

## 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

Follow this and additional works at: <https://scholarlyworks.lvhn.org/network-office-research-innovation>



Part of the [Health and Medical Administration Commons](#)

**Let us know how access to this document benefits you**

---

### Published In/Presented At

Hoover, L. K., & Johnson, A. (2011). Floatation Devices: Assisting Peri-anesthesia Units Keep Afloat During High Volume Periods. *LVHN Scholarly Works*. Retrieved from <https://scholarlyworks.lvhn.org/network-office-research-innovation/1>

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).



# 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

