

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