

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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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

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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).

Nurses were trained on good clinical practice and study procedures for their area and study visit.

Statement of Successful Practice: Clinical nurses were very successful in completing the study related procedures in their areas. Enrollment for the project increased and deviations from the protocol decreased with the additions of these nurses. These nurses gave valuable feedback to the investigator resulting in a more streamlined through put of the subjects and process. One of the perianesthesia nurses statement regarding this experience: “The collaboration among seasoned research nurses and clinical nurses during the inquiry of new nursing knowledge builds teams that are strong and cohesive. The experience is rewarding as we all continuously grow in this process, nursing research.”

Implications for Advancing the Practice of Perianesthesia Nursing: Clinical nurse involvement in clinical research projects is feasible, resulting in increased understanding of the research process and collaboration between researcher and clinical staff. It is paramount that study related procedures are imbedded within the job function of the clinical nurse. Including these peri anesthesia nurses early, during study design, can result in vast improvements in study related procedures as these nurses understand the patients journey towards wellness better than anyone.

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INCREASING RECOVERY ROOM UTILIZATION THROUGH A MERGER OF AMBULATORY SURGERY UNITS



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Background Information: Prior to January 2018, the hospital followed a traditional method for post-surgical recovery and experienced many Operating Room (OR) delays due to Recovery Room (RR). Patients were moved from the OR to the RR and then transferred to Day Surgery (DS) or Inpatient Unit. When RR reached capacity, the Registered Nurses (RNs) stopped accepting patients. With nowhere to transfer them, the OR was

then forced to begin recovery care and not proceed with the next patient. Between July and December 2017, OR delays totaled 204 hours, an estimated cost to the organization of \$113,000.

Objectives of Project: Increase RR utilization and reduce OR delays.

Process of Implementation: DS and RR merged into one new unit “Peri-Anaesthesia Care Unit (PCU)”. This eliminated physically moving patients between two care teams and locations. Utilizing a collaborative model, the Registered Practical Nurse (RPN) similar to the Licensed Practical Nurse, was integrated into the initial recovery of a patient in consultation with RNs. Revised Aldrete Scoring System was created to support transfer of patient care from RN to RPN. Furthermore, all former DS nurses completed a Post Anesthesia Care Certificate course, in-unit orientation and ongoing training.

Statement of Successful Practice: OR delays decreased by 82% in the first six months (est. cost savings of \$92,000) while reducing patient recovery time by 28% (from an average of 200 to 145 minutes). Staff and physicians satisfaction increased by 17%.

This initiative highlights the benefits of combining two separate but similar patient care units. The PCU has improved patient flow by employing a nursing practice that is more fluid. Through human resources optimization, financial benefits gained have been reinvested in patient care. The team continues to seek opportunities for improvement by soliciting patient feedback through post discharge calls.

Implications for Advancing the Practice of Perianesthesia Nursing: Colleges in Ontario offer the PCU Certificate course to RPNs and RNs. The hospital has taken the theory of the Integrated Practice Unit to the next level. This has been accomplished by embracing a new model of care which includes the RPN practicing to their full scope, in the PCU.

GOING PAPERLESS: IMPROVING THE PATIENT ADMISSION AND REGISTRATION PROCESS



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Background Information: The New York-Presbyterian Weill Cornell Endoscopy Unit was responsible for registering patients upon arrival and completing the pre-procedure nursing assessment in multiple modalities including paper forms and computer applications. This led to repeat and inconsistent documentation. Several multidisciplinary teams were created to address (3) key focuses: decrease registration time, create an integrated electronic admission note, and reassign key roles. The registration process was improved by moving to electronic registration, centralizing the admitting department, and encouraging patient’s to complete online pre-registration. An electronic pre-procedure note was implemented that ensured integration with the electronic medical record (EMR) and facilitated communication with patient’s previous visits. Admission tasks were delegated to the appropriate roles, allowing the registered nurse (RN) to complete a timely pre-assessment.

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