

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

documentation. A program was developed to address and maintain ASPAN and The Joint Commission's documentation standards.

Objectives of Project:

- Ensure nursing electronic documentation standards across perianesthesia area.
- Develop audit tool for nursing documentation perianesthesia areas.
- Review/audit documentation and provide individual feedback to staff.
- Educate staff on electronic documentation standards.

Process of implementations:

- Institute chart audit committee.
- Translate paper documentation standards to electronic documentation
- Develop a comprehensive chart review tool for each phase of care within the perianesthesia area.
- Provide monthly updates to individuals and track the compliance percentage of each data element.
- Track areas that need improvement and communicate to staff.
- Provide weekly "Tuesday Charting Tips" communicating the standards of documentation and improvement strategies.
- Educated and provide ongoing education to staff by utilizing classes, handouts and one-on-one tutorials.
- As incentive for improvement every staff member with a 100% on their audit is entered in a monthly raffle.

Statement of success:

- Electronic documentation standards are clear, consistent and more easily adhered to since program implementation. Initial resistance from the staff has evolved into positive feedback. There are still areas that need improvement and with the large influx of new staff the work is still in progress.
- The committee has grown to accommodate the desire of staff to improve documentation and serve as a resource.

Implications for Advancing the Practice of Peri Anesthesia Nursing:

- Developing the standards of electronic charting.
- To promote consistent charting methods for all staff nurses.
- Give individual feedback about electronic charting for learning purposes.
- Standards of documentation allow for seamless extrapolation of information for all Team Members.

EMBRACING NEW FAMILY VISITATION GUIDELINES IN THE PERIANESTHESIA UNIT



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Background Information:

- Brigham and Women's Hospital is a 750-bed teaching hospital with 44 Main Operating Rooms, 86 pre-operative/post-operative bays, and 3 large family waiting areas
- Challenges with consistency and miscommunication regarding family visitation guidelines
- Family-centered care is a core principle of the Brigham and Women's Hospital (BWH) Professional Practice Model

Objectives of Project:

- Provide patients, family, and staff with a clear understanding of visitation guidelines
- Standardize process for patient visitation in perianesthesia area
- Create icon in electronic health record to improve communication between perianesthesia area and Family Liaison

Process of Implementation:

- Perianesthesia Clinical Practice Advisory Committee (PACPAC) collaborated with Family Liaison and patient advocates to create new visitation guidelines
- Staff surveyed to determine current visitation practices and highlight inconsistencies within the perianesthesia area
- PACPAC partnered with the Center for Patients and Families to create a guideline in appropriate health literacy level
- A handout was developed and distributed to patients and families in the Pre Procedure Evaluation Center with follow up on day of surgery
- Educated staff by utilizing email communication, handouts, and staff presentations
- Communication with Inter-professional colleagues to ensure success with new visitation guidelines
- Prominent signs displayed throughout family waiting areas

Statement of Successful Practice:

- Clear messaging about new guidelines resulted in a better understanding and standardization of visitation in the perianesthesia area
- Implementation of family visitation icon increased communication between perianesthesia area and family liaison
- Improved overall satisfaction among patients and visitors, family liaison and perianesthesia nursing staff

Implications for Advancing the Practice of Perianesthesia Nursing:

- A collaborative approach to family visitation improved flow and enhanced patient-centered care
- Updated visitations guidelines alleviated anxiety for patients and families

HOW TO TRAIN FOR THE UNKNOWN: OPENING A NEW AMBULATORY CENTER WITH A NEW MODEL OF CARE



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