

## **Post-Operative Craniotomy Pathway - PACU to Floor Pilot**

Team Leaders: Robert Veilleux MSN RN, Rita Senra Costa MSN RN CPAN, Giselle Chalk BSN RN,  
Karen Lane MSN RN CPAN

Brigham and Women's Hospital, Boston, Massachusetts

Team Members: Omar Arnaut MD, Mary Pennington MSN RN, Kathryn Belategui BSN RN,  
Melissa Berkley MSN RN, Cynthia Slater BSN RN CCRN, Deidre Devaux MSN RN CPAN,  
Ann Leary MA BSN RNC

### **Background Information:**

- Patients undergoing supratentorial craniotomy routinely progress from OR → ICU → Intermediate care → home
- Eighty percent of patients are stable and ready for discharge to home the next day
- ICU care adds one extra day and multiple care team hand-offs
- Delayed throughput for outside hospital transfers and ED admissions secondary to ICU census
- Increased OR holds

### **Objectives of Project:**

- Establish inclusion criteria to identify patients who can safely bypass the ICU and receive ICU level care in PACU prior to discharge to floor
- Improve patient safety by reducing number of transfers of care from 3 teams to 2 teams
- Improve patient experience by reducing overall hospital stay (goal 24 hours)
- Decrease length of stay (LOS)
- Improve utilization of ICU resources
- Decrease OR hold time and delayed hospital throughput due to ICU bed availability
- Lower cost of neurosurgical care delivery and optimize health care value for neurosurgical patients

### **Process of Implementation:**

- Multidisciplinary collaboration including: Neurosurgery, Nursing Leadership, ICU, PACU, and Neurosurgical Floor Nursing
- Patients potentially eligible for the POC-PACU Pathway are identified prior to surgery
- Information regarding patient enrollment in the pathway is communicated to relevant parties including flow managers, PACU charge nurse, and admitting via shared calendar
- Development of PACU protocol care standards including escalation criteria
- Staff education through multiple in-services, newsletter communication, and at the elbow support

### **Statement of Successful Practice:**

- All enrolled pilot patients (n=11) successfully discharged from PACU to floor
- All enrolled pilot patients successfully discharged from floor to home the next day
- Improved patient experience and decreased LOS
- Improved ICU utilization and decrease in care team hand-offs

### **Implications for Advancing the Practice of Perianesthesia Nursing:**

- Pilot was successful and program expanded to include multiple neurosurgeons
- Improved PACU staff confidence and competency in caring for the postoperative craniotomy population
- Improve hospital throughput