

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

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Team Members: Erin Kampman, RN CPN, Megan Sumser, BSN RN CPN



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 Freeman, 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 Freeman).