Pediatric Perioperative Surgical Home

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Objectives

- Modernize approach to the perioperative care of surgical patients
- Decrease delays and cancellations
- Increase patient satisfaction/experience

History

- 2014 PSH formed and charged with preparation of Outpatient Surgery Center (OSC) patients
- ◆ 2015 PSH operational for OSC patients
- ♦ 2016 Business plan established for expansion to include main hospital OR patients
- ♦ 2017 PSH operational for expansion of main hospital OR patients

Current State

- ♦ Staff
- Nurse Manager
- Clinical Coordinator
- 2.2 FTE Staff Nurses
- 1.7 FTE Medical Assistant
- 1.0 FTE Registrar
- 1.0 FTE Scheduler
- 1.0 Child Life Specialist
- ♦ Providers
- Lead Nurse Practitioner
- 4.0 FTE APP
- 2 prn APP
- Medical Director, Anesthesiologist
- Statistics
- Total Seen in 2017= 8021
- ♦ Average Daily Scheduled Patients increased from 22 in January to 41 in December
- Average of 4 NPs per day
- Walk-in patients per day average 3
- Cancels per day average 3
- Cycle Times
 - Total time for patients in clinic averaged 49.27 minutes in January and was 57.1 minutes in December. Staying under one hour even with increase in UOS

Challenges

- Outgrowing current space
- Creative staffing models that focus on high complexity patients versus high throughput
- Multitasking- all clinical staff



Process

- ◆ Child is seen in surgeon's office. Need for surgery is determined
- Surgeon enters PSH consult
- Surgery is scheduled
- Patient is seen in PSH clinic as a 'walk over' or is scheduled for an appointment within 30 days of the procedure
- PSH appointment includes vital signs, anesthesia video, history and physical with APP, Child Life Specialist assessment, lab work if needed, and discharge summary with RN

Implementation

- Create expansion timeline
- March 1- ENT
- March 13-Opthamology
- April 3-Gastroenterology
- May 1- Urology
- May 22- Dental
- June 5- Plastic Surgery
- July 10- Orthopedics
- August 1- Diagnostic and Interventional Radiology
- September 5- General Surgery
- September 25-Neurosurgery
- ♦ Hired additional staff NP, RN, and MA
- Published brochure explaining services

Outcomes

- ◆ Cancellation Rates
- Cancellation in Main OR were 4.85% in 2015 and decreased to 3.96% at the end of 2017
- OSC cancellation rates have been consistently under 3.2% since opening in 2015
- Patient Satisfaction Survey Results
 - 2017 results show that 100% of the time the PSH staff was friendly and helpful and that 99.3% of the time the overall rating of care was good. 97.7% of the time information received prior to surgery was good or very good.
 - Comments from patients/families
 - Having to travel almost an hour to Akron for both visits made it so convenient to have both visits the same day
 - We have had many surgeries here over the last 15 years and I think the pre appointment is great, calmed my daughter down, got stuff out of the way so on surgery day that's all we have to worry about! It was also great seeing familiar faces.
 - I genuinely appreciate everyone in the pre-surgical department. Their kindness helped my son feel so much less nervous about surgery and as a mom that means the absolute world to me. I will never bring my child anywhere else.
 - Everyone was extremely helpful, friendly and positive!
 - We especially appreciated the Child Life Specialist's time she made us extremely more comfortable by taking our son for a brief walk with her like he will leave us on day of surgery, and showing all of us the anesthesia props.
 - Everyone was very helpful making our child comfortable about her upcoming surgery. I really like that she showed everything to her and played with her.

Future State

- Remain the perioperative collaboration partner of choice
- Expand care coordination role
- Participate in population health initiatives by developing surgical based pathways
- ◆ Lead the culture change from volume to value
- Develop business plan for remote clinics
- ◆ Enhance visibility and knowledge of PSH and initiatives
- Public Relations video

References

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