

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

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Background Information: The rise in mental health issues place a strain on healthcare as well as causing personal anguish and hardship. Hospitals face business and quality imperatives to allow for safe, high-quality care of mental health patients. A 171-bed community teaching hospital in the northeast United States wanted to develop a novel care pathway to increase patient volume of interventional psychiatry patients undergoing electroconvulsive and Ketamine therapy in the post anesthesia care unit (PACU). Current practice was a maximum of four patients a day being done after the first round of OR patients entered the operating rooms. ECT and Ketamine infusions were done with one-to-one nursing care, an anesthesia provider, and an interventional psychiatrist.

Objectives of Project: To develop and implement a novel care pathway to increase volume of interventional psychiatry patients and improve flow of these procedures while maintaining high quality care and patient satisfaction.

Process of Implementation: Following the leadership decision to increase volume of interventional psychiatry patients in the PACU, PACU nurse champions were named. They identified needed changes and collaborated with multiple members of the interdisciplinary team to create a novel care pathway. Enhancements put in place included

- new policies to reflect changes
- designing a new process of care – including a care model that uses less staff more efficiently

Statement of Successful Practice : Since August 2022, the volume of interventional psychiatry patients undergoing ECT and Ketamine infusion has increased to 6 patients daily for ECT and 2 patients daily for Ketamine. Less nursing staff was utilized and time between procedures decreased. Patient length of stay was also decreased.

Implications for Advancing the Practice of Perianesthesia Nursing: Available access to mental health care in the US is strained. By increasing the volume of interventional psychiatric patients in a PACU setting as well as decreasing the length of stays provides the ability for expanded access to treatment while maintaining high quality care and patient satisfaction.