Statement of Successful Practice: orientation.

through the existing months prior to opening proved success-

reversed timeline from opening of the building backwards

of existing units while orienting shifting nurses. Utilizing a

ship, cross-training plans were created to maintain operations

RN. Relying on relationships with other departmental leader-

highlighted the orientation and training requirements for each

center. After staff were identified as shifting, needs assessments

ing of staff plan from the main campus to the new ambulatory

finance and human resources was crucial in developing a shift-

the staffing needs of the new building. Working closely with

Process of Implementation:

nurses. The task of cross-training nurses while continuing to

operative or postoperative units to eventually work in the

and training plans for RNs currently working in either the pre-

Objectives of Project:

doctorate or post-operative services within the same archi-

tectural and geographical footprint. The new model of care

meant that the registered nurses (RN) moving to the new de-

partments would be working as pre-operative and post-opera-

tive nurses simultaneously. How can a perioperative

department train RNs working in isolated environments to suc-

cessfully 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 proj-

ect was crucial to the launch and ongoing success of NYP’s ef-

torts to fort 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 cen-

ter. After staff were identified as shifting, needs assessments

highlighted the orientation and training requirements for each

RN. Relying on relationships with other departmental leader-

ship, 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 interdisci-

plinary 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

Team Leader: Cindy Delaine, MSN RN CPAN

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York, New York

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 mini-

mizing the occurrence of common barriers to successful pa-

tient throughput.

Process of Implementation: The most common delays in discharge for all surgical services were identified and catego-

rized 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 in-

terventions 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-interven-

tion, 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-oper-

atively.

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

Team Leaders: Nicole Geiger, BSN RN, Peter

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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

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