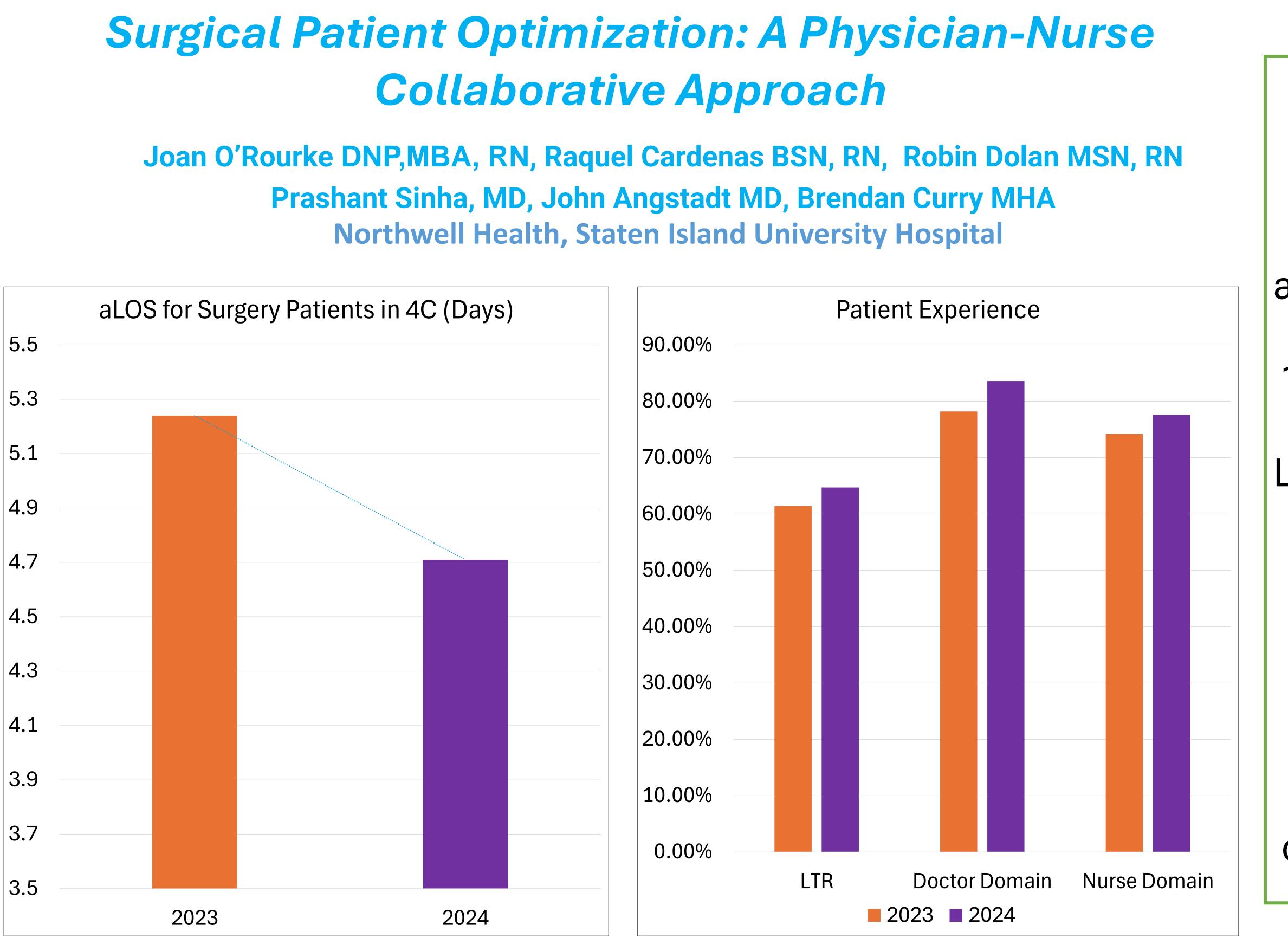
OVERVIEW:

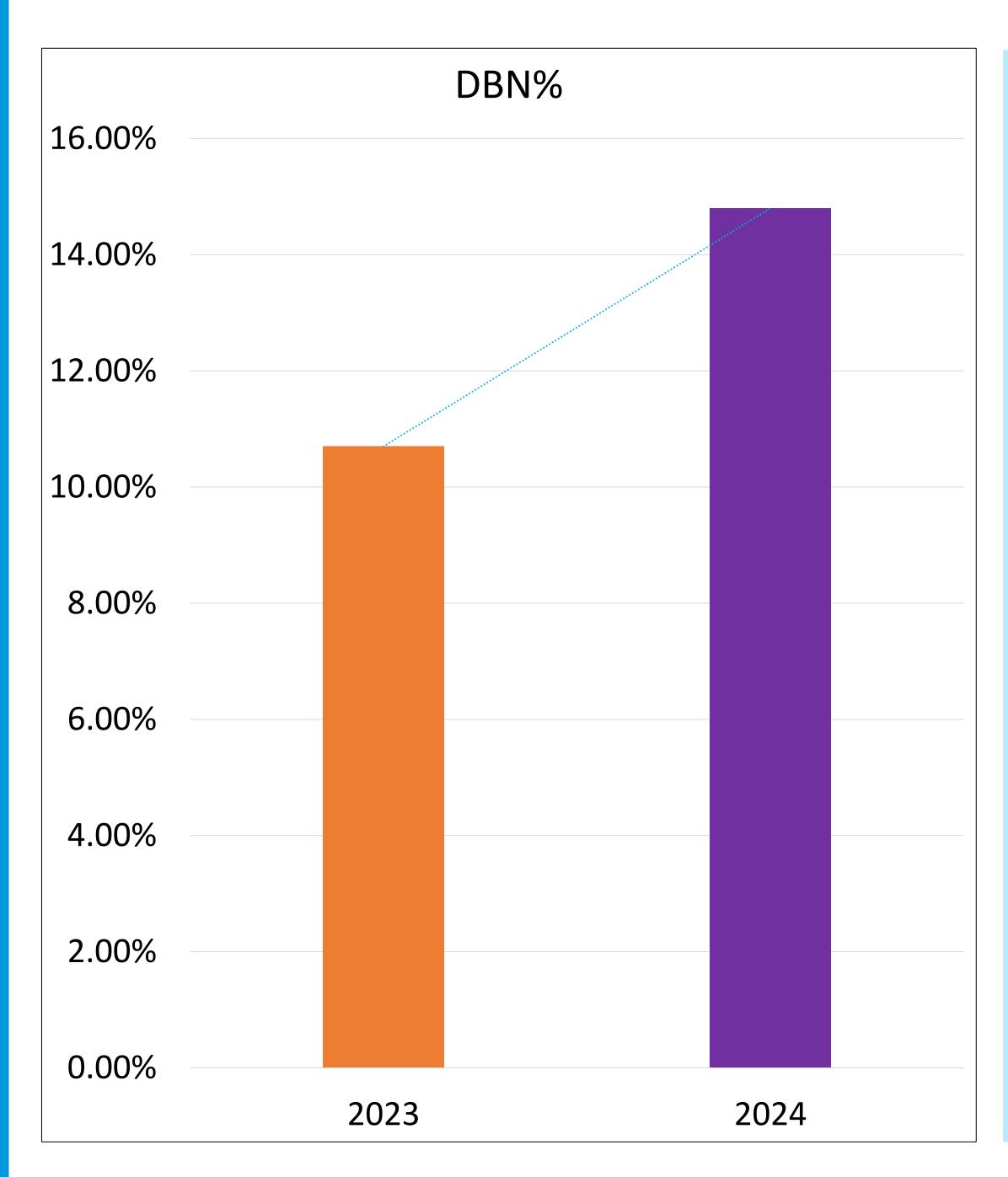
Improving surgical patient outcomes and satisfaction requires efficient care coordination. This project implemented a physiciannurse dyad model on a medical-surgical unit, based on the framework by Saxena (2020) emphasizing shared interpersonal, personal, and organizational goals. When these goals are aligned it has been shown efficiency can be achieved. (Saxena, 2020).

Objective:

Previously, surgical patients were dispersed throughout the hospital, leading to inconsistent outcomes. This initiative aimed to cohort surgical patients postoperatively and work through a nurse physician DYAD model to improve length of stay (LOS), discharge-by-noon (DBN) rates, ED surgical discharge holds and patient satisfaction.







Planning & Implementation:

To optimize patient care and address inconsistent data collection due to patient dispersal, a multidisciplinary stakeholder group established standardized metrics and implemented a cohorting model, prioritizing surgical patients on designated units. Daily interdisciplinary rounds (IDRs), led by nursing management and an attending physician, were instituted at 10:00 am on the postoperative medical-surgical unit, utilizing a structured script focused on order management and care progression. Enhanced patient education materials were developed and distributed upon discharge, texted preoperatively to elective surgical patients, and reiterated post-discharge. Physician and nurse lead met weekly to review metrics and gain insight for improvement.

Results:

The data demonstrates the impact of this collaborative approach on LOS (targeting ≤5 days), DBN rates (targeting 15%), and patient satisfaction (targeting a 5% increase in Likelihood to Recommend and communication scores). Discharge from non-surgical floors decreased 50%. This model demonstrates the potential of physician-nurse collaboration to enhance surgical patient care and optimize resource utilization.