Optimizing Throughput by Increasing Nursing Education and Decreasing Length of Stay

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Purpose

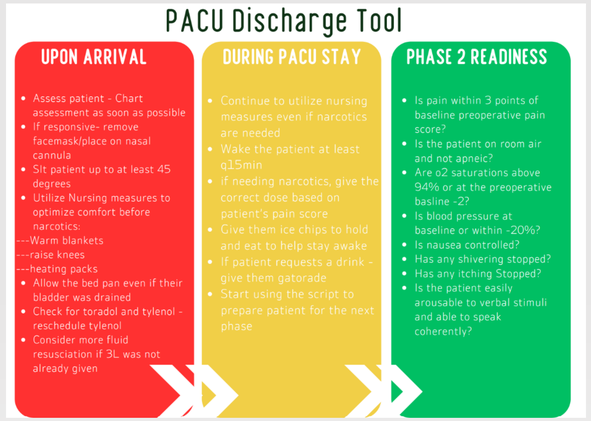
- Our goal in this project was to decrease phase 1 length of stay to increase operating room throughput and utilization, decrease OR holds, increase patient experience and outcomes, and maximize utilization of resources.
- Ineffective throughput has significant financial implications and decrease patient experience scores related to early ambulation, pain control, and seeing their families sooner.
- The target was to reach 120 minutes or less for our highest length of stay population (hysterectomies) and 90 minutes or less for overall cases. This excluded our G.I. population which is high in volume, quick to recover and would potentially skew length of stay to look falsely low.

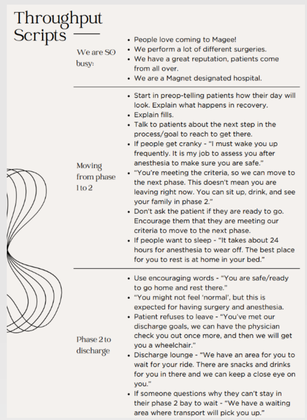
Background

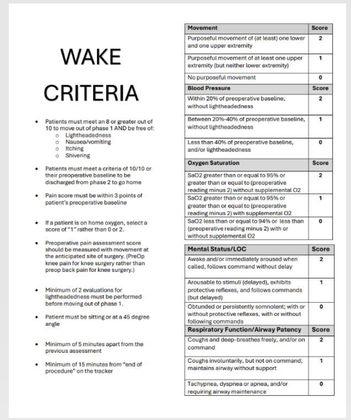
- Based on patient experience scores and baseline data, phase 1 length of stay times were longer than national benchmarks.
- Many of our patients have elective surgeries that are not truly elective due to the oncologic classification of their disease. We also aimed to provide surgical intervention to more of these patients in a timelier manner through improved OR utilization.

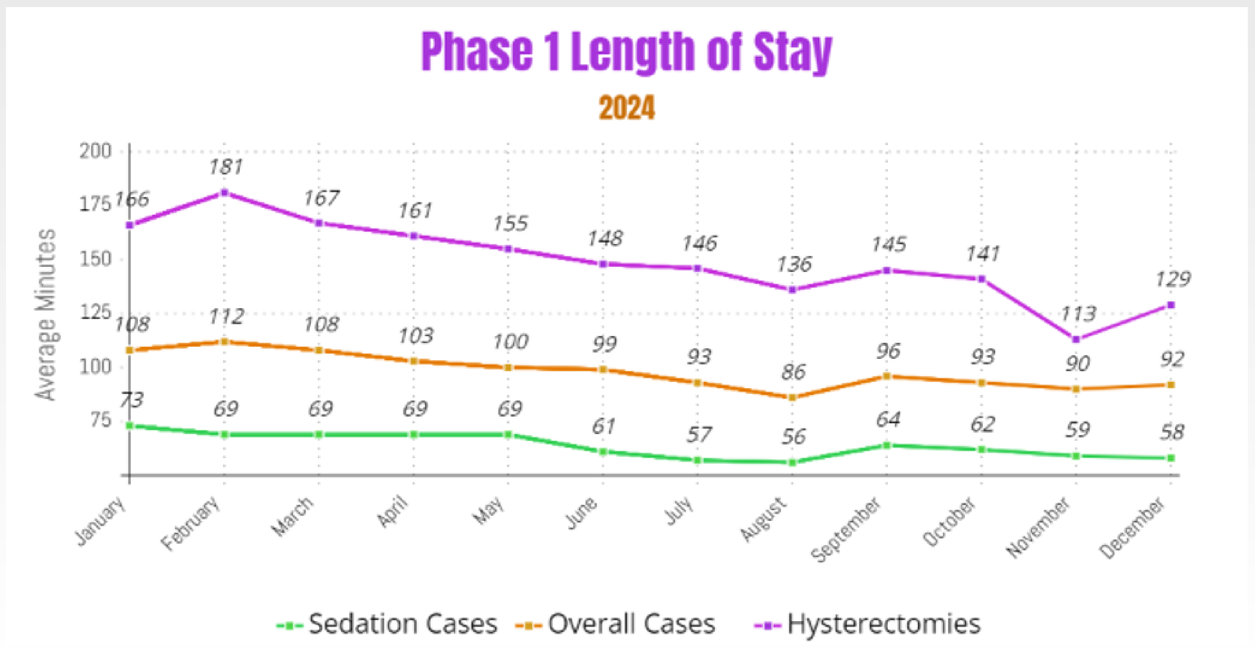
Successful Practice Statement

- Since implementation, average length of stay overall decreased from 112 minutes to 90 minutes.
- Our highest phase 1 length of stay population, hysterectomies, decreased from 181 average minutes to 113 average minutes.
- Patients reported higher experience scores with early ambulation and visiting with family sooner. Fiscal productivity and OR utilization also increased.









Implementation

- Audits were conducted on past phase 1 patients' length of stay to determine baseline data. It was determined there were no trends in longer lengths of stay and broad education was necessary.
- Perianesthesia leaders, and educator met with phase 1 charge RNs to discuss audits.
- Education was provided to all RNs in the form of "back to basics" in phase 1 nursing care that included a deep dive into using the WAKE score to move patients based on their individual criteria rather than time frames. We also reviewed ASPAN standards and goals of phase 1 vs phase 2 care.
- A discharge tool was created as a stop light report for reference.
- A prompting script for RNs to reference in all areas of the department was created.
- Charge RNs became "discharge champions", checking in with RNs whose patients were approaching 60 minutes in phase 1 to offer resources if needed. Daily phase 1 huddles discussed length of stay and updates in real time.
- Monthly updates were provided to all staff during staff meetings on the progress of the project.

Implications for Advancing PeriAnesthesia Nursing Practice

- By safely decreasing length of stay in phase 1, inefficiencies and complications were reduced. Phase 1 RNs play a critical role in optimizing throughput and capacity management. Providing RNs with continuing education and resources promotes teamwork and a shared responsibility of operational goals.
- Decreasing phase 1 length of stay can improve patient experience and outcomes while affording the organization the opportunity to provide life changing surgical intervention to more patients.