



THE UNIVERSITY OF TEXAS  
**MDAnderson**  
~~Cancer Center~~  
Making Cancer History®

# A Nursing Perspective: Gathering Support Amongst a Nursing Team

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# MD Anderson Nursing Professional Practice Model

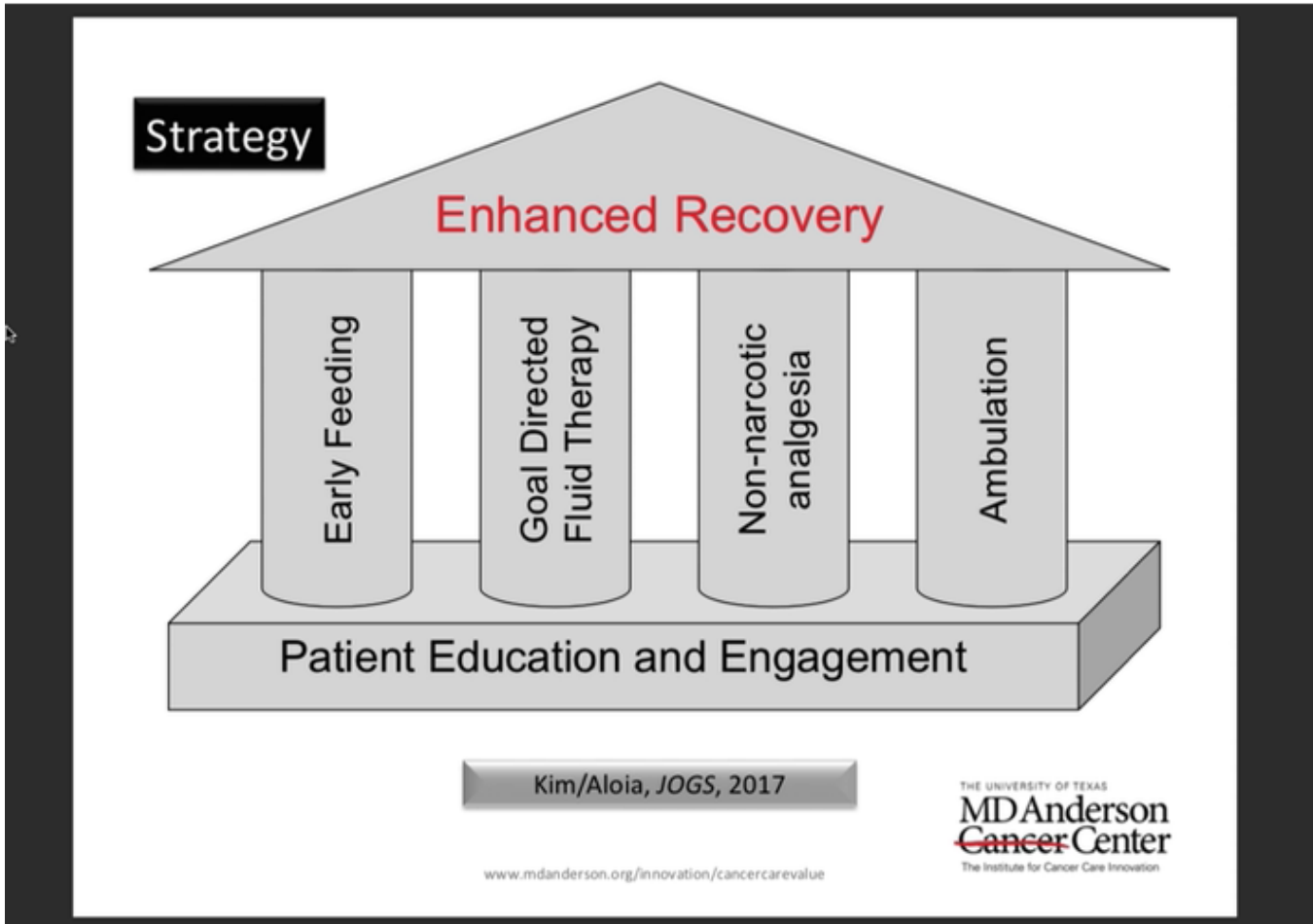


# Patient Care Delivery



# Enhanced Recovery (ER)

# Strategy



# The Super Team

- Surgeons, Fellows and Residents
- Staff Nurses (RN)
- Clinical Nurse Leader (CNL)
- Patient Care Technicians (PCT)
- Advanced Practice Professionals (APP)
- Perioperative Partners
- Dieticians
- Physical Therapists (PT)
- Occupational Therapists (OT)
- Pharmacists
- Research Coordinators
- Outpatient Partners

# Project Timeline

ER Gynecology Work Group  
Weekly Meetings



Faculty Meeting  
7/14/2014



Trainee Didactics  
7/28/2014



APP Didactics  
7/29/2014



# Project Timeline

RN Didactics  
7/29/2014

Grand Rounds  
8/27/2014

Trainee Didactics  
9/28/2014

Project Roll Out  
11/3/2014

# Staff Engagement

# Past Culture

- **Content with traditional methods**

  - “We’ve always had Patient Controlled Analgesia and Epidurals”

- **Loathes projects being added continuously**

  - “Here we go with another project”

- **Anticipating negative outcomes before trying**

  - “Enhanced Recovery won’t work for our type of patients”

# Introduction of Protocol

Physicians met with the nurses on several occasions to discuss goals and benefits of Enhanced Recovery, as well as, how it affects nursing practice

Collaboration with multidisciplinary staff allowed questions from every stakeholder to be addressed

A process chart was developed to assist nurses with understanding what should take place each day

## **Concerns for Implementation**

### **Patients deviating from protocol, for example requiring a PCA pump for pain management**

- Continue with protocol even with a PCA pump & continue to improve pain management for a transition to the oral regimen

### **Patients having a regular diet after surgery**

- Literature shows there is no difference between starting with a regular diet or advancing

### **Patients feeling rushed with expected length of stay**

- Patients given education preoperative regarding the length of stay and the milestones to meet for discharge.

# Present Culture

- Satisfied with ability to manage pain with multimodal drugs
- Able to predict scheduled patient discharge
- Appreciates the concept of early ambulation and how it helps with return of bowel function
- Recognizes that patients are better prepared for recovery after surgery

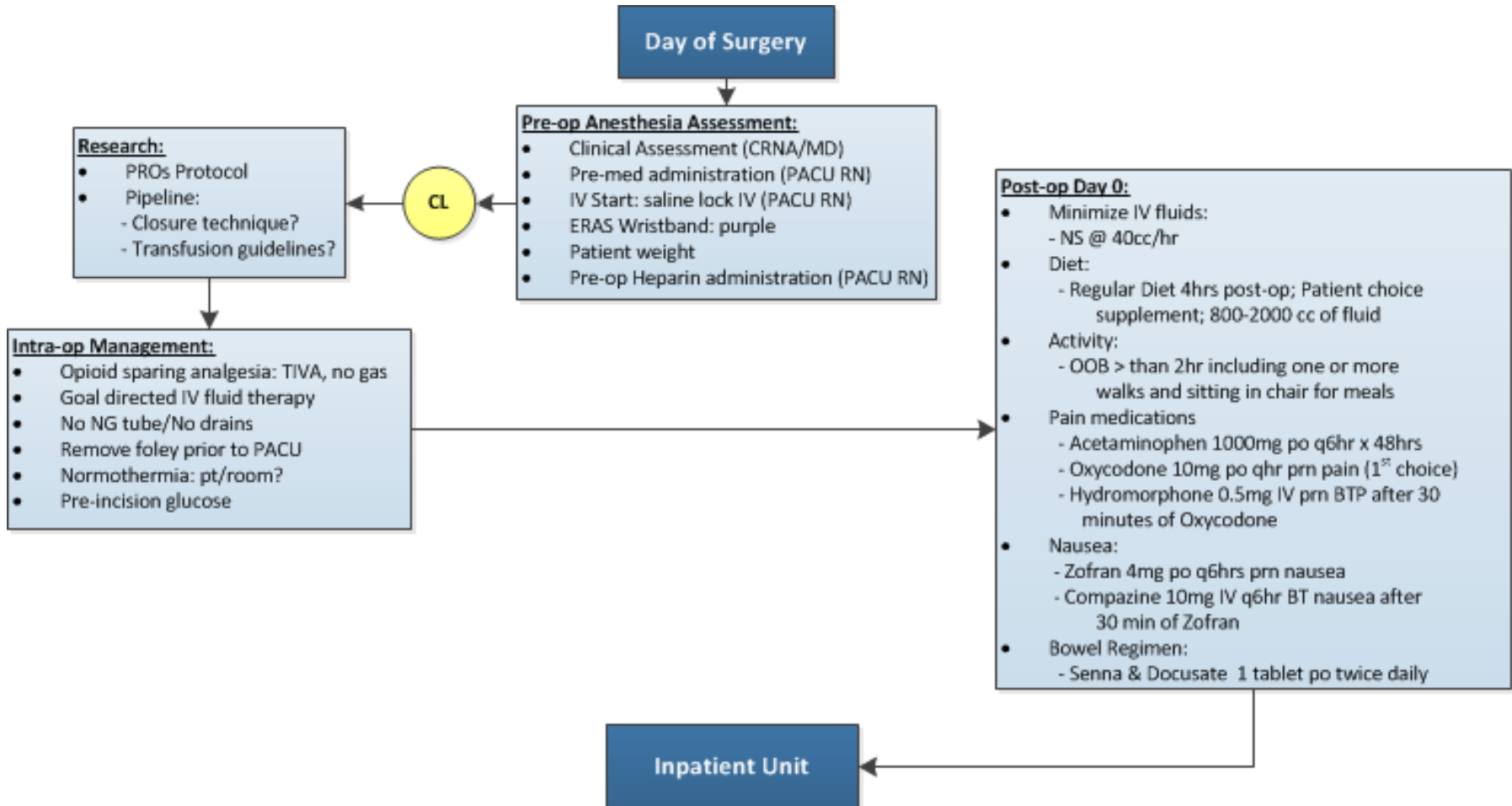
# Inpatient Nursing Role

- Every nurse received education regarding the protocol
- Nurses provided updates on the patient's pain, mobility, nutrition and voiding
- Encouraged patients to meet their milestones for discharge readiness
- Provided education on a daily basis in preparation for a successful discharge
- Advocating for patients by discussing how patient's are progressing
- Ensured nursing care across the continuum between outpatient and inpatient services

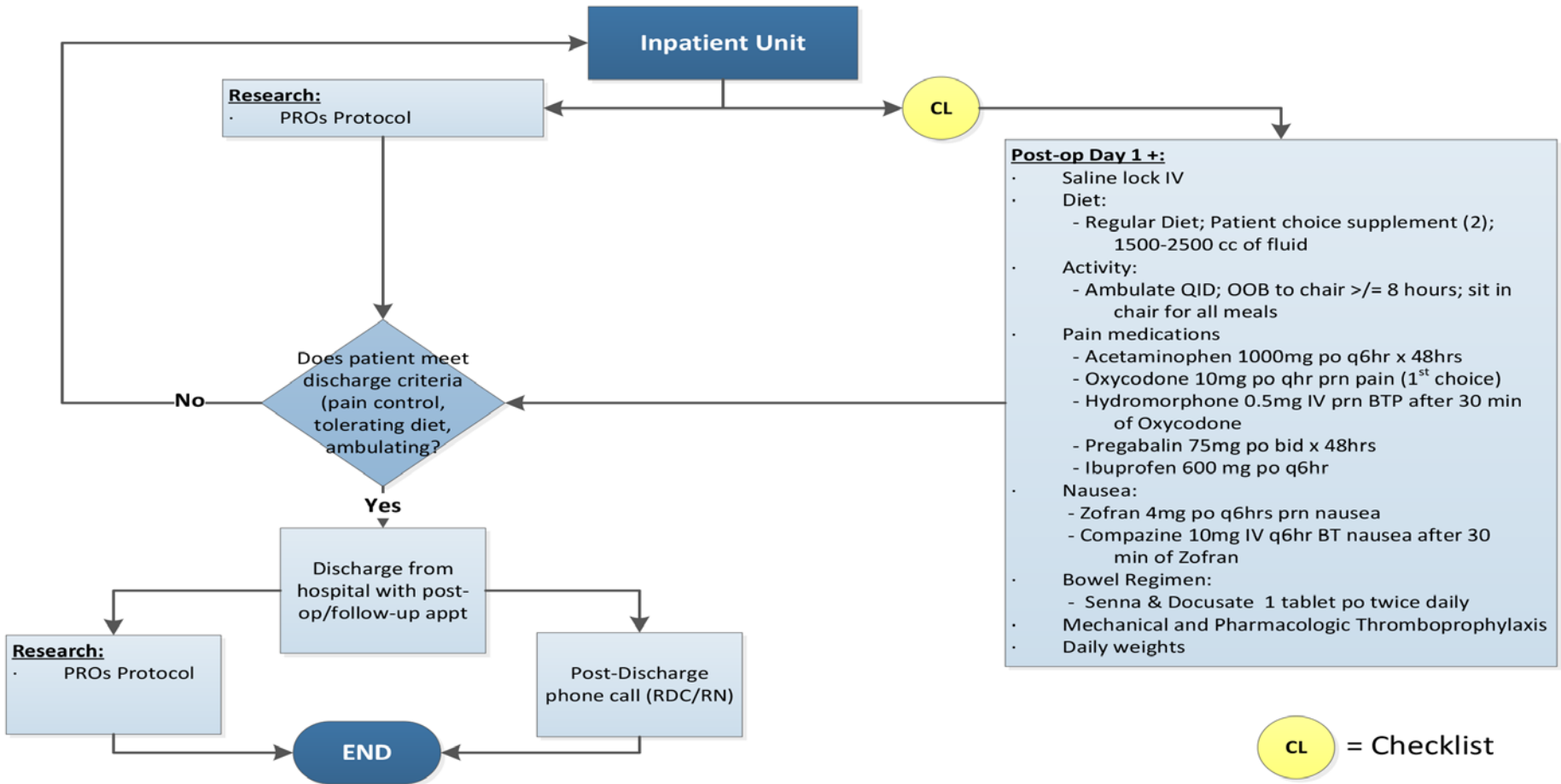
# Implementing Enhanced Recovery



# Process Map Day of Surgery- Post Op Day 0



# Process Map (cont'd)



# Nursing Checklist

<p><b>Admission- POD#0</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Placement of the laminated Educational Overview form on the patient's chart</li> <li><input type="checkbox"/> Review your orders with patient; update boards</li> <li><input type="checkbox"/> Out of bed for 2hours; 1 or more walks</li> <li><input type="checkbox"/> Regular diet 4 hours post procedure; boost, ensure clear and Glucerna (diabetic) BID</li> <li><input type="checkbox"/> Incentive spirometer for use; 10 breaths/hour while awake</li> <li><input type="checkbox"/> Strict intake and output</li> <li><input type="checkbox"/> Prepare for discharge</li> </ul>
<p><b>Post-Op 1</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review orders and educational overview; update boards</li> <li><input type="checkbox"/> Discontinue urinary catheter at 0600</li> <li><input type="checkbox"/> Saline lock IV if drinking &gt;500ml</li> <li><input type="checkbox"/> Boost, ensure clear and Glucerna (diabetic) BID</li> <li><input type="checkbox"/> Incentive spirometer; 10 breaths/hour while awake</li> <li><input type="checkbox"/> Daily Weights &amp; record Strict intake and output</li> <li><input type="checkbox"/> Out of bed 8 hr/day/all meals, ambulating</li> <li><input type="checkbox"/> Prepare for discharge</li> </ul>
<p><b>Post-Op 2-5</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review orders and educational overview; update boards</li> <li><input type="checkbox"/> Daily Weights &amp; record Strict intake and output</li> <li><input type="checkbox"/> Incentive spirometer;10 breaths/hour while awake</li> <li><input type="checkbox"/> Boost, ensure clear and Glucerna (diabetic)BID</li> <li><input type="checkbox"/> Out of bed 8hr/day/all meals, ambulating</li> <li><input type="checkbox"/> Prepare for discharge</li> </ul>

# Discharge Readiness

POD: \_\_

**TODAY'S DATE:** \_/ \_/ \_

## DISCHARGE READINESS

PATIENT NAME: \_\_\_\_\_

Place Patients Sticker Here

**Instructions:** Please complete the questions with the ESRP patients. Questions will be pertaining to the milestone patients achieved from the day before. Example: If today is Saturday then, the questions will refer to Friday.

Milestones		
Did the patient ambulate 4 times yesterday ?	YES	NO
Did the patient eat all meals sitting up in a chair yesterday ?	YES	NO
Did the patient tolerate 3 regular meals yesterday ?	YES	NO
Did the patient void independently yesterday ?	YES	NO
Was the patient's pain controlled with oral medication yesterday ?	YES	NO

Notes:

**Signature of interviewer:** \_\_\_\_\_

# Ensuring Compliance

- CNL rounded every morning to ensure urinary catheters removed post op day 1 at 6am and discontinued intravenous fluids
- Rounding on patients to ensure understanding of the protocol and the goals for the day
- Daily briefs with nurses to address patient's progress and goals

# Challenges with Implementation

- Nurse completing discharge readiness sheet on the weekends
- Patients not meeting protocol requirements, continued orders until ready for discharge
- Some patients floating to other units, nurses on those units not trained
- Education needed for nurses floating to Gynecology unit

# Study Modifications

# Workgroup Discussions

- Observed an influx of Nasogastric tubes insertions
- Clinical Nurse Leader brought the observations back to the work group
- Decision made to consult the Nutrition services
- Incorporated the GI First Foods plan



# GI First Food Plan

- Eat 4 to 6 small meals a day
- Select lean protein
- Limit high fiber foods
- Sit up out of bed and in a chair while you eat
- Chew gum
- Get up and walk around

# Protocol Changes

Clinical Nurse Leader provided feedback on what is working, what is not working and any changes in protocol.

Enhanced Recovery refreshers provided by Gynecology physicians and research coordinators for sustainability.

Brief in-services held by research members to discuss changes with physician orders, diet menus and other protocol changes.

# Results

# Patient Enrollment

## Enhanced Recovery-Gynecology (open)

- November 2014 – YTD  
1512 patients

## Enhanced Recovery-Minimally Invasive Surgery

- February 2017- YTD  
1150 patients

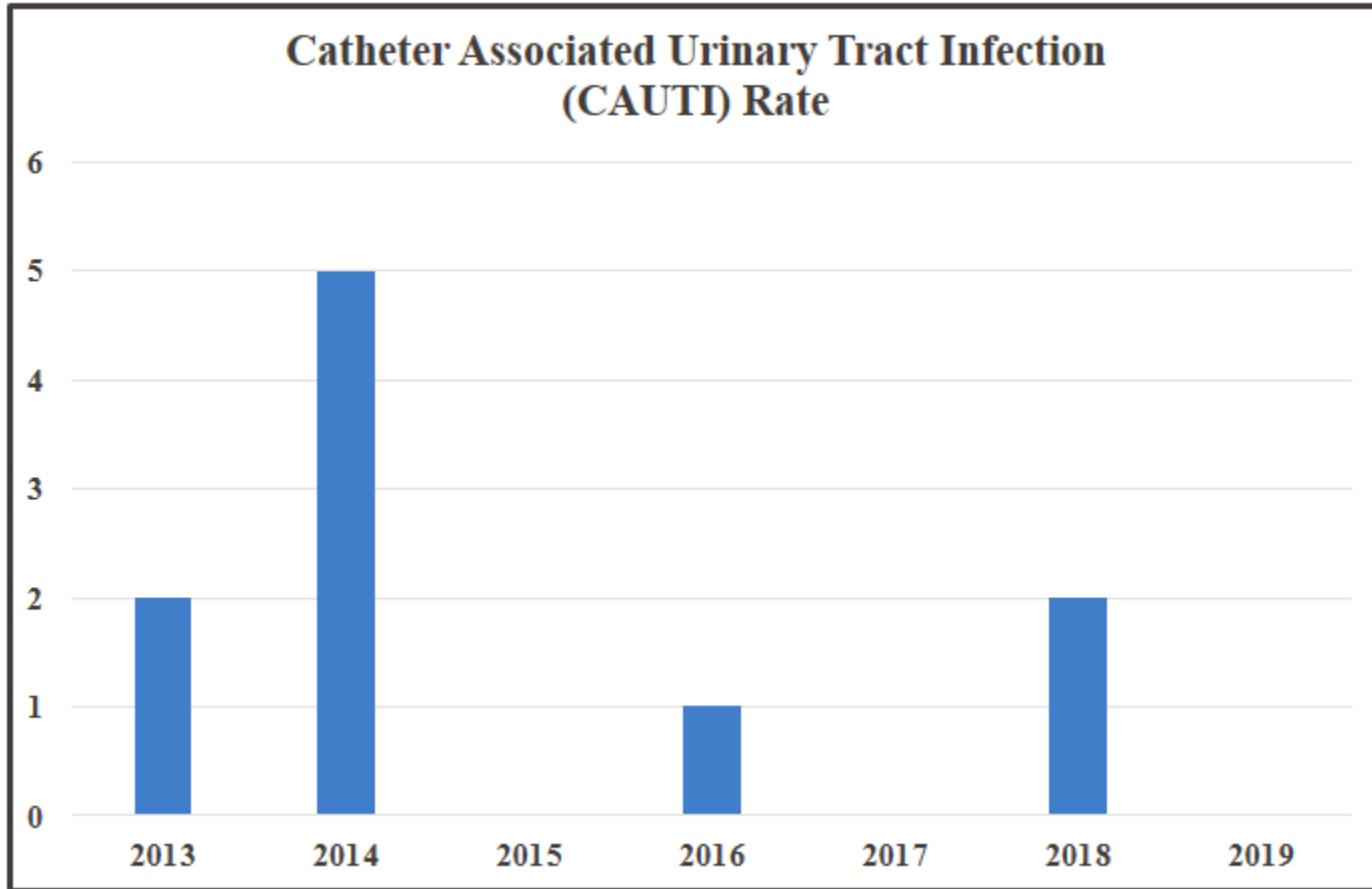
### OPEN

Year	Total number of patients	LOS mean (median)
2014	42	4 (3)
2015	273	4.38 (3)
2016	272	3.93 (3)
2017	284	3.41 (3)
2018	373	3.86 (3)
2019	268	3.63 (3)

### MIS

Year	Total number of patients	LOS mean (median)
2017	380	0.63 (0)
2018	468	0.51 (0)
2019	302	0.54 (0)

# Catheter Associated Urinary Tract Infection (CAUTI)



# Protocol Improvements

- Development of Patient Education video involving G10 East nurses
- ER-Gyn Nutrition Consults prior to surgery
- Post-Op ileus prevention for ER-Gyn patients

## Next Steps

- ER-Gyn Rehab Program prior to surgery
- Go-Live with Enhanced Recovery Patient Education video
- Capturing Discharge Readiness

**Thank you**



**Questions?**

# Special Thanks

G10 East Gynecology and Radiation

Uniqua Smith

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Dr. Ramirez

Dr. Meyer

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