

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

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