

## **Recovery 2.0**

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**Background Information:** In our large, academic health system one of the most significant perioperative challenges is safely recovering patients once the primary recovery area is fully occupied. In 2019 we had over 21,000 minutes of Operating Room/Procedural Area (ORPA) holds where patients were recovered in the procedural areas. Recovering patients in the Operating Room (OR) has financial implications, since there is loss of revenue when the room is not being utilized for a scheduled procedure. In addition to the financial cost of delayed OR start times, dissatisfaction of the patients, surgery staff, and surgeons was also evident. The goal was to streamline, coordinate, and optimize patient recovery in a value focused environment while also assigning post procedural/surgical patients to the appropriate level of recovery.

**Objectives of Project:** Our goal was a 40% decrease in the time delays associated with ORPA holds over the course of 6 months.

**Process of Implementation:** We identified a multitude of causes and developed a process where Anesthesia recovers patients in the recovery room as opposed to the procedural areas, which we call the Anesthesia Recovery Program (ARP). Our ARP plan is triggered whenever an ORPA hold will exceed 10 minutes. The anesthesia team is directed to move the patient to a recovery room slot that is not staffed by RNs. The anesthesia provider monitors the patient in the recovery area until an RN-staffed slot becomes available. Additionally, a decision tree was created with guidelines in place in order to stratify recovery area assignments by optimizing the recovery workflow.

**Statement of Successful Practice:** The initial results showed an 85% decrease in ORPA holds. Having patients recovered by anesthesia providers improved turnover times and increased elective cases during business hours. Further work on this projected was interrupted by the COVID-19 pandemic.

**Implications for Advancing the Practice of Peri anesthesia Nursing:** The interprofessional team developed a model for dealing with potentially costly delays. Through cross disciplinary efforts significant cost benefits can be appreciated while maintaining optimal patient safety.