



Pathway to Excellence: Obtaining Certification in Disease Specific Care for the Minimally Invasive Colorectal Surgery Patient

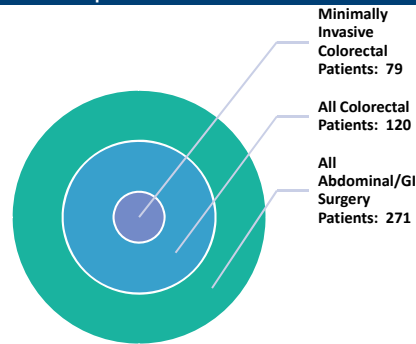
Jill Cleary, RN, APN-BC, COWN & Lorie Hanna, RN, BSN, CDE



Scope of Services

The Colorectal Program: Designed to effectively manage patients that have had minimally invasive colorectal surgery due to cancer, incontinence, diverticulitis, or IBD. The care of these patients begins preoperatively and continues through their postoperative phase to discharge.

Population Drill Down



Identified Needs of the Population

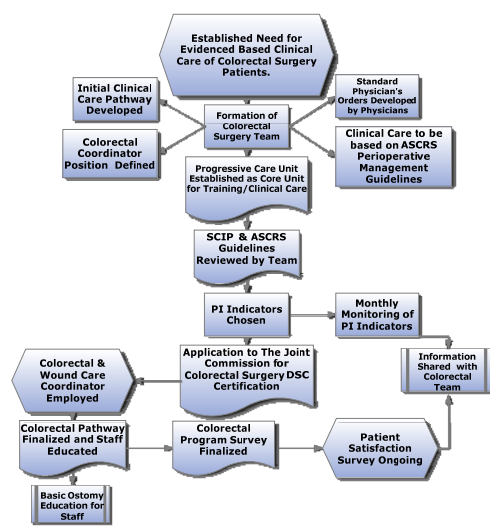
- Appropriate Use of Antibiotics
- Normothermia in the Perioperative Phase
- VTE Prophylaxis
- Ambulation on First Post-op Day
- Increased Self-care Education Resources after Discharge

Objectives

1. Minimize post surgical related complications.
2. Minimize readmissions within 24hrs of discharge.
3. Decrease Length of Stay.
4. Increase patient satisfaction.
5. Increase clinical staff knowledge about care of the MICS patient.

Program Development

MICS Program Development



Pathway

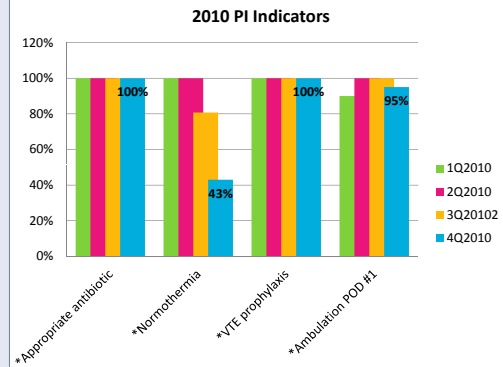
EAST COOPER MEDICAL CENTER	
Date Initiated: _____	
Nursing Interventions:	
Preop teaching and stoma site marking by Colorectal Coordinator/Ostomy nurse.	
Patient and family provided with Colorectal Education booklet.	
Care providers: Place your initials in corresponding boxes when completed sign and date at the bottom of the pathway.	
Preop	Post op
Surgeon to be notified by PACU if patient's temperature is less than 96.8 postoperative and has not responded to the hospital post-op hypothermia protocol.	
ORDERS AND CONSULTATIONS:	
Notify and Order Surgeon specific orders for patient diagnosis/procedure.	
Notify Colorectal Coordinator of patient admission. (ext: 6818)	
Order consults in HCM as indicated: <input type="checkbox"/> Wound Care <input type="checkbox"/> Diabetic Educator <input type="checkbox"/> Medical Management <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Dietary Screening for all patients <input type="checkbox"/> Case Management	
NURSING:	
Physician ordered antibiotics initiated post op.	
Discontinue post op antibiotics within 24 hours of surgery end time unless physician documents suspected infection.	
Instruct patient on incentive spirometry and encourage hourly use.	
Monitor patient pain level and document with vital signs.	
Pain to be discontinued Post Op Day One. If Foley remains, MD must provide documentation for Foley to remain. <input type="checkbox"/> Notify Physician to document reason for Foley.	
Beginning on post op day one: Ambulate patient in hall with assistance a minimum of 5 times daily. <input type="checkbox"/> Physical Therapy consult for patients unable to ambulate.	
VTE prophylaxis per physician order.	
Monitor patency and output of nasogastric tubes and drainage tubes as ordered.	
Chart intake and output, daily weights.	
Monitor, assess and document every shift and record findings in nurse's notes.	
Notify case manager of any anticipated discharge needs.	
DIET:	
Post op NPO until fully awake, then sips of full liquids-NO carbonated beverages	
Review physician's orders daily for diet/medication changes.	
PATIENT AND GENERAL EDUCATION:	
Patient able to independently empty ostomy pouch and perform pouch change/self-care.	
Discharge diet reviewed.	
Patient and family able to verbalize signs and symptoms to report to their surgeon.	
Patient or family able to verbalize understanding of methods for obtaining correct ostomy supplies.	
Colorectal education booklet reviewed with patient and family.	
Colorectal Survey distributed.	
Patient/family able to demonstrate basic self care. No discharge needs identified.	

COLORECTAL CLINICAL PATHWAY
Revised 10/21/10
RN/LLPN: Signature/Date/Time _____ RN/LLPN: Signature/Date/Time _____
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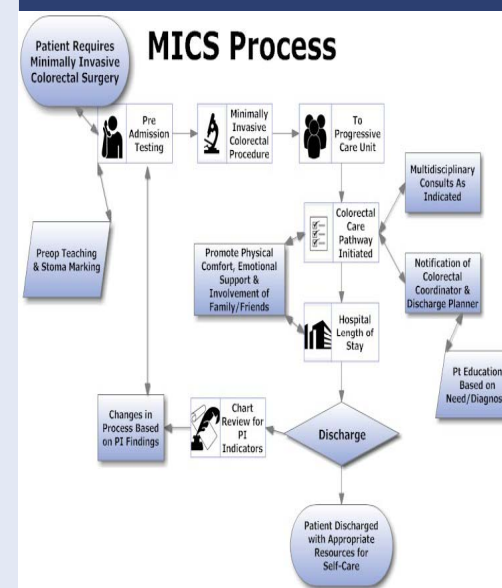
Benefits of Pathway Utilization

- Improvement in patient outcomes
- Increases in quality and continuity of care
- Improvements in multidisciplinary communication and collaboration
- Identification of organizational system problems
- Coordination of necessary services and reduced duplication
- Prioritization of care activities
- Reductions of LOS and cost

Performance Improvement



Process



Future PI Plan

- PI Indicators for 2011 Include:
1. Monitoring first day post op fasting glucose level
 2. Patient satisfaction
 3. Perioperative Normothermia
 4. Ambulation first post operative day

References

Clinical Practice Guidelines: The colorectal program is based upon these guidelines from the National Guideline Clearinghouse:

- American Society of Colon & Rectal Surgeons (ASCRS) Perioperative Management Guidelines, Surgical Care Improvement Project (SCIP) guidelines SCIP-Inf-2 and SCIP-Inf-7.
- Wound, Ostomy, and Continence Society (WOCN) Management of the Patient with a Fecal Ostomy: Best Practice Guideline for Clinicians.

