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**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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**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