

The Role of a Dedicated Regional Block Nurse: Insights from a Pilot on Workflow, Communication, and Peri-Anesthesia Support

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Abstract Background Information: A pilot project was initiated to explore the value of introducing a dedicated regional block nurse within the pre-anesthesia setting. Proposed by the Acute Pain Service physicians, the initiative was not based on a clearly defined problem but was instead an exploratory effort to identify potential improvements in workflow, patient outcomes, and procedural throughput related to regional anesthesia.

Objectives of Project: The primary objective was to determine whether the presence of a nurse dedicated exclusively to assist with regional block procedures could streamline operations, improve patient flow, enhance patient safety, and improve interdisciplinary communication.

Process of Implementation: Launched in March 2025, the pilot included 4 RN's who served as primary contacts for coordinating all pre-operative and in-patient floor blocks. On days that one of these 4 pre-determined RNs were not assigned, one member of the leadership team would fulfill the role. Initially designed as an 8-week trial, the pilot was extended for an additional 8 weeks to allow for more comprehensive data.

Statement of Successful Practice: Quantitative data did not support the need for a dedicated block nurse in its proposed form, as there was no significant improvement in first case on-time starts or throughput—largely due to variables outside the control of nursing staff. However, qualitative outcomes revealed that the added RN presence significantly enhanced collaboration with the regional anesthesia team, and improved communication across disciplines. The added support also contributed to more seamless patient preparation, care coordination, and increased flexibility in the pre-anesthesia environment.

Implications for Advancing the Practice of Perianesthesia Nursing: These findings highlight the value of flexible staffing models in advancing peri-anesthesia nursing practice, suggesting that while a dedicated block nurse role may not be essential, incorporating additional support personnel can significantly enhance pre-anesthesia workflows, improve team efficiency, and promote both patient safety and education.