

# 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

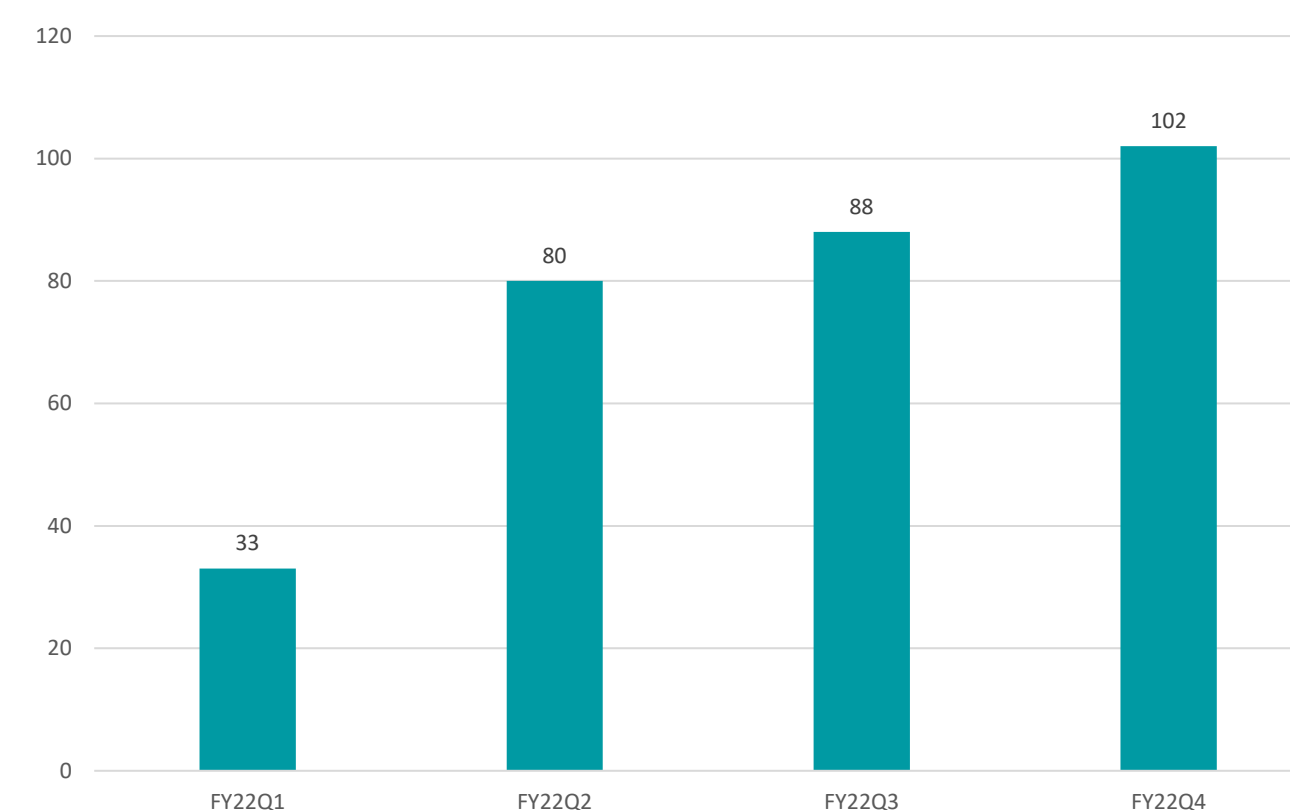
- Perianesthesia nurse involvement in developing care pathways for interventional psychiatry procedures in the PACU can support increased access to mental health interventions.

## Next Steps

- Increase volume of out of OR interventional psychiatry procedures.

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### Volume



### Days from Referral to 1<sup>st</sup> Treatment

