

MULTIDISCIPLINARY APPROACH IN THE REDUCTION OF DISCHARGE TIMES FOR GROUND WHITE SECOND STAGE RECOVERY UNIT

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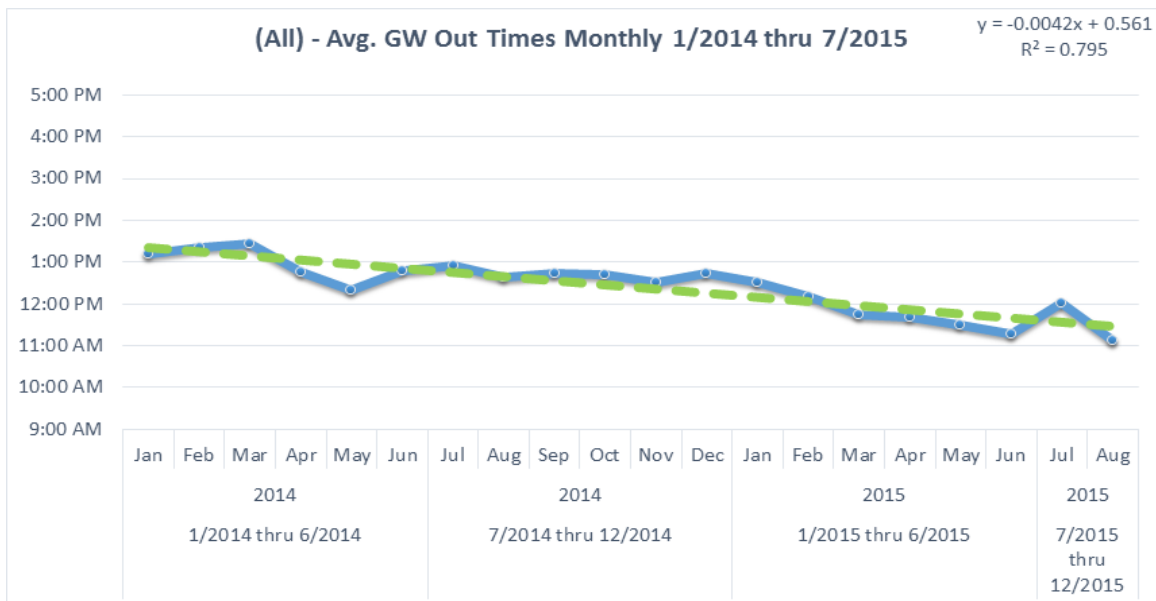
Background Information: The Post Anesthesia Care Unit (PACU) experienced an increase in 23 hour extended stay recovery patients, originally admitted to an inpatient bed. CMS insurance regulations led to the 23 hour post-surgical patients staying in the PACU, which affected patient flow through Periop. Therefore an innovational unit was created called Ground White Second Stage Recovery unit to help with patient flow and facilitate earlier discharge times.

Objectives of Project: As in the PACU, the newly opened Ground White continued to struggle with discharge times for the 23 hour stay patient population. The interprofessional group developed initiatives to decrease the overall discharge times.

Process of Implementation: Nursing leadership performed a quality review of monthly unit based data provided by the Perioperative Reports group. Data is collated by service and individual physicians to determine what areas need improvement. Initiatives to improve discharge times:

- Hiring and onboarding of new staff
- Discontinuing of IUC's by 0600 day of discharge
- Discontinuing of PCA's by 0600 day of discharge
- Collaborating with the Service to facilitate discharge orders by 0800 and discharge goal by 1000
- Collaborating with the Service to facilitate prescriptions completed by 0800
- Collaborating with the Clinical Resource Coordinators to facilitate early discharge or inpatient placement
- Ancillary test areas to schedule Ground White patients as a priority to facilitate discharge
- Leadership Rounding at the bedside

Statement of Successful Practice: Ground White Unit functions at 88% capacity and has an average discharge time of 11:32. This is an improvement from 13:42. Overall hospital discharge time is 15:35.



Implications for Advancing the Practice of Perianesthesia Nursing: Ground White was able to onboard permanent nursing staff, which streamlined continuity of patient care.

Implementation of rounding at the bedside, early removal of IUC's, early conversion to oral pain medication and timely entering of discharge orders has facilitated the reduction of Ground White discharge times. This has allowed for improved patient flow through the perioperative and procedural areas.