

**CHANGING THE ROAD TO RECOVERY:
A LESSON IN PEDIATRIC SURGERY EFFICIENCY**

Team Leaders: Joshua Kern, BSN, RN; Cheryl Barr, BSN, RN, CPAN
Lehigh Valley Health Network, Allentown, Pennsylvania

Pediatric ambulatory surgery patients at a Magnet accredited, Level-One Trauma Center were admitted and discharged from the inpatient pediatric units. This process had created workflow issues, delays in patient throughput, and prolonged length of stay.

To address these problems, a multi-disciplinary group of Anesthesia, Pediatrics, and PeriAnesthesia nurses was formed. Utilizing lean process improvement tools, value added and non-value added steps were identified and multiple changes were implemented. The process of admitting and discharging through the inpatient pediatric unit was changed to being done directly in the PeriAnesthesia area. An environment of care in the PeriAnesthesia units was transformed into a more child-friendly setting, with consideration to lessen interaction with the adult population. Equipment was acquired and supplies were adjusted to meet the needs of the pediatric patient. RNs formed a specialized team to ensure competency and developmentally focused care in the pediatric surgical patient and family. An education plan for staff included elements such as pediatric advanced life support training, stages of development, and discharge needs. Creating standard work for the staff was completed to incorporate family presence in all phases of care.

As a result of these changes, combined pre-and post-operative average length of stay has been reduced from 7 to 5 hours. This increased efficiency allows for more appropriate bed utilization in the inpatient pediatric units. Using an environment proximal to the operating room has also increased communication opportunities with the surgical team, and negated the need for multiple handoffs thus increasing patient safety.