

**GASTROINTESTINAL (GI) OPTIMIZATION:  
“EVENTS” TRACKING WITH POST PROCEDURE “PASSPORT” FOR DISCHARGE**

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Increases in patient volumes challenged throughput in a seven-bed, day-surgery unit with less than 2,000 annual GI cases. A two-week audit of medical records and “Events” (an electronic time-tracking log) found delays before and after procedures. Additionally, documentation and vital-sign adherence inconsistently described outlier “Events.” A “Passport” program was developed, focusing on the recovery and discharge phase. Charge nurse consensus and leadership, staff engagement, and team collaboration were emphasized through “Passport” workflow education.

The “Passport” defines GI “Events” and documents delay in discharge greater than 40 minutes with an explanation, including staff education for post-procedure monitoring and discharge criteria. Staff coached patient escorts about the time of discharge on admission and received e-mail reminders and ongoing learning reinforcements from monitored “Passport” successes and discrepancies.

Audits two-week post intervention revealed a decrease in admit time, procedure wait, recovery/discharge, length of stay, and an 80% vital-sign frequency improvement. The escort’s availability for a ride home delivered the greatest impact on discharge delay. Project focus limited to the GI recovery and discharge phase resulted in immediate success. Future work, broadening the focus to pre-procedure delays may result in an additional, comprehensive optimization in efficiencies for the GI program.