

# Fast-Tracking Ambulatory Surgery Patients Following Anesthesia

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**Purpose:** The purpose of this process improvement project was to introduce and evaluate the efficacy of fast-tracking ambulatory surgical patients in a community hospital.

**Design:** An observational pre-post design was used, in which patient data from a reference period (pre-fast-tracking) was compared with patient data collected during an implementation period (post-fast-tracking).

**Methods:** Anesthesia providers were trained to use a tool to assess patients for eligibility to bypass the postanesthesia care unit (PACU). Fifty-nine patients met the fast-track criteria during the implementation period and were transferred directly to the ambulatory care unit from the operating room.

**Finding:** During the fast-track implementation period, a PACU-bypass rate of 79% was achieved, and a significant decrease in the total number of patients held in the operating room and in total length of stay was noted.

**Conclusions:** Results suggest that fast-tracking is a suitable intervention to increase work flow efficiency and decrease both patient and hospital costs while promoting a more rapid discharge from the facility.

**Keywords:** fast-tracking, ambulatory surgery, anesthesia, white fast-track score.

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**WITH HEALTH CARE REFORM ON THE HORIZON** and time becoming the new currency, hospitals across the United States are placing an increased emphasis on speed and efficiency in the ambulatory surgery (AS) setting. In an effort to decrease the time spent in the institutional

recovery process after anesthesia in the AS population, a process known as fast-tracking has been successfully implemented in health care facilities of all types. Fast-tracking refers to assessing patients as they emerge from anesthesia for readiness to “bypass” the postanesthesia care unit (PACU) and go directly to the ambulatory care unit (ACU) to facilitate a faster discharge from the facility. The PACU is a high acuity recovery unit in which there are low nurse-to-patient ratios and continuous monitoring. In comparison, the ACU is a lower acuity unit, with minimal monitors and higher nurse-to-patient ratios because of fewer patient care requirements. Most AS patients who meet the fast-track criteria to bypass the PACU undergo monitored anesthesia care (MAC) or intravenous anesthesia (IVA), in which short-acting anesthetic drugs are administered with the goals of providing analgesia and sedation but also ensuring rapid recovery without side effects.<sup>1</sup>

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Conflict of interest: None to report.

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A 2006 National Survey of AS facilities reported 34.7 million AS visits annually in the United States, of which 57.2% were hospital based.<sup>2</sup> With the changing environment in health care and the shift from inpatient to outpatient procedures, current literature supports fast-tracking AS patients when appropriate to return them directly to the ACU from the operating room (OR).<sup>3</sup> Considering the annual volume of ambulatory surgical procedures, fast-tracking eligible patients could improve the efficiency of the discharge pathway leading to decreased costs to patients, hospitals, and third party payers and expedited discharge from the facility.

The financial advantages of fast-tracking patients have not been fully studied. However, with the shift from cost-based payment to bundled payment, fast-tracking is a potential mechanism for decreasing costs, while maintaining patient safety in AS patients undergoing certain types of anesthesia. Some third party payers have remodeled reimbursement strategies into a tiered format. To receive a tier 1 classification as a preferred hospital, the institution must score 80 of 100 points on a 100-point scale based on Blue Cross/Blue Shield standards.<sup>4</sup> The scale takes into account how hospitals compare with one another on different criteria including quality of care, infection control, heart attack or stroke response, safety, accident prevention, and others.<sup>4</sup> One key element taken into consideration in this scoring system is a hospital's willingness to accept lower reimbursement for services provided. By reducing patient charges and minimizing use of resources through the use of fast-tracking, hospitals would be able to accept lower reimbursement for services rendered, increasing their score on the scales and potentially qualifying as a preferred, or tier 1, hospital. Achieving tier one status assures maximum reimbursement as well as the possibility for increased patient referrals. The purpose of this process improvement project was to initiate fast-tracking, and to evaluate the efficacy of fast-tracking AS patients in a community hospital.

## Review of the Literature

Fast-tracking has been studied since 1996 with clear evidence to support the process. Multiple studies have demonstrated an increased PACU-bypass rate, and subsequent decrease in length of stay (LOS), following the implementation of fast-

tracking. Apfelbaum et al<sup>5</sup> conducted a multisite prospective trial using a convenience sample of 4,862 patients to determine whether AS patients could safely bypass the PACU. The study outcomes included PACU-bypass rates and adverse events. The overall bypass rate increased from 15.9% to 58.9% over a 3-month period, suggesting that not all patients undergoing elective same day surgery required the intensive nursing care provided in the PACU setting.<sup>5</sup> Song et al<sup>6</sup> reported similar findings from a study in which 207 AS patients were randomized to routine or fast-track groups and demonstrated the total time from the end of anesthesia to discharge home was significantly decreased in the fast-track group.

Fredman et al<sup>7</sup> specifically addressed geriatric AS patients (age >65 years) in order to assess the probability of fast-tracking these patients. The study was a prospective, randomized, double-blind study of 90 geriatric patients and concluded, despite age-related physiologic changes, advanced age alone is not a contraindication to fast-tracking outpatients.<sup>7</sup> Duncan et al<sup>8</sup> examined the impact of the use of short-acting anesthetic drugs, which are most often used in MAC/IVA cases, on adult AS patients meeting fast-track criteria. They analyzed a cohort of 100 patients and found no morbidity was demonstrated with the use of these drugs while achieving an 83% PACU-bypass rate in a community hospital setting that most closely resembles the environment at our institution. No specific patient characteristics were identified that could be used to exclude patients from being fast-tracked, demonstrating that patient characteristics could not be used as a screening tool for the process.

Variations in the studies of fast-tracking included types of anesthesia administered and location of "fast-track areas." The types of anesthesia delivered included: MAC/IVA, general, and regional, which included spinal anesthesia as well as peripheral nerve blocks. The range of fast-track areas included "roped off" areas in the actual PACU to separate ACU recovery areas of the hospital. Despite the differences in types of anesthesia and fast-track locations, all studies found that fast-tracked patients experienced decreased LOS without adverse events or morbidity, and evidence consistently supported implementation of fast-tracking in the AS population.<sup>5-9</sup>

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