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Stand-alone regional anesthesia service increases nerve block procedural volume in an academic hospital: 8AP4-2

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Background and Goal of Study: Successfully placing peripheral nerve blocks without delays in operating room turnover time is imperative. A successful regional anesthesia (RA) service requires faculty with advanced RA and ultrasound training and improves postoperative analgesia and reduces post anesthesia recovery time and length of hospital stay. Hospitals are constrained to improve productivity and efficiency while maintaining high levels of patient safety and satisfaction. Parallel processing of ambulatory surgical patients reduces anesthesia induction and room turnover times allowing an increase in case load without expanding hospital budgets. We report a stand alone RA service functioning parallel to the operating room increases RA procedural volume in an academic center.

Materials and Methods: Monthly upper and lower extremity nerve block procedural volumes were audited over a 7 month period from September 2010 to March 2011. The monthly total and individual nerve block procedures performed during intervals before and after the RA service began operation were compared.

Results and Discussion: The total number of nerve blocks performed in the 4 month period prior to operation of the RA service and in the following 3 month period increased from 327 to 702. Upper extremity nerve blocks increased from 40 to 144 and lower extremity nerve blocks increased from 266 to 422. Uncategorized nerve blocks increased from 21 to 144.

Conclusion(s): The increased volume of nerve block procedures performed in the presence of an RA service can be due to several reasons. Increased operating room personnel dedicated to RA and increased preoperative patient counseling regarding RA is one possibility. Sampling error due to reduced seasonal surgical caseload may explain the lower volume of RA procedures in the interval prior to the RA service operation. Lack of adequate documentation for other uncategorized nerve blocks prevented these procedures from being attributed to either upper or lower extremity categories.

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