Background Information: Healthcare costs are steadily climbing at an alarming rate. The goal set forth by Department of Health was to achieve ¾ of all surgeries be performed in an ambulatory setting while maintaining and providing safe and effective care. One key factor was any delay in the discharge process would result in additional charges. Most delays documented centered on personal costs, secondary to post op pain and nausea. Nursing care and interventions in this study assisted patients in a safe and quicker recovery within the ambulatory setting.

Objectives of Project: Patients who met certain criteria (laparoscopic cholecystectomies) would meet discharge criteria quicker and decrease their length of stay by being placed in a recliner versus remaining in a hospital bed or stretcher.

Process of Implementation: Utilization of randomized comparative study to evaluate both methods of recovery. Recliner versus hospital bed/stretcher for laparoscopic cholecystectomies. Only non-emergent scheduled laparoscopic patients who were the age of 18 or older were placed in the study. Exclusions for the study were: Emergent Laparoscopic Cholecystectomies, all other types of laparoscopic procedures, patients who were pregnant and those patients currently undergoing chemotherapy.

Statement of Successful Practice: Over a 6 year trial period, the study concluded with positive results of patients undergoing a Laparoscopic cholecystectomy procedure decreased their hospital stay by an average of 20 minutes.

Implications for Advancing the Practice of Perianesthesia Nursing: By utilizing the Perianesthesia’s scope of practice, this study assisted in increasing patient satisfaction, decrease patient costs while developing better phase II efficiencies in managing the day to day operations. By evaluating patient needs and patient safety, this study demonstrated that patients who were placed into a recliner in phase II had a shorter recovery period.