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

reconciliation directly into EMR. However, this proved to be tedious, lengthy and added significant time to the patient assessment interview. In May 2018, the Endoscopy and Ambulatory Surgery departments at the David H. Koch Center collaborated with IT Innovation and Pharmacy departments to pilot video conferencing between patients and a pharmacy technician for bedside medication reconciliation.

Objectives of Project: Utilizing pharmacy technicians via video conferencing for medication reconciliation to shorten nursing pre-procedure assessment.

Process of Implementation: During the pre-operative assessment patients were identified by the nurse if they take home medications. Using a bedside video monitor, a pharmacy technician interviewed patients about their home medication regimen and transcribed this information in the EMR. Collaborative biweekly meetings were held between IT, pharmacy and nurses to identify opportunities for improvement. RN assessment times were measured pre and post implementation to determine the impact of the use of pharmacy technicians on length of admission.

Statement of Successful Practice: Prior to implementation, the RN spent 33% of assessment time entering medication information. RN's spent an average of 1 minutes and 59 seconds to input each medication, while the pharmacy technicians spent an average of 46 seconds. With the use of pharmacy technicians and technology we have been able to dramatically reduce the RN's total assessment time. Delegating this task to the expert allows the nurses in the Endoscopy and Ambulatory Surgery departments to focus on direct patient care while ensuring an accurate medical record.

Implications for Advancing the Practice of Perianesthesia Nursing: Research supports that pharmacy technicians can assist nurses in obtaining more complete and accurate medication reconciliations. The use of innovative technology can reduce nursing time constraints in pre-procedure areas and allow for the focus on assessment, teaching and time spent with patients.

PEDIATRIC PACU WORK FLOW IMPROVEMENT

Team Leader: Michelle Levay, MSN RN CPN
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Background Information: Cleveland Clinic's pediatric PACU is a 10-bed unit that takes care of patients throughout all phases of surgery including pre-operative, Phase I and Phase II recovery. Daily census ranges from 20-25 patients. Patient acuity varies greatly from simple outpatient procedures to patients requiring intensive care unit.

Traditionally, pre-op patients were assigned to rooms 1-4 and post-op patients were assigned rooms 5-10. Staff assignments did not vary. Nurses assigned to rooms 5-10 were burdened with managing post-op patients with higher acuity compared to patients in pre-op. This led to frustration, division amongst the staff, and lack of team work.

Objectives of Project: The objective was to create better workflow in the unit, improve nurse job satisfaction, morale, and team work.

Process of Implementation: Nursing created a perception survey on staff assignments and team work. First, we trialed a 3 bed space with 2 nurses sharing the assignment. Second, we trialed redistribution of pre- and post-op patients throughout the entire unit and returned to the 1 RN to 2 bed assignment. Patients were assigned based on their arrival time while balancing pre- and post-op patients throughout the unit. Nurses were notified when they were next in line to receive a patient. Job satisfaction and team work were measured using a 5-point Likert scale. Staff were surveyed pre- and post-intervention.

Statement of Successful Practice: Pre-intervention measuring job satisfaction with assignments was low. Post-intervention #1 staff felt the workload improved but new issues were uncovered. Post-intervention #2 nurse satisfaction was at an all-time high. The nursing staff in the Pediatric PACU have successfully developed and implemented a new workflow process that has resulted in improved staff assignment and teamwork satisfaction.

Implications for Advancing the Practice of Perianesthesia Nursing: In reviewing the literature, we found that there is a need to balance nurse assignments and patient acuity. When patient acuity is not evenly distributed among staff it can lead to decreased quality of care, increased length of stay, and nurse burnout. Initially senior staff were resistant to change but were willing to try something new for the betterment of the unit. Successful practice requires that nurses remain flexible and adaptable to the ever changing needs of the unit.

CLINICAL NURSES EXPERIENCE WITH BEING ON A CLINICAL RESEARCH TEAM

Team Leader: Elizabeth Card, MSN APRN FNP-BC CPAN CCRP
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Team Members: Shannon Brooks, APRN ACNP-BC, Clayton Freemen, BSN RN, Christy Loyd, LPN, Adesinasi Wuraola, MSN APRN FNP-BC, Patricia Elizabeth Hall, DNP WHNP-BC

Background Information: Completing clinical research is a time intensive endeavor requiring specialized training and skills. Average time for research evidence to reach clinical practice is 17 years.[1-4] This lag truly highlights the divide between clinical world and the research world. The American Credentialing Center recognizes clinical nurses' ability to participate in research through Magnet designation for hospitals that demonstrate nurse led research.

Objectives of Project: A clinical research project led by a seasoned researcher invited key clinical staff to participate as Co-Investigators in the project, bridging the gap between the clinical and research worlds.

Process of Implementation: Clinical nurses and advance practice nurses were identified in areas that research subjects would be seen in for study visits. Pre-operative clinic (Shannon Brooks), spine clinic (Christy Loyd), pre-op holding room (Wuraola Adesinasi) and the post-op spine unit (Clayton Freemen).