Improving Flow of Out of OR Interventional Psychiatry Procedures using a Collaborative Model of Care
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Background
• 171-bed Magnet® designated community teaching hospital part of large, integrated healthcare system.
• Rise in mental health issues in wake of COVID19 pandemic.
• Hospital facing business and quality imperatives to expand access to safe, high-quality care of mental health patients.
• Strategic goal to increase interventional psychiatry procedures including electroconvulsive therapy (ECT) and ketamine infusion in the PACU.

Objectives
• Develop and implement a novel care pathway to increase patient volume without impacting surgical patient flow in shared space.
• Maintain high quality care and high patient satisfaction.

Process
Step 1
Perianesthesia nurse champion identified. Objectives and scope defined.

Step 2
Collaboration with procedural teams, nursing, and anesthesia team to determine initial workflow and pilot.

Step 3
Testing of workflow with procedural nurse, recovery nurses instead of 1:1. Competencies and policy updated to reflect workflow changes.

Statement of Successful Practice
• ECT and ketamine capacity increased.
• Less nursing staff was utilized and time between procedures decreased.
• Total time interventional psychiatry patients utilized PACU space decreased.

Implications
• Perianesthesia nurse involvement in developing care pathways for interventional psychiatry procedures in the PACU can support increased access to mental health interventions.

Next Steps
• Increase volume of out of OR interventional psychiatry procedures.

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