

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.