

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.

**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  
 University of Virginia Medical Center, Charlottesville, Virginia  
 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  
 Southern Ohio Medical Center, Portsmouth, Ohio  
 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

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