A Nursing Perspective: Gathering Support Amongst a Nursing Team

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Contents

1. ENHANCED RECOVERY
   1. Collaboration
   2. Timeline

2. STAFF ENGAGEMENT
   1. Culture
   2. Introduction of Protocol

3. IMPLEMENTATION
   1. Process Map
   2. Checklists

4. STUDY MODIFICATIONS
   4. Workgroup Discussions
   5. Protocol Changes

5. RESULTS
   4. Success
   5. Next Steps
Patient Care Delivery
Enhanced Recovery (ER)
Strategy

Enhanced Recovery

- Early Feeding
- Goal Directed Fluid Therapy
- Non-narcotic Analgesia
- Ambulation

Patient Education and Engagement

Kim/Aloia, JOGS, 2017
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

Day of Surgery

Research:
- PROs Protocol
- Pipeline:
  - Closure technique?
  - Transfusion guidelines?

Pre-op Anesthesia Assessment:
- Clinical Assessment (CRNA/MD)
- Pre-med administration (PACU RN)
- IV Start: saline lock IV (PACU RN)
- ERAS Wristband: purple
- Patient weight
- Pre-op Heparin administration (PACU RN)

Intra-op Management:
- Opioid sparing analgesia: TIVA, no gas
- Goal directed IV fluid therapy
- No NG tube/No drains
- Remove foley prior to PACU
- Normothermia: pt/room?
- Pre-incision glucose

Post-op Day 0:
- Minimize IV fluids:
  - NS @ 40cc/hr
- Diet:
  - Regular Diet 4hrs post-op; Patient choice supplement; 800-2000 cc of fluid
- Activity:
  - OOB > than 2hr including one or more walks and sitting in chair for meals
- Pain medications
  - Acetaminophen 1000mg po q6hr x 48hrs
  - Oxycodone 10mg po qhr prn pain (1st choice)
  - Hydromorphone 0.5mg IV prn BTP after 30 minutes of Oxycodone
- Nausea:
  - Zofran 4mg po q6hrs prn nausea
  - Compazine 10mg IV q6hr BT nausea after 30 min of Zofran
- Bowel Regimen:
  - Senna & Docusate 1 tablet po twice daily

Inpatient Unit
Process Map (cont’d)

Research:
- PROs Protocol

Inpatient Unit

CL

Post-op Day 1 +:
- Saline lock IV
- Diet:
  - Regular Diet; Patient choice supplement (2); 1500-2500 cc of fluid
  - Activity:
    - Ambulate QID; OOB to chair >/= 8 hours; sit in chair for all meals
- Pain medications
  - Acetaminophen 1000mg po q6hr x 48hrs
  - Oxycodeone 10mg po qhr prn pain (1st choice)
  - Hydromorphone 0.5mg IV prn BTP after 30 min of Oxycodeone
  - Pregabalin 75mg po bid x 48hrs
  - Ibuprofen 600 mg po q6hr
- Nausea:
  - Zofran 4mg po q6hrs prn nausea
  - Compazine 10mg IV q6hr BT nausea after 30 min of Zofran
- Bowel Regimen:
  - Senna & Docusate 1 tablet po twice daily
- Mechanical and Pharmacologic Thromboprophylaxis
- Daily weights

Research:
- PROs Protocol

Discharge from hospital with post-op/follow-up appt

End

Post-Discharge phone call (RDC/RN)

Yes

No

Does patient meet discharge criteria (pain control, tolerating diet, ambulating?)

CL = Checklist
# Nursing Checklist

| Admission-POD#0 | Placement of the laminated Educational Overview form on the patient’s chart  
|                  | Review your orders with patient; update boards  
|                  | Out of bed for 2 hours; 1 or more walks  
|                  | Regular diet 4 hours post procedure; boost, ensure clear and Glucerna (diabetic) BID  
|                  | Incentive spirometer for use; 10 breaths/hour while awake  
|                  | Strict intake and output  
|                  | Prepare for discharge  
| Post-Op 1        | Review orders and educational overview; update boards  
|                  | Discontinue urinary catheter at 0600  
|                  | Saline lock IV if drinking >500ml  
|                  | Boost, ensure clear and Glucerna (diabetic) BID  
|                  | Incentive spirometer; 10 breaths/hour while awake  
|                  | Daily Weights & record Strict intake and output  
|                  | Out of bed 8 hr/day/all meals, ambulating  
|                  | Prepare for discharge  
| Post-Op 2-5      | Review orders and educational overview; update boards  
|                  | Daily Weights & record Strict intake and output  
|                  | Incentive spirometer; 10 breaths/hour while awake  
|                  | Boost, ensure clear and Glucerna (diabetic) BID  
|                  | Out of bed 8 hr/day/all meals, ambulating  
|                  | Prepare for discharge |
# Discharge Readiness

**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**

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<tr>
<th>Did the patient ambulate 4 times yesterday?</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>Did the patient eat all meals sitting up in a chair yesterday?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Did the patient tolerate 3 regular meals yesterday?</td>
<td>YES</td>
<td>NO</td>
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<tr>
<td>Did the patient void independently yesterday?</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Was the patient’s pain controlled with oral medication yesterday?</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

**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

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<th>Year</th>
<th>Total number of patients</th>
<th>LOS mean (median)</th>
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<td>2014</td>
<td>42</td>
<td>4 (3)</td>
</tr>
<tr>
<td>2015</td>
<td>273</td>
<td>4.38 (3)</td>
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<tr>
<td>2016</td>
<td>272</td>
<td>3.93 (3)</td>
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<tr>
<td>2017</td>
<td>284</td>
<td>3.41 (3)</td>
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<tr>
<td>2018</td>
<td>373</td>
<td>3.86 (3)</td>
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<tr>
<td>2019</td>
<td>268</td>
<td>3.63 (3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
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<th>Year</th>
<th>Total number of patients</th>
<th>LOS mean (median)</th>
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<tbody>
<tr>
<td>MIS</td>
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<tr>
<td>2017</td>
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<td>0.63 (0)</td>
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<tr>
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<tr>
<td>2019</td>
<td>302</td>
<td>0.54 (0)</td>
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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

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