

documentation. A program was developed to address and maintain ASPAN and The Joint Commission's documentation standards.

**Objectives of Project:**

- Ensure nursing electronic documentation standards across perianesthesia area.
- Develop audit tool for nursing documentation perianesthesia areas.
- Review/audit documentation and provide individual feedback to staff.
- Educate staff on electronic documentation standards.

**Process of implementations:**

- Institute chart audit committee.
- Translate paper documentation standards to electronic documentation
- Develop a comprehensive chart review tool for each phase of care within the perianesthesia area.
- Provide monthly updates to individuals and track the compliance percentage of each data element.
- Track areas that need improvement and communicate to staff.
- Provide weekly "Tuesday Charting Tips" communicating the standards of documentation and improvement strategies.
- Educated and provide ongoing education to staff by utilizing classes, handouts and one-on-one tutorials.
- As incentive for improvement every staff member with a 100% on their audit is entered in a monthly raffle.

**Statement of success:**

- Electronic documentation standards are clear, consistent and more easily adhered to since program implementation. Initial resistance from the staff has evolved into positive feedback. There are still areas that need improvement and with the large influx of new staff the work is still in progress.
- The committee has grown to accommodate the desire of staff to improve documentation and serve as a resource.

**Implications for Advancing the Practice of Peri Anesthesia Nursing:**

- Developing the standards of electronic charting.
- To promote consistent charting methods for all staff nurses.
- Give individual feedback about electronic charting for learning purposes.
- Standards of documentation allow for seamless extrapolation of information for all Team Members.

**EMBRACING NEW FAMILY VISITATION GUIDELINES IN THE PERIANESTHESIA UNIT**

Team Leaders: Kathryn Geagan, BSN RN, Josette Renda, BSN RN  
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 Team Members: Julia Rodriguez, BSN RN, Robert Veilleux, MSN RN



**Background Information:**

- Brigham and Women's Hospital is a 750-bed teaching hospital with 44 Main Operating Rooms, 86 pre-operative/post-operative bays, and 3 large family waiting areas
- Challenges with consistency and miscommunication regarding family visitation guidelines
- Family-centered care is a core principle of the Brigham and Women's Hospital (BWH) Professional Practice Model

**Objectives of Project:**

- Provide patients, family, and staff with a clear understanding of visitation guidelines
- Standardize process for patient visitation in perianesthesia area
- Create icon in electronic health record to improve communication between perianesthesia area and Family Liaison

**Process of Implementation:**

- Perianesthesia Clinical Practice Advisory Committee (PACPAC) collaborated with Family Liaison and patient advocates to create new visitation guidelines
- Staff surveyed to determine current visitation practices and highlight inconsistencies within the perianesthesia area
- PACPAC partnered with the Center for Patients and Families to create a guideline in appropriate health literacy level
- A handout was developed and distributed to patients and families in the Pre Procedure Evaluation Center with follow up on day of surgery
- Educated staff by utilizing email communication, handouts, and staff presentations
- Communication with Inter-professional colleagues to ensure success with new visitation guidelines
- Prominent signs displayed throughout family waiting areas

**Statement of Successful Practice:**

- Clear messaging about new guidelines resulted in a better understanding and standardization of visitation in the perianesthesia area
- Implementation of family visitation icon increased communication between perianesthesia area and family liaison
- Improved overall satisfaction among patients and visitors, family liaison and perianesthesia nursing staff

**Implications for Advancing the Practice of Perianesthesia Nursing:**

- A collaborative approach to family visitation improved flow and enhanced patient-centered care
- Updated visitations guidelines alleviated anxiety for patients and families

**HOW TO TRAIN FOR THE UNKNOWN: OPENING A NEW AMBULATORY CENTER WITH A NEW MODEL OF CARE**

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

Team Members: Kellianna Morgan, BSN RN PCCN, Kerri Hensler, MPA BSN RN CNOR NEA-BC

**Background Information:** New York-Presbyterian Healthcare System (NYP) built a new ambulatory center in 2018 – the David H. Koch Center (DHK). The new ambulatory surgery and endoscopy departments created a new model including pre-operative and post-operative services within the same architectural and geographical footprint. The new model of care meant that the registered nurses (RN) moving to the new departments would be working as pre-operative and post-operative nurses simultaneously. How can a perioperative department train RNs working in isolated environments to successfully and competently care for the perioperative patient comprehensively from admission to discharge?

**Objectives of Project:** Our aim was to develop competencies and training plans for RNs currently working in either the pre-operative or postoperative units to eventually work in the new building and departments as pre- AND post-operative nurses. The task of cross-training nurses while continuing to run existing units at the main campus was a challenge. The project was crucial to the launch and ongoing success of NYP's efforts to treat a growing ambulatory population.

**Process of Implementation:** The first goal was to determine the staffing needs of the new building. Working closely with finance and human resources was crucial in developing a shifting of staff plan from the main campus to the new ambulatory center. After staff were identified as shifting, needs assessments highlighted the orientation and training requirements for each RN. Relying on relationships with other departmental leadership, cross-training plans were created to maintain operations of existing units while orienting shifting nurses. Utilizing a reversed timeline from opening of the building backwards through the existing months prior to opening proved successful in allowing adequate time for the RNs to receive appropriate orientation.

**Statement of Successful Practice:** Working with an interdisciplinary team led by Nursing Education was crucial to the success of this monumental feat. A primary nursing Pre/PACU model improved continuity of care. DHK has been open for six months and ongoing education and reinforcement will continue.

**Implications for Advancing the Practice of Perianesthesia Nursing:** With healthcare advancing toward an increase in outpatient procedures, research and recommendations of ASPAN standards should be conducted for free standing ambulatory centers. If longitudinally successful, utilizing a pre- and post-operative model of care could save resources both tangible and abstract.

### **BUNDLES FOR BARRIERS: AN EVIDENCE-BASED APPROACH TO REDUCE PACU LENGTH OF STAY**

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Team Members: Danisha Reeves, BSN RN, Peter Stoffan, MPA BSN RN CCRN



**Background Information:** The goal of ambulatory surgery at New York-Presbyterian/David H. Koch Center is to provide quality care that is cost-effective for our patients. The occurrence of minor adverse events can increase PACU length of stay. Eliminating and/or reducing the occurrence of adverse events can have positive effects for patient outcomes.

**Objectives of Project:** Our aim is to reduce the PACU length of stay for the ambulatory surgery patient by identifying and minimizing the occurrence of common barriers to successful patient throughput.

**Process of Implementation:** The most common delays in discharge for all surgical services were identified and categorized over the course of two months. Common adverse events causing delays in throughput included: pain management, discharge prescriptions, patient escort, MD-related issues, and MD orders requiring patients to urinate post-procedure prior to patient discharge. After the common events were identified, a literature review was performed to identify evidence-based practices to reduce and manage delay-causing events. Care interventions were created and bundled for each barrier category. The intervention bundles were disseminated to all staff on the unit through in-services, huddles and team meetings.

**Statement of Successful Practice:** One month post-intervention, PACU length of stay is trending down showing an overall average of a 12% decrease in time for all surgical patients. By eliciting a lean and interdisciplinary approach to identify and mitigate common barriers, we eliminated non-value adding steps in our processes. Successful patient care tactics implemented as a result of our care intervention bundles include but are not limited to: post-operative avoidance of IV narcotics through earlier administration of oral medications, discharge prescriptions are delivered by courier service to the patients' bedside eliminating the wait for families to retrieve the medications, escort policy is strictly adhered to and communicated to patients in the pre-operative setting, and pre-operative IV fluids are ordered for patients who will be required to void post-operatively.

**Implications for Advancing the Practice of Perianesthesia Nursing:** There will always be barriers to seamless patient throughput however, reviewing literature to implement evidence-based practices and engaging a multi-disciplinary approach has proven effective in reducing PACU length of stay.

### **WHAT A PAIN! EASING THE PIV INSERTION PROCESS**

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**Background Information:** In the perioperative department, the pre-operative phase of care involves many tasks – one of which is to place the peripheral intravenous catheter (PIV). Research has shown that stress in the preoperative phase causes delays and a reduction in on time starts therefore negatively affecting patient outcomes and the patient experience. Practice has shown that preparing for insertion of the PIV can elicit enough stress and anxiety in the patient to cause a