Chicken Broth and Chewing Gum: The Road to Improving Perioperative Fasting Guidelines and Education is not a “Fast” One

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Background
• Perioperative fasting violations affect safety, patient-centered care, timeliness, and efficiency.
• Using data collected from EPIC, we established a baseline rate of case cancellation due to NPO violations at CHCO.
• We then utilized quality improvement methodology to update our NPO guidelines, standardize patient instructions, and create a preformatted inpatient NPO order set.

Methods
• The monthly rate of case cancellation due to NPO violations in our procedure center and main operating room was collected from EPIC electronic medical records.
• In order to assess the reliability of our EPIC data, we compared it to the same data manually recorded by preoperative nurses over a two month period (March-April 2016).
• Once we saw agreement between these two data sources, subsequent monthly cancellation rates were recorded from EPIC only.

Results

1) Surgical chairs request review of NPO guidelines, August 2015
2) Grand Rounds presentation to anesthesiology department, October 2015
3) Discussions with GI and Nutrition, literature review, comparison to other children’s hospitals, November 2015 - January 2016
4) Committee formed to revise NPO guidelines, February 2016
5) Survey to department regarding NPO guidelines, review of NPO violations reported to error reporting system, preoperative nurses manually record NPO violations, March - April 2016
6) Presentation of results of audit to anesthesiology department at M&M, June 2016
7) Guidelines approved by hospital administrative bodies, July 2016
8) Parent handout created and guidelines presented to surgical chairs, September 2016
9) Guidelines presented to surgical schedulers and translated to top 5 languages, November 2016
10) Inpatient order set created, February 2017

Conclusions
• We describe a quality improvement project to reduce NPO violations at CHCO.
• Over the period of August 2015 to September 2016, we found our baseline median rate of case cancellation due to NPO violations to be 6.1 per 1000 scheduled cases.
• This is likely an underestimation of the true effect of NPO violations because our current EPIC charting does not consistently capture case delays due to NPO violations.
• Our next goal is to reduce median case cancellation rate by 30% by six months after a change in patient and family education and generation of an inpatient order set in the winter of 2016.

References