

NURSE-DRIVEN EARLY IDENTIFICATION OF POST OPERATIVE URINARY RETENTION (POUR) IN THE AMBULATORY HERNIA SURGERY POPULATION



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Background Information: In the post-anesthesia care unit (PACU), successful urinary void trials are a discharge requirement for ambulatory hernia surgery patients. In many instances, patients are delayed from being discharged home despite meeting PACU criteria due to the inability to pass a void trial. Failed void trials can result in patients being admitted and/or having an indwelling catheter placed.

Objectives of Project: The objective of this project is to decrease the length of time it takes for ambulatory hernia surgery patients to void. We would attempt this decrease in time by implementing nursing interventions aimed at early identification of urinary retention. Reducing this length of time would decrease the patient's PACU length of stay. This would improve OR to PACU patient flow and, ultimately, increase patient satisfaction.

Process of Implementation: Retrospective chart review was conducted to evaluate the length of time from the patient's arrival to PACU to the time it takes for the patient to void (TTV – time to void). Staff was then educated to bladder scan patients within one hour of arrival to the PACU. This would hopefully identify increased bladder volumes, prompting early treatment. Staff was educated to document bladder scan results as well as any other subsequent interventions. Early treatment includes nurse driven interventions, like encouraging PO intake or ambulation, or doctor driven, like IV fluid boluses. Post implementation data was then collected.

Statement of Successful Practice: Prior to staff education, the average TTV was 3.18 hours. After staff was educated, the average TTV was 2.62 hours. As data was being collected, it was noted that noncompliance was a limitation to the project

Implications for Advancing the Practice of Perianesthesia Nursing: Although noncompliance was a noted issue, it is evident that bladder scanning prompts nursing staff to be more mindful of encouraging patients to void earlier to prevent POUR. With more data collection, we can present results to the attending surgeons so that bladder scanning can become a standard practice for post surgical ambulatory patients that are required to void before discharge.

FAST TRACK TO RAPID RECOVERY

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Background Information: Nurses in a high-volume outpatient orthopedic surgical unit at Houston Methodist Hospital

(HMH) found that patients were being discharged from the operating room (OR) to Phase I meeting Phase I discharge criteria. Standard practice on the unit allowed for the patient to stay in Phase I for a minimum amount of time. This “sacred cow” practice resulted in staff shortages, OR turnover delays, increased patients' length of stay (LOS), and increased LOS cost. **Objectives of Project:** The goals of the project were to decrease ambulatory surgical patients' post-operative stay, improve peri-operative throughput, reduce OR hold occurrences, reduce nursing staff workload, and decrease the cost of patients' LOS.

Process of Implementation: Baseline data was collected for a seven-month period which revealed an average Phase I stay of approximately one hour. A unit specific Fast Track protocol for all patients receiving monitored anesthesia care (MAC) was created, based on the HMH Fast Tracking Ambulatory Surgical Patients policy, ASPAN Practice Recommendation 8, and White's Fast Tracking Scoring System. Over 100 staff members were trained. Initial implementation included two surgeons for a six-week duration. During this time, weekly huddles were held to discuss obstacles and successes. After the initial six-week period, additional surgeons were rolled into the program, and huddles were scheduled monthly.

Statement of Successful Practice: A knowledge assessment was given pre and post-implementation to all peri-operative staff. The pre-implementation assessment revealed a deficit in familiarity with the HMH policy and ASPAN Practice Recommendation 8, as well as a resistance to attempting implementation. Pre-implementation, staff felt the patient population in question stayed longer than necessary in Phase I, resulting in delayed OR to Phase I transfers, as well as delayed Phase I to Phase II transfers. Post implementation, staff demonstrated knowledge of the policy, practice recommendation, and reported an overall ease of transition into the new protocol. Anesthesia reported less narcotic and benzodiazepine use, resulting in shorter recovery times. Data evaluation at six weeks revealed a decrease in Phase I admissions for patients receiving MAC and a decrease in total recovery time.

Implications for Advancing the Practice of Perianesthesia Nursing: Utilization of the Fast Track protocol improves efficiency and maximizes resources without compromising patient safety and satisfaction.

STANDARDIZATION OF NURSING ELECTRONIC DOCUMENTATION IN THE PERIANESTHESIA AREA



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Background Information:

- Develop system to audit and standardized nursing electronic documentation in perianesthesia areas after the conversion from paper to electronic documentation.
- Implementation of electronic documentation 2015 as well as a multi-unit merger within the perianesthesia area created a wide range of variability in nursing