Extended Recovery Unit - Restructuring the Discharge and Communication Process

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Background Information:

- Extended Recovery Unit (ERU): designed to support patients that require surgical procedure that is more involved in day surgery but does not require an admission.
- Defined as bedded outpatients (monitored/observed up to 23 hours)
- Each week 25-30 patients are admitted to ERU
- Goal of discharge to home by 8AM- occurring 2% of the time
- Delays keep additional Perianesthesia nursing resources in the ERU causing OR holds
- Impact bed availability and institutional throughput
- Median discharge time is 10:45AM

Objectives of Project:

- Identify barriers to early discharge
- Increase number of patients discharged from ERU by 8AM to 20%
- Decrease median discharge time to 9:30AM

Process of Implementation:

- Observation of current discharge process
- Identify barriers to early discharge in ERU and develop multidisciplinary focus group
- Identify high volume services for pilot program
- Develop a multi-disciplinary communication board
- Collaborate with multi-disciplinary services
- Staff education through presentations and newsletters

Statement of Successful Practice:

- Decrease median discharge time to 10:30AM
- Increase staff engagement as evidenced by utilization of communication board at shift handoff
- Improve multi-disciplinary communication

Implications for Advancing the Practice of Perianesthesia Nursing:

- Improve hospital throughput and utilization of inpatient beds
- Decrease length of stay
- Improve patient experience and satisfaction
- Improve multi-disciplinary communication