

IMPACTING COLORECTAL SURGICAL PATIENT MORBIDITY THROUGH A DESIGNED PATIENT ENGAGEMENT PROCESS

Team Leaders: Donna Goyer, RN, BS, CPAN, CAPA, Cindy Hodges, BSHS, FCN, RN-BC,
Patti Shorner, BSN, RN, Sandy Fogel, FACS, MD
Carilion Clinic, Roanoke, Virginia

Team Members: Donna Bond, DNP, RN, CCNS, AE-C, CTTS, Deborah Copening, MSN, CNOR, RN,
Martha Ross, RD, CDE

BACKGROUND INFORMATION:

Data from the National Quality Improvement Program (NSQIP) showed that our facility continued to be a high outlier for surgical morbidity. Although strides were made, we struggled to make a significant impact in overall morbidity, especially in colorectal population.

OBJECTIVES OF PROJECT:

Decrease post op morbidity/complications (SSI, pneumonia, DVT).

Decrease Length of Stay (LOS) by one day.

A byproduct of decreased LOS is increased patient satisfaction

- Since all of the excess morbidity translates into increased length of stay, we chose this measure as a surrogate for all combined morbidity. Since all patients have a length of stay, this is a convenient marker for improvement in total morbidity.

PROCESS OF IMPLEMENTATION:

Using the Define-Measure-Analyze-Improve-Control Model, nurse-sensitive problems were identified, measured, analyzed and new processes implemented with controls monitored for success. The literature yielded little guidance regarding the education of the surgical patient for prehabilitation. A multidisciplinary team formulated a plan incorporating ERAS (Enhance Recovery after Surgery) principals for holistic health promotion for colorectal surgical patients. The program encompassed modalities pre-hospital, inpatient and continued in the post-operative setting.

The team formulated an education plan that focuses on nutrition and carbohydrate loading, promoting physical activity, smoking cessation and incentive spirometry during the pre-operative phase of care. Classes are taught in a group setting with individualized instruction by nurses and dieticians as needed.

After admission, the periOperative quality nurse specialists help navigate the patient through their hospital stay with pre and post operative visits.

STATEMENT OF SUCCESSFUL PRACTICE:

Preliminary data shows a reduced length of stay and an improved morbidity rate among participants, supporting the effectiveness of prehabilitation on decreasing surgical morbidity.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

Prehabilitation class has made a significant impact on length of stay, and preliminary results have shown decreased morbidity. Patients who have attended the prehabilitation class have demonstrated increased satisfaction and would recommend the class to others having surgery.

Further implications for practice include the institution of the prehabilitation class for other surgical specialties, especially for those patients with multiple comorbidities.