Statement of Successful Practice: The result of embedding the support teams into meetings with clinical management fosters more dynamic exchanges and consultation.
Objective 1 Outcomes: communications from finance support, material services manager and computer analysts to frontline managers reduced from 3-4 days to 6 -24 hours. Managers were able to learn more about the financial and material services ordering aspects of the leading a unit by being directly connected to these resource individuals within the service line rather than a centralized resources for finance and materials management.
Objective 2 Outcome: In the 4 months after the introduction of the surgical receipt the average cost/surgical case of 18 − 34 procedures dropped by 53%.
Implications for Advancing the Practice of Perianesthesia Nursing: Nursing leadership development must be supported by appropriate level of educational preparedness, and requisite set of competencies and skills. Skill building for our leadership team has been supported by having financial, IT, and material services support staff employed within the service line.

VISITATION GUIDELINES IN THE PERIANESTHESIA SETTING: FROM EVIDENCE TO PRACTICE CHANGE

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Team Members: Bridget Simpson, RN CMSRN, Jennifer Spurlock, BSN RN, Tammy DiCarlo, RN CPAN, Jennifer Jones, BSN RN, Ali Kalifoot, RN, Amy Berardinelli, DNP CPAN NE-BC

Background Information: In the perianesthesia setting, the promotion of family-centered care includes visitation for the postoperative patient. A variety of nursing practices amongst nurses exist that lead to delays in family presence at the bedside.
Objectives of Project: By creating formal guidelines and educating Team Members, bedside visitation will occur sooner.
Process of Implementation: Literature review took place at our shared governance unit council meetings. Visitation guidelines were drafted and submitted to nursing leadership for review. Perianesthesia staff received education and guidelines were made available for patients/families in the surgical waiting area.
Statement of Successful Practice: Outcome measurement is the patient time in Phase I prior to family visit. The time decreased by seven minutes in the initial three month time period after implementation.
Implications for Advancing the Practice of Perianesthesia Nursing: In the perianesthesia setting, the promotion of family-centered care includes visitation for the postoperative patient. With the implementation of the new guidelines, there was a decrease in family waiting to visit the patient.

MEASURES TO REDUCE AIRWAY EVENTS IN PACU

Team Leader: Staci Eguia, MSN RN CCRN
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Background Information: In a large oncology Post Anesthesia Care Unit (PACU), nurses sought to evaluate interventions that could lead to a reduction in emergent airway events. A group of senior nurses collaborated with the Anesthesia Medical Director, Quality Improvement Specialist and clinical nurses to evaluate all airway events reported in PACU in fiscal year 2017. After reviewing the report, an airway-auditing tool was created, and, monthly action items for Team Members. Best practice guidelines were also established for monitoring patients for potential airway events in the PACU.
Objectives of Project: Reduce airway events by 5% in PACU from FY2017 to FY2018.
Process of Implementation:

- Collaborated with multidisciplinary team
- Reviewed all airway events reported in the event reporting system for FY2017
- Established set criteria by event type
  - Anesthesia event
  - Complication of surgery r/t anesthesia
  - Airway management
  - Respiratory failure requiring unplanned support
  - Unplanned use of a reversal agent
- Provided education to all nurses regarding the use of capnography and established PACU standards per ASPAN guidelines
- Provided skills checkoff and accountability statement to all clinical nurses
- Monthly staff in-services and education provided on measures to promote lung expansion, EtCO2 monitoring, and escalation process
- Monthly audit tools tracked compliance with capnography monitoring
- Audit tool results shared with PACU team monthly
- Action items implemented based on audit tool findings

Statement of Successful Practice: Review of all airway events reported in the Safety Intelligence reporting system for FY2017 yielded 31. After establishing guidelines, staff education, use of capnography and monthly audits, the number of airway events reduced to 14 in FY2018, which generated a 54% reduction of airway events in PACU within one fiscal year.
Implications for Advancing the Practice of Peri-Anesthesia Nursing: Increased surveillance in the clinical area with airway team audit members, education to ensure understanding, competency in airway management, use of capnography, and nursing airway interventions can reduce the number of airway events in PACU.

"I'M A SAME DAY SURGERY! ARE YOU A SAME DAY SURGERY? WHO IS A SAME DAY SURGERY?" STREAMLINING THE SAME DAY SURGERY WORKFLOW FOR TOTAL JOINTS FROM A PREOPERATIVE PERSPECTIVE

Team Leader: Amanda Hill, BSN, RN
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Team Members: Paula Gibbs, RN, Kimberly Reed, RN, Ann Hanshaw, RN, Ruthie Rivera, RN, Keisha Franks, RN, Marquita Justice, RN, Terri Moore, RN, Jessica Alger, RN, Amy Daniel, NP, Anil Adiga, Dr. Mark Diehl, Dr. Matthew Grabowski, Dr. Margaret Holtz, Janie Mixon, NP, Dr. Stephen Kim, Dr. Stanley Dysart, Vanessa Ellington, NP
Pinnacle Staff: Lu Hill, RN, Janie McClure, RN, Brittany Comerford, Jenci Hallman
Resurgens Staff: Andrea Neel, RN, Nohemi Infante, Jenna Reinhart, Savannah Williamson, Ashley Mitcham, Amanda Terrell, Jamie Cash, Kelli Glosson, Lynn Espiritu, Ashley Prettyman
The staff of the following departments: Pre op, PACU, Phase II/ Discharge, Hospital Posting/Scheduling

Background Information: There has been an increase in Total Joint patients showing up for surgery scheduled as Same Day Surgery (SDS) but then having to switch to inpatient, and vice versa, due to inconsistency and incorrect identification in proper candidates for SDS. These last minute changes can lead to delays in care, misuse of resources, patients' and staff's dissatisfaction, and errors that may or may not reach the patient.
Objectives of Project: To create a consistent workflow that correctly identifies candidates and consistently labels Cases correctly for Total Joint cases.
Process of Implementation: There were multiple gaps in communication within the workflow. Based on these gaps identified, the initial root of miscommunication started in the offices and trickled down through the workflow process. A task force visited each area involved with Total Joint Cases. Education was given to staff to show importance of consistent and correctly identifying proper patients and the consequences that can occur by not doing so. Interventions were developed and implemented to help create consistency. Criteria guidelines on acceptable/ideal candidates for Same Day surgery were developed to identify correct patients.
Statement of Successful Practice: Before interventions were put into action, 62-72% of SDS was initially being posted as SDS. Once interventions were implemented, the initial posting increased to 89-100%. We also increased the volume of SDS from 16% to 35%. Anesthesia have reviewed several Cases (over 15) earlier than previously done before (which was day of surgery), resulting in cases being turned from SDS to inpatient BEFORE the patient even walked into pre op. Finally, staff has reported a decrease in patient and staff frustration as well as minutes saved in the surgical area.
Implications for Advancing the Practice of Perianesthesia Nursing: The project helped provide the nurses with tools and knowledge needed to care for the Total Joint patients. The nurses were able to focus their attention on what mattered most: the patient! By knowing the correct plan of care, the nurse is able to be competent and passionate about their patient's health.. Because information was consistent and accurate, errors were reduced and clarifications were decreased giving more time back to the staff. Bed waste was decreased (time and resources), allowing staff to use the bed and room resources more efficiently because patients went to the proper locations. Saved time, staff, and resources all equal to money saved by the patient and hospital.

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

THE INNOVATIVE ROLE OF AN RN REGIONAL BLOCK COORDINATOR: GETTING PATIENTS THERE ON TIME

Team Leaders: Leanne Davis, BSN RN CPAN, Alicia White, BSN RN
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Team Members: Marianne Truslow, BSN RN CNOR, William Manson, MD, Sean Corbett, MD, Ashley Shilling, MD, Crockett Stanley, MS, BeSafe Coach, Mary Tyree, BSN RN CNOR

Background Information: Evidence indicates that preoperative regional nerve blocks are an effective pain management strategy for the orthopedic surgery population. Patients who receive regional nerve blocks prior to undergoing orthopedic surgery indicate significantly lower pain scores and require less narcotic pain medication during the postoperative period. Research suggests that the implementation of a block nurse team increases patient safety, perioperative efficiency, and productivity while decreasing OR start time delays.
Objectives of Project: Improving the rate of first case on-time starts in regional block patients using effective communication and collaboration between nursing, anesthesia, and surgery teams while maintaining patient safety and satisfaction.
Process of Implementation: An RN nerve block coordinator role was developed. The nerve block coordinators maintained a visual management board to track the block schedule, delays, and reasons for late starts. They worked closely with nursing and physician leaders to identify opportunities for enhanced care and to rapidly design and implement strategies for improvement.
Statement of Successful Practice: In May 2017, at the start of data collection, patients who received nerve blocks in the preoperative unit experienced an average First Case On Time Start (FCOTS) rate of 36%. In May 2018, one year after implementation of the dedicated regional block coordinator role, the FCOTS rate for the same population increased to 82%, which represented a 45% improvement.
Implications for Advancing the Practice of Perianesthesia Nursing: This performance improvement project demonstrated the positive impact that the addition of a dedicated regional block coordinator makes to the organization, patient experience, and patient outcomes.

IMPROVING SAFETY AND HANDOFF FOR THE FAST TRACKED PATIENT

Team Leaders: Tiffany LaCoste, BSN RN CAPA, Bethany Wheeler, MSN RN CAPA
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Team Members: Debbie Lewis, BSN RN CNOR, Jerry Klaiber, MSN RN CNOR, Jason Martin, BSN RN

Background Information: Following an endoscopy procedure, most patients are fast tracked from the endoscopy suite to phase II. Some patients were returning to phase II from the endoscopy suite that had not achieved phase II status by evidence of decrease level of consciousness, difficult arousing, and unstable vital signs.
Objectives of Project: All patients returning from the endoscopy suite will have achieved phase II status when fast tracked and PACU phase I is bypassed. Endoscopy suite nurses and Same