

Floatation Devices: Assisting Peri-anesthesia Units Keep Afloat During High Volume Periods

Lauren K. Hoover RN, BSN

Lehigh Valley Health Network, Lauren_K.Hoover@lvhn.org

Amanda Johnson RN, BSN

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Floatation Devices: Assisting Peri-anesthesia Units Keep Afloat During High Volume Periods

Lauren Hoover, RN, BSN; Amanda Johnson, RN, BSN
Lehigh Valley Health Network, Allentown, Pennsylvania

Peri-anesthesia Float Pool

Purpose

- Create a buffer between the peri-anesthesia units from a central pool of nurses
- Decrease concern over leave of absences and paid time off
- Flex staff in different areas during high patient volumes
- Assist with higher acuity patients

Education Orientation

- Complete the 6-month critical care course provided by LVHN called ECCO (Essentials of Critical Care Orientation)
- Complete a 6-month orientation to each of the three units—Surgical Staging, PACU, and Holding Room
- Assigned a “PACU pal” as a resource after orientation complete
- 12 nurses received this unique training

Outcome

- Deeper understanding of the peri-anesthesia continuum throughout the peri-anesthesia units
- Positive effect on morale between the peri-anesthesia units
- Appropriate staffing throughout the day during high acuity times
- FMLA and LOA do not affect staffing

Lessons Learned:

- Coordinator for float pool staff to determine vacation schedule, schedule compliments, and daily assignments for floats based on daily staffing in peri-anesthesia units
- Coordinator works with float nurse to assure minimal ‘jumping’ from assignment to assignment to decrease risk of errors



Surgical Staging Unit - PREOP

- Patient admitted day of procedure
- 22 beds

Challenges:

- LOA, FMLA, & resignations of staff
- Number of patients admitted
- Responsibilities, such as surgical clippings
- High patient volume in the morning
- Increase in ‘same day’ procedures



Holding Room

- Preoperative procedures (Nerve Blocks or Epidurals)
- Last stop for inpatients before going into the operating room
- 7 beds

Challenges:

- Two full time staff
- Volume of procedures
- ASPAN sedation standards
- Influx of patients in the morning



PACU

- Phase 1 recovery after the operating room
- 23 beds

Challenges:

- LOA, FMLA, break coverage
- Critical care patients with 1:1 ratio
- ASPAN standards
- Influx of patients in afternoon



Surgical Staging Unit - POSTOP

- Phase 2 of recovery
- Prepare Patients for discharge
- 8 beds

Challenges:

- 3 full time employees, 1 unlicensed
- Influx of patients in afternoon
- Patients require frequent vitals, walking, eating, and discharge transfer

