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PACU Unit Council: Shared Governance in PACU

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Shared Governance in PACU

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Post anesthesia care unit (PACU) is always changing and PACU nurses must update and maintain practice controls to achieve safe and quality care for our patients. With nurses caring for patients ranging in age from infants to geriatrics, from orthopedic to neurosurgical, trauma to burn patients, there are many challenges for the post anesthesia care unit nurse. PACU nurses make critical decisions daily that affect patient outcomes, influence the healthcare organization and reflect on nursing competency. Engaging bedside nurses is essential for the success of a busy unit like PACU and for improving the quality of UCSD health care system as a whole.

Why a Unit-Based Council in PACU?

Development of a Unit Based Council (UBC) in PACU was established to facilitate change by implementing evidence-based practice to improve clinical outcomes, increase patient and staff satisfaction, and to promote positive change as it pertains to PACU nurse practice. It is our UBC's goal to achieve the quality outcomes we desire by implementing evidence based practice. Having a UBC in PACU is critical for planning, improving and maintaining quality patient care throughout the PACU department. By empowering PACU nurses to use their clinical knowledge and expertise to develop, direct, and sustain their own professional practice, UBC provides a structure for decision making at the unit level. It also provides an opportunity for our nurses to participate in unit-wide activities including pain management,

“The ability to convert ideas to things is the secret to outward success.”

HENRY WARD BEECHER

chart audits, surgical outpatient phone surveys, peer reviews, as well as conducting studies on perioperative patient volumes, staffing, and how it affects patient safety. Our UBC has also allowed our nurses to network and develop collaborative partnerships among other units, departments, and other disciplines. Below is a chart illustrating quality improvements in the perioperative care areas as a result of the work done by the UBC:

Unit-Based Council Success

The power of unit-level shared governance council is highlighted in PACU by producing profound impacts on patient/family outcomes and staff engagement. Shared governance has been viewed as facilitating quality patient care, aiding in retaining nursing staff, and assisting in reducing costs (Barden, Griffin, Donahue, & Fitzpatrick, 2011). Structures such as shared governance and unit based councils allow nursing staff to influence decisions that matter. Shared governance gives frontline nursing staff greater latitude in decision-making related to how their work is organized.



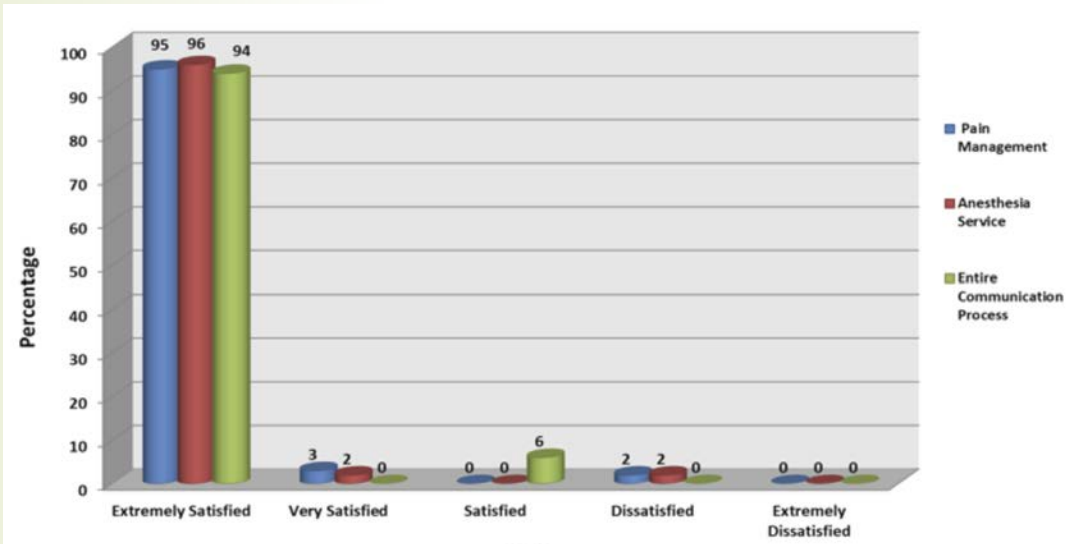
Cresilda T. Newsom, MSN, RN, CCRN, CPAN, received her BSN from Grand Canyon University and her MSN from South University. Cresilda started her career as an RN in ICU in 1997 and transitioned to PACU in 2004. She started her journey with UCSD as a PACU nurse in December 2011. She received her certifications both as a critical care nurse through AACN and as a certified post anesthesia care nurse through ASPAN. Cresilda is currently pursuing her Doctorate in Nursing Practice (DNP) through Samuel Merritt University to further her education.

Having a UBC in PACU has given us an opportunity to know each other better and look at solutions to improve our department rather than focusing on the negatives. It has indeed involved nursing staff in the ownership of our unit.

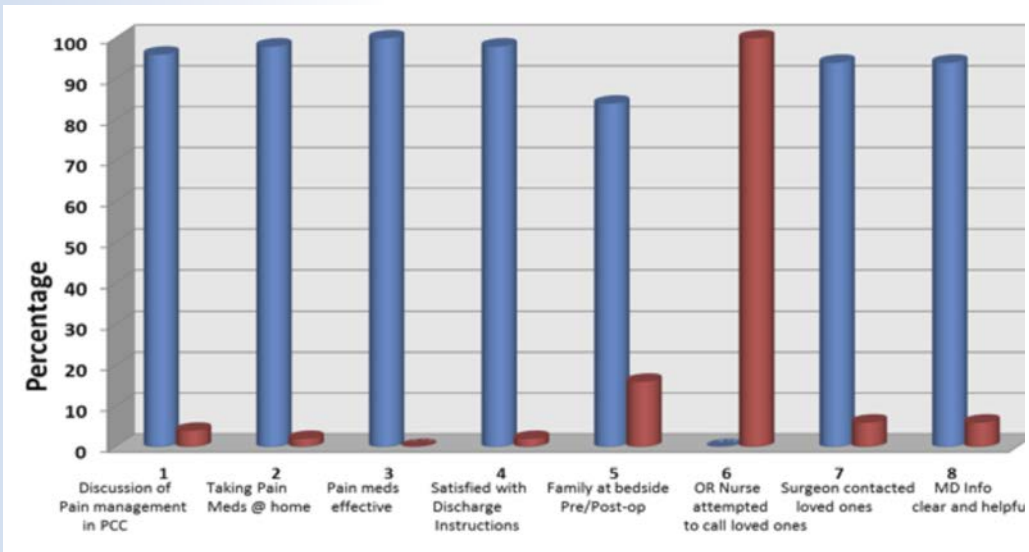
Reference:

Barden, A., Griffin, M., Donahue, M., & Fitzpatrick, J. (2011). Shared governance and empowerment in registered nurses working in a hospital setting. *Nursing Administration Quarterly*, 35(3), 212-218.

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