Tonsillectomy & Adenoidectomy: SCH / Bellevue Outpatient Surgery v.1

Executive Summary

Summary of Version Changes

- Patient Seen in Clinic
- RN Pre-Op Teaching
- Fill out Planning Sheet

PASS clinic criteria
Planning Sheet

Does not meet PASS clinic criteria
Planning Sheet

Patient to Pass Clinic
- PASS Clinic Assessment and Orders
- Provider orders:

Patient to Surgery
- Provider orders:
  1. Standard post-op orderset
  2. Standard pain protocol
  3. Standard discharge instructions ordered

Patient needs unplanned admission

PACU

ICU

Floor

Discharge Instructions
Absolute Inclusion Criteria
- > 95% BMI
- < 3 years old

Relative Inclusion Criteria
- Craniofacial anomalies
- Severe sleep apnea
- Family distance

Patient Seen in Clinic

Planning Sheet filled out
- Patient has > 95% BMI
- Patient is < 3 years old

Positive PASS sheet

Patient to PASS Clinic
- PASS Clinic Assessment and Orders
- PASS Anesthesia Assessment and plan completed

Negative PASS Sheet

Patient to Surgery
- Provider orders:
  1. Standard post-op orderset
  2. Standard pain protocol
  3. Standard discharge instructions ordered

PACU

ICU

Floor

Discharge Instructions

Document pages to attending
Objective
Identify, design and implement CSW processes to ensure safe high quality care, eliminate or reduce re-work and improve the cost effectiveness of care provided to Tonsillectomy & Adenoidectomy (T&A) surgical patients.

To achieve this objective, a T&A powerplan will be produced with five phases: pre-op, PACU, post op with “Exception” Oto pain protocol, post op with alternative pain protocol, and discharge. We are also streamlining the outpatient prescription ordering sentences that are available in the Oto folder.

The Oto post-op pain protocol, which was developed in a CPI event, will be fully incorporated into the workflow and the Revised powerplan to include discharge prescriptions will be implemented by go-live date of August 26, 2013. Existing T & A Ordersets will be retired/expired; Powerplan compliance by providers will be at 80% within four months of release (by December 31, 2013).

Rationale
- **Safety** will improve by:
  o Fewer interruptions for inpatient nurses and surgeons on non-value added calls.
  o Implementing a system driven reliable method for selection of appropriate orders by OTO providers (residents, fellow and faculty)
  o Ensuring inpatient nurses have and use a reliable method for the Depart (Discharge) process with T&A patients.
- **Quality** will improve by:
  o Standardized orders within the powerplan will reduce unintended variability in orders, care and instructions.
  o Families will experience a reliable and consistent care path for the inpatient stay
  o The discharge instructions (depart process) will be the same for all inpatient nurses, regardless of unit or floor.
- **Delivery** will be improved by:
  o Improved efficiency throughout the post-op and inpatient care processes.
  o Involvement of the inpatient nursing teams to identify and implement key orders that improve the timeliness, efficiency and quality of care through optimized ordersets (powerplans).
- **Engagement** will be improved by:
  o Highly experienced OTO leadership, faculty commitment and participation in development and implementation of this pathway.
  o Surgical nurse involvement and support for the pathway improvements.
- **Patient/Family Satisfaction** will be improved by:
  o Improved and consistent process and messaging from all care providers (faculty and nurses).
  o Utilizing standardized printed documents during the pre-op clinic visit, the inpatient stay and the post-op care.
- **Costs** will be reduced by:
  o Decreased re-work, decreased post-op paging and phone calls to faculty (fellows, residents and clinic).
  o Reduced calls to ambulatory clinic or faculty about clarifying the discharge instructions for newly discharged patients.

Implementation Items
- New powerplan featuring enhanced and updated orders
- Favorites folder pre-populated with OTO approved medications, dosage and instructions
- Improved ClinDoc Depart functionality with T&A discharge instructions
- Updated guidelines of care for T&A patients

Metrics Plan
1. Count of Inpatient/obs discharges
   a) Total number of discharges meeting specified population criteria
   b) Median Length of Stay
      a) Length of stay — fractional is defined as the time from the first time the patient is recorded in Epic as entering a train, Giraffe or Observation unit, until the date and time the patient is recorded in Epic as discharged.
   c) CSW goal compliance metric
   d) Number of discharges with any of the specified powerplan divided by total number of discharges meeting population criteria
   e) Average charges per case
      a) Total charges for the entire encounter/number of discharges
      b) Readmission
         a) Number of discharges with a return visit for any condition, planned or unplanned.
         b) Stratified by whether the return visit is to Inpatient/Obs or ED
         c) Stratified by returns within 3, 7 or 30 days after original discharge

PDCA Plan
This project was completed on an expedited schedule on 9/19/12 (T&A Orderset was not retired/expired). Goals for the second round of project work is to implement the revised Powerplan 8/26/13 (includes discharge prescription), and to sunset all existing T & A Ordersets.

We will plan to transition to improvement after use of the revised PowerPlan / pathway is stabilized.

Revision History
Date Approved: 8/26/13
Next Review Date: 8/26/16

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Medicine is an ever-changing science. As new research and clinical experience broaden our knowledge, changes in treatment and drug therapy are required.

The authors have checked with sources believed to be reliable in their efforts to provide information that is complete and generally in accord with the standards accepted at the time of publication.

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Summary of Version Changes

- **Version 1 (x/xx/xxxx):** Go live