

Problem Statement

Nurses on OPC 19 found that patients receiving MAC anesthesia were transferred from the OR to Phase I, despite meeting Phase I discharge criteria. Standard practice on the unit allowed for the patient to stay in Phase I for an average of one hour, prior to transfer to Phase II. This “sacred cow” practice resulted in staff shortages, OR turnover delays, increased patients’ length of stay (LOS), and increased LOS cost.

What is Fast Tracking?

- Fast Tracking is defined in Practice Recommendation 8 of the 2017-2018 Perianesthesia Nursing Standards Practice Recommendations and Interpretive Statements as having a patient bypass Phase I level of care and proceed directly to Phase II level of care in the ambulatory setting.
- Fast tracking is a term used in perianesthesia practice and is interpreted in a variety of ways. The ASPAN practice recommendation clarifies the term as well as states clinical practice processes that will provide care to this population in a safe, appropriate and cost-effective manner (Cherry Hill, 2016).

Literature Review

- Orthopedic surgeries are the most commonly performed procedures in the ambulatory setting, second only to lens and cataract surgeries (Odom-Forren, Reed, Rush, 2017).
- A decrease in OR and recovery times have a greater economic impact than that achieved by reducing anesthesia drug costs alone. This practice has been associated with substantial cost savings with no change in patient outcomes (Burke & Kyker, 2013).
- The impact of perioperative wait times and delays for the patient creates an environment of stress, fear, aggravation, and anxiety (Wiley, 2018).
- Outpatient surgery provides patients with the convenience of early discharge, recovering at home, and a financially reduced cost for the consumer and institution. Because of the increase in outpatient surgery centers and volume of procedures, wait times are becoming more of an apprehension for the patients (Wiley, 2018).
- Fast-tracking has been studied since 1996 with clear evidence to support the process. Multiple studies have demonstrated an increased PACU bypass rate and subsequent decrease in LOS, following the implementation of fast tracking (Rice, Muckler, Miller, Vacchiano, 2015).

Eligibility

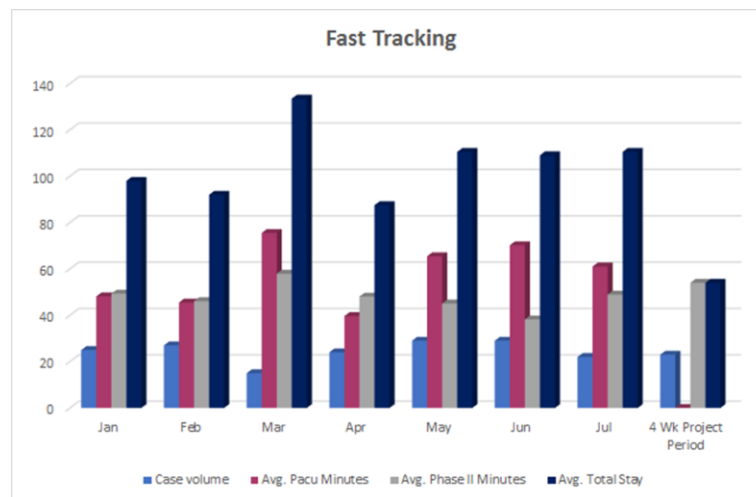
- Ambulatory surgical patient
- 18 years or older
- Type of anesthesia
 - MAC
 - TIVA
 - Peripheral nerve block
 - Combination of these
- Must meet criteria for Phase II level of care
 - White's Fast Tracking Scoring System
 - Incorporates the essential elements of the modified Aldrete system, as well as an assessment of pain and nausea

White's Fast Tracking Scoring System

Level of consciousness Score	
Awake and oriented	2
Arousable with minimal stimulation	1
Responsive only to tactile stimulation	0
Physical activity	
Able to move all extremities on command	2
Some weakness in movement of extremities	1
Unable to voluntarily move extremities	0
Hemodynamic stability	
Blood pressure <15% of baseline MAP value	2
Blood pressure 15%-30% of baseline MAP value	1
Blood pressure >30% below baseline MAP value	0
Respiratory stability	
Able to breathe deeply	2
Tachypnea with good cough	1
Dyspneic with weak cough	0
Oxygen saturation status	
Maintains value >90% on room air	2
Requires supplemental oxygen (nasal prongs)	1
Saturation <90% with supplemental oxygen	0
Postoperative pain assessment	
None or mild discomfort	2
Moderate to severe pain controlled with IV analgesics	1
Persistent severe pain	0
Postoperative emetic symptoms	
None or mild nausea with no active vomiting	2
Transient vomiting or retching	1
Persistent moderate to severe nausea and vomiting	0
Total score (Possible 14)	
Fast Track Eligible (Minimum Score of 12, no 0's)	Yes/No

Analysis of Data

- Reduced patient LOS by average of 60 minutes by eliminating Phase I
- Maintained Phase II LOS at average of 54 minutes
- Increased staff satisfaction by building a team environment and decreasing Phase I hold time overall
- Decreased the cost of patient LOS by average of \$2,000 per patient event, totaling \$46,000 over the four week implementation period



Conclusion

Utilization of the Fast Track protocol improves efficiency and maximizes resources without compromising patient safety and satisfaction.

Further Recommendations

- Addition of all eligible patients to program
- Ongoing reinforcement of physicians and anesthesia buy in
- Increased communication between AOD and PACU regarding staff utilization
- Ongoing staff training
- Continued improvement to education for Fast Track eligible patients and their families

References

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