

IMPLEMENTATION OF A REGIONAL NERVE BLOCK NURSE COORDINATOR TO IMPROVE QUALITY OUTCOMES

Primary Investigator: Amy Berardinelli DNP RN NE-BC CPAN
Cleveland Clinic/Hillcrest Hospital, Mayfield Heights, Ohio
Co-Investigator: Antoinette Zito MSN RN CPAN

Introduction: 500-bed, level II trauma, surgery center, perioperative nurses are cross-trained in: pre-op, PACU Phase I and II, regional anesthesia nerve blocks, and ophthalmological surgeries. With an increase in the awareness of post-operative pain resulting in opioid use and decreased patient experience scores related to post-operative pain, we saw a rise in pre-operative regional anesthesia nerve block volumes.

Identification of the problem:

Utilization of multi-modal analgesia led to a rise in the number of perioperative nerve block procedures. A lack of standardization was noted in the perioperative nerve block procedure process. Delayed on-time starts were noted in the in the OR, with inefficiencies leading to increased costs and decreased patient satisfaction scores.

QI question/Purpose of the Study: Would the addition of one full-time RN designated to coordinate perioperative regional anesthesia nerve blocks improve quality outcomes?

Methods: The implementation of a full-time RN, regional anesthesia nerve block nurse coordinator to the perioperative team.

Outcomes/Results: Outcomes of implementing a nurse coordinator have increased patient satisfaction from a mean of 35% to 44% over 2 years, FCOTS increased for spinals and blocks. FCOTS for regional nerve blocks increased from 55% to >75% in 5 quarters, with 7 out of 9 months with greater than 100 blocks/month.

Discussion: The addition of a full-time nurse coordinator to work in collaboration with the anesthesia providers resulted in consistency and assurance that pre-operative nerve block patients were scheduled appropriately, educated, and in the OR on time. This nurse works with the assistance of an anesthesia technician. Develops a standardized process to improve patient throughput. Identifies patients that may benefit from a regional nerve block anesthesia consultation. Provides education to the patients, the families, and the clinical staff. Collects data. Assists the anesthesiologist with procedures. Integrates EBP into daily practice. Conducts research to develop best practices.

Conclusion: The addition of one full-time RN designated to coordinate perioperative regional anesthesia nerve blocks may improve quality outcomes.

Implications for perianesthesia nurses and future research: With the addition of the Regional Anesthesia Block Nurse Coordinator, quality outcomes were improved in 3 out of 3 domains. A standardized orientation for perioperative nurses in regional anesthesia procedures was implemented. Collaboration with the anesthesia team and OR team for culture of improvement was noted. Improved patient education and optimization for surgery to improve post-operative outcomes.