A new role for RNs: Assisting in regional blocks

A new model for performing regional peripheral nerve blocks in the preoperative holding area with RN assistance has been a big win for Stony Brook University Medical Center Ambulatory Surgery Center (ASC) in Stony Brook, New York. The model has allowed orthopedic surgeons to perform major reconstructive procedures in the ASC and has advanced the clinical practice for RNs, enhanced patient safety, and shortened OR times.

Regional blocks historically had been performed in the hospital OR by anesthesiologists with anesthesiology resident assistance.

“No clinical practice guideline or policy for RN assistance with nerve blocks was available at the medical center or ASC or any other organization, so we wrote our own policy and developed a procedural model for safe clinical practice,” Thomas Halton, BSN, RN, CNOR, told OR Manager.

Developing and implementing the model was a 2-year project, ending in May 2011, says Halton, who is assistant director of nursing at Stony Brook University Medical Center and nurse manager of its freestanding ASC.

RN role defined

“Our main objective was to clearly define the role of the RN under the scope of practice allowable under the New York State Board of Nursing,” says Halton.

Halton and his team drew up a set of critical elements for RNs for peripheral nerve blocks.

Among the elements, the RN:

- ensures an informed consent to perform the block is completed
- participates in a time-out to verify the correct block site
- confirms that all medications drawn up by the anesthesiologist for the block are labeled
- may aspirate the syringe to check for intravascular placement and inject block medications under the direction of a qualified anesthesiologist
- provides continuous monitoring of the patient during the procedure
- is certified in moderate sedation and may sedate the patient at the direction of the anesthesiologist
- participates in in-services on regional blocks and completes an annual competency.

The preoperative holding area nurses were trained to assist with the nerve blocks.

“This was a challenge for us in the beginning because preop nurses are not used to assisting physicians during procedures. They had never done this type of procedure before,” says Halton. The preop nurses were excited to learn the new procedure, and the program has advanced their clinical practice. Two of the preoperative holding rooms were designated for the blocks.
Program benefits
The regional anesthesia program has benefits for the patient and the ASC.
• Postoperative pain is decreased because the peripheral nerve block effect can last up to 24 hours. “Some patients don’t have any pain at all,” says Halton.
  With blocks, opioids given with general anesthesia are not needed, or lesser amounts are given. Nausea and vomiting from opioids are eliminated, which enables an earlier discharge. Patients are awake and able to eat and drink before discharge.
• The potential for a wrong-site error has been greatly reduced with the new policy and process changes. Wrong-site procedures involving regional blocks are among the top 3 sentinel events in outpatient surgery, as documented in the literature, notes Halton. So far, with the new model, no such errors have occurred because communication is more standardized and informed consent is obtained.
• Performing the block in the preop holding area saves 20 to 30 minutes in OR time and expedites patient turnover. “The ambulatory surgery setting moves at a rapid pace. We want these patients to be pain-free and able to go home as soon as possible,” Halton says.
• Cost savings are realized because of the reduced OR time, which is more expensive than preoperative holding area time. Also, the program reduces the cost to patients because the patient is not charged extra for the regional block, which is provided as a service.
• The regional block program has allowed the ASC to advance its reconstructive orthopedic surgery program to include procedures such as rotator cuff and labral repairs of the shoulder and anterior cruciate ligament reconstructions of the knee.
• Patient satisfaction has improved, as evidenced recently by a #1 ranking in patient satisfaction as reported by Press-Ganey’s University HealthSystem Consortium group, notes Halton.
  Preoperative education contributes to high patient satisfaction. Halton and his team created a patient-teaching video explaining regional blocks (http://www.sbdaysurgery.com/ click on Educational Videos, then Adult, All About Nerve Blocks). The educational video is provided to help patients make informed decisions before consenting to the nerve-block procedure.
  The improvement in preoperative teaching has boosted the ASC’s Press-Ganey patient satisfaction score to its highest earned, placing it in the 99% range, says Halton.

—Judith M. Mathias, MA, RN