

Changing the Road to Recovery: A Lesson in Pediatric Surgery Efficiency

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Changing the Road to Recovery: A Lesson in Pediatric Surgery Efficiency

Perioperative Services

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Behavioral Objectives:

- Identify workflow issues and delays in patient throughput
- Design a pediatric patient flow process which enhances efficiency and decreases length of stay

Problem Statement:

A capacity challenge was created as pediatric ambulatory surgery patients were admitted and discharged from the inpatient pediatric unit of a Magnet accredited, Level-One Trauma Center. Workflow issues, delays in patient throughput, and prolonged length of stay created patient and staff dissatisfaction.

Rationale:

Ambulatory pediatric surgical cases were averaging nearly 9 hours from point of admission to discharge. Additionally, the path of the patient throughout the surgical process added further inefficiencies within the Operating Room. Growing capacity issues of the Children's Hospital, most notably the pediatric inpatient unit, demanded a change in patient flow.

Methodology:

Utilizing lean process improvement tools, a multi-disciplinary group of Pediatric, Anesthesia and Perioperative nurses identified value added and non-value added steps. The ideal future state was planned efficiency, patient safety, and satisfaction. Changes were made in three main areas:

- **Process** - The workflow of the ambulatory pediatric surgery patient went from admitting and discharge within the inpatient unit to exclusively being done in the Perioperative Area.
- **Environment** - The environment of care in the staging and post anesthesia care units was transformed into a more child-friendly setting, with consideration to lessen interaction with the adult population. Equipment was acquired and supplies were adjusted to meet the needs of the pediatric patient
- **People** - RNs formed a specialized team to ensure competency and developmentally focused care in the pediatric surgical patient. An education plan for staff included elements such as pediatric advanced life support training, stages of development, and discharge needs. Creating standard work for the staff was completed to incorporate family presence at all phases of care.

Results:

- LOS has been reduced from 9 hours to 5 hours
- Increased communication opportunities with the surgical team
- Increased bed availability in the pediatric inpatient units

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