

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



Background Information: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and System (OAS CAHPS) scores measure the patient experience with surgery performed at a hospital based outpatient surgery department or a free standing ambulatory surgery center. This survey contains 37 questions, within the domains of facilities and staff, communication about procedure, preparations for discharge and recovery, overall rating of surgery center and willingness to recommend. The scores in the discharge domain, were not where they needed to be. A work group was developed, realized they had to change their way of educating their patients and placed their focus on developing a new process to make the necessary changes.

Objectives of Project: Susan Miller, RN, a preop/PACU nurse at CFAM came up with an idea of a one page information sheet to ensure all educational areas were being addressed to all patients at CFAM. The quality improvement initiative was to correlate the educational points to the wording of the OAS CAHPS survey questions.

Process of Implementation: The one page information sheet addressed the following domains: Pain, Nausea, Bleeding and Infection. This information sheet is reviewed with each surgery patient at time of discharge and included within the discharge folder for the patient to have as a resource.

Statement of Successful Practice: In 2016, when the OAS CAHPS survey was launched, our scores for the discharge/recovery domain were 80.5. With the introduction and implementation of this improvement project, our scores went to 95.7 in 2017. With an increase of 15.2 percent, we knew this process improvement worked. To continue to improve scores, the education sheet was translated to the top 6 preferred languages of our patient population.

Implications for Advancing the Practice of Perianesthesia Nursing: The success of this quality improvement project was shared with all outpatient areas of our main facility at Long Island Jewish Medical Center, a part of Northwell Health. The education sheet proved to be advantageous to these areas as well, which set in motion the development of an education sheet for the anesthesia department also needing an improvement in scores. The implementation of this practice can be adapted to all areas of perianesthesia nursing and help all departments and hospitals improve their public reporting of performance data.

LIVE FROM NEW YORK – IT’S PRE-OP INSTRUCTIONS!



Team Leaders: Alison Horan, RN CPAN, Amanda Alfano, BSN RN CCRN
 New York-Presbyterian/Weill Cornell Medical Center, New York, New York
 Team Members: Martha Adair, MA RT (R) (MR), Joan Leonard, BA RN CPAN

Background Information: Breast surgery patients go to a myriad of appointments unseen by the PACU staff. Nuclear Medicine, Mammography, Ultrasound, Seed Placement, Clip Placement, Imaging, Biopsies and consultative appointments all occur prior to being booked for surgery. In a time where the pa-

tient experience matters most, focus needs to be given to the patient population undergoing the most amount of pre-surgical, stressful appointments.

Objectives of Project: This initiative was designed to lessen anxiety, humanize the surgical experience and better prepare the patients all while providing a personalized patient centered experience. This initiative is completely driven by leaders at the bedside and demonstrates a Magnet driven culture. This project was designed to help navigate the patient through a difficult and emotional period.

Process of Implementation: Breast surgery patients at New York-Presbyterian/David H. Koch Ambulatory Center are often scheduled for a pre-surgery appointment with the Mammography Department. Geography lends itself to assist with the implementation of face-to-face pre-operative interaction as the mammography and ambulatory surgery department share a floor. Through collaboration with the Mammography, Breast Surgery and Interventional teams, we are able to coordinate an in-person visit to the patient by the Pre-operative Registered Nurse (RN). During the live pre-operative visit, the RN is able to answer questions, review pre-operative education, tour the unit with the patient, and reduce patient stress.

Statement of Successful Practice: Although the patient receives a pre-operative phone call, the live interaction between the RN and patient has shown to improve the patient experience as well as better prepare the patient for surgery. This success is demonstrated through our internal survey results which display that 92% of patients surveyed report that meeting with a pre-operative nurse eased their mind and lowered their anxiety regarding surgery. Additionally, our success is displayed through our OASCAHPS survey domain of “instructions good regarding preparation,” showing an increase from 85% to 100% top box responses.

Implications for Advancing the Practice of Perianesthesia Nursing: As we enter 2019 and technological advancements, automated processes and robotic approaches are permeating the healthcare field, our initiative highlights the importance of the human touch.

THE B-LINK SYSTEM: A BRITISH BEST PRACTICE BECOMES A NURSING-LED INNOVATIVE PROGRAM IN THE UNITED STATES



Team Leader: Robert Haney, RN BSN CAPA
 Einstein Health Network, Philadelphia, Pennsylvania
 Team Members: Robert Levin, MSN RN RRT CNOR, Maureen McClellan, RN, Joanne Matulewitz, BSN RN, Diane Newns, RN CPAN, Teresa Bolden, RN, Coleen Zisa, BSN RN, Karen Schwartz, BSN RN CNOR

Background Information: In 2017, the Einstein Healthcare Network (EHN) Surgical Services Nursing Shared Governance Committee (“Surgical Cluster”) challenged the accepted practice of rinsing indwelling urinary catheter drainage bags daily with a vinegar/bleach solution. Surgical Cluster deemed the practice as a “sacred cow”, a tradition not based in evidence. Utilizing evidence-based decision-making, the team of clinical perioperative nurses collaborated with a large patient engagement corporation to eliminate unnecessary rinsing from discharge instructions in the electronic medical record. This

Note: All abstracts are printed as received from the authors.