REVISION AND ORGANIZATION OF A PACU EMERGENT INTUBATION TOOLBOX TO FACILITATE IMPROVED PATIENT OUTCOMES

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Background Information: Patients arriving to the post-anesthesia care unit (PACU) have an inherent risk of possible re-intubation due to effects of general anesthesia and airway compromise. Our PACU experienced a situation in which a patient needed to be emergently re-intubated and supplies were not organized or accessible in a timely manner, causing stress among staff members and possible delay in patient care.
Objectives of Project: The objective of this project was to organize an intubation toolbox to have necessary supplies. Supplies needed to be in an organized, accessible, central location, eliminating the need to gather supplies from several locations in an emergent situation and compromising patient outcomes.
Process of Implementation: An interdisciplinary approach was taken regarding the contents of the toolbox. Input was sought from the anesthesia department regarding what supplies would be necessary for an emergent re-intubation in the PACU. Advice was also obtained from the emergency department (ED) who had existing rapid sequence intubation (RSI) toolboxes in their department. After gaining input from PACU nurses and completing research, permission was granted from PACU leadership to order two toolboxes, one for adults and one for pediatrics. Supplies were obtained and the toolboxes were stocked and labeled. In addition, a process for checking the contents of the boxes for outdates and restocking after use was developed.
Statement of Successful Practice: After implementation of our intervention, re-intubation of two PACU patients went smoothly and without hesitation due to necessary supplies being easily accessible and properly labeled. Both nursing and anesthesia gave positive feedback.
Implications for Advancing the Practice of Perianesthesia Nursing: Having intubation toolboxes facilitates ease of re-intubation in an emergent situation in the PACU. We would like to inspire other PACUs to implement our intubation box project to decrease anxiety among staff members and improve patient outcomes in emergency situations.

REDUCING DAY OF SURGERY CANCELLATIONS VIA ELECTRONIC PRESCREENING TOOL

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Background Information: A large percentage of scheduled surgical Cases were cancelled on the day of surgery (DOS). Most commonly, DOS cancellations were due to preventable reasons such as upper respiratory illness, NPO violations, legal issues/ missing documentation, or miscommunicated preoperative instructions. Cases cancelled on the DOS attributed to patient dissatisfaction, decreased accesses to surgical intervention for other patients, underutilized OR schedule blocks, and loss in revenue to the hospital. In order to address these issues an electronic prescreening tool was created and utilized for all preoperative patients.
Objectives of Project:
Standardized prescreening of all patients prior to the DOS in order to:

- Identify Cases that need to be cancelled prior to the DOS
- Educate patients and caregivers
- Increase compliance with preoperative instructions
- Increase staff satisfaction with preoperative workflow
- Reduce preventable causes of cancellation

Process of Implementation: An electronic "Preoperative Phone call & Instructions" tool was created to address common preventable reasons for cancellation. Staff nurses were surveyed and provided vital feedback related to tool development. Effective on April 2, 2018 all preoperative patients were screened utilizing the electronic tool. This tool serves as a standardized script and guides the nurse through the preoperative screening, education, and identification of potential reasons for cancellation. Prior to the roll out, training on effective preoperative evaluation and use of this tool was provide to all Surgical Admitting nurses. After the initial implementation, staff feedback was utilized to further refine the tool.
Statement of Successful Practice: By standardizing preoperative screening, the goals of increasing in caregiver understanding, increasing compliance with preoperative instructions, increasing staff satisfaction with preoperative workflow, and ultimately reducing DOS cancellation were reached**.** Based on DOS cancellation data prior to and after implementation of the electronic prescreening tool, a 36% reduction in DOS cancellations was achieved.
Implications for Advancing the Practice of Perianesthesia Nursing: By reducing DOS cancellation, access to surgical intervention for patients waiting for surgery and patient satisfaction were increased. A decrease in revenue loss, to the hospital, was also attained.

SEEING IS BELIEVING! PUTTING THE "SPARK" IN YOU: AN EDUCATIONAL PATHWAY TO IMPLEMENTING A NEW SURGICAL PROCEDURE IN PERIOPERATIVE SERVICES

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Background Information: In early 2018, Children's Hospital Los Angeles (CHLA) was designated as a Vision Center for treating congenital retinal gene defect (biallelic RPE65 mutation-associated retinal dystrophy) via the injection of Luxturna (gene therapy). CHLA was the first hospital to perform this innovative gene therapy surgery. With innovation comes inherent lack of knowledge, such as aims of the procedure, medication,