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.

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.

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.

References


