

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



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.

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
Medstar Georgetown University Hospital (MGUH), Gaithersburg Maryland

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