

REDUCING PACU LENGTH OF STAY IN THE POST-OPERATIVE INGUINAL HERNIA PATIENT

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Background Information: Nurses were challenged with delays in discharging patients post-inguinal hernia repair due to inability to void. The problem contributed to average stays of four hours or more consuming nursing resources and frustrating patients. To optimize patient outcomes and promote nursing excellence, nurse-driven protocols were developed to standardize care, thus decreasing length of stay.

Objectives of Project: To reduce PACU length of stay in the post-operative inguinal hernia patient.

Process of Implementation: The post-anesthesia care unit-unit based practice council (PACU UBPC) identified an area for improvement in patient outcomes. Through a multi-disciplinary collaboration an evidence based proposal to address the problem was developed. Two nurse driven protocols were created 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. Implementation of the project was multi-faceted addressing education through verbal, written, and peer to peer methods. Reference tools were supplied both in hard copy and online for staff to access.

Statement of Successful Practice: Pre-project data showed an average length of stay (LOS) of 4.95 hours. Post-implementation data review was done quarterly and the results are as follows: Q1-3.49 hours, Q2-3.23 hours and Q3-3.04 hours. An incidental finding was a decrease in the rate of patients discharged home with a Foley from 22% (18/79 patients) to 1.2% (2/162 patients). Both LOS and discharge-with-Foley rates were markedly improved by implementation of this nurse-driven evidence-based protocol.

Implications for Advancing the Practice of Perianesthesia Nursing: Standardizing nursing care with the use of nurse driven protocols has shown to aid in early identification of problems, focus patient care, reduce oversight, and guide interventions to optimize patient outcomes. Future plans include expanding the inclusion criteria, re-examining the data to assess other factors that may be causing extended LOS, sharing the project with other units and collaborating in multicenter investigation with other institutions.