

Implications for Advancing the Practice of Perianesthesia Nursing:

- Clear, concise information provided in a simple format
- Promoting healthy behaviors at home
- Patient satisfaction with home care information

IMPROVING CARE OF CHILDREN AND YOUNG ADULTS AFTER ACL SURGERY: IMPLEMENTATION OF BEST PRACTICE

Team Leader: Teri Dugan-Frost, MSN RN FNP
 Boston Children's Hospital, Boston, Massachusetts
 Team Members: Nicole Taylor, BSN RN CPN, Shannon Frick, BSN RN, Samantha Killilea, MSN RN CPN, Patricia A. Dwyer, PhD RN, Jean C. Solodiuk, PhD RN CPNP



Background Information: Opioid overprescribing after surgery and lack of knowledge about proper disposal of excess opioids may contribute to opioid misuse and overdose through medication availability. A recent study of adolescents and young adults (AYA) following anterior cruciate ligament (ACL) reconstruction (Taylor, Killilea, Dugan-Frost, & Solodiuk, 2017) reported that patients (N=100) used only 36% of prescribed oxycodone and 30 tablets of 5mg oxycodone would be adequate for most. Alarming, 65% of patients/families reported not knowing what to do with the remaining oxycodone tablets.

Objectives of Project:

Objective #1: To improve safety and the quality of pain management through quality improvement efforts to increase multimodal pain management and decrease opioid prescribing.

Objective #2: To improve discharge education regarding the use and proper disposal of opioids.

Process of Implementation: Study findings were presented to nursing and physician leadership then further disseminated to pertinent staff members. A Family Education Sheet: *Opioid Pain Management after Surgery* was developed on opioid use, safe disposal of prescription opioids, nonopioid analgesics, and alternative pain management techniques. Patients and families discharged with an opioid prescription are given this sheet with a PACU nurse verbally reviewing pertinent information. This is then documented in the electronic medical record (EMR).

Statement of Successful Practice:

Objective #1: The percentage of patients receiving > 50 tablets of 5mg oxycodone after discharge from ACL day surgery decreased from 62% in 2017 Q1 to 0% in 2017 Q4. The percentage of patients receiving 5mg > 30 tablets decreased from 100% in 2017 Q1 to 65% in 2017 Q4.

Objective #2: EMR audits revealed a greater than 90% compliance with PACU nurses educating patients documented use of the Family Education sheet.

Implications for Advancing the Practice of Perianesthesia Nursing: PACU nurses play a vital role in providing discharge education about pain management after surgery. Discharge education including written and verbal instructions on the safe use of opioids, alternative pain management medica-

tions and techniques and the proper disposal of unused prescription medications is vital to preventing opioid misuse and overdose in children and young adults.

TELL ME MORE

Team Leader: Jaclyn Ivy, BSN RN CAPA
 Cleveland Clinic, Cleveland, Ohio
 Team Members: Kim Platt, MSN RN CAPA, Sharon Knauss, BSN RN CAPA, Sharon Hayes, BSN RN, Francisco Boneta, RN, Nancy Mancine, RN, Pamela Myers, RN



Background Information: Communication with our patients and families at the Ambulatory Surgery Centers helps create a positive experience while maintaining a patient/family centered environment. With ongoing questions regarding the flow of the surgical day from these families, one of our Ambulatory Surgery Center committee's realized the need for a tool to convey this information at the most opportune time.

Objectives of Project: Create a standardized welcome letter for all Ambulatory Surgery Centers to give to families at check-in. In doing this, patients' families will be made aware of the flow of the day, how to understand the tracking board, and what area(s) they will be able to visit.

Process of Implementation: One of the Ambulatory Surgery Center's had a handout specific for that center that was given to family members. Our committee reviewed this original letter, collected information from all sites, and standardized the letter to meet the needs of all the Ambulatory Surgery Centers. Our patient tracking board was also explained in this letter.

Statement of Successful Practice: Describing the flow of the day, different areas that the patient will travel through, and when visitation is allowed has decreased the amount of questions asked of our front desk staff. Patient family members have an increased awareness of what to expect of the day. The letter helps to communicate the importance of pediatric patients' having one legal guardian remain present in the waiting area while the patient is in the operating/procedure room. The front desk has had more family members making them aware if they must step away and providing them with a phone number where they can be reached. Patients have expressed appreciation of having written in the letter to not take photos or videos of them during their time at the Ambulatory Surgery Center to maintain patient privacy.

Implications for Advancing the Practice of Perianesthesia Nursing: Promoting strong patient/family centered care into everyday practice helps to engage families in their loved ones progress. The welcome letter helps the family or responsible person to understand the timeframe, flow of the day, and how much we value their opinions and concerns.

USE OF A DISCHARGE INFORMATION SHEET TO IMPROVE THE PATIENT EXPERIENCE LEADING TO INCREASED OAS CAHPS SCORES IN AN AMBULATORY SURGERY CENTER

Team Leader: Michelle Pedalino, MSN RN CPN
 Center For Advanced Medicine (CFAM) Ambulatory Surgery Center, New Hyde Park, New York
 Team Members: Susan Miller, BSN RN CAPA, Gloria Collura, MSN RNC, Maureen Early-Donohue, MSN RN, Ellen Carpenter, BSN RN, Michelle Williams, MSN ANP-BC

