



KEY POINT SUMMARY

OBJECTIVES

Researchers aimed to gather expert input on challenges, benefits, and strategies that could inform safe care in the non-traditional PARU layout.

Developing a model of care for a 4- to 6-bedded postanesthetic recovery unit: A delphi study

McGuire, L., Schultz, T. J., Kelly, J., 2021 | Journal of PeriAnesthesia Nursing; Volume 36, Issue 4, Page(s) 398-405

Key Concepts/Context

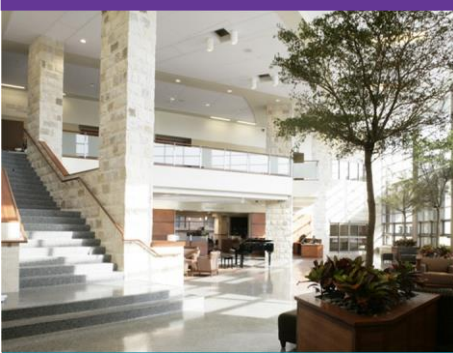
Traditional post-anesthesia recovery units (PARUs) are open-plan units where staff can visualize all patients. When a newly built hospital adopted a PARU design with 154 beds, divided into five zones, comprised of four- to six-bed enclosed bays (pods) and floor-to-ceiling walls, a new model of care was required. Researchers used a Delphi study to identify strategies to inform the new care model, mitigate risk, and support patient and staff safety.

Methods

A web-based Delphi study was used to look for problems, benefits, and possible solutions to concerns regarding patient safety, staff satisfaction, organizational efficiency, and professional standards in the new PARU pod design. Delphi studies are designed to gather information from experts on topics when there is a lack of information available; because this PARU is a new design there was not published information available.

In the first round, 13 of 36 professional anesthetic and recovery organizations responded to an invitation email and were sent a questionnaire including a video of the new design and open-ended questions to share with their members. Seventy-one PACU nurses from three different countries answered questions about problems, solutions, and benefits related to patients, staff, organization, and professional standards. As a result of the responses, five problem themes and three solution areas were identified, and were included in the Round 2 questionnaire. Round 1 respondents provided an email address if they were willing to participate in Round 2.

In Round 2, forty-one nurses from Round 1 were invited to participate and 26 responded. Participants used a Likert-type scale to rank the five problem areas identified: (1) being the least likely to occur to (5) being most likely. Participants



The Center for Health Design: Moving Healthcare Forward

The Center for Health Design advances best practices and empowers healthcare leaders with quality research that demonstrates the value of design to improve health outcomes, patient experience of care, and provider/staff satisfaction and performance.

Learn more at
www.healthdesign.org

were also asked to look at suggested solutions and rate them as high or low when thinking of importance of correcting the problem and ease of solution implementation. Based on participant rankings, each domain of the study was analyzed and results reported.

Findings

Results of the Delphi study were separated into four key areas: patient safety, staff satisfaction, organizational efficiency, and professional standards. Five problems and their highest-rated potential solutions were reported for each of the key areas. PARU nurses suggested the highest level of concern was the mixing of conscious and unconscious patients in the same space. To address this concern they suggested educating patients about what they would experience during each phase of care. . Lack of patient visibility and the need to care for patients at differing levels of consciousness were identified as concerns for staff and they indicated that increased staffing would be required to provide safe patient care. Finally, concern was raised regarding the skill set of nurses which could compromise efficiency in the new design. Unlike work done in standard preoperative departments, staff in the immediate post anesthesia recovery unit must hold specific credentials and expertise to care for the unconscious patient. . The new design requires all staff possess the ability to care for both conscious and unconscious patients, requiring increased training and education. If staff are unwilling or unable to develop the required skills, the potential for staff turnover would increase and satisfaction could be affected.

Limitations

Delphi studies are often criticized for issues with reliability and validity because the results depend on who fills out the survey. In this study there was some unavoidable subjectivity when interpreting the open-ended question responses. Seeking input from patients would have added to the study with a more comprehensive understanding of problem areas and potential solutions.

Design Implications

Operational planning in this design project should have included frontline staff to ensure current workflows were understood and future workflows were established.



Detailed questions in relation to staffing (who, what, when, and why) would have allowed for problems to be identified and solutions to be brainstormed prior to design development to avoid costly adjustments after opening the department.

The Knowledge Repository is a collaborative effort with our partners

Academy of
Architecture for Health
an AIA Knowledge Community



Additional key point summaries provided by:

