**Background**

- 171-bed Magnet® designated community teaching hospital part of large, integrated healthcare system.
- Rise in mental health issues in wake of COVID19 pandemic.
- Hospital facing business and quality imperatives to expand access to safe, high-quality care of mental health patients.
- Strategic goal to increase interventional psychiatry procedures including electroconvulsive therapy (ECT) and ketamine infusion in the PACU.

**Objectives**

- Develop and implement a novel care pathway to increase patient volume without impacting surgical patient flow in shared space.
- Maintain high quality care and high patient satisfaction.

**Process**

**Step 1**
Perianesthesia nurse champion identified. Objectives and scope defined.

**Step 2**
Collaboration with procedural teams, nursing, and anesthesia team to determine initial workflow and pilot.

**Step 3**
Testing of workflow with procedural nurse, recovery nurses instead of 1:1. Competencies and policy updated to reflect workflow changes.

**Statement of Successful Practice**

- ECT and ketamine capacity increased.
- Less nursing staff was utilized and time between procedures decreased.
- Total time interventional psychiatry patients utilized PACU space decreased.

**Implications**

- Perianesthesia nurse involvement in developing care pathways for interventional psychiatry procedures in the PACU can support increased access to mental health interventions.

**Next Steps**

- Increase volume of out of OR interventional psychiatry procedures.

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