

This Free E-Book is brought to you by Natural-Aging.com.

100% Effective Natural Hormone Treatment
Menopause, Andropause And Other Hormone Imbalances
Impair Healthy Healing In People Over The Age Of 30!

Streamlining the Preoperative process for the Open Heart Surgery Patient

By Cynthia Havrilak, RN, MSN

Streamlining the Preoperative process for the Open Heart Surgery Patient by Cynthia

Havrilak, RN, MSN

Open heart surgery is considered to be a major event for patients, their families, and hospitals. Delays in surgery cause emotional distress for the patient and their family and are costly to the hospital. For these reasons, it is beneficial for all organizations providing open heart surgery services to review their processes that prepare the patient for open heart surgery. Investing the time to detail the patient flow processes involved in the preoperative preparation will assist in eliminating process gaps and identify opportunities to improve organizational communication, patient care and satisfaction. This can be accomplished by instituting a task force/ committee to assist in this area.

It is advisable to include departments involved with patient entry points into the open heart process. These departments are usually the inpatient medical cardiac units, registration area, cardiovascular surgeon office, and cardiac cath lab. Development of standardized preoperative open heart surgery orders help to create common practice routines that can reduce errors, improve the staff education, and reduce organizational costs by eliminating unnecessary tests and improving staff efficiencies. These benefits outweigh the challenge of standardizing preoperative physician orders. The orders set should be approved by the appropriate organizational committees, explained to the staff, and then distributive to appropriate departments for implementation. Included in these order sets should be preoperative lab tests, patient testing (CXR, EKG), medications, consults including anesthesia, and surgical prep. Input from the medical staff is essential to this process. The administrative leader should be well versed on latest clinical techniques and cardiovascular research ensuring best practices are addressed and not overlooked.

Some of the most common causes of delays are from inaccurate completion of blood bank procedures, long turnaround times for patient reports, a lack of the chest film or lateral view, scheduling delays for patient testing, and lost pieces of the patient's medical record. Addressing these topics during patient flow planning is essential in expediting the presurgery process. Once process gaps are identified it is important to develop a workable solution and education plan. Ongoing continuous quality management can evaluate the effectiveness of the changes and identify any additional needed areas of improvement.

The outpatient preadmission process should be flow charted to facilitate a smooth patient transition

Streamlining the Preoperative process for the Open Heart Surgery Patient

through the appointment schedule. This is the patient's introduction to your heart program and efforts should be directed at providing the patient with a good first impression. The following issues should be addresses in the planning sessions for the preadmission appointment:

- What time of day is best to schedule preadmission appointments
- Where should the patient report
- Who will educate the patient on post operative care, incentive spirometer, skin prep, family waiting, and discharge needs
- Who will be involved in the preadmission process

Due to the need for a number of tests and significant clinical education it is recommended to schedule the preadmission appointment prior to the day of surgery. This provides the time to review the test results and provide comprehensive education for the patient. The preadmission process can be accommodated in a same day surgical appointment but more opportunities are present for process delays. Frequently included with the diagnostic testing are a listing of consults for anesthesia and other

services, an insurance assessment, and completion of history and physical by a physician assistant /certified nurse practitioner if this has not been provided by physician office.

A standardized patient education session is a major component to patient surgical preparation. One of the first steps should be to determine who will be involved in the education process. Cardiac care coordinator, clinical nurse specialist, or cardiovascular unit staff nurses are good choices to provide the postoperative education. When multiple patient care providers are providing patient education it is recommended to script the education ensuring all topics are consistently presented. Many hospital heart programs are now offering preoperative cardiovascular patient education online through their website. This is another educational opportunity that compliments the individualized approach. The patient education session should be brief as to not frighten the patient, but should review the major care components such as monitoring, invasive lines, tubes, and alarms. Most patients are interested in knowing when the lines and tubes are inserted and how long they remain. Ambulation protocol should be explained so they can anticipate getting out of bed shortly after they awake from surgery. Skin prep and other medications such as Bactroban (if they are a part of the night before prep) should be provided with written instructions and explanation for use. The educational session is also a good time to review specific discharge issues like the expected length of stay and need for someone to stay with them the first few days following discharge. A tour of the post op recovery unit allows the patient and their family to visualize the high level of care that will be provided. The committee should plan for how the sequence of appointments will flow to reduce wait times for the patients and all disciplines involved. This attention given to improving the preadmission process can increase the level of confidence the patient and family has in your program. It starts their surgical experience off on a favorable note. For all open heart surgery patients test results should be reviewed with abnormal results provided to the surgeon as quickly as possible. If the patient is a diabetic, the anesthesiologist usually prefers to be informed of the morning blood sugar. Latest research correlates blood sugar levels with wound healing therefore; strict regulation of blood sugar levels is now common practice and can be a key to improved patient outcomes. Any preoperative indication of infection warrants physician notification such as an elevated temperature and abnormal blood or bacteria counts in the urinalysis. Carotid studies should be anticipated for patients that presents with clinical symptoms or at a specific age (commonly >65). Open heart surgery will be delayed if the patient has a significant carotid stenosis. This condition will likely require treatment before open heart surgery can be preformed. Chest x-ray report along with the films for posterior anterior and lateral views is another frequent source of open heart surgery delay.

Streamlining the Preoperative process for the Open Heart Surgery Patient

The films are needed and reviewed in the surgical suite helping the physician determine the depth of the incision. A lateral view is essential for all redo open heart surgery patients since adhesions may be present. The chest views enables the surgeon to determine the heart size, pulmonary vascular and possibility of calcification of the aorta.

A comprehensive preadmission process for open heart surgery patients sets the stage for preventing post operative complications and improving patient outcomes. Due to the complexity of open heart surgery and the expensive to perform it is prudent for the organization to ensure that the candidates are adequately assessed, well educated and prepared both clinically and psychologically for the event. These efforts help to achieve program goals and outcomes. Good patient outcomes are vital to open heart programs since they are monitored by most insurance providers, federal agencies, and available to consumers. Poor patient outcomes place the whole open heart surgery program in jeopardy. An efficient preadmission process can reduce costly delays and improve patient and family satisfaction. For these reasons it is of value to the organization to invest the time to guarantee the preadmission processes are smooth and efficient.

Cynthia Havrilak, RN, MSN is a Senior Consultant with Health Care Visions, Ltd. based in Pittsburgh, Pennsylvania. The firm brings special expertise in the cardiovascular product line and is endorsed as a Preferred Provider of Cardiac Program Development for AmeriNet. Health Care Visions has assisted a multitude of hospitals in all phases of cardiac programs from program assessment and feasibility studies to business planning and implementation.

ONE STOP POST OPTM

By Health Care Visions Consultants

ONE STOP POST OPTM by Health Care Visions Consultants

Implementing an open heart surgery (OHS) program presented the opportunity for several community based hospitals to challenge the way they had been providing patient care and establish an innovative approach to post surgery patient care. The One Stop Post OpTM cardiovascular recovery unit was designed to receive the OHS patient directly from the operating room and to be the "care unit" for the patient's entire stay. Patient flow, quality monitoring and caregiver acceptance in this unit requires new paradigms from the traditional two or three step post OHS care delivery process. The One Stop Post OPTM model focuses the delivery of care on the patient. With proven success in clinical outcomes, and patient, physician and caregiver satisfaction it is anticipated that this new approach will drive hospitals to evaluate how to integrate clinical process with physical plant planning in the future.

Features and Benefits

The One Stop Post OpTM concept of post-operative open-heart surgery care provides patient focused care across the continuum, from the pre and immediate post-op period until discharge. The level of patient care changes, the equipment changes, but the patient remains in the same room receiving care from the same nursing staff. While this is not a new concept to health care, it is relatively new to

Streamlining the Preoperative process for the Open Heart Surgery Patient

post-operative open heart surgery recovery. In traditional open heart surgery recovery models the patient is transferred from an Intensive Care Unit to an intermediate care unit and possibly to a non-monitored bed prior to discharge. The traditional process moves the patient to the care source instead of applying a patient responsive approach that delivers services directly to the hospital's customer.

The One Stop Post Op™ model reduces care costs by eliminating inefficiencies associated with transfers. Streamlining care delivery affects length of stay as consistent caregivers, familiar with the patients and the medical conditions that can occur following OHS surgery, recognize and immediately address complications. The nurses in "one-stop CVU units" are clinical specialists in pre and postoperative open-heart surgery care, experts in early recognition of clinical complications and can provide rapid intervention, optimizing clinical pathway variance monitoring and management. In addition, One Stop Post OPTM nursing and ancillary staff address patient discharge issues of homecare, family support and skilled facility placement, eliminating a fragmented planning process that can frequently occur when patients are transferred to several post operative care units.

Physicians, nurses and ancillary staff have the opportunity to bond as a continuous quality improvement team that can experience the success of discharging patients who have recovered from their OHS surgery. This is "real time" quality feedback. Satisfaction is not limited to patients and families; physician, staff and ancillary personnel appreciate this innovative approach to care. The One Stop Post Op™ model provides an environment that facilitates staff empowerment and ownership with all caregivers focusing on the entire recovery process.

Key Points

ØExcellent satisfaction: Patients, Nurses, Physicians

The One Stop Post Op™ cardiovascular recovery unit has documented results that patient satisfaction can be improved with this innovative care delivery model. Nursing retention was higher and was attributed to increased job satisfaction while working in a unit that implemented this model. Physician survey scores reported excellent grades for patient care and nurse response.

ØLowered length of stay

Crossed trained multifunctional teams review each patient's clinical progress and care needs daily. The recovery variance monitoring results in improved clinical pathway management. Patient progress is reviewed with aberrations addressed, often resulting in no delay in the patient's progression. This real time process permits patients to "catch-up" to their expected course of recovery resulting in lowered length of stay and lower cost of care.

ØOperational and staffing cost efficiencies

Patients in the One Stop Post Op™ are cared for by nurses with advanced critical assessment skills and cardiovascular recovery care experience who are prepared to identify post-op complications and address care needs earlier. Problems are identified and resolved quickly with all members of the team understanding their role. The One Stop Post Op™ facilitates continuous quality enhancement in one setting. Staffing is flexed to optimize resources and can be adjusted every four hours.

Streamlining the Preoperative process for the Open Heart Surgery Patient

ØContinuous communication

Due to the specialized nature of post operative open heart surgery care and the need for a dedicated care team, the care givers share a common goal and have constant opportunity to dialogue. The patient is not moved and the same nurses, physicians, and support staff care for them during their entire stay. Active family communication and involvement is a corner stone of this delivery system, making the patient and their family the focus of all activity. The patient and family receive education from the same staff that is administering the post operative care. They are encouraged to question therapies and treatments and are involved in care decisions through out the patient hospital stay.

ØActive family involvement

The One Stop Post Op™ unit fosters an environment centered on patient and family. Family visiting is open and supported with rooms optimally designed to address this unit's approach. The family is included in the pre-operative teaching and continues to be an active participant in the educational process through patient discharge. Interactions with familiar nursing staff promote active communication. The families have also found that the surgeons are frequently in the unit and available to discuss the patient's recovery process and answer their questions.

ØEmployee ownership

Another unique feature of The One Stop Post Op™ model is that it creates an empowering environment, which fosters ownership. The nursing and ancillary staff assigned to these units tend to refer to the OHS patients as "our patients". The opportunities for bonding between staff, patients and families are extraordinary. Medical direction provides for a defined understanding of duties and responsibilities so that unit performance expectations are clear and achievable for caregivers.

ØClinical expertise

The nursing care provided in The One Stop Post Op™ cardiovascular unit is highly specialized. Nurses who traditionally worked in short term recovery units are caring for patients through out their hospital stay and are encouraged to approach patients from a holistic platform. Caregivers interact with patients and families through the continuum of care and are able to appreciate the success of patient

discharge. Nurses with critical care skills provide care at all levels. This expertise provides the opportunity for extraordinary trust between physicians, patients, families and ancillary staff. Complications are recognized quickly by nursing staff and timely response can prevent compromise to the patient's condition.

ØDistinguish your program from the competition

The traditional care delivery method of transferring patients based on acuity is utilized by most facilities nationwide. By implementing the One Stop Post Op™ approach to open heart surgery recovery, hospitals can offer differentiated and distinguish care. Reduced length of stay and exemplary clinical outcomes are the benchmarks of a successful program that will be attractive to the community and payors of healthcare. The satisfaction achieved by patients and stakeholders will clearly set this type of open-heart surgery program apart from the others.

Health Care Visions offers specialized expertise and consulting services to assist hospitals in evaluating existing or emerging opportunities in cardiovascular (CV) and peripheral vascular (PV)

services. HCV consultants are nurses and project managers who have recent experience in managing successful CV and PV programs for hospitals ranging from small institutions to some of the country's largest and most prestigious health care systems.



This Free E-Book has been brought to you by Natural-Aging.com.

100% Effective Natural Hormone Treatment
Menopause, Andropause And Other Hormone Imbalances
Impair Healthy Healing In People Over The Age Of 30!