

**O2 Guru: Improving Perianesthesia Nursing Practice:
A Standing Delegation Order Protocol for Oxygen Therapy**

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Introduction: As part of a quality improvement (QI) initiative to achieve zero harm, a review of electronic medical records (EMR) performed by the hospital's accreditation organization revealed a gap.

Identification of the Problem: Licensed nurses were administering oxygen without a physician order as providers were not consistently entering existing oxygen order sets. This created a documentation gap and compliance issue. To address this, a new standing delegation order (SDO) protocol was approved. The SDO is a pre-approved order set allowing qualified nurses to initiate and manage oxygen therapy without a separate physician order. A system-wide practice alert was issued to clinical licensed nursing staff via email to attest understanding.

QI Question/Purpose of the Study: This QI initiative aimed to enhance compliance with the new SDO protocol in the Post-Anesthesia Care Unit (PACU). The primary objectives were to increase compliance from a baseline of 85.79% to at least 90%, and to establish a sustainable practice for three consecutive months.

Methods: The initiative began with a comprehensive education program for 35 PACU staff. This included a 1:1 review of the SDO practice alert, an online module and attestation form. Nursing services conducted weekly EMR reviews over 12 weeks to monitor compliance. Staff below the 90% benchmark received personalized notifications and additional education. A recognition program, "O2 Guru" was launched. Staff with 100% monthly compliance were recognized on the huddle board and entered in a drawing for 1,000 Harris Health points.

Outcomes/Results: The interventions resulted in a significant and sustained improvement in compliance, increasing from 85.79% to 98.58%. This 12.79% increase was maintained above 95% for six months, demonstrating sustainability and allowing for reduction in compliance notifications from weekly to monthly.

Discussion: This initiative provides a successful model for advancing perianesthesia nursing practice by showcasing how a targeted SDO, coupled with continuous auditing, and positive reinforcement can effectively embed a new protocol. Auditing will continue monthly to ensure sustained compliance.

Conclusion: This approach ensures regulatory compliance, patient safety and enhances the perianesthesia nurses' scope of practice by empowering them to manage oxygen therapy within the SDO protocol.

Implications for perianesthesia nurses and future research: The findings provide a model for healthcare organizations seeking to improve patient outcomes and advance their zero-harm mission.