Background

Due to the pharmacological properties of propofol, monitored anesthesia care (MAC) has been rapidly increasing in popularity for complex GI procedures as well as routine upper endoscopy and colonoscopy (Al-Awady & Wilcox, 2013). The use of MAC sedation was first trialed at one of our ASCs in 2012. Two of the four procedure rooms used MAC, while the other two continued to use moderate sedation during the trial. Due to the trial success, the remaining five ASCs began to transition to MAC with a goal of 100% transition. As of today, five out of six ASCs have transitioned to 100% MAC. The transition will be complete in 2016.

This transition has led to a number of changes for our nursing staff and the delivery of patient care in our Ambulatory Surgery Centers (ASCs). The goal of this poster is to share what we have learned from this transition from the nursing perspective obtained by surveys of all RNs. Objectives of the poster:

- Share the results of a retrospective analysis of documented nursing interventions performed intra-procedure and in recovery comparing the two sedation types.
- Share educational information that has been useful in educating our staff while implementing MAC versus moderate sedation.

Intra-Procedural Challenges

<table>
<thead>
<tr>
<th>Patient Positioning</th>
<th>Abdominal Pressure</th>
<th>Anti-Emetic Administration</th>
<th>Patient Comfort and Time in Recovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>With the use of moderate sedation, patients can assist with repositioning. Patients receiving MAC cannot assist, causing an increased risk for RN or patient injuries, and at times, the need for additional nursing resources.</td>
<td>The use of MAC decreases the ability to receive instant feedback from the patient. With MAC, patients are also no longer resisting abdominal pressure from nurses. Additionally, the level of sedation impacts specific reflexes which can increase the risk of aspiration.</td>
<td>70% of RNs reported a decrease in the use of abdominal pressure in patients receiving MAC.</td>
<td>92% of RNs reported that they engaged in fewer nursing interventions for nausea in the post-procedure care area.</td>
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<tr>
<td>From the results of our nursing survey it was found that 98% of nurses perceived it was more difficult to position a patient receiving MAC versus moderate sedation.</td>
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<td>Comparing MAC and moderate sedation, 68% of RNs reported that patients had to be repositioned to help them expel insufflated air about the same for both sedation types, 28% felt they were repositioning less often, and 4% felt they repositioned more often.</td>
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</tbody>
</table>

Intravenous (IV) sedation may decrease the ability to communicate with the patient for both sedation types. Increasing the use of MAC decreases the ability to receive instant feedback from the patient. With MAC, patients are also no longer resisting abdominal pressure from nurses. Additionally, the level of sedation impacts specific reflexes which can increase the risk of aspiration. 70% of RNs reported a decrease in the use of abdominal pressure in patients receiving MAC.

The use of MAC decreases the ability to receive instant feedback from the patient. With MAC, patients are also no longer resisting abdominal pressure from nurses. Additionally, the level of sedation impacts specific reflexes which can increase the risk of aspiration.

Anti-Emetic Administration

Monitored anesthesia care (MAC) typically involves administration of propofol, which has been noted for its anti-emetic properties. An improvement for the patient as an implementation of MAC would be less anti-emetic administration in recovery.

Analysis of Nursing Interventions for Nausea

Since 1/1/2015, there have been 17,866 administrations of zofran per 1000 moderate sedation procedures, compared with 7,02 administrations per 1000 MAC procedures.

Changes in Nursing Interventions

This is roughly a 250% percent increase in anti-emetic administration.

Changes in Nursing Interventions

A safer environment for RNs using drawsheets will be obtained by surveys of all RNs. Transitioning to Monitored Anesthesia Care for Endoscopy Procedures Performed in an ASC

Changes in Nursing Interventions: Transitioning to Monitored Anesthesia Care for Endoscopy Procedures Performed in an ASC

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Thank you to the anesthesia providers who continue to share their knowledge in our collaborative efforts to provide premier gastroenterology care.

References

Trapani, G.M, C. Altomare, E. Sanna, G. Biggio, G. Liso. (2000) Propofol Survey respondents of patient care in our Ambulatory Surgery Centers (ASCs) began to transition to MAC with a goal of 100% transition. As of today, five out of six ASCs have transitioned to 100% MAC. The transition will be complete in 2016.

Assessment

The implementation of nearly 100% of patients receiving monitored anesthesia care has resulted in a number of positive changes for our patients and nurses.

- Less focus on intra-procedure documentation, as this task is completed by Anesthesia.

This leads to an increase in nursing attention to patient support, assistance with therapies and specimen collection.

The nursing survey has unveiled some opportunities for future discussion and improvements for nursing staff. Including:

- The role of the intra-procedure RN has changed with the addition of anesthesia in the room. RNs report feeling less engaged with the patient.
- Some RNs have misconceptions about the nursing role intra-procedure being assumed by endoscopy technicians, as they are no longer involved in sedation intra-procedure.
- We have identified a need for greater attention to RN ergonomics with patient positioning, moving, abdominal pressure application.
- Currently anesthesia does not document in the EHR resulting in a hybrid medical record of both paper and electronic components. Paper needs to be scanned into the EHR, and this increases the workload of the Health Information Management department staff. Nurses have to document in two (2) places. Plans are in motion to make changes.

Future Directions

- Trapani, G.M, C. Altomare, E. Sanna, G. Biggio, G. Liso. (2000) Propofol Survey respondents of patient care in our Ambulatory Surgery Centers (ASCs) began to transition to MAC with a goal of 100% transition. As of today, five out of six ASCs have transitioned to 100% MAC. The transition will be complete in 2016.