SOLVING THE MYSTERY OF POST ANESTHESIA RECOVERY SCORES

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Background

In a progressive oncology facility that recently transitioned to an electronic health record (EHR), variances in discharge scoring by nursing staff were observed.

A focus group was established to identify and address barriers related to consistent understanding and application of post anesthesia recovery (PAR) scoring and discharge criteria.

Aim

- Assess nursing staffs' current knowledge and practice
- Review established ASPAN standards and guidelines
- Identify variations in the EHR charting system
- Develop and provide education to team members
- Promote standardization in practice and EHR documentation of discharge scoring

Process of Implementation

Chart audits and staff feedback revealed variances in nursing staffs' understanding and application of post anesthesia recovery scoring and discharge criteria. Hospital conversion to new EHR system created confusion among team members. Inconsistences in the EHR charting system, related to various patient populations, were a source of confusion amongst staff.

- A timeline with deadlines and action items was developed by a focus group to ensure objectives were met.
- Knowledge deficits of ASPAN definitions and guidelines were identified.
- Education included team huddles, one to one discussion, screen shots of documentation, and case scenarios were developed and disseminated.

PACU to Floor
- In PACU
- D/C Criteria Met
- PACU End
- In Ph. II
- D/C Criteria Met
- Out Ph. II
- PACU Chart Complete
- Patient Transport
- Discharge
- All Events

Document 2nd Phase I when:
- Aldrete score ≥8
- ASPAN Perianesthesia Nursing Standards, Practice Recommendations and Interpretative Statements "Discharge Assessment" is met
- AND patient is ready for anesthesia sign out

Admit using this section if:
- Your patient had general anesthesia or MAC
  -AND-
- Upon arrival, patient presentation does NOT meet Phase I criteria (w/a score of 8 or greater)
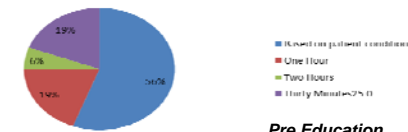(Typically used in G5 PACU)

PACU to Home
- In PACU
- D/C Criteria Met
- PACU End
- In Ph. II
- D/C Criteria Met
- Out Ph. II
- PACU Chart Complete
- Extended Recovery
- All Events
- Patient Transport
- Discharge

- Use your nursing judgment
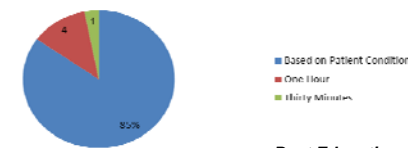- Progression of care is based on patient's condition versus time

Statement of Successful Practice

☐ The initial survey showed that 50% of the nursing team were unable to appropriately identify when discharge criteria was met based on a case scenario.

☐ After education and removal of barriers, 97% of respondents indicated increased comprehension and application of PAR scores.

☐ Nursing staff verbalized understanding of EHR documentation based on patient's environment and discharge scoring. Increased knowledge of ASPAN standards and guidelines was noted among team members.

The minimum amount of time a patient must be in PACU/P3/P4 before discharge criteria can be met is:
- Based on patient condition
- One Hour
- Two Hours
- Thirty Minutes

Pre Education

Post Education - The minimum amount of time a patient must be in PACU/P3/P4 before discharge criteria can be met is :
- Based on Patient Condition
- One Hour
- Thirty Minutes

Post Education

Implications for Perianesthesia Nursing

Reviewing an extensive education of established ASPAN guidelines of discharge assessment and scoring promotes cohesive understanding and use of PAR scoring.

Standardized application of discharge criteria will improve efficiency and communication as evidenced by decreased patient wait times and improved patient satisfaction.

Chart audits, nursing surveys and direct observation of nursing team members at 30, 60 and 90 days post survey will be conducted.

Acknowledgements

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