

Improving Flow of Out of OR Interventional Psychiatry Procedures using a Collaborative Model of Care

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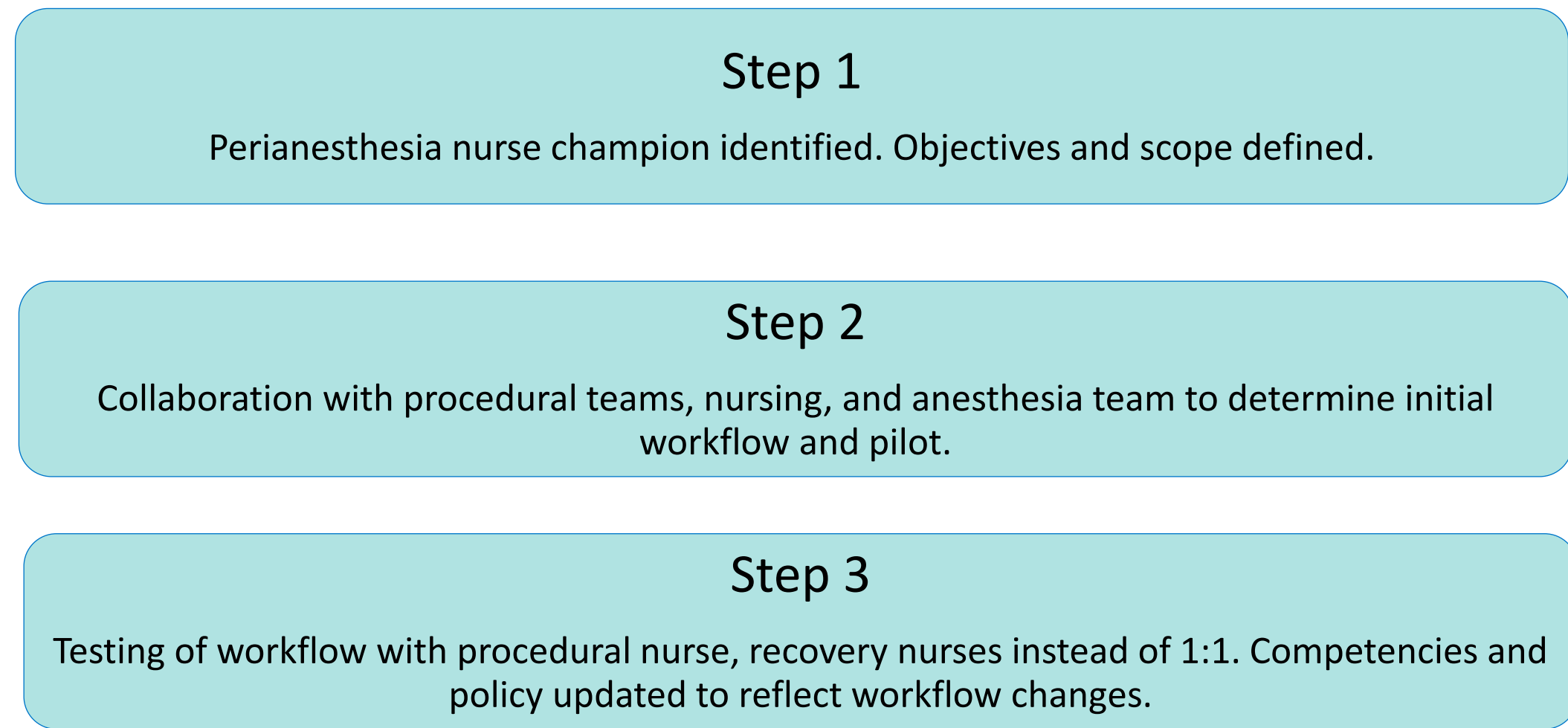
Background

- 171-bed Magnet® designated community teaching hospital part of large, integrated healthcare system.
- Rise in mental health issues in wake of COVID19 pandemic.
- Hospital facing business and quality imperatives to expand access to safe, high-quality care of mental health patients.
- Strategic goal to increase interventional psychiatry procedures including electroconvulsive therapy (ECT) and ketamine infusion in the PACU.

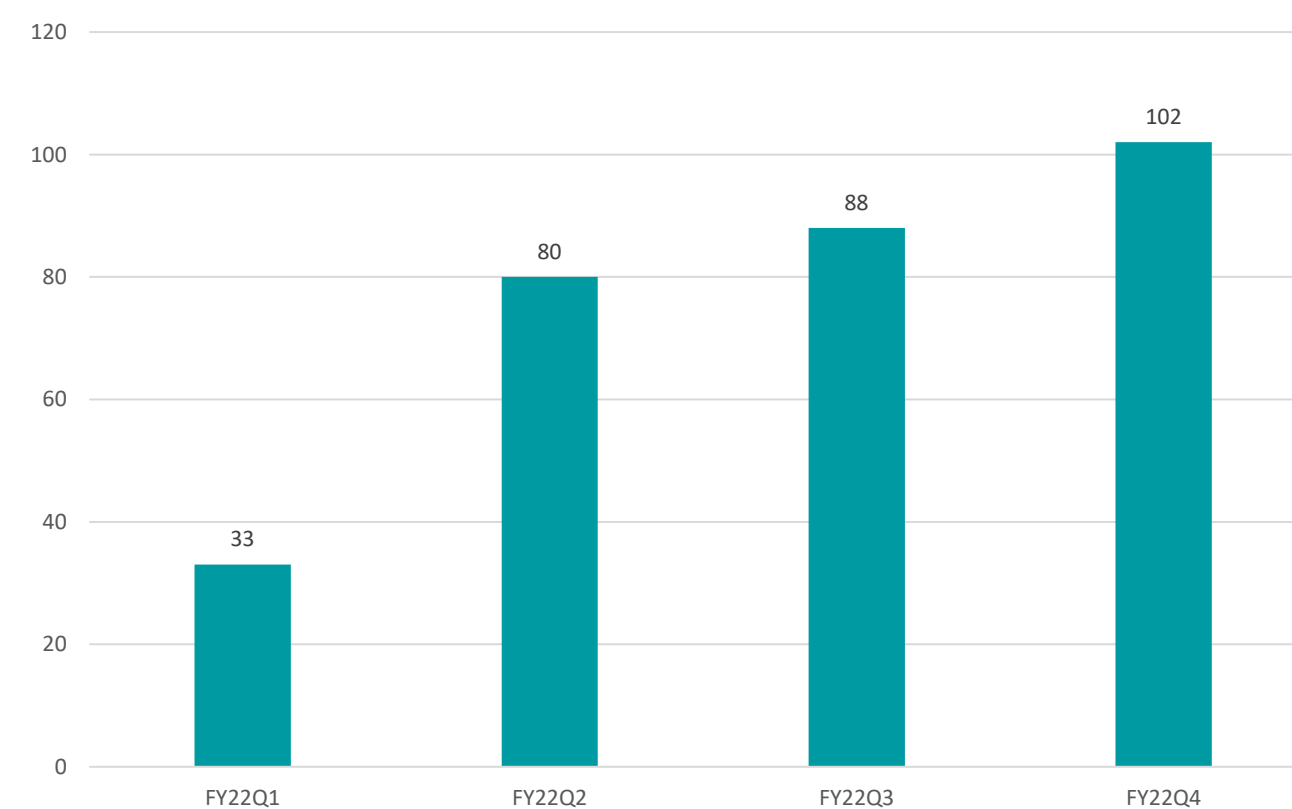
Objectives

- Develop and implement a novel care pathway to increase patient volume without impacting surgical patient flow in shared space.
- Maintain high quality care and high patient satisfaction.

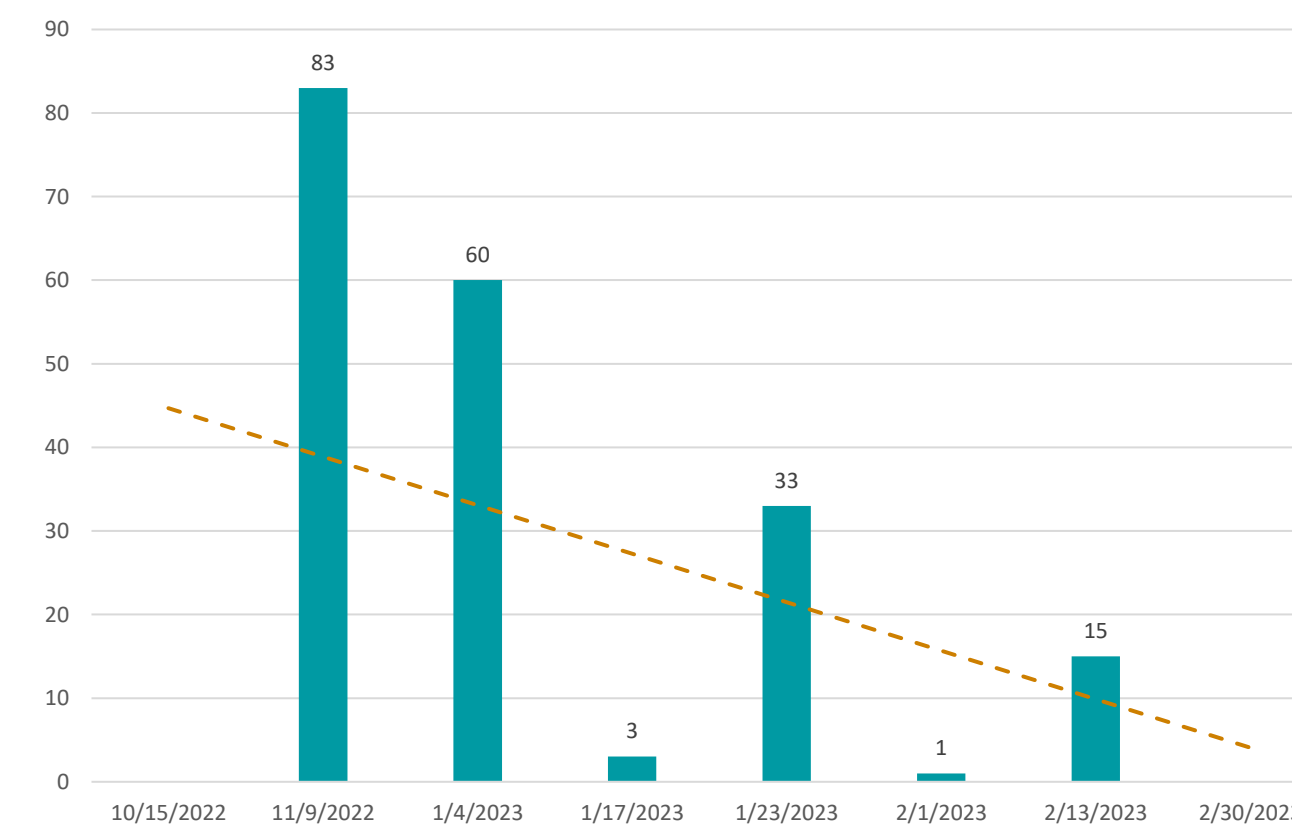
Process



Volume



Days from Referral to 1st Treatment



Statement of Successful Practice

- ECT and ketamine capacity increased.
- Less nursing staff was utilized and time between procedures decreased.
- Total time interventional psychiatry patients utilized PACU space decreased.

Implications

- Perianesthesia nurse involvement in developing care pathways for interventional psychiatry procedures in the PACU can support increased access to mental health interventions.

Next Steps

- Increase volume of out of OR interventional psychiatry procedures.

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