# Implementing Bedside Regional Anesthesia: Improving Clinical Effectiveness

WASHINGTON, DC

THE GEORGE

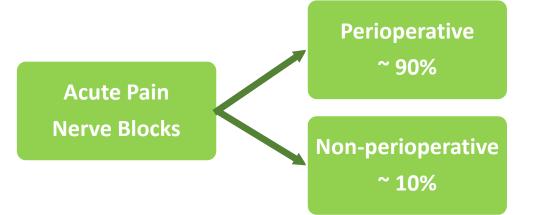
WASHINGTON

UNIVERSITY

Geoffrey Ho M.B.B.S., Everett Chu M.D., Adam Greenwood M.D., Jason Podolnick M.D., Rachel Lubran R.N., Natalie Pudalov B.A., Philip T.H. Dela Cruz B.S., Paul Dangerfield M.D. Department of Anesthesiology and Critical Care Medicine, George Washington University School of Medicine and Health Sciences, Washington D.C.

# BACKGROUND

- The opioid epidemic poses challenges for inpatient pain management
- Nerve blocks reduce opioid usage in acute pain
  - Improved patient satisfaction
  - $\downarrow \downarrow \downarrow$  opioid side effects & addiction risk
- Blocks had to be done in post-anesthetic care unit (PACU) or Intensive Care Unit
  - Delays were due to lack of transport, PACU beds etc.



• Acute Pain Service (APS) unable to meet  $\uparrow \uparrow$ demand for blocks

	-
•	Ρ
	●

Chec

Conse

Emer

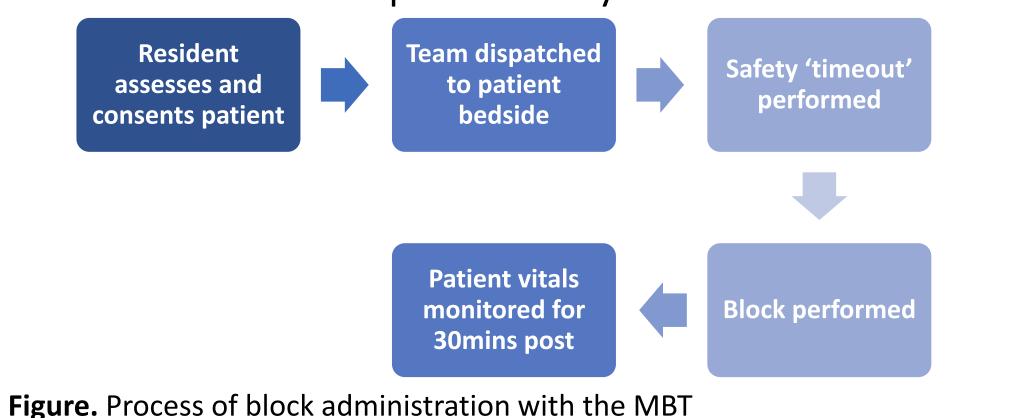
(MBT) with the goals of: Reducing delays to block non-perioperative patients Improving efficiency of the Acute Pain Service

## **METHODS**

OBJECTIVES

In October 2018, we started planning a 'Mobile Block Team'

- In January 2019, we piloted the MBT, comprising of
  - Attending Acute Pain Anesthesiologist
  - Anesthesiology Resident
  - 2 Registered Nurses
- Safety protocols agreed with Nursing Leadership
- Equipment: 2 backpacks, portable ultrasound & monitor
- Success of service assessed in two phases
  - Phase I Prospective case-control
  - Phase II Retrospective analysis



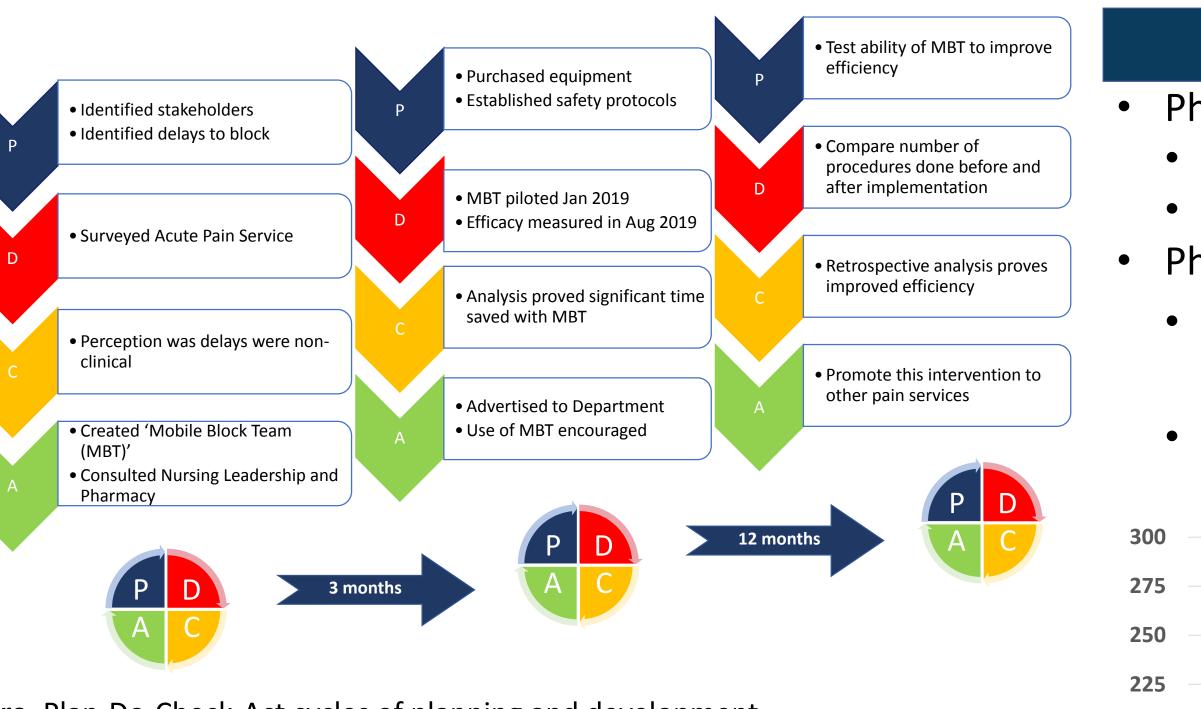


Figure. Plan-Do-Check-Act cycles of planning and development

# **METHODS (CONTINUED)**

### hase I – Prospective Case-Control

12 non-perioperative patient encounters in August 2019

- 6 Control : PACU blocks
- 6 Case : Mobile blocks
- Non-clinical time per case recorded

# • Phase II – **Retrospective Analysis**

• Number of cases from October 2018 to December 2019

KPACK 1	BACKPACK 2	Figure
procedure Bedside klist	Sterile drapes & ultrasound probe cover	
ent Forms ical caps and face masks	Sterile surgical gloves (assorted sizes)	• Be pa
rgency rescue ication tropine and	Block needles and Catheters (assorted sizes) and needles for skin infiltration of local anesthetic	<ul> <li>Im</li> <li>blc</li> <li>Sue</li> </ul>
ilycopyrrolate pinephrine henylephrine	<ul><li>Dressing pack:</li><li>Clear adhesive dressings</li><li>Benzoin</li></ul>	
phedrine I Anesthetic	<ul><li>Biopatch</li><li>Dermabond</li></ul>	We w Mersi
idocaine 1% opivacaine 0.25/0.5% upivacaine 0.25%/0.5%	Chlorhexidine or Betadine for skin preparation Infusion lines	Hynes

### RESULTS

#### Phase I

- PACU block delays **triple** Mobile blocks
  - **61 minutes** vs **19.5 minutes** (p = 0.004)

#### • Phase II

200

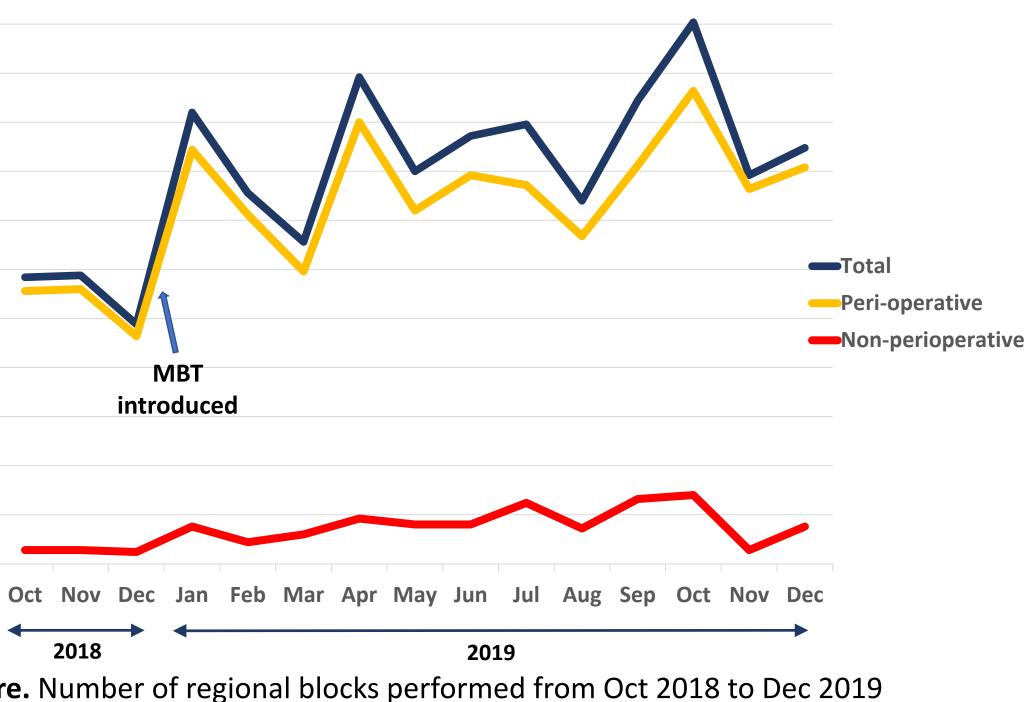
175

150

125

100

- Average increase of **217%** in non-perioperative blocks per month (6.7 to 20.9; p = 0.009)
- Average increase of **155%** in total blocks per month
  - (138.3 to 215; p = 0.004)



# CONCLUSIONS

- edside blocks reduced waiting time for atients needing blocks
- nproved efficiency translated to more locks done overall



uccessful program that is replicable in other institutions

# ACKNOWLEDGEMENTS

would like to thank Ivy Benjenk R.N., M.P.H., Jessica singer R.N., Kristy Schnell R.N., Charlene Batac R.N., Brigit es R.N., Debbie Rose N.P. and Renee Theisen N.P. for their luable assistance.