

Perspectives From Home Care for Guiding Patients and Families to a Successful Transition Home After Same-Day Surgery

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MANY PATIENTS TODAY go through surgical procedures in a 1 day/same-day/ambulatory surgery setting. The shift from inpatient care to caring for patients in their own homes after discharge places countless demands on patients and their families during recovery. Patients and families often mistake same-day surgery for same-day recovery and underestimate needs they may have upon discharge. In a sample of patients undergoing joint procedures, approximately 38% were discharged directly to home care postprocedure and more than 50% went to some type of facility before being discharged to home care.¹ With trends moving toward more outpatient surgical procedures,² and with the increasing number of elderly patients,³ referrals from ambulatory surgery to home care will likely grow as well. This article describes the literature related to challenges and key practice issues nurses face when transitioning patients to skilled home care after ambulatory surgery, as well as evidence-based interventions to reduce these issues.

Background

A challenge for ambulatory surgical centers today is timely patient discharge without forfeiting patient safety, quality of care, or patient satisfaction.⁴ There are high demands for day surgery centers on productivity and cost effectiveness to stay in business. According to Gollogly and Wilson,² advances

in technology, long-acting local anesthesia and minimally invasive procedures, decreased costs, and increased efficiency are contributing to more surgeries being performed in ambulatory surgical centers. However, this can often place more stress on the patient, family, and caregivers than what may be anticipated. In 2010, 48.3 million procedures were performed in ambulatory surgical centers, with 39% being performed on patients aged 45 to 64, 19% in ages 65 to 74, and 14% on patients aged 75 years and older.⁵ Thus, one-third of cases were patients older than 65 years. According to the National Council on Aging,⁶ 80% of adults older than 65 years have at least one chronic health problem and 68% have two or more, adding to the complexity of this patient population. With more elderly patients, who often have several comorbid conditions, take multiple medications, and may experience cognitive changes even in the absence of anesthesia during same-day surgery, interventions need to be examined to ensure safety upon returning home.³

Patient education is critical for postoperative care and should include what can be realistically expected at every stage of the surgical process, including after discharge.⁴ With a large number of nurses not having clinical experience in skilled home care, it may be helpful to understand some basic regulations that govern this practice area so that safety in transition can be improved.⁷ First, under the Conditions of Participation (COP) from the Centers for Medicare and Medicaid Services, patients must be under the care of a physician, confined to the home or homebound, and require intermittent skilled services to qualify for skilled home care.⁸ Leaving the home would require a considerable and taxing effort for the patient. For this reason, it is important for nurses to assess day surgery patients preoperatively to determine their ability to manage at home and begin teaching them about managing any postoperative wound

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care, drains, or other daily care needs, as daily visits are not permitted under the COP for home care. Second, the COP requires that a home care agency see a patient within 48 hours from referral to that agency unless a specific start of care date is ordered by the physician.⁸ Patients are unknowingly provided misinformation from those unfamiliar with home care regulations and are often told they will be seen the same day or next day after discharge, which may not always be the case. Being aware of this requirement is crucial to ensure the patient or caregivers can provide necessary oversight until a home care nurse does visit.⁷

Review of the Literature

Several factors can complicate the transition from ambulatory surgery to home. At the top of the list would be a lack of standard readiness for discharge criteria to home.^{9,10} Although discharging a patient from a same-day surgical center to home implies that the patient is clinically stable and competent to care for oneself at home to some degree, there is currently no formal evidence-based clinical criteria to help nurses determine a pa-

tient's readiness for discharge home.⁹ There are several common variables among the different discharge assessments used, including pain, vital signs, nausea and vomiting, and conscious state.¹⁰ However, no systematic review of literature related to safe discharge for patients from the recovery room to the home environment has been published to date. With growing pressure to be productive and efficient, nurses may experience moral dilemma in providing good care as they are often left to use their own judgment to determine discharge readiness for a patient after ambulatory surgery.⁴ Many institutions either adopt their own criteria or use some version of currently published readiness for discharge tools. A comparison of these tools can be found in [Table 1](#).

Communication is another important factor that can contribute to a positive or a negative transition to home. Communication errors come from both what health care providers write or verbally explain to patients as well as what patients and caregivers hear and understand. Among the many exchanges are opportunities for miscommunication or not asking the right questions. Evidence

Table 1. Comparison of Discharge Checklists

Anesthesia Recovery Assessment Tools				
Assessment Criteria	Aldrete PARS	React	MASS	RDAT
Activity	x	x (energy)	x	X
Respirations	x	x	x	X
Pulse				X
Blood pressure	x	x	x	X
Temperatures		x		X
Oxygen saturation	x (color)		x	X
Consciousness/mental status	x (consciousness)	x (alertness)	x (consciousness)	X
Pain				X
Nausea				X
Surgical bleeding				X
Scoring				
Number of items	5	5	5	10
Range	0-10	0-10	0-10	Yes/no
Scoring	0-1-2	0-1-2	0-1-2	Yes/no
Threshold for discharge	9 or 10 certain institutions may be okay with an 8	8 unless pre-existing condition	9 or 10 certain institutions may be okay with an 8	All must be yes

PARS, postanesthesia recovery score; MASS, modified Aldrete scoring system; RDAT, readiness for discharge assessment tool.

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