

What we are trying to accomplish

Global Aim: Postoperative teaching of indwelling urinary catheter care will be moved upstream to preoperative area before surgery to decrease the length of stay in PACU by educating patients before general anesthesia.

Project Aim: Upon completion of the implementation of the pre-operative teaching, the length of stay for the post prostatectomy patients in the PACU will decrease from an average of 150 minutes to 120 minutes by June 30, 2022.

Background

Setting: Ambulatory Surgery Unit (ASU) on the campus of a medical center in Northern California.

Quality Gap: Current performance is at 150 minutes postoperative stay for a patient in the PACU.

Evidence:

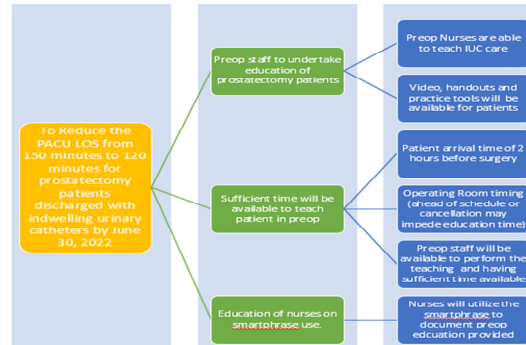
- Preop area is an optimal time for teaching (Hovsepian, et al. 2017).
- Preop education can reduce patient anxiety (Collin, et al., 2015)
- Patient satisfaction scores elevate when postop instructions are given in the preop area (Tanner & Morgan, 2022)

How we will know there is Improvement

Measures:

Measure	Data Collection Source	Goal
Decreased LOS in the PACU	Electronic Health Record/Data Analyst	120 minutes
% of nurses educated on the smartphrase	Unit Roster Check off list	100%
% of nurses using smartphrase to document preoperative education	Chart Review/Checklist	100%
% of patients receiving preoperative education	Chart review/checklist	100%

Tools



Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Staff works both Preop & PACU • PACU RN starting time may allow for an additional educator • Additional time for patient to read handouts/watch video/ask more questions • Occupies waiting time so patient doesn't feel "idle" 	<ul style="list-style-type: none"> • Patient arrival time (lateness) • OR ahead of schedule • Staffing levels (sick calls) 	<ul style="list-style-type: none"> • Optimize current education by allowing hands on practice • Video to watch while waiting to go into OR • Increased availability in PACU so less OR holds 	<ul style="list-style-type: none"> • Prolonged PACU stay due to waiting for ride • Delay in delivery of discharge meds • Patient feeling rushed out of PACU

What changes can we make?

Intervention:

- Educate Preop Staff on Postop Instructions .
- 2 handouts provided in a discharge folder that were discussed in preop education
- 3-minute video was viewed by patient.
- Hands on practice switching leg bag/night bag for the patient and family

Cost analysis: Is it worth it?

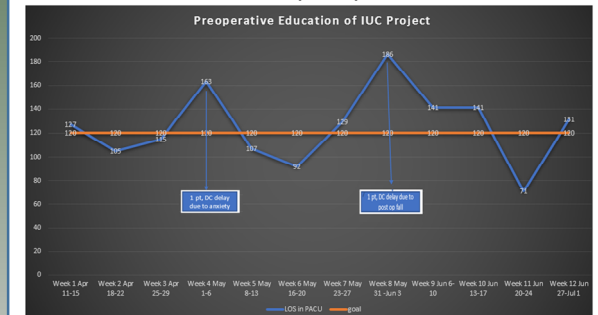
Cost Savings Estimates for IUC Preoperative Education Project				
Unit	Cost/Minute	1 Pt/Day	2 Pts/Day	3 Pts/Day
OR	\$ 39.39	\$ 1,182	\$ 2,363	\$ 3,545
PACU	\$ 4.54	\$ 136	\$ 272	\$ 409
Daily Cost Savings		\$ 1,318	\$ 2,636	\$ 3,954
Surgeries/Week		3 Surgeries	4 Surgeries	5 Surgeries
Weekly Cost Savings		\$ 3,954	\$ 5,272	\$ 6,590
Surgeries/Month		3 Pts	4 Pts	5 Pts
Week 1		\$ 3,545	\$ 4,727	\$ 5,909
Week 2		\$ 3,545	\$ 4,727	\$ 5,909
Week 3		\$ 3,545	\$ 4,727	\$ 5,909
Week 4		\$ 3,545	\$ 4,727	\$ 5,909
Total Potential Monthly Savings		\$ 14,180	\$ 18,907	\$ 23,634

PDSA Cycle



Results

- The LOS in the PACU was successfully decreased to an average of 116 minutes minus the two outlier cases.
- 100% of the nurses were educated in the smartphrase and 100% used the smartphrase to chart the education provided in the preoperative area.
- 100% of the patients received their education in the preoperative area.



References:



Acknowledgements:

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