

Nurse Discharge by Criteria Decreases Post Anesthesia Care Unit (PACU) Length of Stay

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Background Information: The PACU nurses noted that when a patient was ready for discharge, an Anesthesiologist was not always immediately available to evaluate and discharge the patient. This led to both nurse and patient frustration as well as an increased length of stay (LOS) for the patient.

Objectives of Project: The objective is to facilitate the safe discharge of patients from Phase I PACU while decreasing the LOS.

Process of Implementation:

- Literature review performed to identify best practices supporting this type of initiative.
- Visitation to an affiliate hospital who had previously implemented this practice.
- Consultation with Department of Anesthesiology to determine support for this initiative:
 - In the electronic medical record the Anesthesiologist orders indicate if the patient is eligible for discharge by criteria or an Anesthesiologist sign out.
 - If a patient is initially ordered for discharge by criteria, but the nurse has concerns, the nurse has the option to call the Anesthesiologist for an evaluation and sign out.
- The PACU Nurse Manager and Nurse Educator discussed how to best implement this initiative, scheduled for January 7, 2019.
- The Manager introduced this initiative to the nurses at unit staff meetings.
- The Educator developed a program focusing on the Aldrete Score and our PACU Discharge Policy. At this session a case study type knowledge test was administered, and once completed, responses were reviewed with each nurse. A competency tool was developed for the Anesthesiologist to document that each nurse demonstrated proficiency in our Phase I PACU Discharge Criteria.

Statement of Successful Practice: The average length of stay for ambulatory surgery patients (974) in our Phase I PACU prior to this initiative (September- November 2018) was 119.17 minutes. After the implementation of this initiative (May - July 2019) the LOS for this patient population (935) decreased to 112.96 minutes. This reflects a 6.21 minute decrease in PACU LOS. At a cost of approximately \$13.33 per minute of recovery time for 935 patients for this period, \$77,399.30 was saved.

Implications for Advancing the Practice of Perianesthesia Nursing: PACU nurses can safely and independently discharge Phase I patients by criteria while demonstrating a decrease in the LOS for the Phase I PACU.