

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.

Objectives of Project: Streamline the admission process thus decreasing the amount of time between patient arrival to nursing assessment completion.

Process of Implementation: The registration and patient admission process was modernized by removing 17 paper forms. A multidisciplinary team was created to simplify pre-procedure registration including admitting and endoscopy front line staff. A pre-registration online form was created and advertised during appointment scheduling and centralized registration was moved to the entrance of the institution. RNs worked with Information Technology department to create a pre-procedure admission note in the hospital wide EMR. This allowed for information from the pre-anesthesia evaluation record to automatically populate patient's medical and surgical history for RN review reducing input of information and increasing accuracy. Another multidisciplinary team was created, consisting of RNs, preoperative patient assistants, GI physicians, anesthesia, and pharmacy, who designated the roles and responsibilities of each Team Member. Training was provided to the expanded roles and utilization of telehealth pharmacy tech was implemented to reduce time the RN spent on assessment.

Statement of Successful Practice: There was a 42% decrease from the time of patient arrival time to nursing assessment completion. This reduced the average time a patient spent in the preadmission phase from 62 minutes to 36 minutes.

Implications for Advancing the Practice of Perianesthesia Nursing: Streamlined registration process and the removal of paper documentation to a fully integrated EMR ensures that the patient's information is documented entirely and consistently. These technology upgrades reduced registration and nursing admission length.

PATIENT COMFORT MENU

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Background Info: New York-Presbyterian Hospital opened an outpatient ambulatory facility built with patient experience at the core. Opening the unit provided the opportunity to implement tailored patient care. Our main focus is to ensure patients feel comforted, welcomed and in control of their care. A patient comfort menu was designed and created by clinical nurses (RN) in the Pre/PACU at DHK Endoscopy. Research shows that patients can sense they are in good and competent hands if their care is effectively coordinated and there is attention to individual needs. (Delbanco, T).

Objectives of Project: Provide patients with a personalized experience by providing a menu with choices of their post-procedure comfort in the pre-procedure setting. The intention is to

assist patient's recovery by helping them feel welcomed and cared for thus improving their experience.

Process of Implementation: The menu includes the available nourishments and amenities for patients to choose during their stay. The laminated menus are placed at the bedside in each private room. Patients are asked to review and circle nourishment choices prior to their procedure. PPA's prepare the choices and bring them to the bedside upon patient return. The menu also highlights the facility's available amenities, which allows visitors to utilize while waiting for patients in the procedure room. Prior to implementation, a pre-survey was conducted during post-procedure phone calls. Using a Likert scale, questions were asked regarding patients' comfort level and needs during their stay. This will be followed by a post-survey collection using the same questions to determine the impact of comfort menu on patient's experience.

Statement of Successful Practice: The menu has been implemented on the unit, and post-procedure data is currently being collected. Preliminary results of post survey suggest that patients feel a higher level comfort when they receive care that is individualized to their needs.

Implications for Advancing the Practice of Perianesthesia Nursing: Research supports that feeling comfortable in a healthcare setting is associated with having received coordinated quality care. Our preliminary data indicates a correlation between patient comfort and perception of overall care. With a surplus of options for patients to receive care, there is increased pressure on healthcare facilities and providers to deliver quality care while maintaining an exceptional patient experience.

IMPROVING THE ENDOSCOPY PATIENT'S UNDERSTANDING OF RECOVERY



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Background: The Division of Gastroenterology (GI) has expanded the type of outpatient procedures performed at New York Presbyterian. As evidenced by poor patient satisfaction scores in the discharge domain of the OAS-CAHPS, we identified an opportunity to improve and specialize procedure discharge instructions. Previous discharge instructions were formatted in a free text, handwritten style, resulting in a lack of clarity, details, and comprehension. Procedure specific discharge instructions can increase patients' comprehension of post procedure information, therefore increasing patient satisfaction.

Objectives of Project: The Endoscopy Suite aimed to create procedure specific electronic discharge instructions. The goal was to increase patient satisfaction within the OAS-CAHPS discharge domain, specifically instructions regarding recovery.

Process of Implementation: Post Anesthesia Care Unit and Endoscopy clinical nurses collaborated to review current paper discharge instructions, online education materials, and nursing polices. Recommendations from the American Society of PeriAnesthesia Nurses, Society of Gastroenterology Nurses and Associates, and regulatory requirements were used as a guide during