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satisfaction. The use of aromatherapy can only increase the patient’s overall satisfaction. Further research can be done by comparing actual length of stays for patients with and without the use of aromatherapy.

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IMPLEMENTATION OF STRATEGIES TO REDUCE IMPROPER DISPOSAL OF OPIOIDS FOLLOWING ORTHOPEDIC SURGERY: A PILOT STUDY

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Introduction: The opioid epidemic remains a challenging problem currently facing healthcare systems. As opioids are often prescribed in greater quantities than patients consume, proper disposal of unused medications is crucial.

Identification of the problem: Literature suggests many patients who are prescribed opioids share medications with another person and that there is a lack of patient education regarding safe disposal of opioids.

Purpose of the study: To analyze how the implementation of the Deterra® Disposal Pouch (DDP), and education regarding its use, may reduce the percentage of improper disposals of opioids following orthopedic surgery. Secondly, the study examined the patient utilization rate of the DDP after implementation.

Methodology: All patients undergoing elective orthopedic surgery at a single ambulatory surgery center noted their opioid disposal technique via an automated survey 2-weeks post-operatively. Pre-implementation (12/2018-02/2019) versus post-implementation (12/2019-02/2020) of the DDP were compared for improper disposal (storing prescription, flushing down the toilet, etc.) versus proper disposal (DDP, dropped at police station/pharmacy/city-hall, etc.). Patients not prescribed opioids, still taking opioids, or who had finished their opioid prescription at the time of the survey were excluded.

Results: Prior to implementation of the DDP, 54.2% (n=39) of patients disposed of their opioids improperly versus 45.8% (n=33) properly. Following implementation, 49.1% (n=53) disposed of their opioids improperly versus 50.9% (n=55) properly. Importantly, post-implementation, 21.3% (n=23) of patients disposed of their opioids using the DDP. This difference between 54.2% and 49.1% was not statistically significant, yet may be deemed clinically relevant (p=.502).

Discussion: The results suggest the effectiveness of implementing strategies to encourage proper disposal of unused opioids following orthopedic surgery, with important implications for reducing the negative, secondary effects of improperly storing and disposing of opioids.

Conclusion: Comprehensive implementation and education regarding proper use of the DDP led to decreases in improper opioid disposal, with over 1 in 5 patients utilizing the new disposal method.

Implications for perianesthesia nurses and future research: Perianesthesia nurses play an important role in educating patients about correct use and reasoning behind proper disposal of opioids. The authors recognize this data is preliminary, but further large-scale studies are warranted to study effective opioid disposal.

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OPTIMIZING THYMoglobulin ADMINISTRATION: A CARE BUNDLE APPROACH

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Introduction: Smart infusion pumps, and information systems have enhanced nursing practice, but awareness of our overreliance on technology must be considered to prevent adverse events. Infusion pumps are required to achieve optimal dosage and timing of Thymoglobulin infusion. This project addressed safety measures in daily nursing practice, including medication administration, documentation, and clinical alarm management.

Identification of the problem: IV Infusion pump assigned to administer Thymoglobulin to a kidney transplant recipient did not function appropriately, failing to deliver any medication, and failing to alarm, leading to subsequent adverse reactions. Nursing documentation reflected Thymoglobulin had been actively infusing on that failed pump. Inability to trace the infusion pump was also present in the event.

Purpose of the study: Our aim is to optimize care processes related to the administration of Thymoglobulin in kidney transplant recipients by using a care bundle approach.

Methods: Nursing staff in-services were provided on the Thymoglobulin care bundle interventions. Staff compliance with care bundle was reviewed through direct observation, surveys and patient chart audits: (1) Standard cell documenting Thymoglobulin and pump asset tag number, (2) ‘Bag details’ on the I&O Flowsheet, (3) ‘Thymoglobulin Administration Note’ when infusing a new IV bag, (4) Pump drug library selecting Thymoglobulin, and (5) Infusion pump alarm checks.

Outcomes/Results: Patients’ charts were reviewed prior to in-service (n=20), and post in-service (n=32), for the presence of documentation elements of the care bundle. Prior to in-service, 80% of the charts demonstrated some elements of the care bundle. Post in-service, 91% demonstrated all the documentation elements of the care bundle. Post in-service Survey results revealed 80% of RNs were performing infusion pump alarm checks, versus 20% pre in-service survey results. Direct observations revealed 90% of staff used infusion pump drug library.

Discussion: Infusion pumps carry certain degree of risk of not working correctly, and nurses must mitigate this risk by ensuring the safety and effective performance of these devices.

Conclusion: The care bundle significantly improved documentation on Thymoglobulin administration, including management of Infusion pump alarms.

Implications for perianesthesia nurses and future research: RNs must rely on their expert monitoring of the patient and his/her environment to ensure patient safety. Continuous assessment of infusion practices is required to enable us to identify opportunities for process improvements.

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MULTIDISCIPLINARY APPROACH TO REDUCE OR DELAY AND CANCELLATIONS DUE TO COVID-19 TESTING

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Background information: The COVID-19 pandemic has influenced the global health care system. The institutional guidelines indicate that all surgical procedures require a negative COVID test within four days of surgery. Operating room (OR) delays/cancellations related to pending COVID results can lead to unnecessary waste of PPE resources. Additionally, it can cause undue emotional distress for the patient and family, which affects the patient experience.
POSTDISCHARGE NAUSEA AND VOMITING RISK ASSESSMENT IN BREAST AND GYNECOLOGICAL SURGICAL PATIENTS

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Introduction: Postdischarge nausea, vomiting or retching (PDNV) occurs after the time of discharge from the post anesthesia care unit (PACU) for patients who have undergone out-patient surgeries. Consequences include increased healthcare costs, rehospitalizations, and decreased patient satisfaction.

Identification of the Problem: At a large mid-Atlantic academic hospital, 40% of gynecological out-patient surgical patients had PDNV as identified by the institutional guidelines. The overall data from June to August 2020 shows that COVID-19 pending tests have improved significantly from 6.8% to 0.2%. The pending results, the delay of surgical cases improved from 2.5% to 0.2%; and the cancellations of cases improved from 0.7% to 0.07.

Implications for perianesthesia nurses and future research: Having a tracking tool provides perianesthesia nurses an opportunity to quickly identify COVID testing needs. This can have a positive impact on the patient experience during a pandemic and eliminate the waste of PPE, helping the organization to be financially responsible. The development of the perioperative guidelines is important in managing practice changes during a global pandemic.

Statement of Successful Practice: The development of a COVID-19 test tracking tool data indicates significant reduction of OR delay or cancellation.

Objectives of project: Short- term: To shorten W2W to 23 minutes within 1 year
Long- term: To improve patient outcomes, increase case volume, and maximize productivity

Process of implementation: As part of Lewin’s Change Theory, key stakeholders and unit champions, were recruited. All PACU registered nurses received education on the risk assessment protocol utilizing the Apfel risk assessment tool. The Apfel risk assessment tool is validated to identify five independent risk factors for PDNV in out-patient ambulatory surgical populations. Implementation of the tool with data collection occurred over eight weeks on all scheduled out-patient breast and gynecological surgical patients. Staff compliance was measured throughout implementation.

Significance of Findings/Outcomes: In patients with at least three risk factors present, the Apfel tool correctly identified the risk for PDNV in 88% of patients. Patients with four and five risk factors present, the tool correctly identified the risk for PDNV in 86% and 100% of patients respectively. Compliance of the tool was high with the average compliance rate of 92% over the eight-week data collection period. Additional outcomes included improved follow up phone call completion rate, and increased administration of preventative pharmacological interventions in patients at high risk for PDNV.

Note: All abstracts are printed as received from the authors.

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AMBULATORY PERIOPERATIVE SERVICES WHEELS TO WHEEL

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Background information related to problem identification: Operating Room turnover time or patient Wheels to Wheels (W2W) is the total amount of time necessary to turn over the room from one patient to the next. Wheels Out to Wheels In is defined as the duration between the previous case Out of Room time and the following case In Room time. W2W involves every member of perioperative services including surgeons, anesthesiologists, nurses, surgical scrub technicians, and registration and environmental staff. A delay in one or more areas causes a chain reaction of delays in the whole system. As such, it is necessary to define, measure, analyze, improve, and control the various outliers in the present system for its optimization. The Hackensack-UMC Ambulatory Perioperative Services’ 2019 to 2020 turnover time rate was 27.45 minutes.

Objectives of project: Short- term: To shorten W2W to 23 minutes within 1 year
Long-term: To improve patient outcomes, increase case volume, and maximize productivity

Process of implementation: Daily, weekly, monthly audits were conducted to identify compliance issues and improvement opportunities, which were shared to all the stakeholders for guidance, implementation, and control. EPIC Workbench Reports were utilized in data collection and processing.

Statement of the successful practice: Prior to the regular audits and information sharing, there was no coherent visualization for the causes of delay in the W2W process. With the identification of problem areas and accountabilities, delays were minimized and the process completion rate was shortened to 24 minutes.

Implications for advancing the practice of perianesthesia nursing: Using EPIC Workbench Reports and Clarity Reports for audit data processing are significant tools for outlier identification and correction. Professional communication and close collaboration among the stakeholders are keys for the continued quality and rate improvement of the Ambulatory Perioperative Services W2W. Consistent 24/7 implementation of control parameters will lead to improved patient outcomes, increased case volume, and maximum productivity.

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MONITORING QTc IN PEDIATRIC PATIENTS WHO RECEIVE LOW DOSE IV HALOPERIDOL IN THE PACU FOR POST-OPERATIVE NAUSEA AND VOMITING (PONV)

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