

CAN WE DO BETTER?
A PROCESS IMPROVEMENT PROJECT TO DECREASE PONV

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Background:

In 2010 nurses in SDC undertook a study to evaluate the incidence of PONV. After conducting a literature search and reviewing recent JOPAN articles, a questionnaire was developed to examine a patient's risk profile, surgical procedure, medications received perioperatively and experience of PONV. Information was collected for one month. 242 questionnaires were received. The PONV rate was 18%. However, only 8 % of patients with a history of PONV had sea bands applied. 21% of this population received a scopolamine patch. For many patients the avoidance of PONV is more important than avoiding pain. Staff felt we could do better.

Objectives:

Develop a process to identify the patient at risk for PONV.
Communicate risk to the Anesthesia Team.
Improve treatment of the patient at risk for PONV.

Process:

The process improvement project began with staff education. A power point presentation explored the pathophysiology of PONV, a multi-modal treatment approach and the results of our study. The Apfel scoring system was adopted to better identify 'at risk' patients. Questions targeted at identifying risk factors were placed on our SBAR communication tool and the Anesthesia Questionnaire.

Statement of Successful Practice:

Two years later, this initiative was reviewed. Over one month 173 questionnaires were collected. The rate of PONV is now 13%. Placement of sea bands on patients at risk for PONV has increased by 64%. The use of scopolamine patches in the same population increased by 12%.

Implications:

Avoidance of PONV leads to greater patient and staff satisfaction.