Post-Operative Craniotomy Pathway - PACU to Floor Pilot

Team Leaders: Robert Veilleux MSN RN, Rita Senra Costa MSN RN CPAN, Giselle Chalk BSN RN,
Karen Lane MSN RN CPAN
Brigham and Women’s Hospital, Boston, Massachusetts

Team Members: Omar Arnaout MD, Mary Pennington MSN RN, Kathryn Belategui BSN RN,
Melissa Berkley MSN RN, Cynthia Slater BSN RN CCRN, Deidre Devaux MSN RN CPAN,
Ann Leary MA BSN RNC

Background Information:
- Patients undergoing supratentorial craniotomy routinely progress from OR → ICU → Intermediate care → home
- Eighty percent of patients are stable and ready for discharge to home the next day
- ICU care adds one extra day and multiple care team hand-offs
- Delayed throughput for outside hospital transfers and ED admissions secondary to ICU census
- Increased OR holds

Objectives of Project:
- Establish inclusion criteria to identify patients who can safely bypass the ICU and receive ICU level care in PACU prior to discharge to floor
- Improve patient safety by reducing number of transfers of care from 3 teams to 2 teams
- Improve patient experience by reducing overall hospital stay (goal 24 hours)
- Decrease length of stay (LOS)
- Improve utilization of ICU resources
- Decrease OR hold time and delayed hospital throughput due to ICU bed availability
- Lower cost of neurosurgical care delivery and optimize health care value for neurosurgical patients

Process of Implementation:
- Multidisciplinary collaboration including: Neurosurgery, Nursing Leadership, ICU, PACU, and Neurosurgical Floor Nursing
- Patients potentially eligible for the POC-PACU Pathway are identified prior to surgery
- Information regarding patient enrollment in the pathway is communicated to relevant parties including flow managers, PACU charge nurse, and admitting via shared calendar
- Development of PACU protocol care standards including escalation criteria
- Staff education through multiple in-services, newsletter communication, and at the elbow support

Statement of Successful Practice:
- All enrolled pilot patients (n=11) successfully discharged from PACU to floor
- All enrolled pilot patients successfully discharged from floor to home the next day
- Improved patient experience and decreased LOS
- Improved ICU utilization and decrease in care team hand-offs

Implications for Advancing the Practice of Perianesthesia Nursing:
- Pilot was successful and program expanded to include multiple neurosurgeons
- Improved PACU staff confidence and competency in caring for the postoperative craniotomy population
- Improve hospital throughput