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

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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. Alarmingly, 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 the 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 a 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-

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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!
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