Nursing Best Practice for Decreasing OP LOS

The Problem
With the acuity of outpatients increasing, it’s challenging to get Shapiro Center (SC) outpatients discharged at a reasonable time; only 10-15% of Shapiro PACU outpatients were currently discharged within 2-hours. If throughput is not maintained, patient and provider dissatisfaction will increase. Patient responses to the Press Ganey question, “How well was postoperative pain controlled” places BIDMC ambulatory surgery services at around 9-11 percentile among hospitals. This team will work with division-specific PACU LOS teams to improve analgesic and surgical practices as well as voiding protocol, all to support achieving the goal of SC PACU discharge within 2-hours.

Aim/Goal
Discharge 80% of Shapiro surgical outpatients within 2 hours of PACU admission without compromising patient safety, quality of care or patient satisfaction.

The Team
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Perianesthesia Nursing- Susan Dorion, RN, MSN, Mary Ellis, BSN, Marianne McAuliffe, RN, MSN; Jane Noonan, BSN
Office of Innovation & Improvement: Ross Simon, Senior Management Engineer

The Interventions
- Performed literature search for best practices to reach goal of discharging surgical outpatients within 2 hours after surgery
- Reached out to other like hospitals for information re: their discharge goals and processes – none have defined LOS for outpatients
- Current status audit showed that only half of outpatients were being discharged within 2-hours from the PACU
- Prepare swim lane process flow diagram nursing process in PACU to identify opportunities for practice improvement
- Revised electronic delay codes to improve time tracking; educated staff
- Developed handoff script, anesthesia to PACU RN
- Facilitated installing computers at every bedside
- Implemented electronic Rx writing for all OP
- Developed and implemented new standard for OR call-out to PACU
- Facilitated adding FTE for stat RN Code/ medical alert response to free-up nursing resources in the PACU
- Developed electronic order sets drafts for GYN, GEN Surg, Ortho and GU
- Developed and implemented a nursing pathway
- Implemented service specific initiatives for best practices

The Results/Progress to Date
This team increased percent of pts discharged from the PACU without compromising pt safety, quality of care or patient satisfaction within 2-hours from 50 to as high as 70%.

Lessons Learned
Establishing service-specific sub-teams to address issues particular to GYN, Ortho, Plastics/Breast, General Surgery/Urology with meetings interlaced in between this team’s meetings worked well in this project.

Next Steps/What Should Happen Next
- Trial pathway developed for nursing process in PACU to identify where pts fail in order to identify additional opportunities for improvement
- Train Anesthesia staff (including Residents) working in the PACU on the new handoff process
- Ingrain med ordering in POE
- Propose to Anesthesia leadership a standardized approach for all high-risk patients delivered from the OR to the PACU

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