

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

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Published In/Presented At

Paz, J. (2019, April 24-26). *Decreasing Length of Stay for the Kidney Transplant Patient Without Sacrificing Quality or Safety*. Poster Presented at: 2019 in ANA Quality Conference, Orlando, Florida.

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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

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IMPLEMENTATION

NOVEMBER 1, 2015

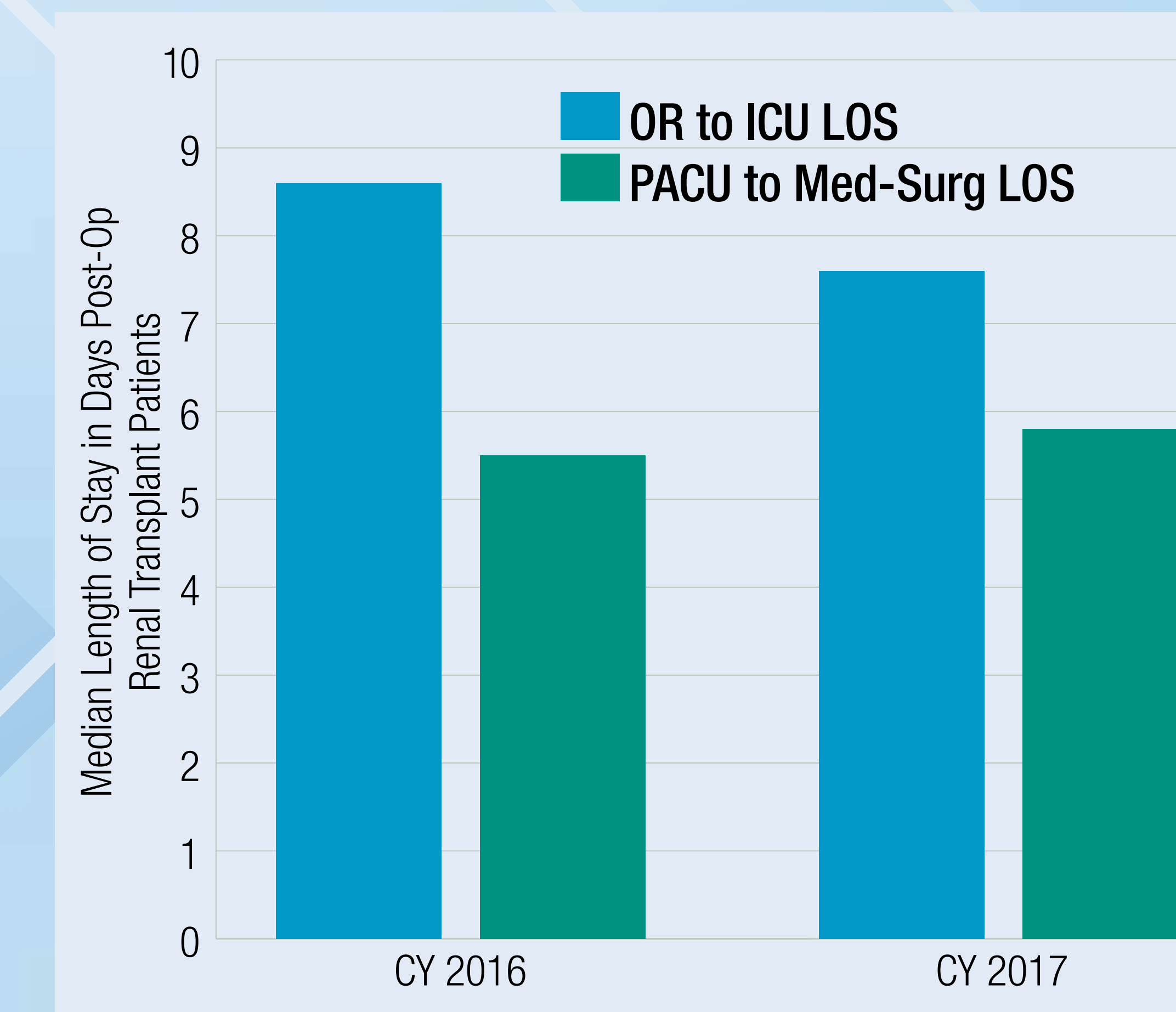
PROCESS REDESIGN

- **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.

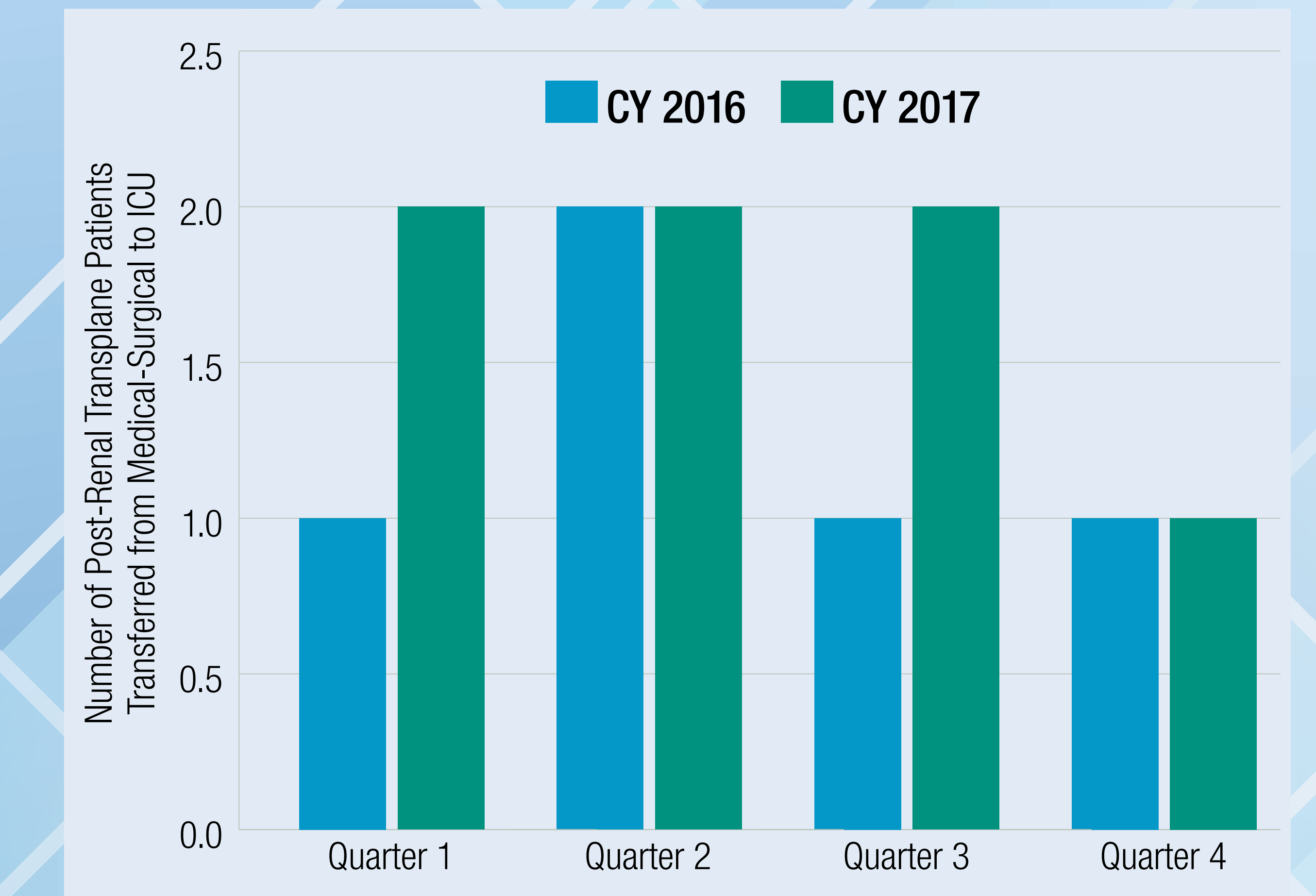
OUTCOMES

- 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.

LENGTH OF STAY POST-OP RENAL TRANSPLANT PATIENTS



POST-RENAL TRANSPLANT PATIENTS TRANSFERRED FROM MED-SURG UNIT TO ICU



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.

