## Ensuring General Anesthesia Recovery for Interventional Radiology Nurses to Facilitate Throughput

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**Introduction:** The Interventional Radiology (IR) department performs procedures under local anesthesia, moderate sedation, and general anesthesia. While recovery of moderate sedation patients is a requirement for IR nurses, it is not for general anesthesia (GA) patients.

**Identification of the Problem:** The Post Anesthesia Care Unit (PACU) experienced significant throughput delays (approximately 1000 hours/month), impacting bed availability for IR patients. Due to these delays, IR GA patients must often remain in the procedure room post-procedure, delaying the start of subsequent cases.

**QI Question/Purpose of the Study:** This quality improvement project equips the IR nurses with the necessary skills to initiate recovery of GA patients. Eight IR nurses required training, and PACU currently has capacity for eight patients.

**Methods:** Perioperative leadership collaborated to address the need for IR nurses to recover GA patients. A GA recovery orientation was developed, including a competency checklist and a rotation schedule to PACU. IR nurses completed two shifts under PACU preceptor guidance to ensure they met all competency objectives.

**Outcomes/Results:** Within ten weeks, 100% of IR nurses were trained and competent to recover GA patients. This enhanced efficiency by allowing cases to continue in the angiosuite. New IR nurses now receive this training during orientation. Quick reference guides support accurate PACU documentation for intubated patients.

**Discussion:** The team assessed the throughput and capacity in the IR department during the discussion and identified an opportunity. This initiated a closer focus to facilitate patients through the IR department safely. With the consistent capacity issues of the hospital, this was identified as a priority to continue services in the IR angiography suite.

**Conclusion:** Given our hospital's capacity constraints, this quality improvement project aimed to increase the efficiency of our IR angiosuite. By collaborating with perioperative leadership and nursing staff, we developed a robust orientation for IR nurses to recover GA patients. This expanded the nurses' scope of practice and improved the utilization of our limited resources.

**Implications for perianesthesia nurses and future research:** This collaboration can help provide a roadmap for other peri-anesthesia departments to evaluate, improve, and influence the quality and throughput safely.