Introduction:
Overnight Intensive Recovery (OIR) is a 6-bed unit, providing care for high risk elective surgical patients in the first 24 post-operative hours. The Royal College of Anaesthetists report ‘The Pathway to Better Surgical Care’ (1) highlighted the importance of enhanced perioperative care for high risk patients. OIR is not a High Dependency Unit but patients receive invasive monitoring, vasopressors and enhanced respiratory support under the supervision of recovery staff and anaesthetists. Limited critical care capacity, greater complexity and an aging population are increasing demand. The Faculty of Intensive Care Medicine’s report ‘Critical Futures’ recommends establishing standards for level 1+ care. We aimed to establish scope of practice, measure efficacy and quality and improve standards.

Methods:
Projects were registered and patient feedback was collected between January 2016 and January 2017. A Staff survey was completed by nursing, surgical and anaesthetic staff. Baseline efficiency was measured between July 2016 to January 2017. Changes were implemented and measures repeated in September 2017 and October 2017.

Results:
>98% of patients reported satisfaction on all areas except noise, patient facilities for hand hygiene and being informed about timing of operations. Staff survey results revealed confusion regarding the interventions that are provided. Baseline capacity for new patients was 53%, bed occupancy varied between 1 and 12 per day (overflow to recovery) with overall capacity at 93.5% and mean length of stay (LOS) was 1.3 days (SD=0.7, n=481, range 1-5). Following intervention, the LOS was reduced to 1.18 days (SD=0.4, n=112, range 1-3). New patient capacity was increased to 62% with a bed occupancy range 1-8.

Conclusion:
Better patient flow increased occupancy and standards. Staff education and clear protocols are needed to improve patient booking and efficiency.

References: