

### BACKGROUND

- This is an ongoing project to improve the patient's transition from the inpatient unit to the Preoperative unit and from PACU back to the inpatient unit.
- The goal in this phase of process improvement is to provide the inpatient RN with understanding of effective patient preparation for surgery in order to offer the best possible perioperative experience for patients and their families. Understanding of Phase I recovery lends to greater understanding of pain management and potential postop complications.
- The first phase of this ongoing staff nurse-led process improvement project led to greater satisfaction among patients and their families and the participating staff. The primary outcome has been improved timeliness of post-op pain med availability when the patient reaches the postop unit. (ASPAN CSP Poster 2014).



### OBJECTIVES OF PROJECT

- Recognize the elements of **effective patient preparation for surgery**.
- Assess factors in the **transition** from the inpatient unit to Preop and from PACU to the inpatient unit that contribute to an optimal patient experience and outcomes.
- Create a class with **ANCC credits** that provide incentive for participation.

### PROCESS AND IMPLEMENTATION

Create and implement a voluntary 7.5 ANCC contact hour class for the inpatient unit RN:

- One-hour didactic lecture on preoperative and preanesthesia preparation, Surgical Site Infection (SSI) prevention, anesthesia and recovery concepts, and postoperative complications.
- 6.5 hours of Preop and PACU observation with a preceptor to directly observe what the patient experiences in their perioperative day.
- Staff nurse may use education reimbursement pay for the day.

#### Objectives

- Describe effective preparation of patients for surgery and procedures.
- Describe a successful handoff from the patient care unit RN to the Preop RN.
- Summarize the patient experience in Periop.
- Describe PACU Phase I discharge criteria.
- Describe an effective handoff from PACU RN to the postop patient care unit RN.
- List potential post-op complications.
- List procedural areas where patients may receive anesthesia.

#### Goals for this experience

- Follow an inpatient and/or morning admission patient from Preop, through PACU, and return to inpatient unit
- Tour of the Epic Status Board and cues that RNs watch for; explain RANCS
- Peds patient pre-meds (Versed, Tylenol)
- PPI (Parent Present Induction)
- Orthopedic patient pre-meds (Celebrex, Neurontin, Tylenol)
- Peripheral nerve block—regional anesthesia block done in Preop
- OR add-on (factors that help inpatient experience go more smoothly)
- Clarify that Heart Cath is in the OR suites, same prep as any other OR
- Visualize more than one type of PACU wake-up (General, MAC, deep extubation, emergence delirium)
- Recover spinal/block patient
- Oral airway/intubated patient from PEDS MRI; T piece/oral airway adult patient
- Tour to IR, MRI/CT, and Peds Sedation



### Team Members

Alexandra Sakurets RN BSN and Melissa Sergot BSN RN-BC—staff nurse project leaders  
 “Transitions” RN committee members: (photo L to R) Allison Johnson, Melissa Sergot, Sasha Sakurets, Laura Eich, Julie Herzog, Erica Lavrentyev, Emily Cox  
 Mary Briggs BAN RN CAPA, Clinical Educator—support for ANCC class process and ASPAN abstract submission  
 Juliann Paulsich MHA RN CPAN, Nurse Manager—support for ongoing Process Improvement resources  
 Mary Jean Vickers DNP APRN ACNS NEA BC, Director of Nursing Practice and Education—support for creating the ANCC class

### STATEMENT OF SUCCESSFUL PRACTICE

*“What I found most interesting about this experience is the vastly different process from what we experience as inpatient nurses...In the PACU I observed receiving a baby from the O.R. with Melissa and watching the process of ‘waking up’. It was interesting to learn about the different stages a patient goes through to be eligible to transfer to our inpatient units. I left with a much better understanding of how this process is all dependent on the particular patient and not necessarily on a time clock.”*  
 Julie H., RN, Pediatric Med-Surg unit

Process improvement model:

- Direct-experience opportunity for the inpatient RN/ANCC credits
- Measure of success:
  - Likert scale evaluation tool
  - Anecdotal report from the participant
- Identifying Preop preparation and postoperative factors that improve the experience and outcomes for the patient.

### IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING

- Innovative ideas from frontline staff create opportunities for workflow process improvement that also enhance the patient and family experience.
- Collaboration between historically separate departments (Inpatient Nursing and Perianesthesia) has led to analysis of methods to identify obstacles, increase mutual understanding, and create solutions which benefit patient care and patient and staff satisfaction.

### REFERENCES

Promoting Successful Transitions From PACU to Inpatient Units  
 Stephanie Gingerich, Sasha Sakurets, Mary Briggs  
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 Fairview Health System Policies: Preop Guidelines, NPO, Skin Antisepsis