Implementing an Algorithm for Improving Patient Experience with Procedural Delays or Prolonged Pre-Procedural Stays

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Background Information: Peri-anesthesia patients can have prolonged wait times. This increases anxiety. This also leads to staff dissatisfaction, who feel helpless to resolve it. The Perioperative Clinical Practice Council (PCPC) addressed this using FOCUS-PDCA and a task force.

Objectives of Project: To develop an Algorithm for improving Patient Experience with Procedural Delays or Prolonged Pre-Procedural Stays that peri-anesthesia staff can use in pro-active delay mitigation or service recovery.

Process of Implementation: Through every phase of the patient-staff interaction, factors for delay and its pro-active mitigation were identified, summarized into a workflow analysis, and chronologically placed on a timeline, from pre-admission to procedural day. Collaboration within the department and with external offices ensured that the ideas and workflow of all stakeholders were considered. The final algorithm is a **clinical workflow diagram**; a tool that RNs refers to when managing prolonged stays. Roles and expectations are clearly stated, with actions from delay-mitigation to service-recovery. We encouraged transparency, ensuring the patient is part of deciding how their experience is made better. Discussions with staff, clarified the scope, purpose and goal of the project during huddles, meetings and education days. Posters of the workflow diagram were placed in areas easily seen by staff and patients.

Statement of Successful Practice: An Algorithm for Improving Patient Experience with Procedural Delays or Prolonged Pre-Procedural Stays was developed by the PCPC. This specifically noted points of interventions during the different phases of patient engagement from pre-anesthesia to post anesthesia where staff can impact the experience related to delays or prolonged stays. Staff and patients had ready access to this information. Staff now knew how to handle prolonged stays and delays and patients were aware of their options.

Implications for Advancing the Practice of Perianesthesia Nursing: The algorithm was primarily aimed at improving patient experience, and led to engaging staff and patients and their families in handling the occurrence of delays in the department. It gave staff a blueprint on exactly what to do at every step of their workflow when confronted with a situation that may lead to a delay. Collaboration amongst the units and with external offices gave staff experience in multi-disciplinary process improvement. This algorithm can also be adapted, in the future, for other service-recovery issues.