

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.

References:

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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.