

Improving First-Case On-Time Starts for Regional and Neuraxial Anesthesia Through PAC-Led Workflow Standardization

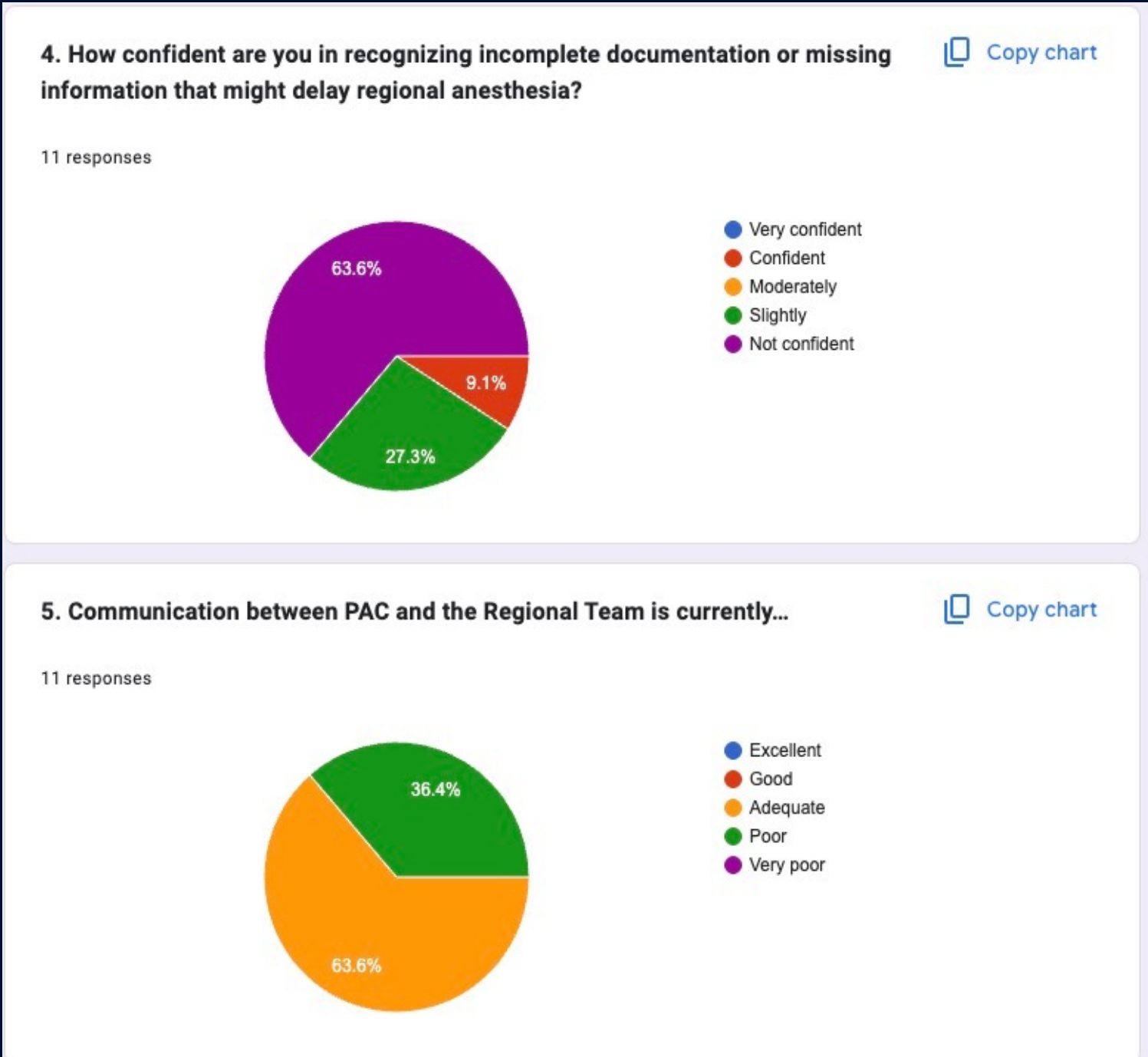
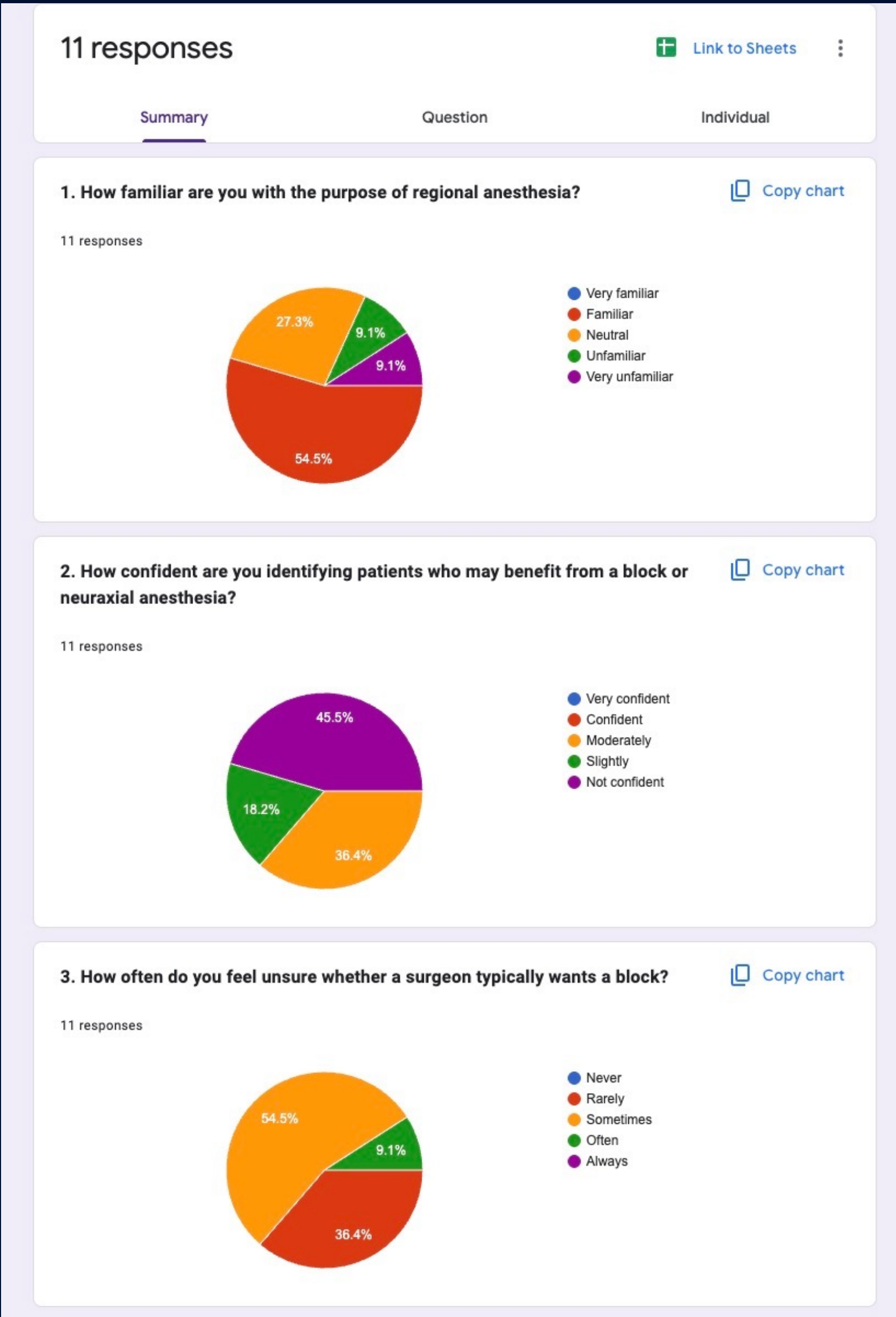
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INTRODUCTION

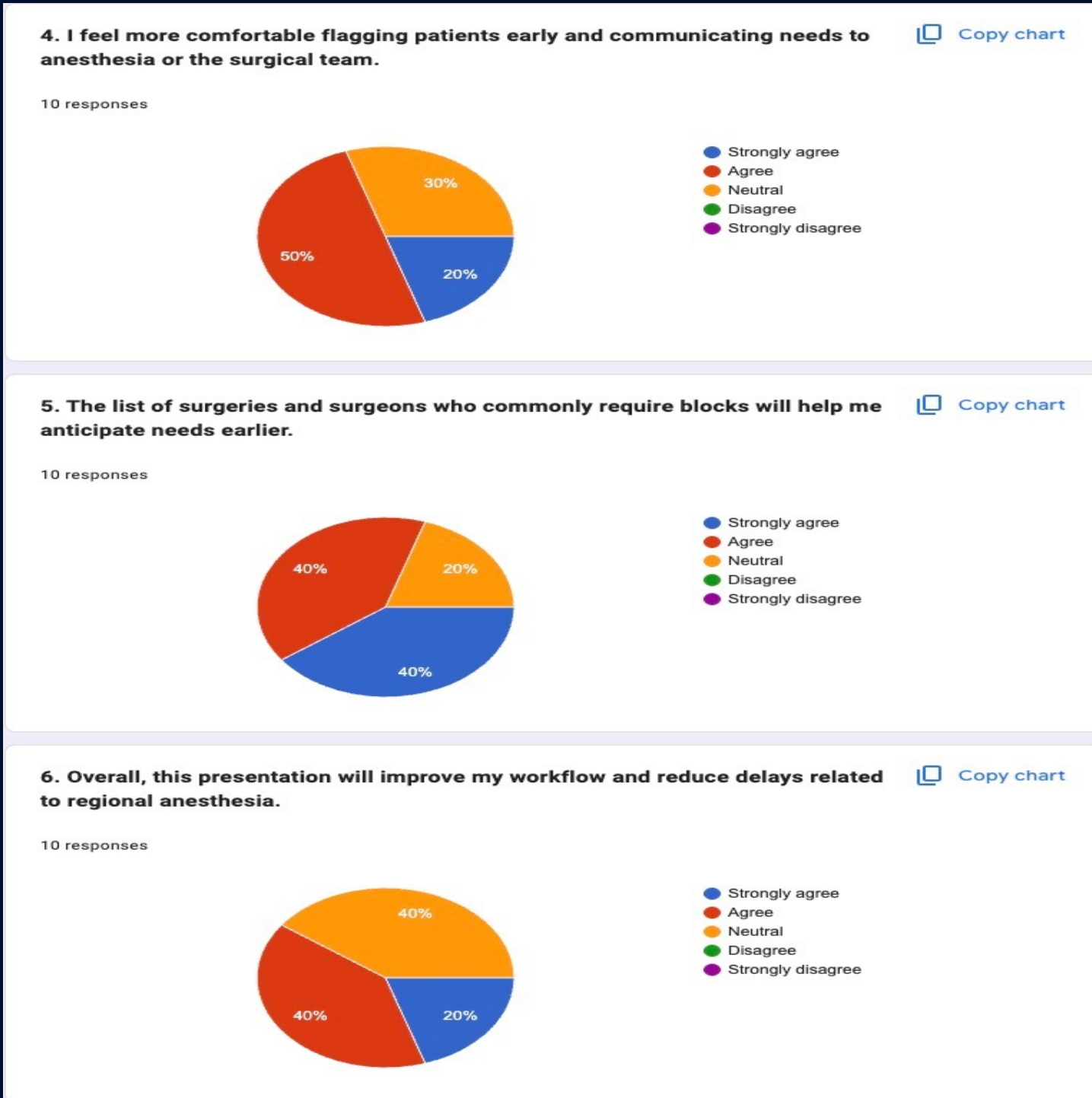
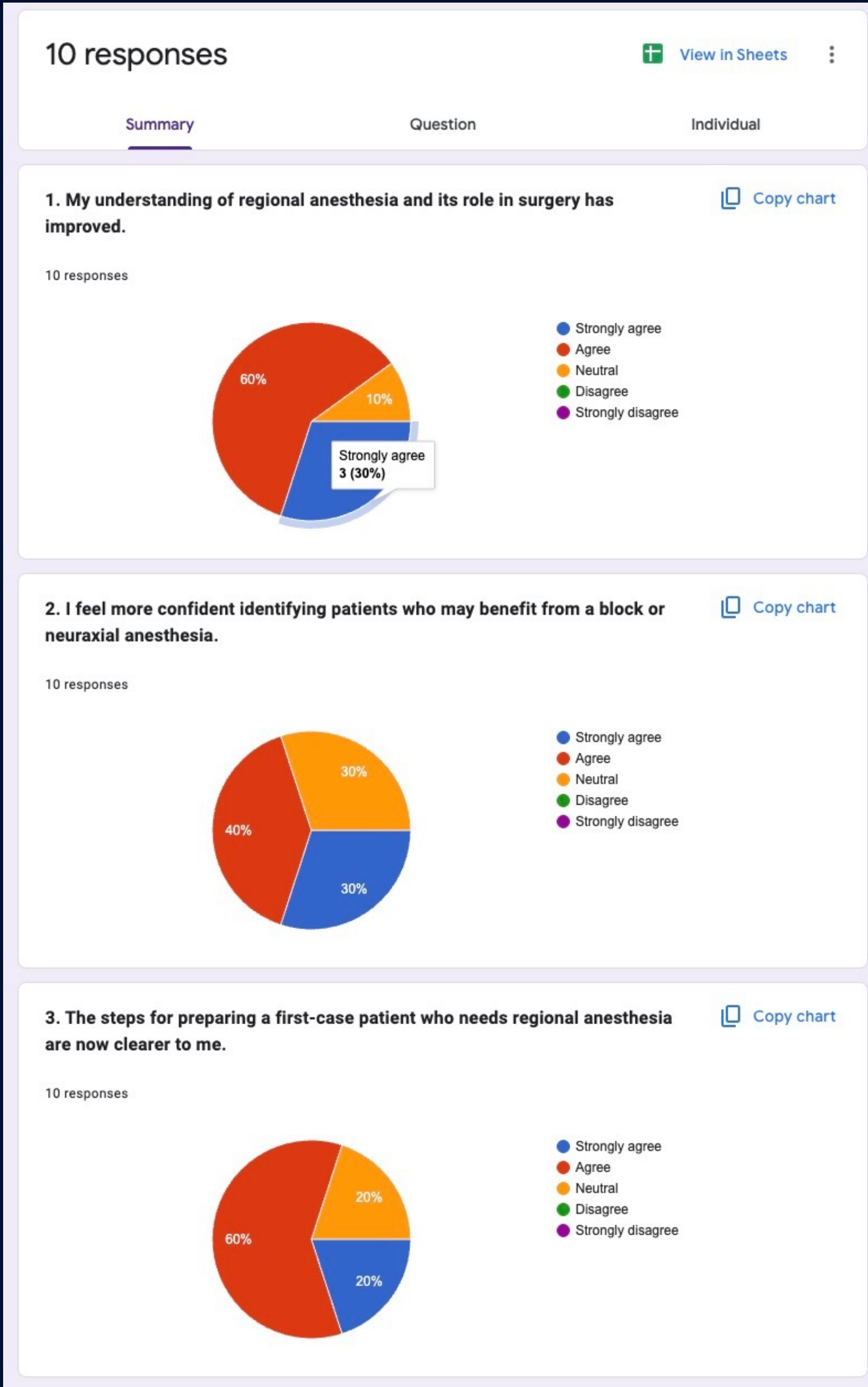
Delays in first-case operating room starts are often associated with regional anesthesia, however the reasons are often not directly due to the regional team itself. Incomplete preoperative preparation, patient factors, and late requests for regional services have been found to be the most common causes of “regional anesthesia delays” at our institution. We implemented a Pre-Anesthesia Clinic (PAC)-focused quality improvement initiative aimed at standardizing communication, documentation, and preparation for patients undergoing surgeries requiring regional anesthesia.

METHODS

This quality improvement project was conducted at a tertiary academic medical center. Baseline gaps were identified through workflow review and a pre-intervention survey of PAC staff assessing familiarity, confidence, and communication related to regional anesthesia preparation. Interventions included development of a PAC checklist for first-case block patients, standardized identification of surgeries and surgeons frequently requesting regional anesthesia, enhanced communication pathways between PAC, anesthesia, and surgical teams, and education focused on anticoagulation management, documentation requirements, and booking accuracy. A post-intervention survey assessed changes in knowledge, confidence, and perceived workflow clarity. Early qualitative outcomes were assessed through reported delays, case examples, and staff feedback.



APEC Pre-Survey



APEC Post-Survey

RESULTS

Eleven PAC staff completed the pre-intervention survey and ten completed the post-intervention survey. Baseline responses demonstrated variable familiarity with regional anesthesia, low confidence identifying candidates for blocks, and frequent uncertainty regarding surgeon block preferences. After implementation, the majority of respondents agreed or strongly agreed that their understanding of regional anesthesia improved, confidence in identifying appropriate candidates increased, and steps for preparing first-case regional anesthesia patients became clearer. Respondents also reported improved comfort in early patient identification and relaying regional needs to anesthesia and surgical teams. Pre-intervention surveys showed that 54.5% of respondents reported familiarity with regional anesthesia, while 27.3% selected a neutral response and 0% reported confidence identifying block or neuraxial candidates. Following education intervention, positive responses increased to 90% familiarity, 70% for confidence identifying candidates, 80% for clarity of first-case preparation steps, and 70% for comfort communication with anesthesia and surgical teams.

DISCUSSION

PAC-driven standardization of regional anesthesia preparation improves communication, staff confidence, and first-case readiness. Early identification of block candidates and documentation gaps enhances multidisciplinary coordination. Planned next steps include evaluation of anesthesia-related delays, block completion timing, and surgeon and nursing satisfaction following implementation. Early case reviews suggest that identifying incorrect booking and clarifying block needs before the day of surgery may prevent avoidable delays and improve readiness for regional and neuraxial anesthesia.

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