Decreasing Length of Stay for the Kidney Transplant Patient Without Sacrificing Quality or Safety

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OBJECTIVE
Share pragmatic tactics to decrease length of stay (LOS) in the target population without compromising patient quality or safety.

BACKGROUND AND EVIDENCE
- Staff within a 1,200 bed Magnet® hospital recognized opportunities to impact LOS in the renal transplant population.
- Current practice: all renal transplant patients are admitted to the intensive care unit (ICU) post-operatively until hemodynamically stable.
- Evidence supports a change in practice to better utilize intensive care services.
- Interdisciplinary team members explored strategies and developed a new care delivery model designed to promote:
  - Patient satisfaction
  - Care consistency
  - Fiscal responsibility (decreased LOS)
  - Unplanned return transfers to the ICU

IMPLEMENTATION
NOVEMBER 1, 2015

PROCESS REDESIGN
- Post-op clinical parameters established for medical-surgical unit admission:
  - Age less than 75
  - Hemodynamic stability
  - No:
    - Intra-operative complications
    - Co-morbidities

Intracollaborative practice:
- Partnered with PACU staff and the transplant team to facilitate the care delivery model
- Initiated a 3 hour PACU observation period post-op prior to transfer to the medical-surgical unit (patients were previously transferred directly from the OR to the ICU)
- Facilitated weekly interprofessional collaborative rounds inclusive of nursing

Unit workflow and staff education:
- Redesign of current care model to align with post-renal transplant patient acuity needs:
  - 1st 24 hours post-op:
    - Nurse to patient ratio adjusted to 1:2 compared to the typical 1:5 unit nurse to patient ratio
  - Staff (Medical-Surgical Unit, Post Anesthesia Care Unit – PACU) educated on care of the immediate renal transplant patient via didactic, electronic, and case review methodology.
  - Quarterly continuing education delivered by unit educators and the transplant coordinator on high risk, problem-prone topics.

OUTCOMES
- Calendar years 2016 and 2017, 62% of renal transplant patients (n=173) went from PACU to the Medical-Surgical unit. Two or less patients per quarter required transfer to ICU.
- The median length of stay for PACU to Medical-Surgical patients in CY 2016 was 3.1 days less than OR to ICU patients. In CY 2017, the median length of stay for PACU to Medical-Surgical patients was 1.8 days less than OR to ICU patients.
- Qualitative comments relate to the positive patient experience and satisfaction with the process redesign.

LESSONS LEARNED
- Providing staff with the necessary tools (education, resources and clinical support) was crucial for quality and consistency in care.
- Intra-collaborative practice served as the driver of the project’s success.

REFERENCES