Background & Aims
Nurses were challenged with difficulties in discharging patients post-inguinal hernia repair due to an inability to void. The problem led to average stays of four hours or more. Extended stays for these patients affected patient satisfaction, the ability to recover other surgical patients, and consumed nursing resources. To optimize patient outcomes and promote nursing excellence, patient-centered care protocols were developed to standardize care and decrease length of stay.

Inclusion Criteria
- Males 18 years and over
- Inguinal hernia surgery without any additional procedures being performed
- Only procedures performed by surgeons who agreed to participate in the project
- Outpatient procedures only

Purpose
Decrease PACU Length of Stay for the post-operative inguinal hernia patient.

Design
Two nurse-driven protocols were developed for early identification and treatment of urinary retention vs. dehydration. One protocol was developed for patients with a urinary catheter in place, to instill saline into the bladder and perform a voiding trial. The other protocol was developed for patients without a catheter to standardize nursing care while in the PACU.

Outcomes
- Reduced Length of Stay by 38.6%
- Reduced patients discharge home with a Foley from 22% to 1.2%

Protocols

Findings

Future Plans
- Expanding the inclusion criteria
- Expanding the project to other services and procedures
- Re-examining the data to assess additional factors causing increased LOS
- Exploring a qualitative study on the impact to patient satisfaction
- Sharing the project with other units and/or institutions

References