

PERFORMANCE IMPROVEMENT: FAST TRACKING OF AMBULATORY SURGERY PATIENT

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Fast Tracking is defined as having a patient bypass PACU Phase I level of care in the ambulatory setting.¹ Bypassing the Phase I has significantly decreased recovery time without compromising patient satisfaction.² However, risk factors have been identified associated with fast tracking ineligibility.² One of the challenges is the lack of consistency in the process at the end of the procedure and prior to PACU Phase II admission. Lack of collaborative approach may impact the effectiveness of fast tracking.¹

The objective of this project is to evaluate the role of the PACU nurse in ensuring and monitoring the adherence to the Phase II criteria. In partnership with the Department of Anesthesiology, providers and staff were educated. A performance initiative was started by the PACU nurses to ensure the adherence to the evidence-based Phase II criteria. Upon admission, the patient was re-assessed if patient met criteria and appropriate intervention was implemented base on the assessment. Re-education of the team continued as needed.

One of the successful strategy was the nurse driven approach. PACU nurses were accountable in ensuring the adherence to the Fast Tracking Criteria. Nurses were engaged in making a decision with the Anesthesia provider if patient did not meet criteria. The growing partnership enhanced the collaborative approach. The re-direction of patients to the Phase I level of care decreased significantly.

The implications of perianesthesia nursing were the commitment to safe and effective nursing practice, engagement and collaborative practice, and proactive approach to decision making.

References:

ASPAN Perianesthesia Nursing Standards and Practice Recommendations 2010 – 2012

Twersky,R., Sapozhnikova,S. and Toure,B., 2008, Risk Factors Associated with Fast-Tract Ineligibility After Monitored Anesthesia Care in Ambulatory Surgery Patients, *Anesthesia & Analgesia*, vol.106, no.5, 1421-1425