



Implementing Best Practice Through a Comprehensive Unit-Based Safety Program (CUSP)

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Background

A comprehensive unit-based safety program (CUSP) for the perianesthesia unit is composed of a multidisciplinary team that is made up of the unit staff, CUSP executive, CUSP provider champion, unit CUSP champion, and safety officers who meet every month to review safety practice events and best practices for patient safety. This CUSP program emphasizes the importance of the bedside nurses' perspectives with the reviews that focus on current perianesthesia practice issues and adverse patient events. PACU staff reported that the GYN surgery patients were experiencing two to three hours of Phase I length of stay (LOS) due to a new preoperative surgical protocol that consisted of both Gabapentin 600 mg PO and Scopolamine patch prescribed in pre-op. It was observed that patients had delayed awakening and were too sleepy to ambulate.

Objective of the Project

Identify patients who were prescribed 600 mg oral dosage of Gabapentin, along with the application of a Scopolamine patch. Additionally, this process aims to closely monitor the length of stay (LOS) in Phase I for these patients to gather relevant data on their treatment and recovery.

Plan of The Project

- 1) Review patient HEROs relating to extended LOS
- 2) Retrospective GYN PACU chart review focusing on type of pre-med and doses
- 3) Explore existing ambulatory ERAS protocol and consider adopting for GYN Onc outpatient population.
- 2) Implement active recovery strategies.
- 3) Initiate RN discharge criteria within the 60-90 minutes window within Phase I recovery.
- 4) Monitor metric or Key Performance Indicator (KPI)
- 5) Monitor watch metrics e.g. OR Holds, surgery services phase I LOS
- 6) Identify services with Phase I LOS higher than control threshold.
- 7) Real-Time chart Audit initiated by the GYN/GYN Onc services

Weinberg Perianesthesia Phase I LOS KPI



Process of Implementation

- 1) Identified and observed that preoperative medications given to the GYN patients caused a delayed awakening from anesthesia and were too sleepy to progress promptly to meet Phase I discharge criteria.
- 2) Key stakeholders reviewed the pharmacologic effects of the preoperative medications and their interactions with anesthesia.
- 3) The GYN surgeons recommended the use of scopolamine patches only for patients who are high-risk and those who have a history of post-op nausea and vomiting (PONV) and reduced the Gabapentin dose to 300mg.
- 4) Safety concerns reporting through the Hopkins Events Reporting Online (HERO) platform
- 5) Share HERO reports to the GYN service providers
- 6) Share monthly KPI during CUSP meeting
- 7) Ongoing real-time chart audit by GYN service data collection team

Successful Practice Data Outcomes

- Key Metrics Monitored for Sustainability: PACU Phase I Length of Stay (LOS): Reduced from 130 minutes to 92.4 minutes, 28.92% reduction
- Workflow Efficiency: Fewer OR holds and perioperative delays indicate strong collaboration between nursing, surgery, and anesthesia providers
- Post-operative follow-up indicated increased patient satisfaction. Patients reported timely emergence from anesthesia and minimal residual sedation, which contributed to a more favorable recovery experience.
- Allows nurses to discharge patients without prolonged recovery times associated with unnecessary sedation from Gabapentin 600 mg PO combined with a scopolamine patch.

Statement of Successful Practice

This unit-based efficacious CUSP initiative successfully streamlined the immediate PACU Phase I care and improved throughput. By empowering nurses with greater autonomy in the PACU Phase I assessments, nurses facilitated the patient discharge processes. The project enhanced patient care efficiency while increasing staff satisfaction and pride that contributed to safe and effective patient management.

Lessons Learned

Key lessons included the power of interdisciplinary collaboration and the willingness of team members to prioritize patient-centered care. Engaging stakeholders early, maintaining transparent communication, and focusing on shared goals facilitated this significant initiative's success with minimal resistance.

Implications to Practice

- 1) This CUSP program is vital to patient safety because of the collaborative efforts of all stakeholders to facilitate real change and keep patients safe.
- 2) Facilitates multidisciplinary collaboration in identifying and addressing patient safety concerns.

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