and Phase II, ensuring that the receiving RN is able to focus on the information, before we commence bedside report.

EFFECTIVENESS OF MULTI-MODAL ANALGESIA

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Background Information: Despite many advances in health care, managing pain in the post-anesthetic period continues to be a challenge. With more procedures being performed on an outpatient basis, shorter lengths of stay and drive to improve patient satisfaction, providers are looking for ways to enhance the surgical care experience and reduce opioid use. In addition, the increase burden of obesity in society has contributed to a rise in co-morbidities such as diabetes, cardiovascular, and gallbladder disease making laparoscopic cholecystectomies the second most frequently performed general surgery procedure in the United States.
Objectives of Project: The purpose of this study was to examine if using multi-modal analgesia prior to incision time effectively reduces post-operative narcotic requirements for pain management in the laparoscopic cholecystectomy patient population. Current search of literature suggests that utilizing multi-modal therapy has shown to significantly reduce pain scores and continual research into this topic is necessary. Pain is a universal phenomenon and nurses must be familiar with the essential concepts of pain and methods of pain management. The concept of multi-modal analgesia is to reduce pain through targeting multiple receptor sites at peripheral and central nociception pathways to reduce the inflammatory response and pain sensation while simultaneously reducing narcotic utilization and their related adverse effects.
Process of Implementation: Utilizing a quantitative, non-experimental research design this particular project retrospectively analyzed 200 elective laparoscopic cholecystectomy patient records from 2015 to 2018 in a specific recovery room unit.
Statement of Successful Practice: The results demonstrated there was a rise in the number of multi-modal agents given with a decrease in the number of narcotics utilized over the course of implementing an enhanced recovery after surgery improvement program.
Implications for Advancing the Practice of Perianesthesia Nursing: The outcome of this project reinforces using multi-modal analgesia and provides a foundation for further research to maximize the benefit of these modalities to manage pain after surgical intervention.

CHANGING LOGISTICS OF EMERGENCY EQUIPMENT IN SAME DAY SURGERY

Team Leader: Lisa Law, MSN RN
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Team Member: Stacy Rice, RN

Background Information: Same Day Surgery had a total of six separate emergency equipment carts located throughout the department. This made it difficult to locate the appropriate equipment in emergency situations. This project is important for improving the accessibility of emergency supplies, cost savings by eliminating duplicate supplies, and for the overall safety of our patients.
Objectives of Project: Changing the location of the emergency equipment and eliminating duplicate airway supplies to improve efficiency and cost.
Process of Implementation: Initial inventory of all six emergency carts were completed. Duplicate airway equipment was identified and removed. A cost analysis of duplicate airway equipment was completed. Staff was educated on the new locations of emergency equipment and surveyed afterwards.
Statement of Successful Practice: After completion of this project, eighty-one percent of the staff was able to correctly identify the correct location of the emergency equipment. The staff members are now more knowledgeable about the location of the emergency equipment. A cost analysis of the duplicate airway equipment revealed a savings of 1014.00 dollars.
Implications for Advancing the Practice of Perianesthesia Nursing: Knowledge of the location of emergency equipment is vital to response time. Other nursing units could utilize the findings of this project to improve the logistics of their emergency equipment. Limited research was found on the topic. The authors identified opportunities for nursing research on emergency cart organization.

AIR-ASSISTED TRANSFER DEVICE (AATD) USE FOR PEDIATRIC SPINAL FUSION PATIENTS: IMPROVING CARE

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Team Members: Kristina Beachy, MSN RN-BC CPAN, Stephanie Stewart, PhD RNC-NIC

Background Information: Spinal fusion patients require imaging while in the post-anesthesia care unit (PACU), a reportedly painful process. Prior to this practice change, imaging required five or more staff to safely lift the patient and maintain patient flat time. Despite using multiple staff, it was often difficult to lift the patients high enough to prevent potential shearing near the incision from the imaging board. An AATD had not been previously utilized in the surgical pediatric population at SFCH. This practice change was based on the author's experience with use of this device in other patient populations and active participation in a Safe Patient Handling committee. There is no known literature about AATD use with pediatric spinal fusion patients.
Objectives of Project:

- Educate staff on proper AATD usage
- Develop workflow and process for use
- Staff will use proper ergonomics during postoperative imaging to enhance staff and patient safety
- Reduce postoperative pain related to imaging lift
- Reduce number of staff exposed to potential injury
- Improve efficient use of staff

Process of Implementation: Formed an interdisciplinary group of surgeons, radiology staff, and perioperative nurse leaders to discuss risks and benefits. Approval received for trial utilization. Education, demonstration, and simulation were provided to all perioperative staff prior to implementation and evaluation.
Statement of Successful Practice: By using the AATD to lift the patient, the number of staff exposed to potential injury was reduced from five to zero per spinal fusion patient. The process, which previously took five staff, can now safely be done with two, increasing staff efficiency. Despite pain score data being inconclusive, there has been a slight decrease in opioids administered during PACU stay. Additionally, staff report that patients now appear more comfortable and sleep through postoperative imaging.
Implications for Advancing the Practice of Perianesthesia Nursing: Use air-assisted transfer devices to facilitate lift in order to protect staff from potential injury, create more efficient use of staff, and increase patient comfort.

"I FEEL FINE": FALL PREVENTATIVE MEASURES IN THE POST ANESTHESIA CARE UNIT (PACU)

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Team Members: Tesha Seabra, MSN RN CPAN, Lini Thomas, MSN RN CCRN CNRN, Dawn Sullivan, MSN RN CCRN, Joey Yap, BSN RN CPAN, Siobhan McCourt, BSN RN CCRN, Joan Riswold, BSN RN CPAN, Robin Reidy, MSN RN CCRN

Background Information: Falls are linked to prolonged hospital stay, increased discharge to nursing homes, and higher health care expenditure. MIDAS reports indicated four patient falls occurred in the Post Anesthesia Care Unit (PACU) area from January 2017 to October 2017. 1 out of 4 falls resulted in patient injury, requiring a surgical intervention. A post fall focus study revealed that the falls happened while patients used the bathroom or ambulated to the bathroom. In all fall Cases in the PACU, patients have expressed "I feel fine".
Objectives of Project: The purpose of the study was to eliminate the patient falls in the PACU by adapting and modifying the Cedars Sinai Medical Center (CSMC) fall prevention measures to the PACU setting.
Process of Implementation: The CSMC fall preventions measures which included hourly rounding, yellow fall risk identification package, bed alarms, fall video, self-releasing belt, patient/family education, and staying with the patient in the bathroom were reviewed. 'PACU specific fall prevention measures' were created by eliminating the measures that were not applicable to the setting. The measures adopted focused on yellow fall risk identification and managing patient expectation at the point of intake in Preop through patient education that the nurse will accompany and stay with the patient in the bathroom. Standard practices with having patients sit and dangle for a few minutes prior to standing and ambulating were reinforced. The PACU staff were educated on the 'PACU specific fall prevention measures,' and the project was implemented in November 2017. In the instances where patient refused to have the staff stay in the bathroom, bathroom call light was provided, PACU staff stood outside the bathroom door, and patient's refusal was documented in the electronic medical record.
Statement of Successful Practice: There were zero falls reported in the post-implementation phase after the adoption of the 'PACU specific fall prevention measures.'
Implications for Advancing the Practice of Perianesthesia Nursing: Modifying and curtailing the hospital fall prevention measures to the PACU setting and focusing on the steps that apply to the setting have helped in decreasing the patient falls. The project needs to be continued and data collected for a longer period to monitor and ensure that the results are sustainable.

STANDARDIZING THE INPATIENT PRE-OP PROCESS

Team Leaders: Tracy Herbert, MSN RN CPN, Amber Senetza, MSN RN CPN
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Team Member: Ashley Medl, BSN RN CPN

Background Information: Standardizing the process of Inpatient Pre-Op addresses patient safety concerns that arise from a lack of RN to RN report, multiple hand-offs in care, and delays in patient surgery. Previously there was no RN to RN verbal handoff, as the OR unit coordinator would call the Inpatient RN to bring the patient to Pre-Op. The lack of RN to RN verbal handoff resulted in incomplete transfer of care elements. No verbal handoff has the potential for patient errors, delays in surgery, and incomplete patient preparation prior to surgery.
Objectives of Project: The primary goal was to improve consistency with RN to RN verbal handoff for all Inpatients going to the OR. The integration of verbal handoff allows the Inpatient Pre-Op RN to effectively collaborate with the Acute Care RN on the patient's condition, and address concerns prior to surgery. The outcome of this quality improvement initiative was to improve patient readiness for surgery, prevent delays, and enhance the patient and family experience.
Process of Implementation: An Acute Care and Perioperative Services taskforce was established to develop a consistent practice for all patients going to the OR. Prior to standardizing the Inpatient Pre-Op process, internal auditing was performed in Pre-Op from May 2017 - February 2018 to identify concerns with patient readiness for surgery. The audit supported a need to create a new role for an assigned Inpatient Pre-Op RN. Staff participated in developing a standardized patient history questionnaire to obtain a thorough and complete handoff from the Inpatient RN. Obtaining a complete patient history prior to surgery decreases errors, increases unit efficiency, and standardizes the organizational process.
Statement of Successful Practice: The integration of verbal handoff between Pre-Op and Acute Care eliminated inconsistencies in practice, and improved patient readiness for surgery.
Implications for Advancing the Practice of Perianesthesia Nursing: The results showed improvement in the implementation of how consistent RN to RN handoff helped to