

University of Arkansas for Medical Sciences /Arkansas Children's Hospital, Little Rock, Arkansas

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# Introduction:

- > This is phase II of QI project on PONV prevention that was initiated at our institution in response to increased number of unplanned postoperative admissions and prolonged PACU stay due to PONV
- > During phase I, intraoperative administration of antiemetic medications to high risk patients for PONV had been evaluated
  - > It was concluded that appropriate antiemetic prophylaxis were not administered to these patients
  - for PONV Guideline prophylaxis was implemented on February of 2017

# **Global Aim:**

> Eliminate unplanned admission and prolonged PACU stay due to PONV

## Smart Aim:

> Decrease unplanned admission and prolonged PACU stay due to PONV by 50% and 25% respectively for a 6-month period

## **Key Drivers:**

> Provide knowledge and encourage providers in adhering with evidence-based accepted PONV guideline for high risk patients and surgical procedures

### Interventions:

- Measure compliance to the implemented PONV prophylaxis guideline for 7 months
- > Focus on high risk surgeries for PONV: adenoidectomy, tonsillectomy, tympanoplasty, inguinal hernia repair, and orchiopexy.
- Record and compare the number of unplanned admissions due to PONV before and after the implementation of the guideline
- Record and compare PACU recovery times for all the high risk PONV groups before and after the implementation of the guideline

# **Compliance Results:**

- (Figure 3).

| Month       | # of Patients | # with PONV meds in<br>OR | Percent Compliant |
|-------------|---------------|---------------------------|-------------------|
| February-17 | 229           | 216                       | 94%               |
| March-17    | 235           | 220                       | 94%               |
| April-17    | 201           | 194                       | 97%               |
| May-17      | 214           | 203                       | 95%               |
| June-17     | 273           | 256                       | 94%               |
| July-17     | 257           | 247                       | 96%               |
| August-17   | 172           | 166                       | 97%               |
| Grand Total | 1,581         | 1,502                     | 95%               |

#### Table 2. Percent compliance to the guideline by surgery type

| Procedure Category | # of Patients | # with PONV meds in<br>OR | Percent Compliant |
|--------------------|---------------|---------------------------|-------------------|
| Adenoidectomy      | 410           | 397                       | 97%               |
| Inguinal Hernia    | 157           | 126                       | 80%               |
| Orchiopexy         | 112           | 82                        | 73%               |
| Strabismus Repair  | 115           | 113                       | 98%               |
| T&A                | 705           | 702                       | 100%              |
| Tympanoplasty      | 82            | 82                        | 100%              |
| Grand Total        | 1,581         | 1,502                     | 95%               |

# **Decreasing the Incidence of Unplanned Admission Secondary to PONV: A Quality Improvement Project**

> From February 2017 through August 2017, compliance to PONV prophylaxis guideline was 95% (1502 out of 1581 patients) (Table 1).

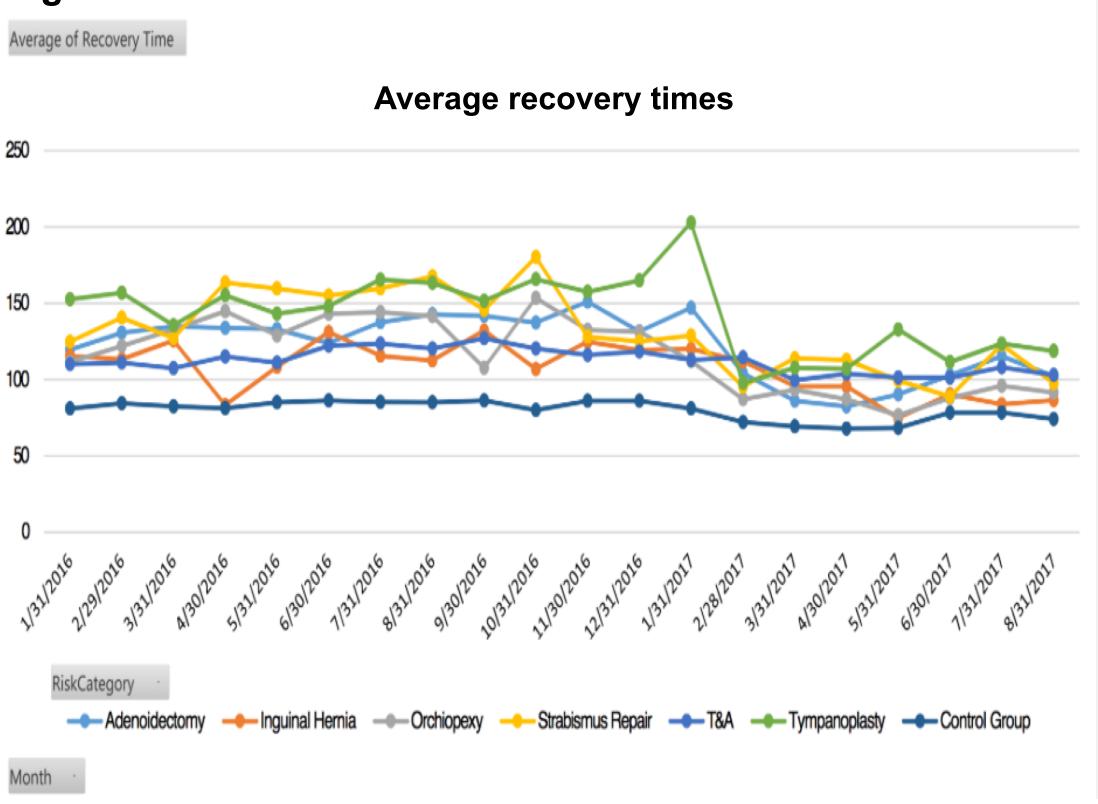
> The compliance was lower for those patients who underwent inguinal hernia repair and orchiopexy (Table 2) > Average recovery times decreased by 20% for 7-month study period after the implementation of the guideline

#### Table 1. Percent compliance with PONV Guideline per month.

# **Discussion:**

- time period)

Figure 3.



**Recommendations:** Compliance needs to be improved for patients undergoing inguinal hernia repair and orchiopexy.

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> We have observed reduced number of unplanned admissions due to PONV after implementation of the PONV guideline by more than 50% (only one patient had an unplanned admission due to PONV during the 7 month

 $\succ$  There was a 20% decrease in average recovery times observed as well (Figure 3).