

## **Come Together- Perianesthesia Collaboration with Non-OR Anesthesia Locations**

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**Background Information:** In 2021, the Perioperative Clinical Practice Council (PCPC) received referrals on care events of Interventional Radiology (IR) patients receiving anesthesia and bladder management of post cardiac catheterization patients. This organization has a robust professional governance system. Clinical issues like these are collaboratively resolved by clinical staff of involved units.

**Objectives of Project:** We aimed to enhance care coordination of IR patients receiving anesthesia by 2022 to prevent delays, reduce cancellations and enhance patient safety. For post cardiac Cath patients, we aimed to reduce incidences of post-operative urinary retention (POUR), defined as urine volume of more than 400 ml upon bladder scanning, by 2022.

**Process of Implementation:** The PCPC convened two task forces with the Procedural UPC. From March to October 2022, a task force mapped the flow for patients undergoing general anesthesia in the procedural areas, identified the roles of units involved, defined process and patient flow. Changes were to book these patients through surgery scheduling and undergo pre-admit testing (PAT). Order sets were revised. Workflow and equipment were amended to comply with ASPAN standards. For Cath Lab, the task force identified the rate of urinary retention, implications for patient outcomes and interventions. The Holding area and Cath Lab RNs became aware of bladder emptying pre-procedure and fluid intake during the case.

**Statement of Successful Practice:** All IR patients undergo PAT. There have been no emergent scenarios in IR due to patients undergoing anesthesia without pre-procedure optimization and assessment. RNs in both departments had developed a collaborative pathway to allow the best care for these patients. From March to July 2022, 25% of patients from Interventional Cardiology had POUR. This rate decreased significantly in March-July 2023.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Collaboration between UPCs resolves clinical workflow and standards concerns. Perianesthesia has been detached from other departments, as we perceive our issues as peculiar to our specialty. With the advent of non-OR anesthesia, we need to generalize our processes to various departments. This experience of partnering with IR and Cath Lab to successfully resolve clinical care challenges can be easily replicated.