When leaders at New Jersey Surgery Center (NJSC) saw an increase in postoperative hypertension and lengths of stay for some patients, they decided to look deeper. They learned that discharges were being delayed because more patients were receiving vasoactive drugs and needed prolonged surveillance, says Patricia O’Donnell, RN-BC, CPAN, CAPA, CCRN, clinical coordinator.

With a high volume, the center needs to discharge patients in an appropriately timely fashion. Located in Mercerville, New Jersey, NJSC has 3 ORs and performs about 4,400 cases a year in 6 specialties.

As the staff interviewed the patients who had extended stays, they learned most had a history of hypertension but hadn’t taken their anti-hypertensive medication on the morning of surgery.

“We realized there was a communication breakdown,” O’Donnell says.

Tracking the problem

She and the staff set up a QI study and set out in search of a common variable for patients who had not taken their anti-hypertensive drug—was it a physician, a physician group, a particular specialty?

Using a simple tracking tool, they zeroed in on one specialty—ophthalmology.

“We found these patients really weren’t getting the proper information they needed,” she says.

The tracking tool consisted of a notebook at the desk in the postanesthesia care unit. When a patient was treated for hypertension, the nurse placed the patient’s label on a sheet in the notebook and recorded the medications given, the patient’s blood pressure range, and the length of stay.

The data showed that only about 20% of the 150 to 200 patients who have eye surgery at the center each month had continued taking their anti-hypertensive medications on the day of surgery.

Most of the ophthalmology patients are elderly, O’Donnell notes, and some have visual and hearing disturbances, which contributed to the problem.

Improving communication

A key strategy for improving communication is an information sheet to be distributed to patients preoperatively.

“We decided to create a tool that was clear, concise, and was checked for its reading level,” which is recommended to be at the 8th grade level, O’Donnell says. The font was selected for size and clarity. The sheet is printed primarily in 12-point Times Roman font, with bold face and italics for emphasis.

Regarding anti-hypertensive medication, the instructions state:

“Please remember to take your blood pressure and/or heart medicine..."
Please remember to take your blood pressure and/or heart medicine before surgery if you usually take them in the morning. These medicines can be taken without food. DO NOT take any diabetic medicines before surgery.

The information sheet was reviewed and approved by the center’s 4 ophthalmologists.

The sheet was then distributed to the physicians’ offices and is given to all patients who come to the center for surgery. Families are also educated about the need to continue anti-hypertensive meds because many patients return for treatment of their second eye.

Reinforcing staff education

Staff education on preop medications was also reinforced. The staff were directed to review the standards of the American Society of PeriAnesthesia Nurses, which state to review all preoperative medications. The America Society of Anesthesiologists recommends review of patients’ self-administered preop medications, specifically cardiovascular medications to be taken in routine fashion with a sip of water.

Within 4 months, the QI interventions brought patients’ compliance with their preop hypertensive medications from 20% to 91.5%.

The center’s leaders continue to monitor trends for length of stay and patients who are hypertensive postoperatively.

Recently, when they spotted an upward trend, they quickly looked for the cause and discovered there had been staff turnover in one physician’s office. The office staff was re-educated, and the problem was resolved.

The project won NJSC the 2010 Bernard A. Kershner Innovations in Quality Improvement Award from the Accreditation Association for Ambulatory Health Care (AAAHC) Institute for Quality Improvement.

NJSC’s administrator, Timothy Dulac, MBA, credits AAAHC’s 10-step QI template with helping to strengthen the surgery center’s QI program. The template, which outlines a step-by-step method for conducting QI in an ASC, is in the AAAHC Accreditation Handbook (available at www.aaahc.org).

Enlisting the staff in QI has been a major gain in identifying areas that need improvement and carrying out studies, O’Donnell adds.

“If you have a staff that will collaborate in problem and variable recognition and then follow the QI process appropriately, you should be able to get good results,” she says. ♦

NJSC’s preoperative instruction sheet is in the OR Manager Toolbox at www.ormanager.com
Learn about the AAAHC quality improvement awards at www.aaahc.org

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