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

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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 Peri anesthesia 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

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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