Heart of the Matter: Transitioning Invasive Cardiology's Staff to Phase I Recovery

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Introduction

Growing Complexity, Higher Acuity
The increasing volume and complexity of cardiovascular procedures in the Invasive Cardiology Laboratory (IC)—including electrophysiology and structural heart interventions—created an urgent need for a safe, efficient Phase I recovery model.

Traditional Recovery Model
Historically, patients recovered in a dedicated PACU, placing increasing demand on PACU capacity as procedural volumes continued to rise.

Specialized Nursing Expertise
IC nurses have a strong foundation in cardiovascular recovery, including rapid recognition of complications, advanced hemodynamic monitoring, and patient-centered postoperative care.

Expanding the Invasive Cardiology Nursing Role
Transitioning IC nurses from recovery of moderate sedation patients to Phase I anesthesia recovery extended their scope of practice while preserving PACU capacity.

Problem

PLAN

Need for Phase I Recovery Within the Invasive Cardiology

A safe, streamlined Phase I anesthesia recovery process within the IC Lab was essential to support procedural growth while maintaining ASPAN standards for patient safety and quality care.

Objective

To improve efficiency and patient flow by recovering Phase I anesthesia patients directly within the Invasive Cardiology (IC) Lab. This model streamlines transitions of care, reduces discharge delays, enhances procedural room turnover, and improves patient safety by leveraging specialized IC nursing expertise—while maintaining ASPAN Standards of Perianesthesia Care.

Process Goal:

Optimize PACU Utilization
Reduce PACU bed utilization for IC patients from 100% to 10% by December 2014.

Build Nursing Confidence & Collaboration
Increase IC nurse confidence and interdisciplinary collaboration from 50% to 99% by December 2014.

Enhance Throughput & Patient Flow
Improve procedural room utilization and patient flow—from IC procedure room to IC Phase I and Phase II recovery, through same-day discharge—from 10% to 96% by December 2014.

QI QUESTION

Can Phase I post-anesthesia recovery be safely and efficiently performed in the Invasive Cardiology unit while maintaining ASPAN Standards of Care?

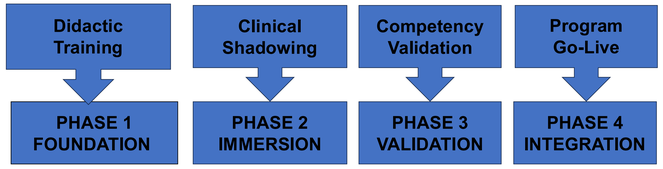
DO

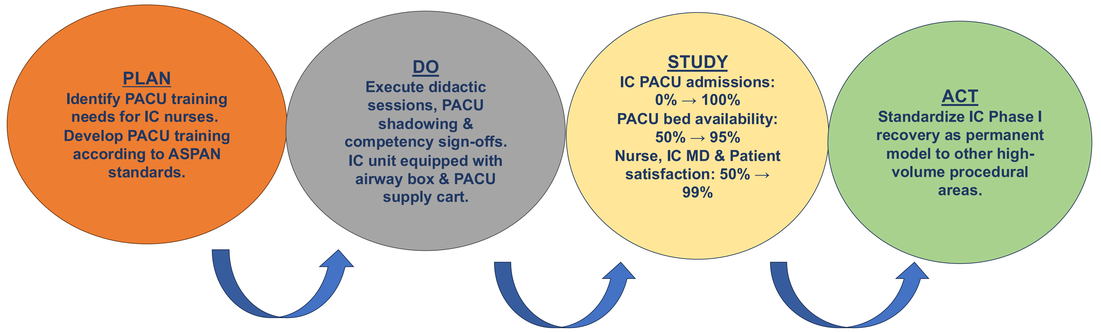
Implementation & Changes

Comprehensive Phase I Education
IC nurses completed structured training in PACU Phase I recovery, including airway management, hemodynamic monitoring, and pain control.

Competency-Based Preparation
Education included a PACU-led training day, three days of PACU clinical shadowing, and formal competency validation.

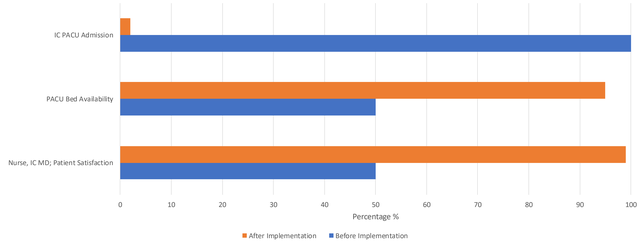
Supported Go-Live Transition
During implementation, a PACU RN provided bedside support to ensure safe integration of Phase I recovery practices within the Invasive Cardiology setting.





STUDY

Findings



Discussion

Safe Expansion of Phase I Recovery Beyond the PACU
Through structured education, competency validation, and PACU mentorship, IC nurses successfully integrated Phase I recovery practices into the Invasive Cardiology setting—demonstrating that high-acuity perianesthesia care can be safely delivered outside the traditional PACU when ASPAN standards are upheld.

Value of PACU–IC Collaboration
PACU leadership and bedside RN support during go-live were critical to ensuring patient safety, reinforcing Phase I recovery principles, and fostering interdisciplinary collaboration.

Implications for Perianesthesia Practice
This model highlights the importance of standardized training, ongoing competency, and shared accountability in expanding Phase I recovery capacity while preserving quality outcomes and patient safety.

ACT

- Improved patient throughput and reduce reliance on PACU team.
- Increased nurse confidence and interdisciplinary collaboration.
- Preserved continuity of care by recovering patients in their specialized IC environment.
- Established a sustainable model that supported PACU capacity and maintains safety.

Implications for Practice

This model expands IC nursing practice through specialized Phase I training and offers a scalable approach to delivering safe, patient-centered perianesthesia care in high-acuity environments—supporting efficiency, resilience, and ASPAN standards.

References

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