

Background / Purpose

Low staff morale and outpatient satisfaction scores for outpatients prompted our team to assess the units' current Phase II workflow. Our assessment revealed that clinical practices and patient flow lacked standardization, leading to significant daily variability in the phase II process among differing clinicians. These findings led to the creation and implementation of the "Phase Tubular" practice improvement initiative with a goal of improving patient and staff satisfaction with the recovery and discharge process. To accomplish this the following changes to workflow were introduced:

- 1) Revise staffing model to align with current professional standards
- 2) Identify and address inconsistencies in care delivery
- 3) Utilize staff feedback during the trials to adjust practice changes

Discussion / Conclusion

Staff evaluation surveys showed perceived improvements in the Phase II process across all the implemented interventions after frontline feedback adjustments were made. Notably, the highest-rated interventions included: the initiation of text-based communication, change in patient transport process, and ensuring the presence of family members at the patient's bedside. Press Ganey results from recovered ambulatory surgery patients also showed improvement in the domains of communication performance, discharge performance, and likelihood to recommend the hospital, after the staff feedback was evaluated and incorporated.

Implications For Practice

The collaboration between teams to implement this change has improved engagement in Phase II practices and established a forum for evidence-based discussion surrounding the teams' own practice. Initial observations indicate improvements in communication, patient flow, and standardization of care as well as an increased sense of ownership and accountability in clinical practice among the teams involved.

Supporting Evidence/References

American Society of PeriAnesthesia Nurses. (2023). 2023-2024 Perianesthesia nursing standards, practice recommendations, and interpretive statements.

Process of Implementation

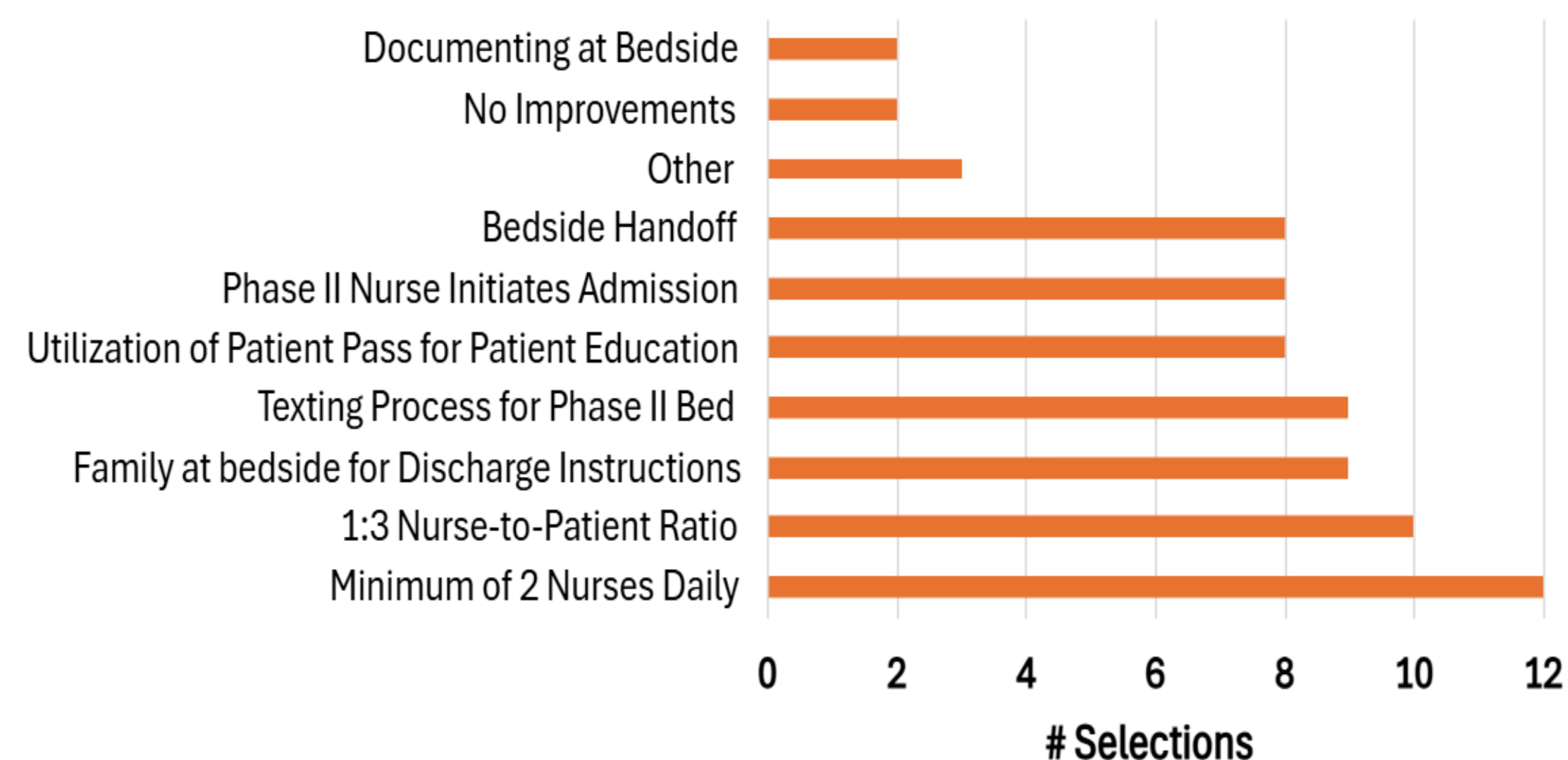
Change implementation within the PACU Phase II department was guided by *Spradley's Change Model*. The project team categorized the identified opportunities into two primary areas: overall quality of the Phase II experience, and patient safety. The key priorities identified were:

- ensuring appropriate nurse to patient ratios
- implementation of text messaging for bed assignments
- standardized transfer process ensuring bedside handoff
- standardized workflow for patient assessment and care
- clear expectations for discharge education

The changes were trialed for 6 weeks with evaluations occurring at 3 and 6 weeks, as well as during the trial itself by way of direct observation and the use of a hard copy "issue tracker". After both stages of revision, the finalized process was implemented as standard work.

Example of week 3 staff feedback responses:

What aspects of the new Phase II process would you consider an improvement?

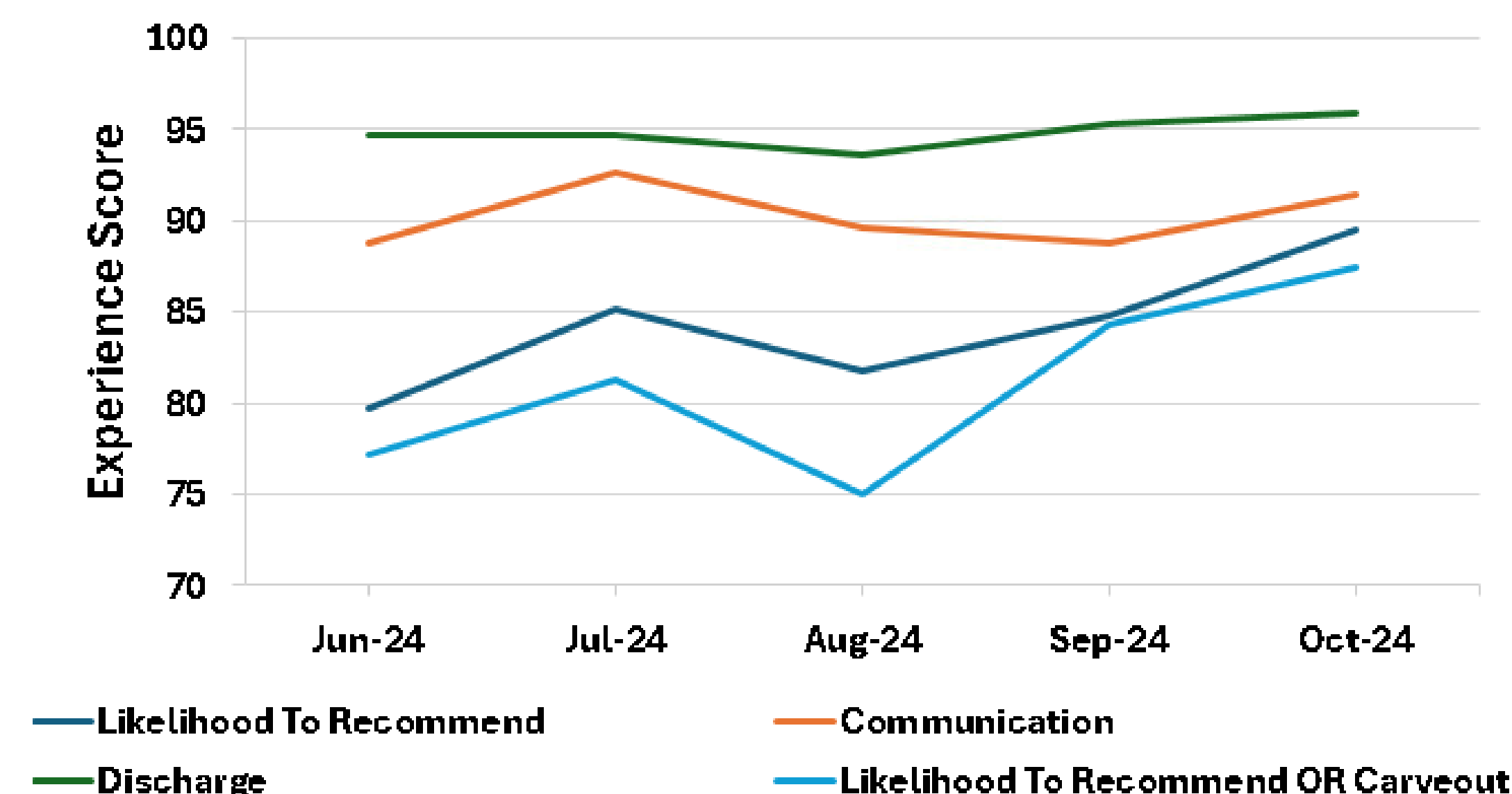


Acknowledgements

Thank you, Emory University Hospital Preoperative Holding Area and Post Anesthesia Care Unit, for your participation, support and dedication to improving patient care practices.

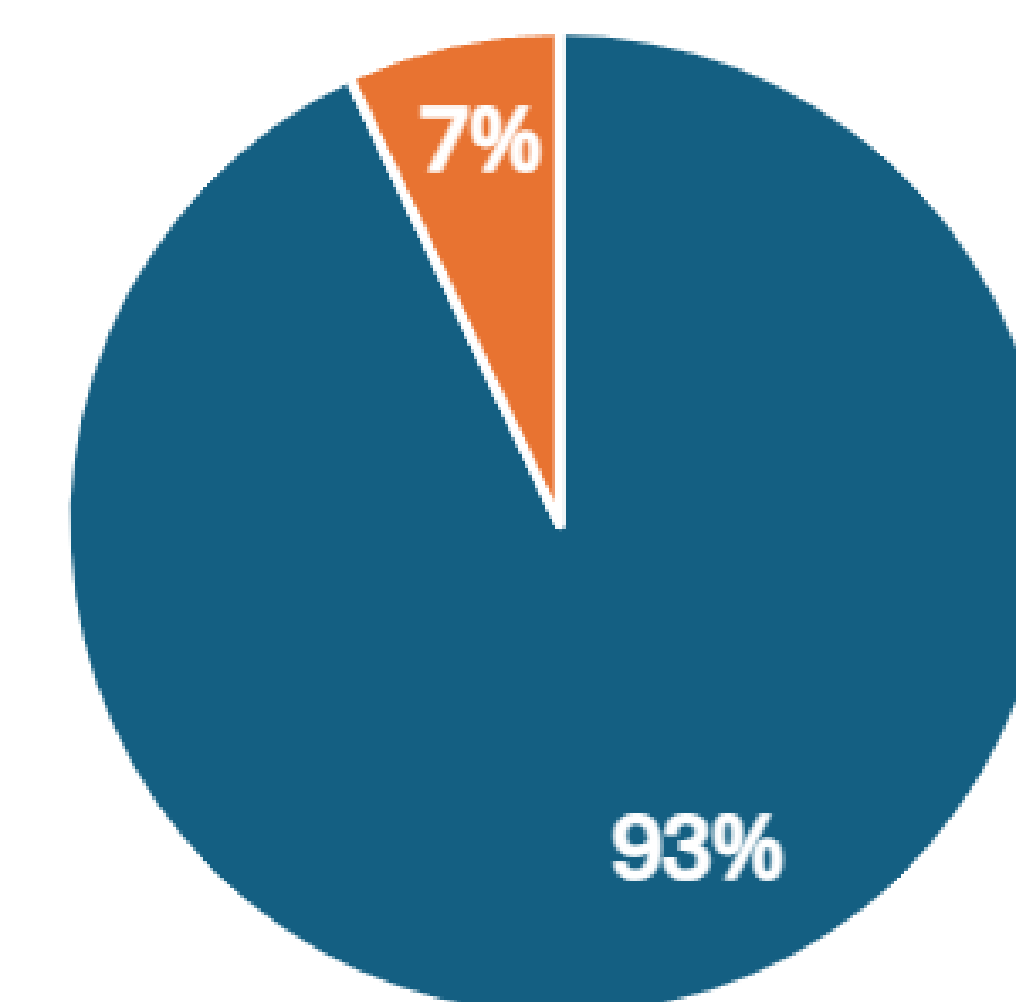
Results

Patient Feedback



Staff Feedback

Evident benefit to the implemented changes?



■ Yes ■ No