

Increasing Patient Comfort: Bed vs. Stretcher

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Introduction: Patients often experience discomfort on stretchers post-surgery. Transferring to beds improves their comfort. This was an initiative with the operating room (OR) staff to have patients exit the OR on a hospital bed.

Identification of the Problem: Once a patient was transferred to a physical bed from a stretcher they verbalized much relief. Staff also verbalized dissatisfaction with the amount of physical labor and time taken away from providing patient care.

QI Question/Purpose of the Study: “For post-operative patients how does placing a patient on a hospital bed compared to a stretcher in the OR affect patient comfort and staff satisfaction in the PACU?” / Improving the number of patients coming out on beds from the OR compared to stretchers increases their comfort level.

Methods: Surveyed patients that were transferred from a stretcher to a bed: “What is your comfort level on a stretcher?” and once moved, “What is your comfort level now that you are on a bed?” with a rating 0-10, 0 = extremely uncomfortable & 10 = extremely comfortable. The highest level of discomfort in procedures included Video-Assisted Thoracoscopy, Kidney Transplant, and Angiogram with extended flat bedrest requirements. Additionally, we collaborated and educated our clerk’s and OR leadership on the goals and details of this quality improvement project.

Outcomes/Results: Patient comfort survey showed a dramatic increase once moved: comfort level on a stretcher was an average of 3.52/10, compared to 9.14/10 on a bed. There were improvements in both patient and staff satisfaction with the implementation.

Discussion: Staff noticed with the transfer to a bed it required less opioid pain medication and the patient was able to rest. An added benefit is a decrease in the amount of linen used, reducing hospital costs, and employee harm with less patient transfers.

Conclusion: Continued collaboration between the PACU and OR staff will be required to see the benefits and ensure practice adoption.

Implications for perianesthesia nurses and future research: By prioritizing the placement of post-operative patients onto a hospital bed prior to the arrival in the PACU, we can significantly improve their comfort, reduce the need for pain medication unrelated to surgical pain, enhance the efficiency of healthcare delivery, and optimize resource allocation.