2:1 NURSE-PATIENT RATIO OUTSIDE PACU PHASE I: IMPLEMENTING A RN TANDEM APPROACH IN CARING FOR PREOP/PREANESTHESIA PATIENTS IN AN AMBULATORY PROCEDURE/SURGERY UNIT

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Background Information: The preanesthesia phase is the first segment of the perianesthesia continuum—improving the patient experience in this phase as well as the process are necessary in assuring safety and quality care. This process change has direct impact on staff accountability, enhanced collaboration/teamwork, and perioperative efficiency.

Admission of patients was historically based on a rotating fashion where RNs independently determined their availability to admit patients. This process created inefficiencies and delays. Finally, responsibility for all preop patients finished with admit, fell on the charge nurse--- this posed safety risks through missed care, communication, and work load.

Objectives of Project: To improve patient safety, staff accountability, and care delivery of preop/preanesthesia patients and to operationalize an optimized preop process using RN tandem model thereby improving patient throughput in an ambulatory surgery/procedure unit.

Process of Implementation: Multidisciplinary shared leadership team initiated the practice change proposal. The team utilized the *Plan, Do, Study, Act* model by the Institute of Healthcare Improvement to create parallel workflows where 2 RNs are teamed together and assigned a grouping of patients. Pre-implementation data obtained: (1) unit climate assessment, (2) preop cycle admission times. Staff education of the new workflow process were performed. Small tests of change were piloted and eventually implemented department-wide. Post-implementation data obtained: (1) preop cycle admission times, (2) anonymous unit climate assessment survey. Continued evaluation and adjustments to the process improvement are ongoing as part of the IHI PDSA cycle.

Statement of Successful Practice: Post-implementation, we have seen improved patient safety, decreased procedure delays, enhanced teamwork, and preop efficiency by reducing overall preop admission times by 17.5% for patients with pre-admit visit and 20% for those without.

The RN tandem approach in the preop setting allowed perianesthesia RNs to successfully deliver quality care while optimizing resources, improving teamwork, and improving throughput in a fast-paced ambulatory procedure/surgery setting.

Implications for Advancing the Practice of Perianesthesia Nursing: This QI project successfully implemented a traditional high acuity 2:1 nurse-patient ratio in Post-anesthesia Phase I within the Preanesthesia Phase which yielded improved patient safety, teamwork, and patient throughput. Thus, this preop care model was adapted due to its positive results.