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
Day Surgery nurses will understand the difference between phase I and phase II. **Process of Implementation:** Same Day Surgery phase II nurses collaborated with Surgery nurses in the endoscopy suite to develop a solution. Bedside report was started to improve patient safety. Before intervention, the endoscopy nurse would come get the Same Day Surgery nurse at the SDS nurse's station upon arrival to phase II post op and both nurses would go to the patients' bedside. This process had flaws and to resolve issues, the endoscopy nurse now calls the 'Endo Post Op Nurse' on Voicen to notify phase II that a patient is returning from procedure. The Same Day nurse meets the endoscopy nurse and patient at the bedside in the SDS phase II area. The endoscopy nurse and the CRNA give report and take initial vital signs with the phase II nurse. If the Same Day nurse does not agree that the patient has achieved phase II status according to the Conscious Sedation Scale score, that nurse has the right to speak up for patient safety. The patient would be taken to PACU at that time or taken back to the endoscopy suite to recover by the CRNA or endoscopy nurse. Education was provided for all nurses in surgery, Same Day Surgery, and CRNA's on phase I and phase II. This had to be completed and a test was provided to ensure understanding.

**Statement of Successful Practice:** In February 2018, only 98.63% of patients came back from Same Day Surgery from the endoscopy nurse. Education was provided for all nurses in surgery, Same Day Surgery, and CRNA's on phase I and phase II II. April achieved 100%. Since implementation, over 99.7% of patients returned to SDS in endoscopy suites in phase II status. Bedside report was implemented in March and 99.73% of patients returned to SDS in phase II. April achieved 100%. Since implementation, over 99.7% of patients have returned achieving phase II after being fast tracked.

**Implications for Advancing the Practice of Peri anesthesia Nursing:** Advancing knowledge on the difference between phase I and phase II postoperative patients in combination with improving handoff report improves safety for the fast tracked patient.

**THE PERIOPERATIVE FLOW FACILITATOR’S IMPACT ON CAPACITY MANAGEMENT**

Team Leader: Elizabeth Resweber, MPH BSN CPAN
Children’s Hospital of Philadelphia, Philadelphia, Pennsylvania
Team Members: Alya Nadji, MPH(c), Aviva Mandel

**Background Information:** Facing continuously high hospital census, capacity management became the focus for maintaining surgical operations. The population served by Children’s Hospital of Philadelphia (CHOP) in the surgical area includes Cases with complex medical histories and many co-morbidities. Given these complex considerations, the Perioperative Flow Facilitator (PFF) role was developed to positively influence coordination of care in the surgical department at the CHOP. The PFF role identified patient volume prior to day of surgery. This new role has proactively influenced capacity management and bridges communication throughout the hospital.

**Objectives of Project:**

1. The PFF role was created to improve coordination techniques from small scale reactive methods, to proactive hospital wide efforts.
2. The PFF role identifies patient needs through PFF reports, daily perioperative flow calls, daily perioperative emails identifying hospital census, and daily surgical admission lists. The PFF reports are compiled from hospital wide patient data reports, and contain pertinent patient information that influence postoperative destinations. These reports also expand the distribution of patient information to departments and professionals across the institution. Daily communication from the PFF begins with a 6:00 multidisciplinary conference call followed by two additional hospital-wide meetings to review enterprise capacity. The ‘ARC Surgical Throughput’ Qlikview report was developed by the Anesthesia Resource Center to capture data describing patient flow. Surgical patient data from 2015-2018 was analyzed to gauge the effect of the PFF role in facilitating patient flow through the Perioperative Complex.
3. The presence of ACNPs on the unit has contributed to higher efficiency in patient discharges, more timely responses to urgent and emergent situations, and increase in nurse satisfaction.

**Statement of Successful Practice:**

1. Prior to the development of the PFF role in early 2016, only 19% of surgical Cases were assigned to more than one possible postoperative destination. At this time, approximately 1,500 did not have accurate postoperative destinations identified preoperatively. The PFF role introduced assigning multiple possible postoperative destinations for a patient based on potential postoperative care needs. After the PFF role was implemented, approximately 95% of cases had accurate final postop destinations, identified preoperatively.
2. The PFF role identified patient volume prior to day of surgery. This new role has proactively influenced capacity management and bridges communication throughout the hospital.

**ACUTE CARE NURSE PRACTITIONERS IN THE PACU**

Team Leaders: Martha Beene, ACNP-BC, Arlis Jean Cihak, ACNP-BC
Medstar Georgetown University Hospital (MGUH), Gaithersburg Maryland

**Background Information:** The Post-Procedure PACU of MGUH was opened in 2012. This unit was to be an extension of the PACU, built to take patients after IR and Catheterization Lab procedures. Because of the distance of the new unit from the main PACU, the need for in-house providers to manage emergent interventions, coordinate referrals, and discharges, and prescribe urgent treatments or medications, became apparent.

**Objectives of Project:** In the absence of Anesthesia personnel, the ACNPs were to provide firsthand care for patients during the recovery period, coordinate care in preparation for discharge or transfer to inpatient units, act as patient and family advocates, and to serve as a resource for the nurses.

**Process of Implementation:** In MGUH’s Post-Procedural PACU, two ACNPs were hired to act as the main providers and resources on the unit, in lieu of further extending Anesthesia coverage.

**Statement of Successful Practice:** The presence of ACNPs on the unit has contributed to higher efficiency in patient discharges, more timely responses to urgent and emergent situations, and increase in nurse satisfaction.