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 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.

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

Implications for Advancing the Practice of Perianesthesia Nursing: The use of Nurse Practitioners in the inpatient and outpatient setting has gained momentum in the healthcare field. The novel role of having NPs in the Perianesthesia setting can contribute to enhanced throughput, cost efficiency, increase in safety, and nurse satisfaction.

FAMILY VISITATION DURING PHASE 1 RECOVERY

Team Leaders: Savannah Huss, BSN RN CCRN, Elesi Dzandza, BSN RN
Moffitt Cancer Center, Tampa, Florida
Team Members: Cindy Chytil, BSN RN CNML, Melissa Davidson, BSN RN CPAN, Vanessa Bailey, HUC, Angela Sandberg, MSN RN ACNS-BC, Angela M. Ellis, MSN RN CNOR

Background Information: Moffitt utilizes a family-centered care nursing model. Traditionally, families were not allowed to visit patients during Phase 1 recovery. This practice contributed to anxiety and dissatisfied family members as evidence by anecdotal feedback and survey results which prompted implementation of a process change. PACU nurses questioned family visitation during Phase 1 because of space limitations, privacy, concerns about confidentiality, and liability risks. After a systematic literature review, evidence showed decreased family anxiety with visitation. Research reveals family visits lasting 5-10 minutes have a positive correlation in decreased need for pain medication. The Moffitt PACU nurses determined there was a need for a workflow and cultural change to incorporate our surgical patients' families in their post anesthesia phase of care.
Objectives of Project:

- To relieve the family's anxiety after surgery via 5 -10 minute visits during the patient's first hour in PACU.
- To increase nurse and volunteer occupational satisfaction.
- To provide holistic care affecting pain control non-pharmacologically via enhanced family communication during Phase 1 recovery.

Process of Implementation: Project metrics were surveys of both staff and families. Baseline data included an RN survey to identify barriers to successful family phase 1 visitation and a family survey to measure perceived anxiety and satisfaction with Moffitt's post-operative visitation policy. PACU RN's developed a workflow to allow time to accommodate visiting family members 5-10 minutes at their loved-one's bedside using the IOWA EBP model. Policy was rewritten to reflect this change.
Statement of Successful Practice: Surveyed families reported decreased anxiety about their loved one while in PACU by 0.79 Likert scale points and their satisfaction with our policy increased by 1.05 points after a 3 month pilot study. Data reported to PACU team; adoption promoted with plan to re-survey the RNs in 60 days.

Implications for Advancing the Practice of Peri-Anesthesia Nursing: This QI project provides a framework for Phase 1 PACU's to implement a successful visitation program. This study has evolved into a research project measuring the direct impact of Phase 1 family visitation on surgical post-operative patient pain control. ASPAN practice recommendation IX adherence would improve globally from the current 20% successful compliance of patient Phase 1 family visitation with published dissemination of our project structure.

INCREASING PATIENT SATISFACTION BY DECREASING TURNAROUND TIME FOR LAB RESULTS

Team Leader: Ingrid Guerzon, BSN RN CPAN
Cedars Sinai Medical Center, Los Angeles, Cailfornia
Team Members: Deborah Martin, BSN RN CPAN, Sarah Vy, BSN RN CPAN, Rusela DeSilva, MSN RN CAPA, Tesha Seabra, MSN RN CPAN, Alena Mascetta, MSN RN CCRN, Robin Reidy, MSN RN CCRN, Glenda Buranasombati, MSN RN CCRN, Jay Arcilla PI

Background Information: In the Post Anesthesia Care Unit (PACU), patients that need a cardiac catheterization require a sheath, which is a long narrow catheter that is inserted through the femoral artery. Due to the numerous blood thinners this patient population receives, they must remain flat due to their hypercoagulable state. Often these patients experience increased discomfort related to prolonged bedrest which leads to decreased patient satisfaction. Prior to sheath removal an Activated Clotting Time (ACT) level needs to be evaluated until a therapeutic value that has been determined by the physician has been reached. Currently, the practice is for the nurse to draw and send the ACT to the Emergency Department Lab which can take up to 60 minutes to get the results. As a result of the prolonged turnaround time of the ACT, this leads to a prolonged recovery time.
Objectives of Project: The purpose of this study is to increase patient satisfaction and decrease turnaround time for ACT results by incorporating the iStat in the PACU.
Process of Implementation: From August to October 2017, data was collected regarding the turnaround time of ACT results. The data showed that the results were taking up to 60 minutes therefore impacting patient satisfaction. The implementation of iStat training began in October 2017. The nurses in 6 PACU were required to complete a HealthStream module and hands on training.
Implementation Process: In December 2017, the nurses began to utilize the iStat machines that were installed in 6 PACU for the ACT results.
Statement of Successful Practice: Turnaround time for obtaining ACT results went from 60 minutes to 5 minutes after utilizing the iStat machine.
Implications for Advancing the Practice of Perianesthesia Nursing: The implementation of the iStat machine was successful in decreasing turnaround time for ACT results which lead to a timely removal of the sheath. In turn this increased patient satisfaction, patient comfort, and decreased length of stay.