

### 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 provided 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,

nursing care, and patient education. An extraordinary amount of preparation and teamwork was required to ensure that the highest level of patient care was delivered to all patients receiving this cutting edge surgical intervention.

**Objectives of Project:** Post-operative Phase

- Interdisciplinary team coordination
- Standardize patient and family education
- Ensure appropriate post-operative care is delivered

**Process of Implementation:** A collaborative educational pathway was developed to identify and fill knowledge gaps and establish best practice. It centered on providing safe and efficient care, utilization of key stakeholders, and operationalizing the procedure to perfect the timing of defrosting Luxturna. Collaborative meetings and practice “walk-throughs” were held to optimize patient care and identify barriers. Post-operative education highly emphasized the importance of maintaining a supine position to ensure the air-gas exchange bubble would not disrupt placement of the Luxturna bleb.

**Statement of Successful Practice:** A thorough planning phase led to the creation of strict protocols related to timing and throughput. Post-operative nursing education enabled staff to deliver appropriate and consistent care to all patients. As a result of the collaborative efforts, all of the patients who have received this surgical intervention have reported positive outcomes and rated their nursing care as “very satisfactory.”

**Implications for Advancing the Practice of Perianesthesia Nursing:** Education and planning for the recovery after this surgical intervention will become increasing necessary as more hospitals begin to perform this procedure. Utilization of the interdisciplinary team collaboration approach is key in the roll out of any new surgical procedure.

**Objectives of Project:**

- Redesign orientation binder
- Develop an exposure tracker
- Utilize exposure tracking to guide future experiences and set weekly goals
- Cultivate a bank of reliable and consistent preceptors

**Process of Implementation:** We redesigned our orientation binder to create a lean and focused resource guide for newly hired nurses. Nurses from a mix of skill levels were then given the binder to review and edit. An exposure tracker was developed with our most common Cases listed by surgical specialty to be tallied and then utilized to hone in on lacking experiences. PACU-specific tips and trick were compiled into a user friendly file. Potential preceptors, identified by PACU leadership, were given training on how to lead and effective preceptorship, general re-education, and were required to successfully complete a set of preceptor competencies.

**Statement of Successful Practice:** Newly hired nurses are now reporting increased satisfaction with the orientation process. Comfort levels related to independently recovering patients after orientation have also increased with these nurses. All feedback on the exposure tracker from new hires, preceptors and charge nurses has been positive. Evaluations of preceptor performance have been stellar and audits have demonstrated our goal of achieving consistency between preceptors has been reached.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Providing a standardized orientation process, which can be tailored to comprehensively fulfill each nurse’s individual needs, has proved effective for nurses in PACU at Children’s Hospital Los Angeles and can be adopted for PACU nurse nationwide.

**STANDARDIZED ORIENTATION FOR POST-OPERATIVE NURSES**

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**Background Information:** A nurse’s ability to safely and efficiently practice in the Post Anesthesia Care Unit (PACU) requires a strong foundation. Upon completion of a four-week preceptorship, newly hired nurses consistently reported feeling apprehensive about recovering patients independently. Post orientation feedback from nurses indicated that our orientation lacked key exposures, overall direction, and formal preceptor preparation. A closer look at our orientation process revealed many additional issues related to case assignments, inconsistency with preceptor pairings, as well as unstructured and inadequate resources. All of these problems added up to an ineffective orientation process and an unstable foundation for onboarding PACU nurses.

**ASPAN YOUR MIND**

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 PACU Staff



**Background Information:** Nurses Week 2018 was celebrated in our PACU with an “ASPAN” quiz bowl. Questions for the contest were taken from a CPAN study guide. Staff really enjoyed the game and were shocked at how much they didn’t know. Once Nurses week was over – as well as the game – several requests came from the staff asking if we could continue to play. We decided to make it more than a game. We turned it into a quest for knowledge.

**Objectives of Project:** The objective of our project was to develop an educational program that would prepare the PACU nursing staff for the CPAN exam. Our ultimate goal is to have at least 75% of the nursing staff complete the CPAN or CAPA exam by 2020. We are shooting for the ABPANC Certification Achievement Award. At the start of this project – we had 0% staff with certification.

**Process of Implementation:** The first thing we did was order study materials and reference books. We then made a 100 question “pre-test” that covered all the areas in the actual exam. All nursing staff participated. After the initial “test” period,

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*Note: All abstracts are printed as received from the authors.*