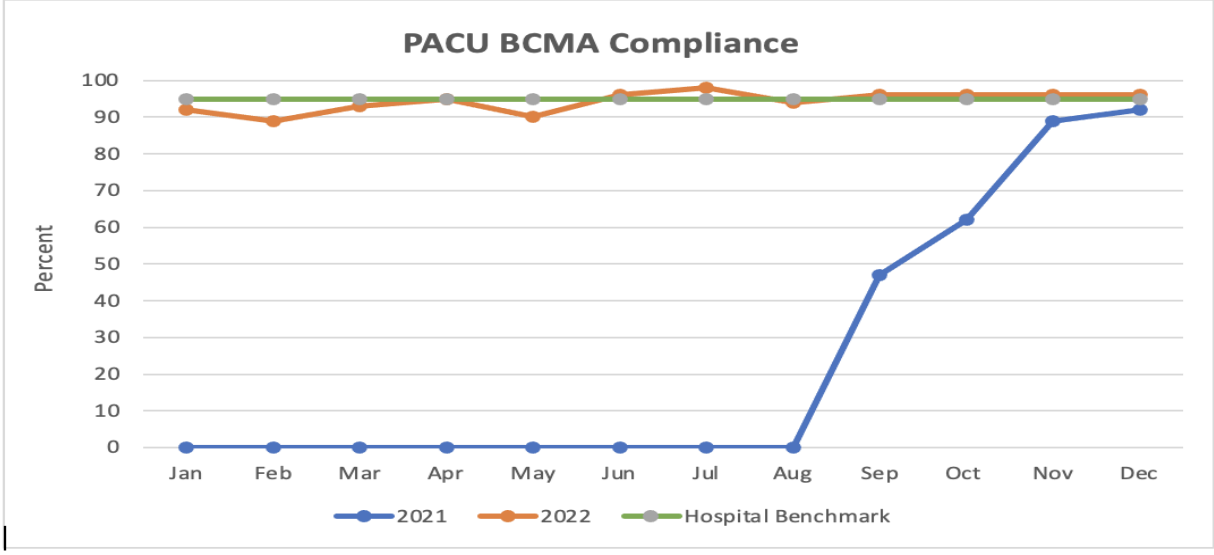
Response

According to Leapfrog Group (2018), about 7 million preventable medication occurs annually costing $21 billion across care settings. In one study, the errors were reduced by 93% with the use of BCMA.

Scanning patient's barcode in the wrist band and medication at the bedside confirms the rights of medication administration. It is done by scanning the patient's wristband, then scanning the medication that is about to give verifies the drug, dose, and time of correct medication. It is connected to the patient's chart that verifies if there are potential interactions with other medications, allergy/cross allergy, and parameters that need to be met before giving the medication. NYP strives for 90% success in BCMA scanning, nonetheless the PACU scored 95% which aligns with the Leapfrog benchmark of 95%. PACU only adopted BCMA scanning in May of 2021, while the inpatient areas were in 2020.

There are barriers identified by the PACU in scanning. These barriers include availability of scanner, connectivity issue, medication does not have barcode, and training and learning. To overcome these barriers appropriate UC committee works with other departments like hospitals IT team, Pharmacy, and other department involved in the issue.

Figure 26: PACU BCMA Compliance



Most of the hospital acquired conditions in inpatient areas are not applicable in the PACU since patients are only transient. Nevertheless, the PACU follows the policy for pressure ulcer Prevention, Central line care, c-diff precaution. An example is to get patient with pressure ulcer, but those did not originate in the unit. To date, PACU does not have any pressure ulcer, central line infection, c-diff infection originated from PACU as the patient is only transient in the unit. Showing a graph would be meaningless because there is no occurrence of the said conditions.

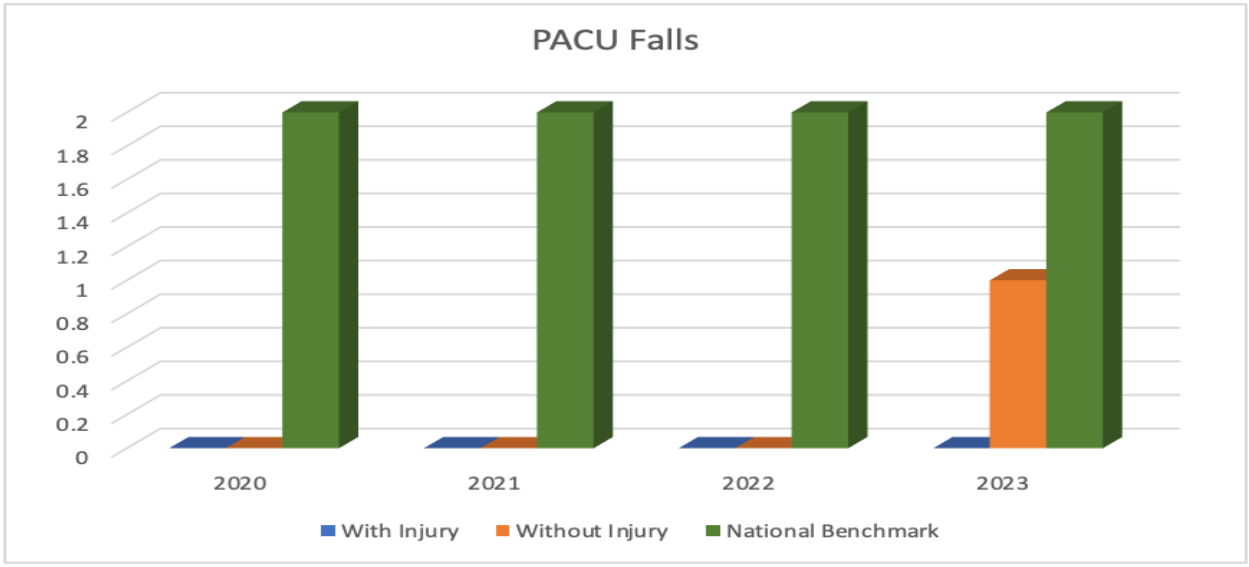
Lapses in healthcare safety is a major concern for the hospital. A reporting system and support are in place to deal with these issues. For the PACU, there is no serious reportable event to date and does not have meaningful discussions and put a graph since it did not trigger to place a performance improvement. It is the unit's priority to practice with in standard and above standard to meet patient care safety.

PACU patients are at risk for fall due to the sedation and anesthesia they received during the procedure and narcotics for pain control in the post operative area. Falls assessment preoperative and postoperative are important to determine who is at risk for falls, to date the PACU is 100% compliant. The result is an extremely low incident of falls (see Figure 24).

For three consecutive years, PACU sustained zero number of patient falls, except in the first quarter of 2023 there is only one, which is below national benchmark. Each patient is assessed preoperatively and postoperatively to determine the level of fall risk by using a tool called *Morse Fall Scale*. Based on the risk level, the nurse will use clinical judgement to appropriately implement measures based on the

score and factor/s to prevent falls. These factors are history of falls, high injury risk, secondary diagnosis, ambulatory aide, IV infusion, gait, and mental status.

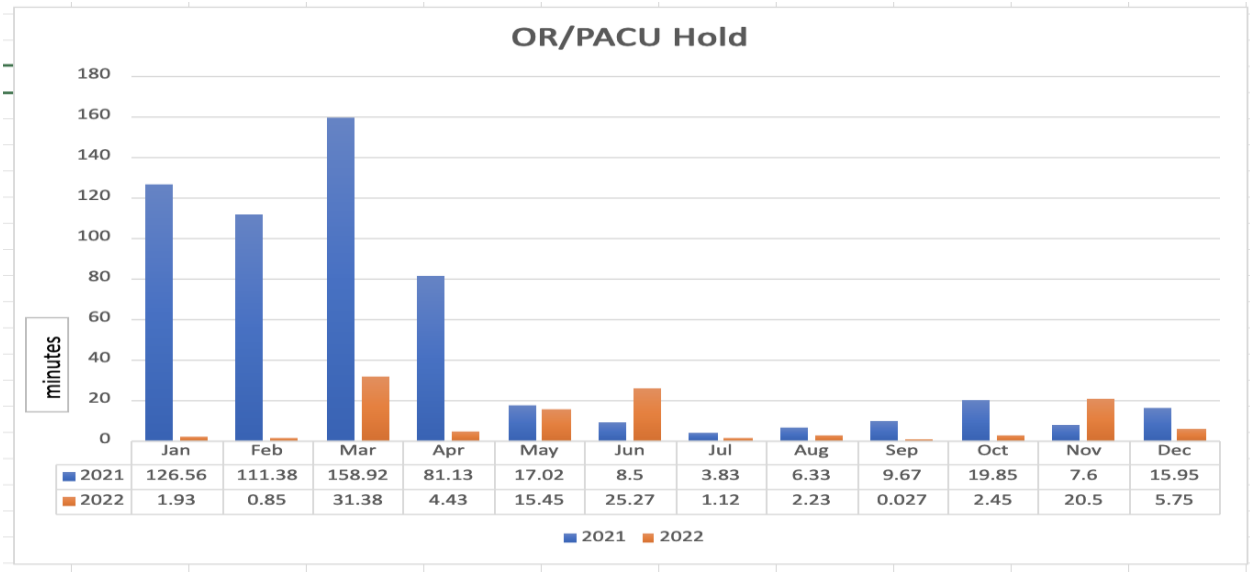
Figure 27: PACU Falls



Unit Flow Efficiency (PACU Hold)

Efficient patient throughput from preop to intraop to post operative areas is a top priority for Perioperative Service. The seamless flow of patients, especially on the post-operative area of PACU, is integral to the overall unit performance. Frequent flow bottlenecks from the operating room (OR) to the postoperative side is described as OR hold or PACU hold. An OR/PACU hold is the delay of transfer of fresh postoperative patients to available PACU spots. The shortage of open PACU spots is mostly due to the absence of surgical inpatient beds targeted for patients' admission. Increased OR/PACU hold times have significant effects on hospital's operational efficiency.

Figure 28: PACU Flow Efficiency



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2021	126.56	111.38	158.92	81.13	17.02	8.5	3.83	6.33	9.67	19.85	7.6	15.95
2022	1.93	0.85	31.38	4.43	15.45	25.27	1.12	2.23	0.027	2.45	20.5	5.75

In the first quarter of 2021, the average Milstein OR/PACU hold time was 7,690 minutes (128 hours) per month. To address the problem, the Perioperative Services team formed a core group of key stakeholders to determine the cause and reduce the hold time by 50%. To gather data, we inventoried the PACU space for patient recovery, assessed daily staffing needs, tracked patients staying overnight in the PACU and the surgical beds needed for them. We examined trends in the changes in the level of care (outpatient vs. same day admit) and acuity, reviewed the length of stay of surgical procedures and correlated it with the hospital's current policies and standards of care (SOC) and assessed the recovery process for opportunities for improvement.

Our analysis yielded a multitude of factors contributing to the holds, which we grouped into four categories: human (how the team practices), roles (how interdisciplinary teams contribute to the flow), process (hospital policies/SOC), and materials (resources needed to complete the work). In developing solutions and strategies to reduce hold times, we tapped hospital initiatives that were already in place, such as bringing the information to leadership huddles where the patient care director presents the PACU status and anticipated bed needs for the day. Additionally, we identified the simplest (quick hits) problems, such as supplies/equipment and use of technology, for immediate resolution. Supported by evidence-based practice and research, we advocated for shortened length of stay for some procedures such as laparoscopic sleeve gastrectomy, thyroidectomy, and orthopedic procedures done under spinal anesthesia. Collaboration with the Patient Placement Operations Center (PPOC) and anesthesia leadership were also key. Communicating challenges in real time helped resolve situations that could have led to holds. The biggest change, however, was the empowerment of the frontline staff. The team learned to be creative with the recovery space to meet OR demands, adjusting staffing patterns and resources to support peak times. This has prompted a shift in mindset to ensure efficient yet safe flow of patients. As of the last quarter of 2022 OR/PACU hold time has been reduced by 94%. The unit continues to adopt a daily goal of keeping OR/PACU hold times to a minimum while safeguarding patients' safe recovery.

References

Croke, L. (2019), Incorporating family visitation in the postanesthesia care unit. AORN J, 109: P5-P6. https://doi.org/10.1002/aorn.12677

https://www.leapfroggroup.org/sites/default/files/Files/Leapfrog-Castlight_BCMA_Final.pdf

Practice Recommendation from the *2023-2024 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements pdf. https://www.aspan.org/Clinical-Practice/Patient-Classification*

Press-Ganey (2020, January). Guidelines for Data Collection and Submission: *Patient Falls.* https://members.nursingquality.org/NDNQIPortal/Documents/General/Guidelines%20-%20PatientFalls.pdf

Zeh, R. D., Santry, H. P., Monsour, C., Sumski, A. A., Bridges, J., Tsung, A., Pawlik, T. M., & Cloyd, J. M. (2020). Impact of visitor restriction rules on the postoperative experience of COVID-19 negative patients undergoing surgery. *Surgery*, *168*(5), 770–776. https://doi.org/10.1016/j.surg.2020.08.010

AMERICAN ASSOCIATION of CRITICAL-CARE NURSES

A Community of Exceptional Nurses

101 Columbia | Aliso Viejo, CA 92656 | T 800 899-2226 | F 949 362-2020 | info@aacn.org

American Association of Critical-Care Nurses recognizes Perianesthesia Care Unit at the New York-Presbyterian / Columbia University Irving Medical Center with Silver-level Beacon Award for Excellence

National three-year award with gold, silver, bronze designations marks a significant milestone on the path to exceptional patient care and achieving a healthy work environment

New York, NY. – **November 30th, 2023** – The American Association of Critical-Care Nurses (AACN), Aliso Viejo, California, recently conferred a silver-level Beacon Award for Excellence on **Perianesthesia Care Unit** at **the New York-Presbyterian / Columbia University Irving Medical Center, New York, NY**.

The Beacon Award for Excellence — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards. Units that achieve this three-year, three-level award with a gold, silver or bronze designation meet national criteria consistent with the ANCC Magnet Recognition Program®, the Malcolm Baldrige National Quality Award and the National Quality Healthcare Award.

*AACN President Terry Davis, PhD, RN, NE-BC, CHTP, FAAN, applauds the exemplary efforts of the caregivers at **Perianesthesia Care Unit** at **the New York-Presbyterian / Columbia University Irving Medical Center** for working together to meet and exceed the high standards set forth by the Beacon Award for Excellence.*

"These dedicated healthcare professionals join other members of the exceptional community of nurses who set the standard for optimal patient care," Davis said. "The Beacon Award for Excellence recognizes caregivers in stellar units whose consistent and systematic approach to evidence-based care optimizes patient outcomes. Units that receive this national recognition serve as role models to others on their journey to excellent patient and family care."

BEACON AWARD FOR EXCELLENCE

The silver-level Beacon Award for Excellence earned by **Perianesthesia Care Unit** at **the New York-Presbyterian / Columbia University Irving Medical Center** signifies an effective approach to policies, procedures and processes that includes engagement of staff and key stakeholders. The unit has evaluation and improvement strategies in place and good performance measures when compared to relevant benchmarks. **Perianesthesia Care Unit** at **the New York-Presbyterian / Columbia University Irving Medical Center** earned its silver award by meeting the following evidence-based Beacon Award for Excellence criteria:

- *Leadership Structures and Systems*
- *Appropriate Staffing and Staff Engagement*
- *Effective Communication, Knowledge Management and Learning and Development*
- *Evidence-Based Practice and Processes*
- *Outcome Measurement*

The other Beacon Award designations are gold and bronze. Gold-level awardees demonstrate an effective and systematic approach to policies, procedures and processes that includes engagement of staff and key stakeholders; fact-based evaluation strategies for continuous process improvement; and performance measures that meet or exceed relevant benchmarks. Recipients who earn a bronze-level award are beginning the journey to excellence, which includes developing systematic policies, processes and procedures; identifying opportunities for staff participation; and recognizing the need to develop cycles of evaluation and improvement.

About the Beacon Award for Excellence: Established in 2003, the Beacon Award for Excellence offers a road map to help guide exceptional care through improved outcomes and greater overall patient satisfaction. U.S. and Canadian units where patients receive their principal nursing care after hospital admission qualify for this excellence award. Units that receive the Beacon Award for Excellence meet criteria in six categories: leadership structures and systems; appropriate staffing and staff engagement; effective communication, knowledge management, and learning and development; evidence-based practice and processes; and outcome measurement. To learn more, visit www.aacn.org/beacon or call 800-899-2226.

About the American Association of Critical-Care Nurses: Founded in 1969 and based in Aliso Viejo, California, the American Association of Critical-Care Nurses (AACN) is the largest specialty nursing organization in the world. AACN represents the interests of more than half a million acute and critical care nurses and includes more than 200 chapters in the United States. The organization's vision is to create a healthcare system driven by the needs of patients and their families in which acute and critical care nurses make their optimal contribution. To learn more about AACN, visit www.aacn.org, connect with the organization on Facebook at www.facebook.com/aacnface or follow AACN on Twitter at www.twitter.com/aacnme.

##

Feedback Report
Perianesthesia Care Unit
New York Presbyterian Columbia Univ Med Center

AMERICAN ASSOCIATION of CRITICAL-CARE NURSES

Congratulations!!

Perianesthesia Care Unit
New York Presbyterian Columbia Univ Med Center

11/30/2023 - 11/30/2026
Beacon Award for Excellence
SILVER

Introduction

Congratulations on achieving the AACN Beacon Award for Excellence. In healthcare organizations, excellence is the sum of many complex parts. Your unit's accomplishment represents one of many significant milestones on the journey to optimal outcomes and exceptional patient care.

A panel of expert reviewers trained in evaluating Beacon Award applications developed this comprehensive feedback report for your unit that includes strengths and opportunities for improvement identified during the review process. Numerous feedback comments are provided for each section of the application; however there may not be specific comments for each individual question. The scoring range for each category is also provided. A more detailed description of the scoring ranges can be found at the end of this document. We recommend that you read through this report and consider these comments to celebrate your successes as well as identify opportunities to continue your excellence journey.

A unit may apply for redesignation any time after receiving the Beacon Award. Please note that a new, complete Beacon application must be submitted and the unit will be evaluated solely on the information provided in the new application. Be sure to visit our website www.aacn.org/beacon <http://www.aacn.org/beacon> to ensure you have the most recent information for application.

On behalf of the entire Beacon Award for Excellence team, we are pleased you have chosen to partner with AACN on your excellence journey and look forward to hearing about your continued exceptional work on behalf of patients and their families.

Executive Summary

Executive Summary

The New York-Presbyterian / Columbia University Irving Medical Center's, Perianesthesia Care Unit applied for the Beacon Award for Excellence in July 2023. New York Presbyterian / Columbia University Irving Medical Center is a 738-bed, non-profit, world class academic medical center located in New York City. The medical center is dedicated to providing the highest quality, comprehensive care and service to residents in the New York metropolitan area, nationally and around the globe. It is the nation's largest academic medical center and is affiliated with the Weill Cornell Medicine and Columbia University Vagelos College of Physicians and Surgeons. New York Presbyterian is a recognized leader in medical education, groundbreaking research and innovative patient-centered clinical care. The medical center has consistently ranked No.1 in the New York metropolitan area by the U.S. News and World Report and named America's Best Hospitals Honor Roll. New York Presbyterian employs 29,000 professionals and cares for more than two million patients annually. The mission of the New York-Presbyterian / Columbia University Irving Medical Center is, 'to provide the highest quality, patient-centered care by promoting a culture of caring, empathy and safety.'

The Perianesthesia Care Unit is composed of 81 bays in three geographical locations, the Heart Center (24 bays) dedicated to preoperative processing and the Milstein 3GN and Milstein 4GN (33 and 24 bays) for post-operative recovery. The unit cares for a wide range of culturally, ethnically and spiritually diverse adult patient population. The Perianesthesia Care Unit provides services for patients undergoing surgical procedures and interventions from various service lines including cardiac; thoracic; transplant; neurology;, vascular; bariatric; orthopedic; urology; plastics; gynecology/oncology; breast; hepato-biliary; endocrine; ear, nose, and throat; and oral and maxillofacial surgery. Surgical procedures range from simple to complex. The admission and discharge process is a multidisciplinary approach directed by the department of anesthesiology. The surgical service is the primary admitting team after discharge from the Perianesthesia Care Unit. The initial admission to the unit is conducted through the pre-operative area with patient admission from home, emergency department, external facilities or in-patient units. The multidisciplinary team conducts a full clinical assessment prior to the patient's surgical procedure including a safe invasive procedure such as informed consent, complete history and physical, and medication reconciliation in the pre-operative area. Anesthesia types utilized with the surgical procedures and cared for in the Perianesthesia Care Unit include general, spinal and other types available determined by the anesthesiologist. The unit does not care for post-operative organ transplantation surgeries.

The comprehensive leadership team consists of the director of nursing, patient care director, clinical nurse managers, unit-based educator, charge nurse (clinical nurse III), medical director for surgical services, and director of the anesthesia department and team captain. Key stakeholders include patient placement operation center, electrophysiology, pastoral care, dietary services, pharmacy, and radiology. The unit leaders and key stakeholders foster a collaborative decision-making structure to promote effective communication and true collaboration to uphold an exemplary presence to ensure excellent patient care and outcomes.

The staff within the Perianesthesia Care Unit is comprised of 95 registered nurses, 30 nursing ancillary support staff (patient care assistants, unit assistants, and patient navigator). Of the registered nurses, 100 percent are baccalaureate prepared or graduate degree. The nurses are represented by the New York State Nurses Association (NYSNA) Union and 1199 Union. The support staff provide assistance through delegated tasks and clerical duties. Additionally, the support staff are members of the 1199 Service Employees International Union.

Overall, the New York-Presbyterian / Columbia University Irving Medical Center's, Perianesthesia Care Unit scored in the 55%-75% range. This reflects a unit with refined processes that are applied systematically with participation by staff and key stakeholders. There is evidence of learning and cycles of improvement with gaps noted. The unit has identified key measures of success. Results of these measures show good performance levels, with favorable trends in some key indicators. The unit evaluates some results against relevant benchmarks, and shows good performance when compared to the benchmarks.

Reviewers highlighted several areas of accommodation in the Perianesthesia Care Unit that include a strong focus in communication, collaboration and staff engagement. The unit supports systematic approaches and processes dedicated to embrace the leadership structure with formal and informal training that promotes accountability. Additionally, there are a variety of organizational and unit-based award and recognition systems to provide true, meaningful recognition of staff.

As the Perianesthesia Care Unit continues on its pursuit of excellence, some key development areas include refinement of monitoring of patient outcomes. Expanding the reporting of results to include a national benchmarks, detailed time-frames, and monitoring trends over time that include three data points. Examining the comprehensiveness of your approach, application and evaluation may assist the unit to identify areas for improvement and share areas of success.

The following comments area will offer detailed descriptions of strengths and opportunities for improvement for each category scored by the reviewers. The scoring range for each section is included to provide additional insight.

Leadership Structures and Systems

150 Points Available

Unit's Scoring Range: 55 - 75

1. For unit leaders identified in the Unit Profile:
   a. Describe how they are trained to meet and maintain the responsibilities of their role. For example, how are unit leaders held accountable by managers, staff or interdisciplinary stakeholders?

      Strength

      The PACU describes how how unit leaders are trained to meet and maintain the responsibilities of their role. The Patient Care Director (PCD) completes a 9-week onboarding process that includes classroom training in healthcare management, precepting with a fellow PCD, and mentoring from the Director of Nursing (DON) of Perioperative Services. All leaders are supported in their membership to a professional organization and certification. Accountability is maintained through the job description to ensure safe, quality and excellent patient care outcomes. Facility support in this area ensures consistent leadership and growth and development of leaders.

      Opportunity for Improvement

      While your response describes education of the unit leaders there is no evidence of a systematic and repeatable process to address the evaluation and refinement of the education. It is unclear how future educational needs are identified. Facility support in this area may ensure growth and development of the unit leaders.

   b. Describe how unit leaders guarantee joint accountability between medical, nursing and other leaders.

      Strength

      The Medical Director for Perioperative Services approves and organizes surgeries for the department and coordinates with surgeons and other multidisciplinary leaders related to patient care. The Medical Director coordinates with the Director of Nursing on changes in nursing care or updates to the provision of patient care. He also oversees all surgical providers and staff in the department, including the teams of surgical service lines, perfusionists, and Certified Nurse Anesthetists (CRNAs). The PCD meets regularly with the DON of Perioperative Services and is held accountable through mid-year and annual performance reviews, as well as via the results of unit-based outcome measures such as the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), the Press Ganey survey, and the National Database of Nursing Quality Indicators (NDNQI). The PCD also reports to monthly multidisciplinary (anesthesiology and surgical service lines) meetings and nursing committees regarding PACU quality and safety data. The PCD must address and monitor any issues or concerns in patient experience, nursing quality indicators, and staff satisfaction with an action plan that involves a collaboration between nursing leadership, nursing staff, and other key stakeholders. These approaches ensure care coordination between health care providers ensuring safe and quality patient care.

   c. Describe how this group works together to ensure integration of patient care within and outside of the unit.

      Opportunity for Improvement

      Although there are clear indications of collaborative care in the unit, there is no information on how leaders integrate care with outside units to ensure flow through perioperative services into the inpatient space. This is important because ensuring a process of regular interdisciplinary collaboration facilitates communication in identifying and addressing successes and opportunities, promoting the joint accountability essential to achieving optimal patient outcomes.

2. Describe how unit leaders interact with staff to:
   a. Build relationships, provide timely feedback and ensure patient-centered care.

      Strength

      The unit leaders have an open-door policy to encourage communication and enhance relationships with staff. This helps facilitate dialogue with all members of the team. The PCD and/or CNMS provide updates at daily huddles regarding issues, concerns, and solutions. The huddle is also a place where informal recognition (shout-outs) of a job well done is given to members of the team. The monthly unit council meeting and staff meetings allow the PCD to interact with staff and establish strong professional relationships. Electronic devices used by staff enable bi-directional communication among all the caregivers. These approaches facilitate open communication among all caregivers and unit leaders.

      Opportunity for Improvement

While the unit provides examples of the multitude of avenues of communications, it is not clear if there are systematic processes in place for leadership to build relationships and provide timely feedback to ensure that patient-centered care is being provided. While unit leaders support an open door policy as an approach to encourage frank, two-way communication with staff, the level of participation and satisfaction with the process is unclear. Without ensuring that leadership builds relationships with individuals through timely feedback, opportunities for staff engagement and satisfaction may be missed.

b. Encourage/ensure frank, two-way communication throughout the unit.

Strength

Fostering of an open door policy by unit leaders enables timely staff access when concerns or issues arise and augments discussions that occur during huddles. Nursing leaders are physically on the unit and frequently without a patient assignment and available to address staff concerns. Communication can occur via text messaging via the Mobile Heartbeat (MHB) devices, electronic mail, and communication board with the WhatsApp application. Handoff is standardized using the Situation, Background, Assessment and Recommendation (SBAR) methodology. These processes may improve communication throughout the unit which may lead to improved patient outcomes.

Opportunity for Improvement

Although your response indicates unit leaders ensure frank two-way communication via a variety of methods; however, it is not clear if there are systematic and repeatable processes in place to evaluate staff satisfaction with these methods. This is important because ensuring communication methods match with staff preference and encouragement of staff input helps maintain effective communication and staff satisfaction.

c. Share key hospital decisions and information.

Strength

Key hospital decisions and information is shared via electronic mail, daily huddles at the start of the shift, monthly staff meetings, and postings on the communication board. This is important because sharing information from organizational leadership can support staff awareness and may ensure alignment of unit efforts with the organization's mission and vision.

3. Describe how licensed staff is held accountable by unit leaders for practicing within their individual scope of practice. Describe how other unlicensed personnel employed on the unit are held to the expected level of professional practice.

Strength

Licensed staff is held accountable by unit leaders for practicing within their individual scope of practice through practicing within the NYP's Professional Practice Model. This model, at its core, focuses on patient and family centered care. Annual competencies and peer review are completed as well as a yearly performance evaluation. Unlicensed personnel also complete a skills day and are overseen by the unit council. These practices promote safe patient care delivery, supporting the attainment of quality outcomes by ensuring that appropriate professional standards are followed.

Opportunity for Improvement

While your response describes that staff are held accountable through peer review, annual performance evaluation and completion of skills days; however, it is not clear if or how the standards from the New York Board of Nursing or guidelines from professional organizations are incorporated into these processes. Ensuring that these standards are embedded into the processes that are used to hold staff accountable for working within their scope of practice may support safe patient care leading to quality outcomes.

4. What facility- and/or unit-level reward and recognition programs are currently in place? How do unit leaders take an active role in providing and encouraging reward and recognition?

Strength

There is clear evidence of reward and recognition programs at the organizational and unit levels. Organizational reward and recognition includes competitive salary, salary differential commensurate to years of experience and graduate degree, tuition reimbursement, financial support for certification, NYP Gala, annual Appreciation Day for employees, Daisy award and the NYP Everyday Amazing Program. The unit based Recruitment, Recognition, Retention and Respect Council provides recognition at the unit level through the PACU Employee of the Quarter and Year awards, PACU BCMA Award, and observation of unit assistants appreciation day. Informal unit-based recognition includes celebration of life events such as birthdays and anniversaries. Organizational and unit-based leader support for these programs demonstrates appreciation for excellent performance and promotes meaningful recognition thereby fostering staff satisfaction and retention.

5. How do unit leaders evaluate the effectiveness of reward and recognition programs? Include mechanisms for soliciting staff feedback and how reward and recognition programs are improved based on evaluation results.

Strength

There is evidence unit leaders evaluate the effectiveness of reward and recognition programs based on informal feedback via daily huddles, staff meetings, unit council meetings and on to one conversation. Formal feedback is obtained through the annual Staff Engagement Survey. Level of actual staff engagement in the unit is also used to evaluate the effectiveness of the reward and recognition programs. Gathering specific staff feedback regarding existing rewards and recognition helps to ensure that the programs are meaningful to staff, thus supporting satisfaction and retention.

Opportunity for Improvement

While your response indicates that reward and recognition programs are evaluated via the annual engagement survey, it is not clear if there are systematic and repeatable processes in place at both the system and unit level to refine the reward and recognition programs consistently. Development of such processes may ensure that recognition and reward programs are truly meaningful to staff and may assist in retaining staff.

6. How does the unit select, collect, align and integrate data and information for tracking unit performance? How is key comparative data and information selected?

Strength

The PACU collects performance data based on patient throughput from preoperative to intraoperative to postoperative areas. Frequent patient holds are described from the operating room to the PACU due to limited available beds. While a PACU Hold is the delay in transferring a patient from PACU to the next level of care due to a lack of inpatient bed availability. The collection of these data is important because persistent increased OR/PACU holds have significant effect on hospital's operational efficiency that directly affects overall patient experience and hospital revenue.

Opportunity for Improvement

While the PACU describes that data is collected to evaluate unit performance and workflow to measure operational efficiency, the unit does not describe the systematic and repeatable process in place to select, collect, align, and integrate data and information for tracking unit performance. The unit also does not offer any key comparative data and information whether the comparison is internal such as from area to area, or performance compared to other like units. Facility support in this area is important because the integration of performance data into unit improvement strategies provide a focus for continuous quality improvement.

7. What are the key unit performance measures for patient and clinical outcomes (report results in Category 5)? Patient and family satisfaction (report results in Category 5)?

Strength

Key performance measures for patient and clinical outcomes include PACU holds, first case on time starts (FCOTS), patient falls and bar code medication administration. Patient and family satisfaction is measured via the Ambulatory Surgery Patient Satisfaction Survey (ASPSS) and the Hospital Consumer Assessment of Healthcare Providers System (HCAHPS). Post operative discharge phone calls are another avenue to obtain patient and family feedback. These performance criteria provide an objective way to assess unit performance.

8. How does the unit use the data and information to support unit decision making and process improvement?

Strength

The unit ensures a process for using data and information to support unit decision making and process improvement that includes lean methodology and the problem-solving A3 model. The Unit Council uses these techniques to advise and guide the nursing practice on the unit. This enables the unit to strive for continuous quality improvement and achievement of optimal outcomes.

9. How do unit leaders ensure the performance measurement system can be modified in a timely manner to respond to ongoing changes in organizational or external reporting requirements?

Strength

Using A3 Lean Methodology allows for an ongoing assessment of the identified problem or a newly-implemented process. The unit's Visibility Board contains current data, which allows for ongoing changes in collaboration with the quality improvement subcommittee to identify and promptly address issues.

Opportunity for Improvement

The unit does not describe a systematic and repeatable process for the team to modify the performance measurement system in a timely manner in response to organizational or regulatory mandates. Adjusting the performance measurement system in a timely manner in response to the changing regulatory landscape may support high quality care and optimal outcomes.

10. Additional Comments

Best Practice

None identified.

Appropriate Staffing and Staff Engagement

100 Points Available

Unit's Scoring Range: 55 - 75

1. Describe how staffing needs and the staffing plan are determined for the unit including staffing levels and skill mix based on required skills and competencies. Describe how adjustments to the staffing plan are made during seasonal variances, times of low or high census, or sudden increase in patient acuity.

   Strength

   The unit has a staffing plan to follow practice recommendations from the ASPAN and based on patient classification and number of staff needed. Staffing mix is determined by unit census and patient acuity. Shifts are staggered to accommodate the increase in census that occurs throughout the day. Nurse to patient ratios in recovery range from one nurse to three patients to a one nurse to one patient depending upon the acuity of the patient and the recovery needs. Assignments are based upon matching the needs of the patient with the skillset of the nurse. Unlicensed staff augment the workload of nurses and are also staggered in assignments. Beds are consolidated during the evening hours to accommodate late cases and less staff available. Charge nurses review the schedule a week in advance to perform anticipatory planning of staffing needs. The unit is a closed unit which entails nurse leaders to manage staffing needs. Travelers are used at times to supplement staffing. Leadership support in this area may promote safe, quality patient-centered care.

   Opportunity for Improvement

   Although the staffing plan utilizes travelers and overtime during times of high census, it is not clear if the leaders collaborate with the finance team and senior leaders to develop budgets based on historical occupancies and whether there is an analysis of trends to produce a standardized plan that can forecast staffing needs. This is important because an optimized staffing plan may support resource stewardship as well as staff satisfaction.

2. What are the key measures used to evaluate the effectiveness of staffing decisions (report performance results in Category 5)? How are these measures used to assess staffing and adjust changing staffing needs after a plan is established?

   Strength

   The throughput of the unit and patient safety are the measures used to evaluate of effective staffing. PACU Hold, FCOTS, and Falls prevention are among the performance indicators the unit measures to adjust staffing needs. The unit-based practice council is also instrumental in discussing staffing issues to identify opportunities for improvement. The unit shows commitment to safe staffing contributing to safe patient care.

   Opportunity for Improvement

   While the PACU describes that objective measures to evaluate the staffing decisions include PACU Holds, FOCTS and falls, the unit does not clearly describe the systematic and repeatable processes that are in place to use these measures to adjust changing staffing needs after the staffing plan is established. Additional explanations can help to completely address all of the criteria for this question.

3. Describe the processes to ensure an effective alignment between patient clinical, spiritual and cultural needs and nurse competencies.

   Strength

   The unit fosters an effective alignment of patient clinical, spiritual, and cultural needs with nurse competencies. This is accomplished through completion of annual mandatory cultural competency and empathy training. Additional training in care of the LGBTQ+ patient population is provided. Upon admission to the unit, the religious and cultural needs of the patient is assess to allow for individualization of care. Interpreters and language line is available. The pastoral care and education department provide education frequently and is available to support patients. These systematic processes support an effective alignment of staff qualities with patients' unique needs.

   Opportunity for Improvement

   While unit leaders utilize processes to foster clinical competency of staff through annual mandatory training and other resources to assist in addressing spiritual, cultural, and language needs, it is unclear if the assignment to a specific patient includes consideration of specific cultural, faith, or language needs. Although the quality of physical care may be optimal, there may be opportunities to achieve a higher level of patient satisfaction if staff's sociocultural and language competency is aligned with the patients' background and preference.

4. How does the unit recruit, hire, place and retain staff? Describe how staff nurses and interdisciplinary stakeholders participate in staffing decisions, including planning, recruiting, hiring, orientation, education and evaluation.

Strength

Selection of new talent is a collaborative process between unit leadership and the PCD. The PACU has prepared a pool of nurse preceptors to assist with the onboarding process and follow standards set by the American Society of Peri-Anesthesia Nurses (ASPAN). A robust orientation program is provided and is described in category 4. Evaluation occurs via annual peer review. The Recruitment, Retention, Recognition and Respect Council works to optimize the care environment, reviews healthy work environment opportunities and encourages professional growth as methods to retain staff. Effective onboarding and retention processes facilitate the provision of quality care by experienced and committed staff, supporting optimal outcomes and fiscal integrity.

Opportunity for Improvement

While PACU reports collaborating with the talent acquisition department and using a rigorous screening process to recruit new talent, this process is not described. There is also no discussion provided describing the role and participation of other key stakeholders in the hiring, orientation, and acculturation of new hires. Without participation of other key stakeholders in the onboarding of new staff, unit leaders may miss opportunities to foster collaboration and team work among all care givers in the unit.

5. Describe how the unit maintains a safe, secure and supportive work environment.

Strength

The NYP's commitment to providing a safe working environment for its employees is clearly expressed and there is zero tolerance for all types of harassment (sexual, cyber, physical, verbal) violence, or discrimination of any kind in the workplace under any circumstances. There is zero harm reporting in place on the hospital's website. Other multiple initiatives to provide a supportive work environment includes a buddy system, the availability of a resource nurse, a survival guide on how to maintain safe practice, a mentorship program for coaching new staff, "no man left behind" process showcasing teamwork, and maintenance of a non-punitive environment. These processes enable the unit and facility to promote safe, quality, patient-centered care and maintain a healthy environment for the staff.

Opportunity for Improvement

While the PACU describes processes in place to address horizontal violence, it is not clear if the healthcare system has systematic and repeatable processes in place to address violence perpetrated by patients and visitors or interventions in place to address environmental hazards in the workplace. Facility support in this area may ensure the work environment remains safe, secure and supportive which may assist with staff retention.

6. Describe the formal and/or informal methods and key measures to determine staff safety and satisfaction (report results in Category 5).

Strength

The unit determines staff safety and satisfaction through formal methods that include the Gallup and Pulse Surveys. Specific areas are provided for staff to complete the surveys to ensure robust data. Informal methods of measurement include maintenance of open communication with the charge nurses and solicitation of feedback during daily huddles. These approaches provide an opportunity for staff to obtain feedback to support and maintain a healthy work environment that allows leadership to identify gaps and develop interventions.

7. Additional Comments

Best Practice

None identified.

Effective Communication, Knowledge Management, Learning and Development

100 Points Available

Unit's Scoring Range: 55 - 75

1. Describe how all staff and interdisciplinary stakeholders become skilled in effective communication and collaboration.

   Strength

   Your response indicates staff and key stakeholders become skilled in effective communication and collaboration during formal and informal classes offered by NYP. Formal communication classes include the charge nurse and preceptor workshops. Informal learning occurs via completion of learning modules in the learning center and include topics such as customer service communication, hybrid team communication, and interpersonal communication pathway. Leadership mandates that staff complete courses related to care of patients of the LGBTQ+ community. A self-evaluation is completed initially and every PACU employee meets with the PCD/CNM discuss strengths and areas of improvement in these categories. Nurses in leadership positions attend director development program offered by NYP to improve communication, collaboration, and leadership skills. Communication is evaluated via the annual employee evaluation. These processes may help foster true collaboration and promote skilled communication.

   Opportunity for Improvement

   While your response indicates that staff are counseled when communication style is less than effective, it is not clear if there are standardized methods to provide staff consistent feedback or a mechanism to evaluate the programs attended by the staff. This is important because providing consistent feedback to staff and staff evaluation of programs may identify areas of opportunity to improve the interdisciplinary stakeholders communication and collaboration which may support improved patient outcomes.

2. Describe how all staff and key stakeholders effectively communicate and collaborate for optimal patient care.

   Strength

   Effective communication and collaboration occurs through a variety of methods. Team huddles occur at the onset of each shift to review patient, staff, and unit needs. The unit utilizes the MEESS method to facilitate communication identifying methods or flow processes, the environment, equipment, supplies and staffing. The KeepSafe reporting system is used to communicate near-miss events, safety concerns, and errors. Root Cause Analysis methodology maybe used to evaluate the KeepSafe reports. To communicate to inpatient units, a standardized tool, (SBAR) Background, Assessment, Recommendation (SBAR) is used. This approach fosters open communication and true collaboration which promotes safe, quality patient-centered care.

   Opportunity for Improvement

   While the unit describes how all staff and key stakeholders communicate effectively, it is not clear if there are methodologies used to evaluate staff satisfaction with these approaches. Implementation of such evaluation process may ensure open communication and true collaboration within and outside the unit leading to patient safety and improved staff satisfaction.

3. Describe how the unit ensures effective processes and systems for patient transfer to and from your unit. What formal and/or informal methods and measures are used to determine the satisfaction of these interactions?

   Strength

   Patient transfer to and from the PACU is facilitated by the electronic health record secure chat messaging system. This system coordinates communication between staff and care teams as it generates push notifications to the recipient's device and can be seen in the electronic health record hyperspace or handheld mobile device. Furthermore, the process of handoff from operating room to the PACU is triggered by the electronic health record system once the surgical procedure is completed. Admission notes and orders are attached to the electronic chart for nurses to acknowledge. Verbal handoff will be given by the surgical team, then the anesthesia team, respectively to the PACU staff. The PACU uses standardized, objective criteria to determine readiness for discharge or transfer. Upon transfer to inpatient units, the PACU uses a standardized tool, SBAR, to provide report. Discharge instructions are provided to patients as well as written instructions through a QR code for patients to review. During change of shift, interdisciplinary rounds are conducted between the charge nurses and attending anesthesiologist. Effective and accurate communication surrounding the transfer of care promotes safety and continuity in care delivery that addresses the needs of the patient and family, supporting quality outcomes.

   Opportunity for Improvement

Although the unit provides a description of the process for patient transfer from the operating room to the PACU and PACU to the inpatient unit, there is no description of a systematic and repeatable evaluation process for these patient movement from unit to unit. Development of such processes could help identify gaps in practice or opportunities for improvement ensuring safe patient hand off.

4. How does the unit identify and resolve care-related ethical issues? Other issues that create moral distress for staff? How is learning from these issues shared?

Strength

Any member of the hospital staff, patient, or patient representative may request an ethics consultation. The consultant meets the patient, interviews the family, discusses the case with the clinical team, and writes a consultation note. The Ethics Committee addresses ethical issues regarding patient care, ethics education for physicians, nurses, and all members of the healthcare team, and assists with formulating policies and procedures related to medical ethics. Processes for these scenarios may be initiated in the PACU; however, are typically completed in the in-patient units. A particular issue the PACU staff struggles with, is with a "DNR" order for the surgical/procedural patient. During these instances, team collaboration with the patient and family happens. To support staff during/after a code, a post code debriefing is done so that everyone of the caregivers can participate in the discussion. During the height of the COVID-19 pandemic, PACU became an ICU overflow unit. PACU staff had to re-learn ICU skills and nursing care not native to PACU routines. Management support came by way of re-education, meals, and lodging for those who did not want their families exposed to the virus. Providing compassionate support for staff reflects a commitment to a healthy work environment that may contribute to staff retention.

Opportunity for Improvement

While the unit describes a process for post-code debriefing, the PACU does not describe systematic and repeatable processes in place to allow learning from these events to be shared globally. Implementation of such learning processes may foster staff engagement and enhance staff learning.

5. Describe how the unit addresses and eliminates abusive or disrespectful behavior. Include the role of unit leaders, staff and other key stakeholders in your response.

Strength

The PACU has a zero-tolerance policy regarding abusive or disrespectful behavior. A single violation of abusive and disrespectful behavior is addressed by the PCD and the involved party. The staff involved will receive a corrective plan that is implemented immediately. If the plan is ineffective, the nurses' union (NYNSA) and Human Resources can be involved, resulting in suspension and corrective action, including employment termination. All staff must complete an annual mandatory training course online to comply with the hospital's employment requirements. Specific examples are Maintaining a Harassment-free Workplace, De-escalating Aggressive Behavior, and Mitigating Unconscious Bias. These approaches promote a safe working environment.

Opportunity for Improvement

Although the unit provides a robust discussion on how the unit prevents abusive or disrespectful behavior from colleagues and how staff are mandated to complete annual training, it is not clear if there is systematic process in place to address abusive or disrespectful behavior instigated by patients and families. Nor is it clear if there are consequences to the patients and families who do not adhere to the zero tolerance policy. Consistent support for a zero-tolerance environment that is inclusive of the patient and families may demonstrate mutual respect and promote a healthy work environment.

6. Describe how all staff members (including new staff, float pool nurses, contract staff and temporarily assigned staff) are oriented and competent to provide safe care to patients to whom they are assigned. Include how feedback from orientees is incorporated into the orientation process and how orientation plans are tailored to meet individual needs.

Strength

All staff members onboarding attend the general hospital orientation for one week except in-house staff, and then to their respective disciplines. In collaboration with the unit educator, nursing professional development department, PCD, and unit council, new hires go through an individualized orientation process. The orientation schedule provides a critical care course, clinical rotation to various areas covered by the PACU department and intensive care unit. Upon successful completion of the orientation process, new hires who are new to NYNSA Union will remain on probation for six months. These systematic processes ensure growth and development of new staff.

Opportunity for Improvement

The PACU does not elaborate on their orientation process, does not discuss schedules, preceptorship, or how orientees give feedback to address areas of need and development. There is also no indication given as to what the other healthcare team members contribute to the onboarding and staff development of new hires. Without a comprehensive orientation program in place, unit leaders may miss opportunities to provide adequate training and education to prepare new hires to safely care for the PACU patient and ensure their safety and comfort.

7. Describe the unit's learning and development structure, including how learning needs are identified and validated by individual staff members and unit leaders; how learning and development needs translate into action; and how new knowledge and skills are reinforced on the job. Discuss how this structure supports skill competency and professional growth and development.

Strength

The unit demonstrates that ongoing learning is supported through completion of annual training via the learning management system. A learning needs assessment is completed via Survey Monkey and the top-five topics are chosen for competency days. These skills typically are low volume, high risk and are validated by instructors. Ongoing education is offered by the NPDD through classroom or e-learning. Professional development is encouraged through support for processional certification and progression on the clinical ladder. Financial support is provided for 23-hours of annual external education. These processes support advance clinical knowledge to enhance optimal patient care outcomes.

Opportunity for Improvement

While the process for supporting staff educational needs is clear, there is no description of the approach that includes assessment of staff preferences for learning methodologies and satisfaction with the way educational content is presented. Identification of preferred methods of learning may facilitate the acquisition, retention, and application of knowledge, supporting quality care delivery and staff satisfaction.

The unit does not provide evidence of how new learning is incorporated in the daily care of the PACU patient. Thee is no evidence that new knowledge and skills are reinforced on the job. Without a noticeable change in procedure and practice based on new learning, it is difficult to conclude that nursing care in this unit uses new learning to improve care.

8. Describe how the objective evaluation of the results of patient care decisions, including delayed decisions and indecision, is accomplished. How is this information shared for unit-wide learning and continuous improvement?

Strength

Every week, the PCD meets with surgical service lines to evaluate and discuss outstanding issues on both sides (Nursing and Medicine) and results of discussions are disseminated in daily huddles and monthly meetings. In cases of delayed decisions or indecisions such as DNR status, the PACU consults with the Patient Services Administration (PSA)/Administrator On Call (AOC) for final resolution. The approach facilitates a response to situations that impede the achievement of quality care outcomes.

Opportunity for Improvement

While the unit describes that unusual issues are discussed at huddles and in staff meetings and consultation with the Patient Services Administration (PSA) or administrator on Call (AOC), the PACU does not clearly describe a systematic and repeatable process in place that allows for the objective evaluation of the results of patient care decisions including delayed decisions and indecision. Implementation of such a process may encourage active engagement of staff in the targeted improvement and may ensure accountability at the bedside.

9. Additional Comments

Best Practice

None identified.

Evidence-Based Practice and Processes

200 Points Available

Unit's Scoring Range: 55 - 75

1. Describe how the unit ensures that policies, procedures and protocols in the unit are current, relevant and based on nationally recognized evidence, standards and best practices. The unit should include the sources of evidence employed.

   Strength

   The Institute of Nursing Excellence and Innovation (INEI) develops and supports programs integral to the advancement of nursing practice across the NYP enterprise. Through the initiatives of the Institute, professional nursing practice is defined, supported, and knowledge regarding nursing practice and related issues is disseminated to the teams. The unit council performs regular review and disseminates the changes in practice and policies as apprised by INEI. The approach reflects a commitment to evidence-based learning and the reduction of patient harm.

   Opportunity for Improvement

   While the unit describes the Nursing Excellence and Innovation (INEI) develops and supports programs integral to the advancement of nursing practice and that the INEI continually updates staff with the changes in policies and procedures. However, the PACU does not clearly describe the systematic and repeatable process that have been implemented to ensure that policies, procedures and protocols in the unit are current, relevant and based on nationally recognized evidence. Sources of evidence utilized are not provided. Facility support in this area may help ensure that the unit practice reflects current evidence-based interventions which may provide the means to achieve quality patient outcomes.

2. Describe how a culture of inquiry is fostered within the unit. In the answer include:
   a. How unit staff stays current with the latest advances to support clinical practice.

      Strength

      The unit stays current with the latest advances to support clinical practice in a variety of ways. Staff are encourage to obtain specialty certification and maintain membership with the specialty organization. NYP provides 23-hours of paid time to attend continuing education outside the facility and are encouraged to share this information with colleagues at the weekly huddle. Attending surgeons provide short lectures on new procedures. The clinical ladder provides a platform that allows bedside staff to develop performance projects. Facility support of a culture of inquiry ensures that clinical practice is rooted in current evidence.

   b. How new knowledge is translated from evidence-based research into bedside/unit practice.

      Opportunity for Improvement

      Although the PACU describes that the clinical ladder provides a platform supporting the investigation and development of performance improvement projects that are shared during skills days, disseminated via electronic mail and presentations. The unit does not fully describe the systematic and repeatable methodology in place to translate new knowledge discovered in the literature or research into evidence based practice at the unit/bedside. Leadership support in development of such a systematic and repeatable process may promote staff engagement in examining current practice and potential opportunities for improvement, demonstrating professionalism through collaboration and decision making.

   c. How new knowledge is shared with others.

      Strength

      Your response indicates that new knowledge is shared with others through one on one education and sign off, poster presentations during skills day, electronic mail, and posting presentations in the unit. This is important because dissemination of new knowledge and skills may increase the implementation of new nursing practices and foster safe patient practice.

      Opportunity for Improvement

      The unit does not discuss or show evidence that new knowledge and skills are translated into day to day nursing care. Without implementation of new evidence-based practice, unit leaders and staff may miss opportunities to provide up to date and evidence-based care to the PACU patient.

3. Describe how the unit ensures safe medication practices and the reporting mechanisms to evaluate compliance. (Report results for errors and medication reconciliation in Category 5.)

   Strength

Safe medication practice is completed using the Mobile Heartbeat (MHB), a hand-held device that uses the electronic health record Rover platform for scanning barcodes of the medication. Use of the scanning device ensures a medication is correctly ordered, and verification is completed by the pharmacy including any potential contraindications (allergies, critical lab results, etc.) or interactions with other medications. Near misses and medication errors are reported through the KeepSafe system where information goes to a committee that reviews and analyzes the data collected, determines patterns, and common occurrences. This information is then shared by the PCD with the PACU staff during meetings and daily huddles as a learning experience. The staff's BCMA compliance is tracked and evaluated monthly. The multi-pronged approach promotes an environment of safety surrounding medication therapy, helping to avoid preventable adverse effects which may impede optimal outcomes.

4. Describe how the unit ensures consistent pain management of all patients. Include in the response:
   a. What pain management or measurement tools are used?

      Strength

      The unit fosters processes to support consistent pain management that includes the use of validated tools such as the Numeric pain scale, Faces pain scale and Critical Care Pain-Observation Tool (CPOT). Pain is assessed every 15 minutes and the staff factor in patient's clinical condition, history and co-morbidities. If needed, the PACU nurse can consult the Pain Service for the unit, which is compromised of anesthesia residents and nurse practitioners. These approaches foster patient comfort which may support patient satisfaction.

   b. How does the unit ensure pain scale inter-rater reliability among care givers.

      Strength

      To ensure quality, standards, and consistency, PACU selects a specific number of charts randomly each month to be audited for pain assessment and reassessment. The result is compiled and analyzed to identify areas for improvement and adherence of staff in assessment and reassessment.

      Opportunity for Improvement

      Although the unit utilizes pain scales that have documented validity and reliability, it is not clear if there is a systematic and repeatable process in place to ensure inter-rater reliability among care givers when these scales are utilized. It is also not clear if bedside report and transfer of care processes include assessment between caregivers addressing the patients' pain and what pain interventions were effective. Joint pain assessments may help ensure consistency in pain management and possibly alleviate pain anxiety by providing reassurance that pain will be continued to be managed, supporting a quality care experience.

5. Describe how evidence-based design features and effects of the physical environment promote healing and improve patient outcomes and satisfaction.

   Strength

   The unit incorporates a physical environment that promotes healing and improved patient outcomes that include interventions to reduce noise such as placing phones on vibrate, adjusting alarm volumes, and limits to overhead pages. Post operative patients are provided with food choices for nutrition needs. Patient Navigators stay connected with the patient's family during the interoperative phase to provide updates. Service recovery is provided when necessary. The facility support with implementation of these approaches may contribute to patient and family satisfaction.

6. Describe how the unit incorporates perspectives of patients and their families into patient care decisions.

   Strength

   During the preoperative process, the patient and their families can come during the admission process in the preoperative area. The surgical team and anesthesia team will talk to the patient and family allowing them the opportunity to ask and answer questions, and clarify information in real time, thereby allowing patients and family to solidify their decisions about their procedure and care. During the recovery phase in the postoperative area, the nurse will update the family, and the patient is encouraged to use their phone to call family members. Teach-back processes are used to make sure that instructions were understood before discharge. Feedback is solicited from patients and families to identify care deficiencies for the unit to identify opportunities for improvement.

   Opportunity for Improvement

   Although the PACU provides the patient and family an opportunity to ask questions prior to surgery and receive post op teaching, it is unclear how team members assess and address health care literacy. Team members may overlook opportunities to achieve and sustain successful discharge and follow through post op care if the education processes do not adequately address and assess patient comprehension of the material or their ability to consistently comply with the post-discharge treatment regimen.

7. Describe how the unit provides palliative and end-of-life care to patients and their families. In the response include the mechanisms available to support staff in this process.

Strength

Palliative and end-of-life services are very uncommon in PACU and rarely needed as the patient stays for a brief period. However, the PACU provides comprehensive Palliative Care Services to all patients. The PACU uses the Palliative Care Service (PCS) that consists of Attending Physicians, Nurse Practitioners, and Social Workers who all have Advanced Certified Hospice and Palliative certification. Any patient and/or family that need this service while in PACU is referred to and consulted with the PCS team, in addition, PACU staff can reach out to the administrator on-call, and refer to policy and procedures for guidance and decision. This approach supports a comprehensive provision of care in a unit not familiar with this aspect of care.

8. Additional Comments

Best Practice

None identified.

Outcome Measurement

450 Points Available

Unit's Scoring Range: 55 - 75

1. Summarize the unit's key staffing effectiveness, staff safety and staff satisfaction results. What are the current levels and trends in key measures of:
   a. Staffing effectiveness?

      Strength

      The PACU provides monthly data from July 2021 through February 2023 related to First Case On Time Start (FCOTS) as a measure of staffing effectiveness. This data demonstrates that the number of nurses ensuring on-time starts, which contributes to the effectiveness of the unit, have met the need. It appears from this data that interventions to ensure adequate staffing have been effective.

      The number of patient falls can be attributed to staffing effectiveness. A proper staffing ratio can ensure patient safety as staff provides more attention to each patient. Assessment in PACU is important to determine who is at risk and provide effective measures to prevent patient falls. The number of patient falls from 2020 to the first quarter of 2023 has decreased. This is evidence of the conscious and vigilant attention of staff to patient safety measures.

   b. Staff safety?

      Strength

      The hospital has initiated a zero harm policy and zero harm reporting system where it seeks to eliminate all preventable employee injuries. Some examples of preventable employee harm are needle sticks, exposure to blood and secretions, injuries sustained by care providers during moving/lifting patients, and workplace violence associated with patients and families. The hospital has a dedicated task force to understand the root causes of preventable employee harm and develop processes to protect staff. The question of "Is there any staff harm?" is included in everyday huddles. There is no staff harm reported to date. These approaches facilitate processes promoting a safe work environment through injury prevention.

      Opportunity for Improvement

      The unit describes the hospital has initiated a zero harm policy and zero harm reporting system and there is no staff harm reported. However, the unit does not provide a reporting time frame. Without at least points of data for reference, it is difficult to determine if the unit is meeting the intent of the standard.

   c. Staff satisfaction?

      Strength

      The Gallup Employee Engagement Survey measures employee engagement in the workplace across several dimensions. It poses questions regarding overall job satisfaction, recognition, and relationships with senior management, and ranks each response on a scale of 1-5. As a result of the less than optimal survey data, unit leaders and staff agreed to develop an action plan to improve staff engagement. Part of the plan includes initiatives to re-educate staff on appropriate clinical techniques and protocols. Acknowledging opportunities for practice improvement demonstrates the unit's commitment to outstanding work.

      To address staff perceptions regarding a punitive work environment, the PACU has implemented huddle education sessions for discussing staff errors. During these sessions, nurses are allowed to openly discuss their errors to educate other staff and avoid similar errors in the future. During these education sessions, the nurse would highlight the error, why it occurred, and the corrective action. As a result, all staff members can learn from the event.

      Comparing the data for 2021 and 2022 with two years or below work experience, the turnover rate was above the hospital benchmarks. It was identified during the exit interview that the reasons for leaving the unit were more monetary compensation in another facility and better job opportunities and monetary compensation as a traveler RN, or the staff member obtained a higher degree and moved for career advancement. To mitigate these resignations, the hospital increased their retention incentives while the union negotiated for increase in salary and benefits.

      Opportunity for Improvement

      The PACU reports participating in the Gallup Employee Engagement Survey as a measure of employee engagement. The unit provides data from 2022 as a measure of staff satisfaction. Without three points of data collected, it is difficult to confirm a valid trend to identify if interventions have been effective. Trend data is important to validate current success or identify areas of focus. Comparison data is essential to identify if performance improvement is needed at the unit or organizational level.

   d. How do these results compare with the performance of similar units?

Strength

The PACU shows favorable trends for staffing effectiveness and staff safety compared to national benchmarks.

2. What are the unit's current levels and trends in key measures of patient and family satisfaction?

Strength

The Ambulatory Surgery Survey collects information about patients' experiences of care in outpatient and ambulatory surgery. The survey includes questions about their experiences regarding procedure, admission process, facility cleanliness, communication between staff and patients, discharge process, and discharge instructions. Annually, the hospital assesses the questions and reevaluates the focus. From the data presented, PACU has met the hospital target in Q1 in 2022 and and Q2 in 2021, and was above the hospital target in Q2 in 2022.

THE HCAPS scores presented by the PACU for 2020 shows the unit has met national benchmarks in 5 out of 10 categories of performance. In 2021, PACU data shows that the unit has outperformed the national benchmark in 8 out of 10 categories of performance. This is a positive change in the direction of improving care perceptions by patients and families.

Opportunity for Improvement

The unit provides monthly data from January through April 2023 related to patient satisfaction. This data compares negatively to the 2023 target in both questions. Continued tracking and trending may assist the unit in determining if interventions to impact patient satisfaction have been successful.

The unit provides patient satisfaction survey data from 2021 and 2022 related to two questions. Although scores increased from 2021 to 2022, without three points of data trends collected, consistent unit performance cannot be evaluated. No comparison data is present for evaluation. Trend data is important to validate current success or identify areas of focus. Comparison data is essential to identify if performance improvement is needed at the unit or organizational level.

The PACU provides 2020 and 2021 data from the HCAHPS scorecard related to patient satisfaction. Although this data compares favorably from 2020 to 2021, without three points of data trends cannot be evaluated. No comparison data is present for evaluation. Trend data is important to validate current success or identify areas of focus. Comparison data is essential to identify if performance improvement is needed at the unit or organizational level.

3. Summarize the unit's key patient safety and clinical outcomes results. What are the current levels and trends in key measures of:

a. Medication safety?

Strength

NYP strives for 90 percent success in BCMA scanning. The graph presented shows a positive trajectory of barcode medication scanning in the unit from the months of August to December resulting in a score of 95 percent which aligns with the Leapfrog benchmark of 95 percent. This supports patient safety in medication administration.

Opportunity for Improvement

Although the unit provides information indicating compliance with the use of bar code technology in administering medications, other indicators of safe medication practice is not clear. Dual verification of high risk medications, correct infusion through pump programming, and appropriate use of pump libraries are some approaches this PACU may initiate to ensure safe medication administration. Data depicting the number of medication errors and near miss events is unavailable for review. Monitoring deviations from standards may facilitate the identification of barriers to safe and effective care delivery as a means to improve processes essential to the achievement of optimal patient care outcomes.

b. Hospital-acquired conditions?

Strength

The unit provides data related to patient falls from 2020, 2021, 2022 and 2023. This data compares favorably to the national benchmark. It appears from this data that interventions to prevent falls, such as utilization of the Morse Scale to assess risk, have been successful at preventing falls.

The PACU provides data related to PACU/OR Hold times for each month for 2021 and 2022. It appears from this data, PACU/OR Hold times have declined significantly over the timeframe reported. It appears from this data that interventions to decrease this metric such as decreasing length of stay to match national benchmarks have been successful.

c. Serious reportable events?

Strength

The unit reports zero serious reportable events attributable to the unit. It appears from this data that interventions to prevent serious reportable events have been successful.

d. How do these results compare with the performance of similar units?

Strength

The PACU shows favorable trends for several areas in this category.

Opportunity for Improvement

For the most part, this unit compares performance within the unit, from month to month, or year to year. Benchmarks or comparisons, either nationally or regionally to other PACUs are inconsistent or non-existent in most cases. It is therefore difficult to conclude that this unit is outperforming or underperforming compared to other likes units.

4. Additional Comments

Best Practice

None identified.

Process Evaluation Factor Score Summary for Categories 1 Through 4

Scoring Band	0 - 25%	30 - 50%	55 - 75%	80 - 100%
Approach How your unit addresses the various factors and/or situations	**No systematic approach** is evident, although there may be some anecdotal evidence.	The **beginning of a systematic approach** to formal policies, procedures and/or processes is evident.	An **effective, systematic approach** is evident, although there may be **gaps in some areas.** May include basic or surveillance approaches.	An **effective, systematic approach,** with **no gaps** evident.
Application How you implement the approach you described.	The approach is in the **early stages** of application in most components. This may represent little or no application of a systematic approach.	The approach is applied to **some** components and/or in the early stages of others. Some gaps or weaknesses may be evident.	The approach is well applied to **most** components, although some gaps may be evident.	The approach is **fully** applied without significant weaknesses or gaps in any components.
Learning How you evaluate your approach and application along with how the information from the evaluation is used	The unit is in the early stages of a transition from reacting to problems to a **general improvement orientation.**	The unit is **beginning a systematic approach** to evaluation of and improvement in key processes.	This unit uses a **fact-based, systematic evaluation and improvement process** and **some** evidence-based approaches, subject matter experts and/ or benchmarks.	This unit uses **fact-based, systematic evaluation and improvement strategies**. Tools, refinements and innovations are backed by analysis and sharing, and are evident throughout the 24/7 operations.

The over all score is NOT intended to be a numerical average of the elements above; reviewers select the range and score that is MOST descriptive of the unit's achievement level for each item.

Category 1: Leadership Structures & Systems - total 150 points
Category 2: Appropriate Staffing & Staff Engagement - total 100 points
Category 3: Effective Communication, Knowledge Management, Learning and Development - total 100 points
Category 4: Evidence-Based Practice & Processes - total 200 points

Rev. 8/2013

Results Evaluation Factor Score Summary for Category 5

Scoring Band	0 - 25%	30 - 50%	55 - 75%	80 - 100%
Levels Your current performance in outcome measures that reflect not only your patient population but also the processes described in the first four categories	**Few or no** performance results or **poor performance levels** in areas reported.	Some performance results are reported, and early good performance levels are evident in a few areas. Performance results are reported for many to most areas, and good performance levels are evident in most areas of relevance to the practice setting Performance	Performance results are reported for **many to most areas,** and **good performance levels** are evident in **most** areas of relevance to the practice setting.	Performance results are reported for **all areas,** and **good to excellent performance levels** are reported in **most areas of relevance** to the practice setting.
Trends The direction and rate of change for a unit's results in each outcome measure reported	Trend data either are **not reported** or show mainly **adverse trends.**	**Some** trend data are reported, and the **majority** of the trends presented are **favorable.**	Trend data is reported for **many to most** areas of importance or relevance to the practice setting, **representative of the population served,** and the **majority** of the trends presented are **favorable.**	Trend data is reported for all areas of importance or relevance to the practice setting, representative of the population served. **Favorable** trends have been **sustained over time.**
Comparisons The data points used to evaluate a unit's performance against similar external outcomes in each outcome measure reported	**Little or no** comparative information is reported. If comparative information is reported, unit's results are **not at national minimum requirements.**	**Some** current performance measures have been evaluated against relevant comparisons, benchmarks, national measurement criteria or national nursing-sensitive outcome indicators and show **areas of good relative performance.**	**Many to most** current performance measures have been evaluated against relevant comparisons, benchmarks, national measurement criteria or national nursing sensitive outcome indicators and show **areas of very good performance.** There may be evidence of achieving **better than benchmark results** in some areas.	Evidence of **industry and benchmark leadership** is demonstrated in **many** areas.

The overall score is NOT intended to be a numerical average of the elements above; reviewers select the range and score that is MOST descriptive of the unit's achievement level for each item.

Category 5: Outcome Measurement - total 450 points

Rev. 8/2013

PROGRAM

December 11, 2023
BEACON AWARD CEREMONY
Riverview Terrace
8:00AM - 8:30AM

OPENING REMARKS

Ellie Jun, DNP, RN, CCRN
Patient Care Director
Perioperative Services Perianesthesia Unit

PACU JOURNEY TO BEACON

Marjorie Aquende, BSN, RN, CCRN
Gilbert De Soto, MSN, RN, CCRN

BEACON COMMITTEE

Mary Beth Costello, MS, FNP-BC, CPAN, CAPA, NEA-BC
Elizabeth Chacko, MS, RN, CPAN
Margaret Lynch, MSN, RN, CAPA
Azenith Ramos, BSN, RN, CPAN
John Sloan, BSN, RN
Amber Trakul, BSN, RN, CCRN

PACU LEADERSHIP REMARKS

Anil Lalwani, MD
Tricia Brentjens, MD
Kerri Hensler, DNP, MPA, RN, CNOR, NEA-BC

CLOSING REMARKS

Lystra M. Swift, DNP, RN, CNOR
Bernadette Khan DNP, RN, NEA-BC

Journey to Beacon

Perianesthesia Care Unit

PACU Beacon committee

12.11.2023

AACN BEACON AWARD FOR EXCELLENCE

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

NewYork-Presbyterian
Columbia University
Irving Medical Center

What is the Beacon Award?

High quality of care

- Exceed quality standards based on excellence indicators

Evidence based practice

- Follow evidence-based practices to improve patient and family outcomes

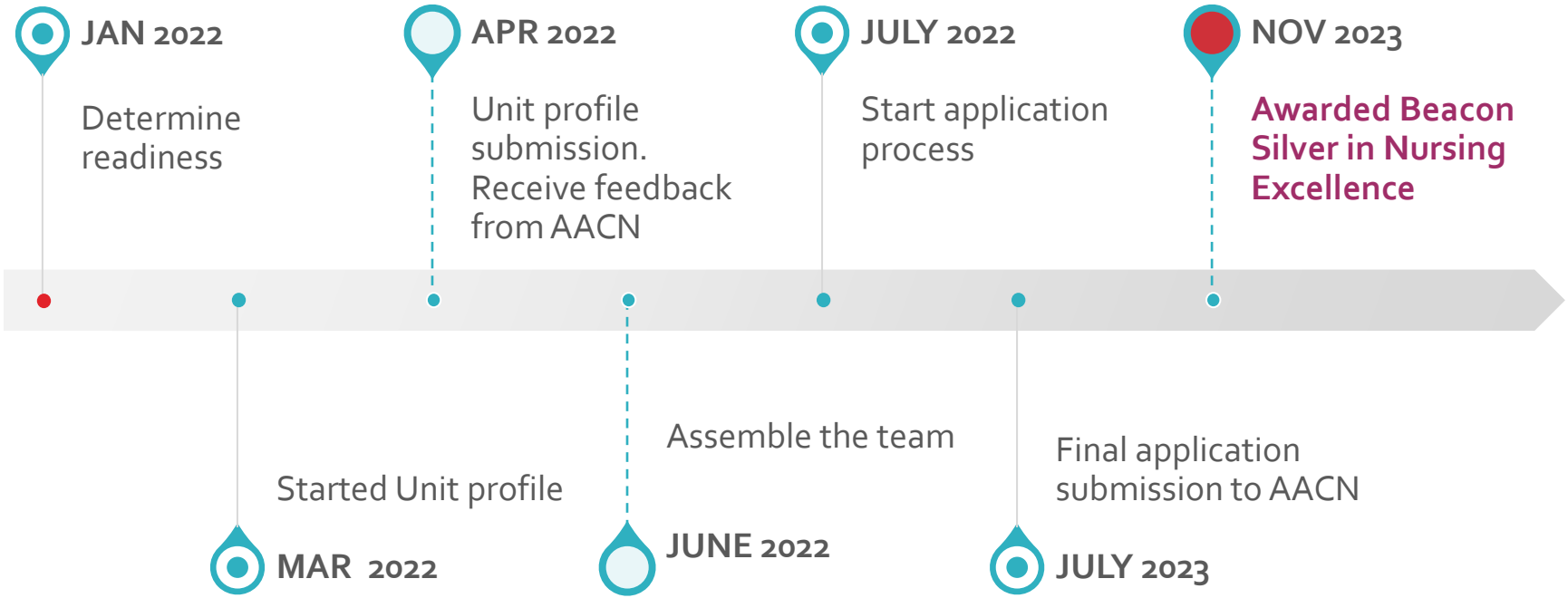
Excellent professional practice

- Demonstrate excellence in professional practice, patient care, and patient outcomes

Healthy work environment

- A positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.

Journey to Beacon Award for Nursing Excellence



We are a Beacon team!

- **The 1st Beacon awarded PACU in New York City**
- **13 PACUs in the US have earned Beacon award**
- **7 in New York State**

Our Journey to Beacon

2022- 2023

Our Journey to Beacon

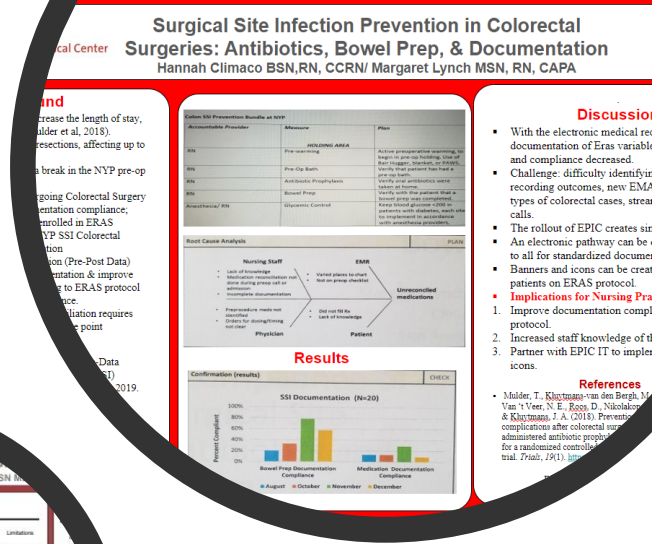
2022- 2023

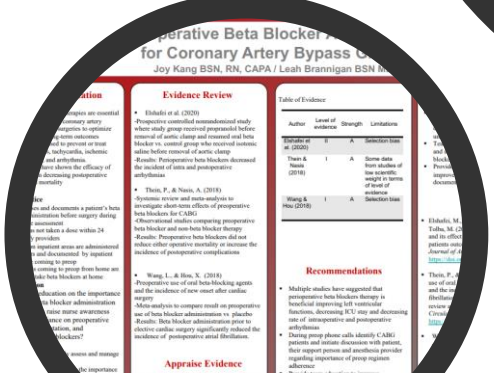
Our Journey to Beacon

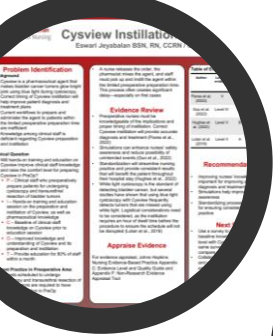
2022- 2023

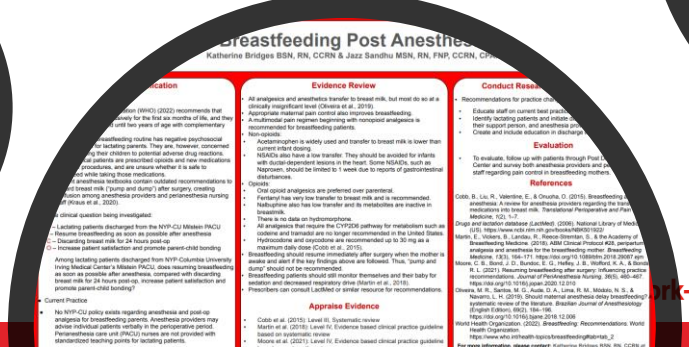
Quality improvement and shared best practice

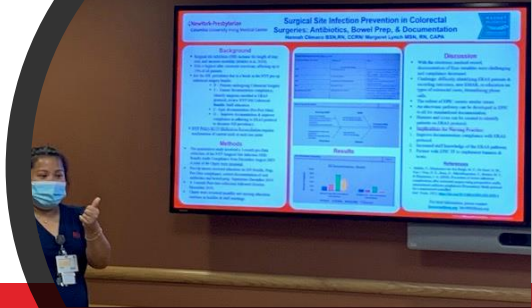
- Team led quality improvement project and evidence-based practice
- Nurse's week and Annual nursing grand round poster presentation











Spotlight on Quality and Patient Safety

Quality Improvement in Nursing Practice: Navigating Out of the OR/PACU Hold

By Marjorie M. Aquende, BSN, RN, CCRN, Clinical Nurse III
NewYork-Presbyterian/Columbia University Irving Medical Center

Marjorie M. Aquende, BSN, RN, CCRN

Efficient flow is a top priority for perioperative services. Perioperative Services in the Milstein Hospital Building faced a huge challenge of frequent flow bottlenecks from the operating room (OR) to the post-anesthesia care unit (PACU) described as OR hold or PACU hold.

An OR hold is the inability to assign a patient to an available PACU bay, while a PACU hold is the delay in transferring a patient from the PACU to the next level of care due to lack of bed availability. Increased OR and PACU hold times have significant effects on the hospital's operational efficiency, including delayed case start times, case cancellations, poor staff satisfaction and patient experience, and decreased revenue.

In the first quarter of 2021, the average OR hold time in Milstein's PACU was 7,690 minutes (128 hours) per month. This is equivalent to 40 procedures with a

Our analysis yielded a multitude of factors contributing to the holds, which we grouped into four categories: human – how the team practices; roles – how inter-disciplinary teams contribute to the flow; process – hospital policies/standards of care; and materials – resources needed to complete the work.

In developing solutions and strategies to reduce hold times, we tapped hospital initiatives that were already in place. This included bringing the information to leadership huddles at which the patient care director presents the PACU status and anticipated bed needs for the day. Additionally, we identified the simplest (quick hits) problems, such as supplies/equipment and use of technology, for immediate resolution. Supported by evidence-based practice and research, we advocated for shortened length-of-stay for some procedures such as laparoscopic sleeve gastrectomy, thyroidectomy, and orthopedic procedures performed under spinal anesthesia.

Collaborations with the Patient Placement Operations Center and anesthesiology leadership were also key.

Improving Compliance with Perioperative Beta Blocker Use in CABG Surgery

By Leah Brannigan, MBA, BSN, RN, CAPA, Clinical Nurse III, Perianesthesia Care Unit
NewYork-Presbyterian/Columbia University Irving Medical Center

Leah Brannigan, MBA, BSN, RN, CAPA

Generally, beta blockers are used to reduce the heart's workload as they can lower blood pressure and heart rate and improve symptoms of heart failure. In the perioperative setting, beta blockers are used as preventative therapy to reduce the risk of adverse cardiovascular events (e.g., myocardial infarction, cardiac arrest) after surgery for patients undergoing coronary artery bypass graft (CABG) surgery. The *Journal of the American Medical Association* published an extensive meta-analysis and systematic review indicating the effectiveness of administering beta blockers within 24 hours prior to a CABG procedure to reduce risk of morbidity and mortality. However, achieving high compliance rates for administering this medication can be challenging.

In the Perianesthesia Care Unit, we recognized the positive impact of beta blocker administration on patient outcomes and the importance of improving administration compliance. We collaborated with the cardiac surgery team and other multidisciplinary healthcare professionals to create educational materials, implement a standardized SBAR (Situation, Background, Assessment, Recommendation) pre-op phone call and nursing assessment script and checklist, and develop a clear communication pathway for missed doses.

For a month, we provided education through presentations, huddles, and an event review for the unit nurses. Afterward, we conducted weekly chart audits to ensure compliance on beta blocker administration and documentation and shared the audit results with the team.

Another issue we discussed is the workflow pathway for escalation if a patient misses their last dose of beta blocker prior to surgery and how the information should be communicated to the operating room. We created a checklist reminder for SBAR that includes a patient's most recent beta blocker dose – regardless of whether the patient is coming from home, from another inpatient area, or another facility.

As a collaborative effort with the operating room nursing team, we also created a sheet with information on the time/date of the patient's last beta blocker dose that follows the patient to the operating room in order to bridge potential communication gaps when patients are being moved for their procedure.

(continued)

Spotlight on Quality and Patient Safety

Use of Quick Response (QR) Code for Patient Satisfaction Feedback

By Zery Dominguez, BSN, RN, CCRN, Clinical Nurse III, and *John Sloan BSN, RN,* Clinical Nurse I
Perianesthesia Care Unit Patient Experience Committee
NewYork-Presbyterian/Columbia University Irving Medical Center

Zery Dominguez, BSN, RN, CCRN

John Sloan, BSN, RN

The Perianesthesia Care Unit (PACU) Patient Experience Committee relies on patient feedback to identify opportunities to improve the patient experience. For many years, patient comment cards were distributed to post-surgical patients with the purpose of gathering first-hand information about the care they received. These cards were a useful tool in determining the unit's strengths and weaknesses, but they had some limitations. Cards had to be completed while the patient was still in the unit, and not every patient was disposed to respond while recovering.

At the beginning of 2022, the PACU Patient Experience Committee worked with Maria Colon, Program Manager, Patient Experience, to initiate the use of QR codes to gather patient feedback. All the questions were discussed and customized for the unit's needs. By scanning the QR code with a smartphone, the patient is directed to five yes or no questions that address several aspects of PACU nursing care: comfort, postoperative

A survey flyer is distributed to all patients as part of their discharge instruction packet. In addition to the flyer, we created "smart links" with the Epic "notify family" tool, which allows the survey link to be texted to a patient's cellphone and ensures the patient can still participate in the survey even if they misplace the survey information flyer. Survey responses are sent to the campus patient experience program's central database, and then shared with the PACU's Patient Experience Committee for review and analysis. Areas that need improvement are optimized to support a satisfactory patient and family experience.

Issues identified in the surveys included noise level, promptness of care, attention to emotional and spiritual needs, and environmental readiness. This feedback helped the unit revamp care and services and give due recognition to staff who made a lasting impression on patients. Every Monday, the Patient Experience Committee updates the PACU team on ongoing projects, delivers reminders, and gathers direct feedback during the morning huddle.

As we continue to solicit patients' honest feedback, we are able to learn and evolve into a unit where patients are treated like family. The PACU staff enjoys a broad range of autonomy that empowers them to make educated decisions in a healthy and collaborative environment with the unit's leadership and the unit council committees. The Patient Experience Committee's efforts have prompted many projects to and resulted in a HCAHPS score.

Nursing Exemplars

NewYork-Presbyterian/Columbia University Irving Medical Center
Embracing Innovative Teaching Strategies: Malignant Hyperthermia Escape Room

By Madison Allen, BSN, RN, CCRN and Ella Jun, BSN, RN, CCRN

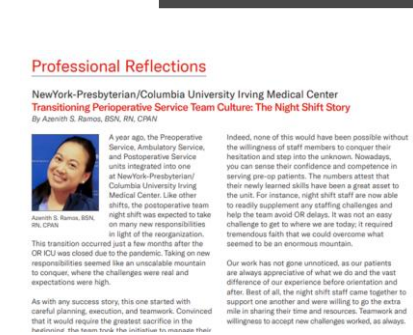
Madison Allen, BSN, RN, CCRN

The room] in a limited amount of time. Utilizing the escape room concept, the Education Committee curated a game called Malignant Hyperthermia Express Escape Room. The game had a subway theme with the goal of reaching the destination (i.e., escape) by solving a sequence of four locks. Each team consisting of two or three nurses was given a MetroCard questionnaire prior to starting the game. There were four questions to solve the four-digit lock, which opened the initial box, then a series of questions to solve the next lock. Teams successfully escaped after opening all four locks. Each box contained questions pertaining to a different subject related to malignant hyperthermia: background/incidence, clinical presentation, medical management, and follow-up.

Assessment/Diagnosis

The Joint Commission and American Society of Perianesthesia Nurses (ASPAN) advise peri-operative registered nurses to annually review practices related to malignant hyperthermia. This includes both an online learning module, as well as a drill and demonstration. Reading materials and in-services satisfy this standard.

Mary Beth Costello, MS, RN, CAPA, CPAN, FNP-BC, NEA-BC, nursing unit educator, created a Malignant Hyperthermia Quick Guide that referenced the latest information



Professional Reflections

NewYork-Presbyterian/Columbia University Irving Medical Center
Transitioning Perioperative Service Team Culture: The Night Shift Story

By Azenith S. Ramos, BSN, RN, CPAN

Azenith S. Ramos, BSN, RN, CPAN

A year ago, the Preoperative Service, Ambulatory Service, and Postoperative Service units integrated into one at NewYork-Presbyterian/Columbia University Irving Medical Center. Like other shifts, the postoperative team night shift was expected to take on many new responsibilities in light of the reorganization. This transition occurred just a few months after the OR/ICU was closed due to the pandemic. Taking on new responsibilities seemed like an unscalable mountain to conquer, where the challenges were real and expectations were high.

As with any success story, this one started with careful planning, execution, and teamwork. Convinced that it would require the greatest sacrifice in the beginning, the team took the initiative to navigate their

Indeed, none of this would have been possible without the willingness of staff members to conquer their hesitation and step into the unknown. Nowadays, you can sense their confidence and competence in serving pre-op patients. The numbers attest that their newly learned skills have been a great asset to the unit. For instance, night shift staff are now able to readily supplement any staffing challenges and help the team avoid OR delays. It was not an easy challenge to get to where we are today; it required tremendous faith that we could overcome what seemed to be an enormous mountain.

Our work has not gone unnoticed, as our patients are always appreciative of what we do and the vast difference of our experience before orientation and after. Best of all, the night shift staff came together to support one another and were willing to go the extra mile in sharing their time and resources. Teamwork and willingness to accept new challenges worked, as always.

Professional Development

PACU Mentorship Program: Building a Culture of Teamwork and Engagement

By Margaret Lynch, MSN, RN, CAPA, Clinical Nurse III, Perianesthesia Care Unit
NewYork-Presbyterian/Columbia University Irving Medical Center

Margaret Lynch, MSN, RN, CAPA

The Perianesthesia Care Unit (PACU) is an integrated unit that includes preoperative, ambulatory, and postoperative services. The PACU serves all surgical populations from check-in to discharge, or until a patient is transferred to inpatient care. PACU nurses handle a wide range of surgical cases and are proficient in overseeing complex cases while managing patient flow. Since the pandemic, many new nurses have been onboarded to the unit who are skilled in various specialties but face a steep learning curve in mastering the new workflows and environment. The PACU Magnet Committee identified that newly onboarded team members needed support above and beyond that provided by a preceptor to help them learn essential clinical skill sets and workflows.

As part of a unit initiative, we launched a PACU mentorship program. The program's purpose was to assist nurses in developing proficiencies, expediting understanding of the unit culture, and fostering teamwork through connecting mentors and mentees of

positive and constructive feedback on mentees' professional and personal development. The mentors served as a resource for unit-level practices such as communication trees, committees, meetings, and council activities.

Mentees were paired with unit-based mentors upon finishing orientation. Mentors were instructed to be supportive and open-minded and to meet regularly with their mentees.

To ensure consistent participation, each mentor/mentee kept track of their sessions. For their part, mentees were asked to proactively communicate with their mentor and participate in various unit-level initiatives to establish personal short-term and long-term goals. The mentorship workgroup also added unit-specific information to the organization's mentorship booklet and solicited feedback from mentors and mentees to adjust the program to meet unit needs.

Our Journey to Beacon

2022- 2023

Sharing best practice

We have been sharing best practice and knowledge through NYP Connection consistently

Our Journey to Beacon

2022-2023

Our Journey to Beacon

2022- 2023

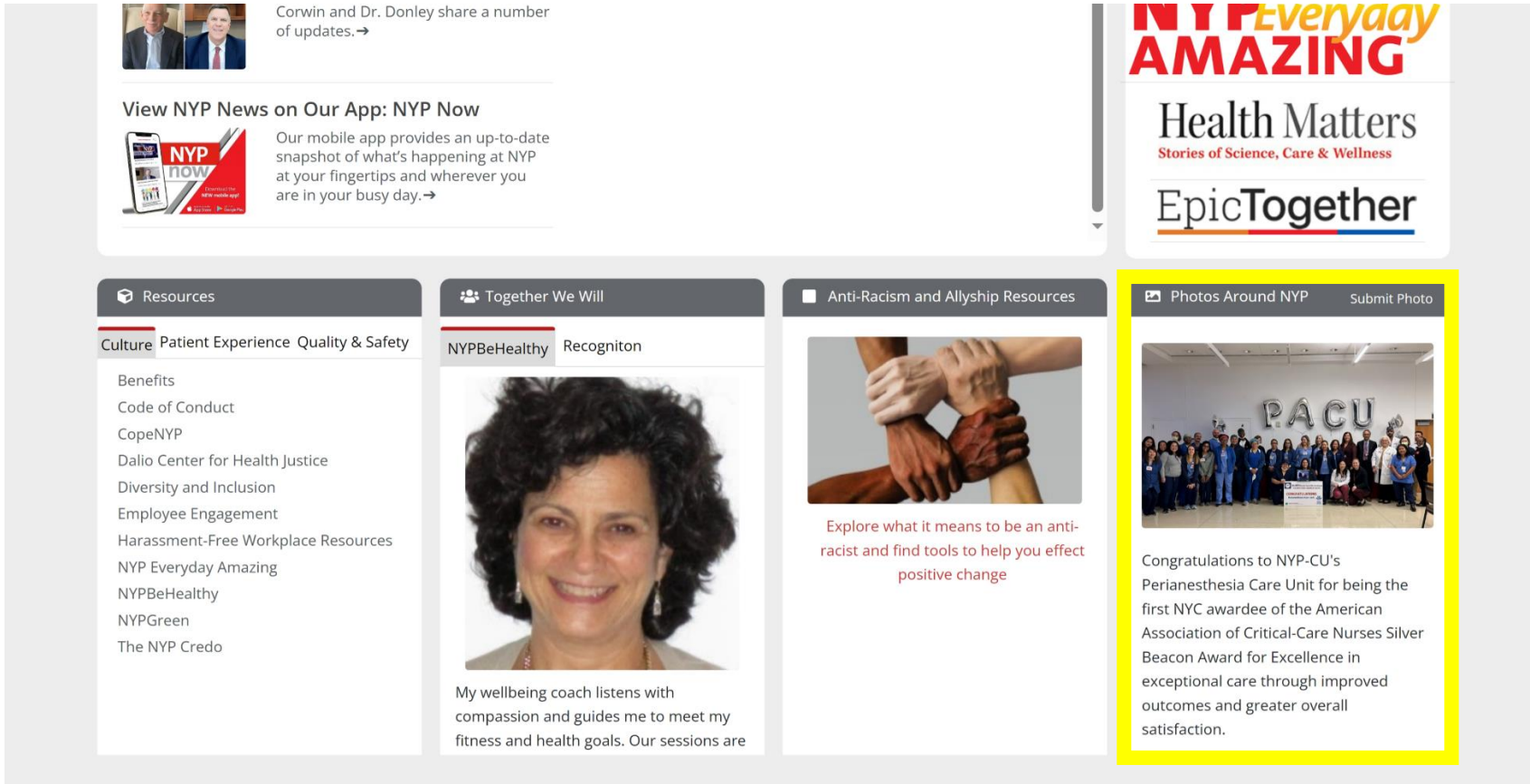
Our Journey to Beacon

2022- 2023

Thank you.

NewYork-Presbyterian
Columbia University Irving Medical Center

Accessed 1/2024 at https://infonet.nyp.org/Pages/Default.aspx



NewYork-Presbyterian
Columbia University
Irving Medical Center

CNO CONNECT

JANUARY 2024

Bernadette Khan
DNP, RN, NEA-BC
Group Vice President &
Chief Nursing Officer

Dear Nursing Colleagues,

Happy New Year! I hope you all had a wonderful Holiday spending time with loved ones and creating priceless memories. Last year was a busy and successful year for Nursing. Throughout 2023 we showed significant improvement, month over month, in both our quality outcomes and patient experience scores. As an organization, we continued to focus on making our campus an amazing place for people to work and belong. Recruitment was and continues to be a priority in Nursing. In 2023 we hired approximately 460 Nursing and Support Staff.

We concluded our 2023 Gallup Team Member Experience Survey showing improvement in our Engagement mean as compared to 2022. Our 2023 Engagement mean score was 3.94. We achieved the highest scores for "Knowing what is expected of you at work" (4.59) and "Having a Best Friend at work" (3.81). This survey provided critical feedback from our most valuable people, each of you! You can be sure that your leaders and all leaders are reviewing these results thoroughly and will be working with you to translate that feedback into action.

I am also excited to celebrate our Perianesthesia Care Unit (PACU) which was awarded the Beacon Silver in Nursing Excellence at the close of 2023. This is truly a proud moment as this is the first PACU in New York City to be recognized with this award. There are only 13 PACUs in the entire country and only 7 PACUs in New York State that have earned the Beacon Award! This is an amazing achievement. Congratulations to the entire PACU for your commitment to excellence!

Now in 2024, we welcomed Dr. Colleen Koch, Group Senior Vice President, and Chief Operation Officer of NYP/Columbia Division on January 2nd. Dr. Koch joins us with over 20 years of distinguished healthcare administration experience. Please join me in welcoming Dr. Koch to NYP and wishing her much success in her new leadership role. Also, this year we are up for Magnet Redesignation! All Magnet docs are being prepared and reviewed to be submitted at the end of the month. Be on the lookout for Magnet Updates!

In 2024, our efforts will continue with a focus on making NYP the best place to work, improving care to our patients, and improving our quality outcomes and patient experience scores. Thank you for all that you do every day to make and keep NYP AMAZING. I look forward to your partnership and our continued success in 2024!

SCAN HERE TO ACCESS THE FULL EDITION OF THE LATEST CNO CONNECT!

ANNOUNCEMENTS & RECOGNITION

PERIANESTHESIA CARE UNIT (PACU) BECOMES 1ST BEACON AWARDED PACU IN NYC

The Beacon Award is a praise to hospital units that utilized evidence-based practice to improve patient and family outcomes.

The award provides to hospital units that demonstrates excellence in professional practice, and patient care and outcomes. Signifies exceptional care through improved outcomes and greater overall satisfaction for patients and families.

According to a recent survey, nurses who works in Beacon units (and in units in the process of obtaining Beacon recognition) reported healthier work environments, were more satisfied in their workplace (Benedict, & Griffin, 2017).

Journey to Beacon Award for Nursing Excellence

JAN 2022
Determine readiness

MAR 2022
Started Unit profile

APR 2022
Unit profile submission. Receive feedback from AACN

JUNE 2022
Assemble the team

JULY 2022
Start application process

JULY 2023
Final application submission to AACN

NOV 2023
Awarded Beacon Silver in Nursing Excellence

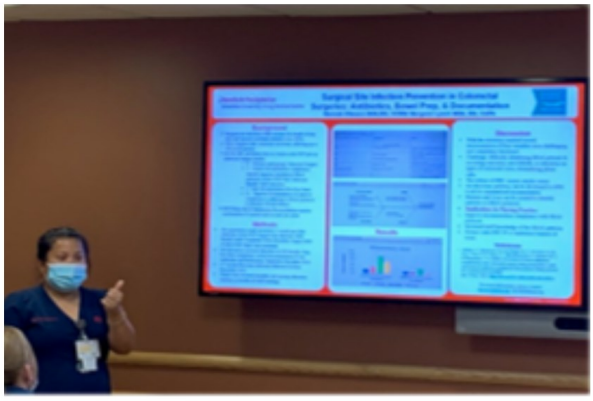
BEACON AWARD FOR EXCELLENCE

Our Journey to Beacon
2022- 2023





- Staff Satisfaction Survey
- Skills day
- Team building summer picnic
- No men left behind



QUALITY IMPROVEMENT AND SHARED BEST PRACTICES

- Team led quality improvement project and evidence-based practice
- Nurse's week and Annual nursing grand round poster presentation
- PACU had many projects through the year including: Surgical Site Infection Prevention, Beta Blocker Administration for CABG patients, Cysview Administration, and Breastfeeding Post-Anesthesia

Spotlight on Quality and Patient Safety

Quality Improvement in Nursing Practice: Navigating Out of the OR/PACU Hold

By Marjorie M. Aquende, BSN, RN, CCRN, Clinical Nurse III
NewYork-Presbyterian/Columbia University Irving Medical Center

Efficient flow is a top priority for perioperative services. Perioperative Services in the Milstein Hospital Building faced a huge challenge of frequent flow bottlenecks from the operating room (OR) to the post-anesthesia care unit (PACU) described as OR hold or PACU hold.

Marjorie M. Aquende, BSN, RN, CCRN

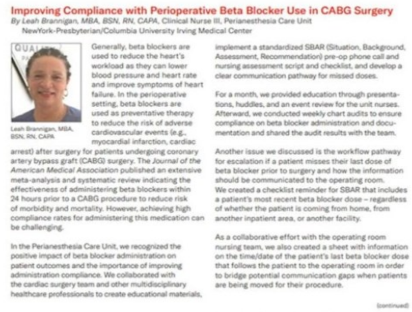
An OR hold is the inability to assign a patient to an available PACU bay, while a PACU hold is the delay in transferring a patient from the PACU to the next level of care due to lack of bed availability. Increased OR and PACU hold times have significant effects on the hospital's operational efficiency, including delayed case start times, case cancellations, poor staff satisfaction and patient experience, and decreased revenue.

In the first quarter of 2021, the average OR hold time in Milstein's PACU was 7,690 minutes (128 hours) per month. This is equivalent to 40 procedures with a

Our analysis yielded a multitude of factors contributing to the holds, which we grouped into four categories: human – how the team practices; roles – how inter-disciplinary teams contribute to the flow; process – hospital policies/standards of care; and materials – resources needed to complete the work.

In developing solutions and strategies to reduce hold times, we tapped hospital initiatives that were already in place. This included bringing the information to leadership huddles at which the patient care director presents the PACU status and anticipated bed needs for the day. Additionally, we identified the simplest (quick hits) problems, such as supplies/equipment and use of technology, for immediate resolution. Supported by evidence-based practice and research, we advocated for shortened length-of-stay for some procedures such as laparoscopic sleeve gastrectomy, thyroidectomy, and orthopedic procedures performed under spinal anesthesia.

Collaborations with the Patient Placement Operations Center and anesthesiology leadership were also key.



Improving Compliance with Perioperative Beta Blocker Use in CABG Surgery

By Leah Brannigan, MBA, BSN, RN, CAPA, Clinical Nurse III, Perianesthesia Care Unit
NewYork-Presbyterian/Columbia University Irving Medical Center

Generally, beta blockers are used to reduce the heart's workload as they can lower blood pressure and heart rate and improve symptoms of heart failure. In the perioperative setting, beta blockers are used as preventative therapy to reduce the risk of adverse cardiovascular events (e.g., myocardial infarction, cardiac arrest) after surgery for patients undergoing coronary artery bypass graft (CABG) surgery. The *Journal of the American Medical Association* published an extensive meta-analysis and systematic review indicating the effectiveness of administering beta blockers within 24 hours prior to a CABG procedure to reduce risk of morbidity and mortality. However, achieving high compliance rates for administering this medication can be challenging.

Leah Brannigan, MBA, BSN, RN, CAPA

In the Perianesthesia Care Unit, we recognized the positive impact of beta blocker administration on patient outcomes and the importance of improving administration compliance. We collaborated with the cardiac surgery team and other multidisciplinary healthcare professionals to create educational materials,

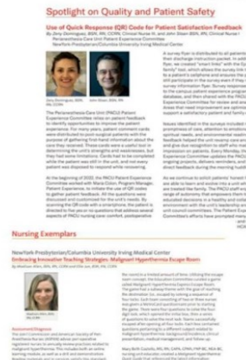
implement a standardized SBAR (Situation, Background, Assessment, Recommendation) pre-op phone call and nursing assessment script and checklist, and develop a clear communication pathway for missed doses.

For a month, we provided education through presentations, huddles, and an event review for the unit nurses. Afterward, we conducted weekly chart audits to ensure compliance on beta blocker administration and documentation and shared the audit results with the team.

Another issue we discussed is the workflow pathway for escalation if a patient misses their last dose of beta blocker prior to surgery and how the information should be communicated to the operating room. We created a checklist reminder for SBAR that includes a patient's most recent beta blocker dose – regardless of whether the patient is coming from home, from another inpatient area, or another facility.

As a collaborative effort with the operating room nursing team, we also created a sheet with information on the time/date of the patient's last beta blocker dose that follows the patient to the operating room in order to bridge potential communication gaps when patients are being moved for their procedure.

(continued)



Spotlight on Quality and Patient Safety

Use of Quick Response (QR) Code for Patient Satisfaction Feedback

Nursing Exemplars

NewYork-Presbyterian/Columbia University Irving Medical Center

Embracing Innovative Teaching Strategies: Malignant Hyperthermia Escape Room

Professional Reflections

NewYork-Presbyterian/Columbia University Irving Medical Center

Transitioning Perioperative Service Team Culture: The Night Shift Story

By Azenith S. Ramos, BSN, RN, CPAN

Professional Development

PACU Mentorship Program: Building a Culture of Teamwork and Engagement

By Margaret Lynch, MSN, RN, CAPA, Clinical Nurse III, Perianesthesia Care Unit
NewYork-Presbyterian/Columbia University Irving Medical Center

Margaret Lynch, MSN, RN, CAPA

Our Journey to Beacon 2022- 2023

Sharing best practice

We have been sharing best practice and knowledge through NYP Connection consistently

Our Journey to Beacon

2022- 2023


Our Journey to Beacon
2022-2023
NYP
The Key to Patient Experience
NewYork-Presbyterian
BEACON AWARD FOR EXCELLENCE


Our Journey to Beacon
2022- 2023
BEACON AWARD FOR EXCELLENCE