

INSTITUTION OF NPO STANDARDIZED SHORT SCRIPT TO DECREASE CANCELLATION OF PEDIATRIC SURGERIES

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PRACTICE PROBLEM

- The practice problem was delaying or canceling pediatric procedures when the pre-op requirement of nothing-by-mouth (NPO) was unmet. The problem included the initiation of clear gastric contents prior to procedures, followed by clearance via anesthesia to go to the operating room (Solak et al., 2019).
- The project aim was to minimize the cancellation/delays in surgery by utilizing a standardized short script for pre-op education. This change reduced the financial burden on the organization, surgeons, and parents due to cancellation events and has improved pediatric patient care (Billings et al., 2020).
- The Short-Procedure Unit Pre-Op area used a long script that varied in delivery from 20-25 minutes over the phone to parents or guardians of children undergoing surgery the next day.
- Pre-implementation cancellation rate was 5.65%. totaling 56 NPO violations out of 990 cases.
- The loss of revenue from mid-May 2023 to July 2023 was estimated at \$160,044.

Project Aim: Reduced pediatric surgical delays/cancellations to expedite patient care, maintain patient safety, and reduce financial loss.

PRACTICE QUESTION

For parents or guardians of same-day surgery patients at a pediatric hospital, does the implementation of a standardized NPO short script, compared to current practice, impact the rate of canceled operating room cases in 8-10 weeks ?

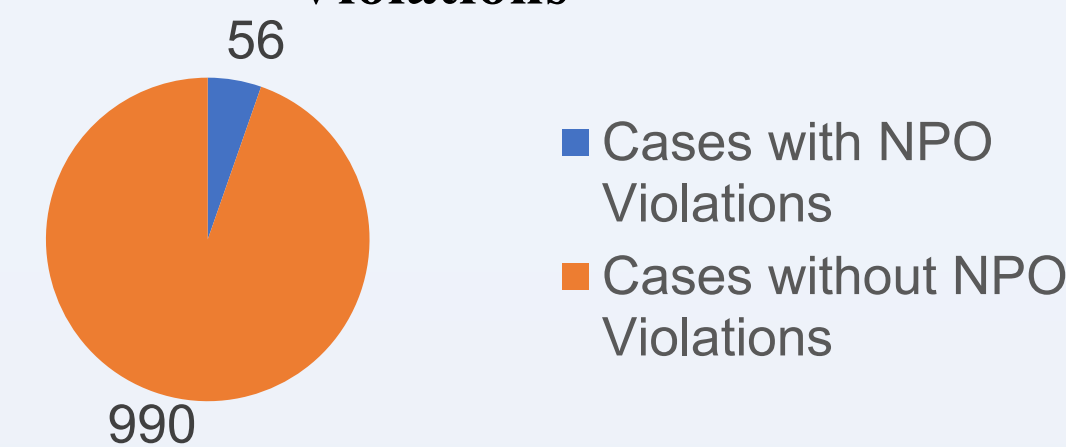
METHODOLOGY

- Translational Science Model:** The Knowledge to Action (KTA) model
- Setting:** Pediatric Hospital
- Population:** Included all parents/guardians of pediatric patients undergoing surgery
- Inclusion Criteria:** Parents/guardians of patients undergoing same-day surgery.
- Exclusion Criteria:** Patients under 18 and not undergoing same-day surgery.
- Intervention:** A standardized short script was used to deliver concise NPO instructions and showed a reduction in NPO violations.
- Formative Evaluation:** The DNP student conducted observations and data collection of staff delivering NPO instructions.
- Summative Evaluation:** Education was given to the RNs/NPs who delivered the NPO instructions via a phone call.
- Outcome:** Post-intervention data concluded 12 NPO violations out of 1117 patients, decreasing the NPO violation rate by 4.65%
- Data Collection:** The DNP student collected the data on a password-protected Excel spreadsheet.
- Instrument or Data Source:** P-value was used to determine the statistical results
- Data Analysis:** The pre-intervention rate was compared to the post-intervention rate of canceled surgical cases due to NPO violations.
- Timeframe:** 10 weeks pre-implementation of current practice and 10 weeks post-implementation with intervention of NPO short script.

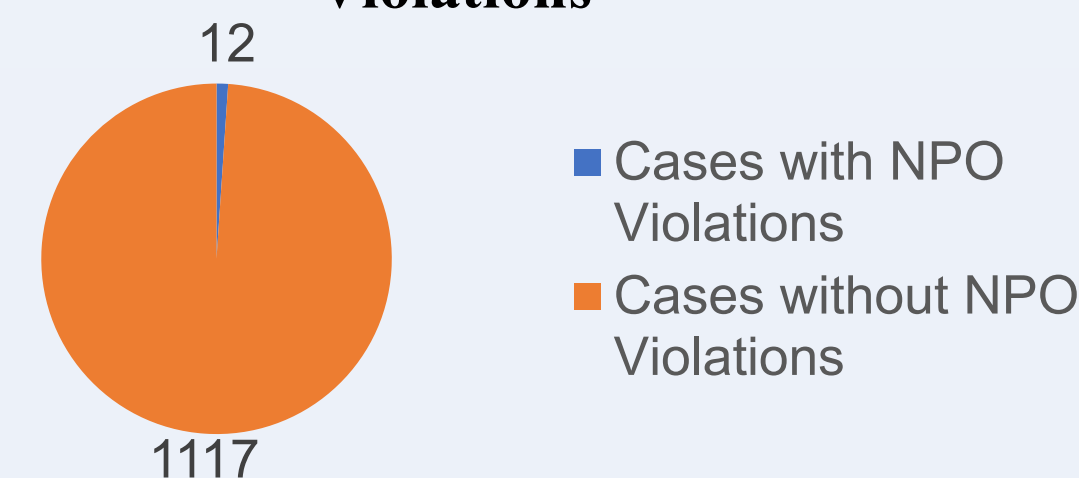
RESULTS

- Ten weeks of Pre-intervention data was extracted from the electronic health records, and the results concluded that out of 990 patients, there were 56 NPO violations utilizing previous practice, which was a nonadherence rate of 5.65%.
- In the 10-week prospective study period, 1117 patients were instructed with the NPO short script. There were only 12 NPO violations: the post-intervention rate of NPO violations decreased to 1%.
- All data was extracted from the password-protected Excel spreadsheet at the completion of the 10 weeks.
- The pre-intervention data was compared to post-intervention data, determining that there was a decrease in NPO violations by 4.58% utilizing the standardized NPO short script and a p-value of <0.05, which validates statistical significance.

Pre-Intervention: Long Script NPO Violations



Post-Intervention: Short Script NPO Violations



IMPLICATIONS

- The patients received timely care due to compliance with NPO instructions; this alleviated the potential domino effect of untimely care that the nurse was able to provide to downstream patients.
- For the department, this implementation alleviated rescheduling or resourcing availability for the day of or future date of the postponed procedure.
- Loss of revenue during the study period was only \$23,081 for all parties involved, from the hospital, surgeon, department, and potentially the parents/guardians related to not having to reschedule or cancel their procedures.

CONCLUSIONS

- The short script was a success, with nonadherence to NPO violations resulting in 1%. This was a 4.58% reduction from pre-intervention; the hospital has implemented this change permanently.

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