Spine Time

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Abstract Background Information: At a large academic medical center, evidence-based practice serves as the standard for guiding patient care, ensuring that treatment decisions are grounded in the best available research and clinical evidence. Over time, these practices, particularly the protocol for Adolescent Idiopathic Scoliosis Repair/Posterior Spinal Instrumentation and Fusion (AIS/PSIF), became outdated creating an unnecessarily long length of stay in the Post Anesthesia Care Unit (PACU) which could negatively impact patient flow through the PACU as well as patient satisfaction due to not obtaining a bed.

Objectives of Project: The goal was to revise the protocol for AIS/PSIF patients in the PACU to ensure the most up to date evidence is supporting decision-making while improving efficiency to keep their PACU stay minimal and transfer them to the appropriate level of post-operative care as efficiently and safely as possible. Key focuses include effective pain management, stable hemodynamics, and normal neurovascular checks, all supported by evidence-based practices.

Process of Implementation: A multidisciplinary team comprised of surgeons, anesthesiologists, advanced practice providers and nurses revised the AIS/PSIF care protocol using the most up to date research, noting no evidence for the previous four-hour monitoring requirement in the PACU. The team agreed to update the post-operative protocol to reflect a PACU length of stay to a minimum of two hours. At the two-hour mark, if the patient met specific criteria, they could be transferred to the appropriate inpatient unit. The PACU nursing team was educated on the new protocol via a PowerPoint presentation, and their understanding of the changes was assessed through post-tests.

Statement of Successful Practice: The new AIS/PSIF protocol reduced the minimum stay requirement from four hours to two hours in the PACU which improved throughput and patient satisfaction while maintaining safety and efficiency. In the three months following implementation, the length of stay in the PACU for these patients decreased by 33% for an average of 53 minutes.

Implications for Advancing the Practice of Perianesthesia Nursing: By implementing standardized protocols, we improve patient care, reduce cost through shorter PACU stays, and increase patient throughput, allowing more patients to be treated in a shorter timeframe.