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Introduction

Problem: This evidence-based practice project addressed increased length of stay (LOS) and opioid use for bariatric patients at UIHC with associated postoperative nausea and vomiting.

Significance:
- Variation in practice may contribute to increased surgical complications, LOS and readmission rates. [2,5]
- Opioid use contributes to post-operative nausea and vomiting, a leading factor in increased LOS, readmission rates and other postoperative complications. [4]
- Opioid-naïve patient populations are at higher risk of opioid addiction. [4]
- Complexity of care environments present challenges to proper safety culture and multidisciplinary team dynamics. [6]

Purpose

The purpose of this project is to optimize and evaluate a collaborative Enhanced Recovery After Bariatric Surgery (ERABS) program aligned with AHRQ’s Improving Surgical Care and Recovery (ISCR) program at UIHC.

Objectives:
1. Increase frontline nursing staff awareness and improve their understanding of the ERABS program
2. Maintain an average length of stay at or below the national average of 34.8 hours for Laparoscopic Sleeve Gastrectomy (LSG) procedures and 44.6 hours for Laparoscopic Roux-en-Y Gastric Bypass (LRYGB) patients.
3. Decrease average post-operative opioid utilization by 25%
4. Increase average intraoperative process measure compliance

Methods

- Project was deemed not human subjects research
- Setting: UIHC Bariatric Center of Excellence
- Population: Adult Bariatric Surgical Patients Undergoing Primary LSG and LRYGB Procedures
- Model: The Iowa Model
- Timeline: January 2019 - January 2020

Evaluation

- Initial adherence demonstrated need for interdepartmental workflow revision
- Additional education provided after initial nursing survey results indicated a need for staff resources and tools
- Cost of IV Tylenol was found to be a major barrier to early implementation, leading to decreased compliance among staff

Process Measure Compliance

Overall antiemetic process measure compliance increased by 32% and overall analgesia process measure compliance increased by 36%.

Opioid Reduction:
- Significant decrease in postoperative opioid administration resulting in 53% reduction for LSG and 61% reduction for LRYGB patients.

Conclusions

- Additional education is needed throughout the interdisciplinary team to increase awareness and achieve all objectives of this project
- Further focus on interdisciplinary workflows and discharges planning

References


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