DECREASING PATIENT’S HOSPITAL LENGTH OF STAY POST KIDNEY TRANSPLANT

Elaine Llewellyn RN, BSN; AngeRosie St.Croix RN, BSN
AND WW15 UPC

Background:
Decreasing patient’s stay decreases cost, reduces risk of complications, streamline reimbursement and keeps us up par with other transplant centers. This ensures adherence with the national policy and maintain excellent standard of care.

Purpose:
To decrease patient’s hospital length of stay post kidney transplant by increasing efficiency and fostering relationship based care through group practice.

Interventions:
• Attend huddles. Here we explore self awareness and relationships with colleagues and more effective interaction with patients and families.
• Utilizing group practice. This improves staff response to patients needs and also improves patients satisfaction.
• Initiate patients post transplant education early. The assertive nurse has found that many patients are ready to learn soon after recovery.
• Include the night shift in patients’ post transplant education as this will prevent delays in discharge.
• Request private room for post transplant patients where possible as a family member can be present for education at any time.
• Prepare to receive patients from recovery room post transplant when ICU is not required. This decrease cost to the patient and decrease length of stay.
• Attend interdisciplinary rounds for Kidney transplant patients where plan of care, progress and challenges are discussed.
• Implement best practice guidelines for prevention of line infection in an effort to decrease hospital length of stay post transplant.

Conclusion:
Based on group practice and relationship based care, and increased communication among the multipractitioner the staff of WW15 have seen decrease in patients hospital length of stay, while maintaining patients’ satisfaction post transplant. It is in our best interest as CMS will not reimburse for extended hospital length of stay that is preventable.

Relationship Based

Group Practice

Methodology:
• A comprehensive educational program was developed and implemented for patients post kidney transplant.
• This program, comprised of a multi-disciplinary team
  • (Nursing, Doctors, Respiratory Therapy, Social Service, Physical Therapy, Occupational Therapy, Pharmacy, Nutrition and Home Care).
• Once admitted, the patient’s vital signs and urine output is monitored on an hourly basis for 24 hours.
• Compression stockings to help with circulation until the patient begin walking regularly.
• The patient will be instructed on the use of incentive spirometry for breathing exercises. This assists in preventing pneumonia post surgery.
• The transplant journal and video is usually given and shown once the patient is awake.
• The diet will include Nothing by mouth, ice chips and sips of clear liquids after surgery and will advance to solid food as tolerated.
• The patient will be encouraged to get out of bed to the chair that evening and may walk as tolerated.
• The patient will then begin reviewing and charting their new medications.

Results:

Methodology:

Relationship Based

Group Practice

Conclusion:
Based on group practice and relationship based care, and increased communication among the multidisciplinary the staff of WW15 have seen decrease in patients hospital length of stay, while maintaining patients’ satisfaction post transplant. It is in our best interest as CMS will not reimburse for extended hospital length of stay that is preventable.