## Background

- 171-bed community teaching hospital sought to care for perianesthesia patients more efficiently while maintaining high quality and patient satisfaction.
- Leadership decision was made to merge the staff of three areas of the perianesthesia department, giving nurses the skills to care for patients during all phases of their perianesthesia care.
- As a Magnet<sup>®</sup> institution it was important that staff guide changes to the practice environment.
- Task force created including staff from all impacted areas to inform how the merge was operationalized.

## Purpose

• Form a cohesive working group that would develop a strong staffing model for the new, blended unit.

Initial meetings were scheduled every other week approximately 2-4 hours. Based on staff input, this was changed to a retreat model, meeting once a month for 6-8 hours and integrating team building that proved much more productive.

Literature, ASPAN standards, local volume and flow data were reviewed.

Information disseminated to all staff via huddles with staff and management, and face to face via committee members to peers. Opportunity for bidirectional information flow in huddles and individuals.

Microsoft Teams site was central electronic resource, including all task force information, feedback forums and surveys to engage all staff and gather information on things such as preferences in shift start times, hours worked and department preference.



May the Task Force Be with You: Nurse Lead Collaboration and Innovation in Developing A Novel Staffing Matrix for Newly Blended Perianesthesia Unit Carolyn Geoghegan, RN, CAPA; Kelly Mastroianni, BSN, RN; Barbara O'Coin, BSN, RN

## Process

### **Group Forming:**

### **Review of evidence:**

### **Communication:**

### **Tools:**

#### **Result:**

An evidence-based staffing matrix for the combined units was created.





## Statement of **Successful Practice:**

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# Implications for **Advancing Practice**

satisfaction.

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• Task force autonomy grew, and members felt empowered working towards a common goal.

An evidence-based staffing matrix was created, while supporting staff engagement, professional and leadership development.

Perianesthesia staff engagement, accountability and collaboration can be a powerful tool in building structures that support efficiency, patient safety, and staff

Contact: