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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



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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 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



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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

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

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 Vocera 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 to Same Day Surgery from the 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 Perianesthesia 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



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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.

Objectives of Project: The PFF role was created to improve coordination techniques from small scale reactive methods, to proactive hospital wide efforts.

Process of Implementation: The PFF role identifies patient needs through PFF reports, daily perioperative flow calls, daily perioperative emails identifying hospital census, and daily surgi-

cal 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.

Statement of Successful Practice: 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.

Implications for Advancing the Practice of Perianesthesia Nursing: This process has increased situational awareness across the organization by increasing transparency of expected 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
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Background Information: The Post-Procedural 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