Team Members: Kellianne 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 preoperative 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

Team Leaders: Nicole Geiger, BSN RN, Peter Stoffan, MPA BSN RN CCRN
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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

vasovagal reaction. How can the pre-operative nurse help the patient through what is often reported to be the most-remembered and negative experience while remaining efficient and supportive?

Objectives of Project: The goal was to alleviate stress and diminish pain for the patient during PIV insertion by utilizing a topical anesthetic for the PIV insertion site.

Process of Implementation: A topical anesthetic skin refrigerant was utilized during PIV insertion. Pain during PIV insertion was measured for all patients over a four-week period. Utilizing a numeric pain scale, the patient-reported pain value of those who received the product was compared against those who did not. Gender, age, PIV insertion site, and the patient-reported pain scale during this pre-operative task were noted.

Statement of Successful Practice: Patients who received the product during PIV insertion reported an average pain of 2.7 out of 10 while those who did not receive the product reported an average pain of 3.7 out of 10. Surprisingly, there was no significant correlation in patient-reported pain considering and comparing the factors of gender, age, and PIV insertion site. An unplanned additional success was the improved confidence of the bedside nurses while placing PIVs. Nurses reported that the utilization of the topical anesthetic skin refrigerant distracted the anxious patients during PIV insertion, therefore allowing the nurse to have more confidence and less distraction during the task.

Implications for Advancing the Practice of Perianesthesia Nursing: Utilizing a product to diminish patient-reported pain (although minimally) can improve the patient and nursing relationship. Further practice in the perioperative setting should explore use of other non-invasive products and tactics to alleviate stress, diminish delays, improve the patient experience, and boost the confidence of the pre-operative registered nurse.

IMPLEMENTING AN ALGORITHM FOR IMPROVING PATIENT EXPERIENCE WITH PROCEDURAL DELAYS OR PROLONGED PRE-PROCEDURAL STAYS

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Background Information: Peri-anesthesia patients can have prolonged wait times. This increases anxiety. This also leads to staff dissatisfaction, who feel helpless to resolve it. The Perioperative Clinical Practice Council (PCPC) addressed this using FOCUS-PDCA and a task force.

Objectives of Project: To develop an Algorithm for improving Patient Experience with Procedural Delays or Prolonged Pre-Procedural Stays that peri-anesthesia staff can use in pro-active delay mitigation or service recovery.

Process of Implementation: Through every phase of the patient-staff interaction, factors for delay and its pro-active mitigation were identified, summarized into a workflow analysis, and chronologically placed on a timeline, from pre-admission to procedural day. Collaboration within the department and with external offices ensured that the ideas and workflow of all stakeholders were considered. The final algorithm is a **clinical workflow diagram**; a tool that RNs refers to when managing prolonged stays. Roles and expectations are clearly stated, with actions from delay-mitigation to service-recovery. We encouraged transparency, ensuring the patient is part of deciding how their experience is made better. Discussions with staff, clarified the scope, purpose and goal of the project during huddles, meetings and education days. Posters of the workflow diagram were placed in areas easily seen by staff and patients.

Statement of Successful Practice: An Algorithm for Improving Patient Experience with Procedural Delays or Prolonged Pre-Procedural Stays was developed by the PCPC. This specifically noted points of interventions during the different phases of patient engagement from pre-anesthesia to post anesthesia where staff can impact the experience related to delays or prolonged stays. Staff and patients had ready access to this information. Staff now knew how to handle prolonged stays and delays and patients were aware of their options.

Implications for Advancing the Practice of Perianesthesia Nursing: The algorithm was primarily aimed at improving patient experience, and led to engaging staff and patients and their families in handling the occurrence of delays in the department. It gave staff a blueprint on exactly what to do at every step of their workflow when confronted with a situation that may lead to a delay. Collaboration amongst the units and with external offices gave staff experience in multi-disciplinary process improvement. This algorithm can also be adapted, in the future, for other service-recovery issues.

GIVING TIME BACK TO NURSES!: A MULTIDISCIPLINARY APPROACH TO MEDICATION RECONCILIATION

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Background Information: At New York-Presbyterian Weill Cornell Medical Center, nurses facilitate medication reconciliation during the pre-operative assessment. In the pre-operative setting this collected information was transcribed onto a paper form leaving medication reconciliations incomplete, inaccurate, and unable to be verified or communicated with the patient's Electronic Medical Record (EMR). This process was improved by having the nurses (RN) input medication