

Background Information

Nurses in the PACU 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.

Objective of Project

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

Process of Implementation

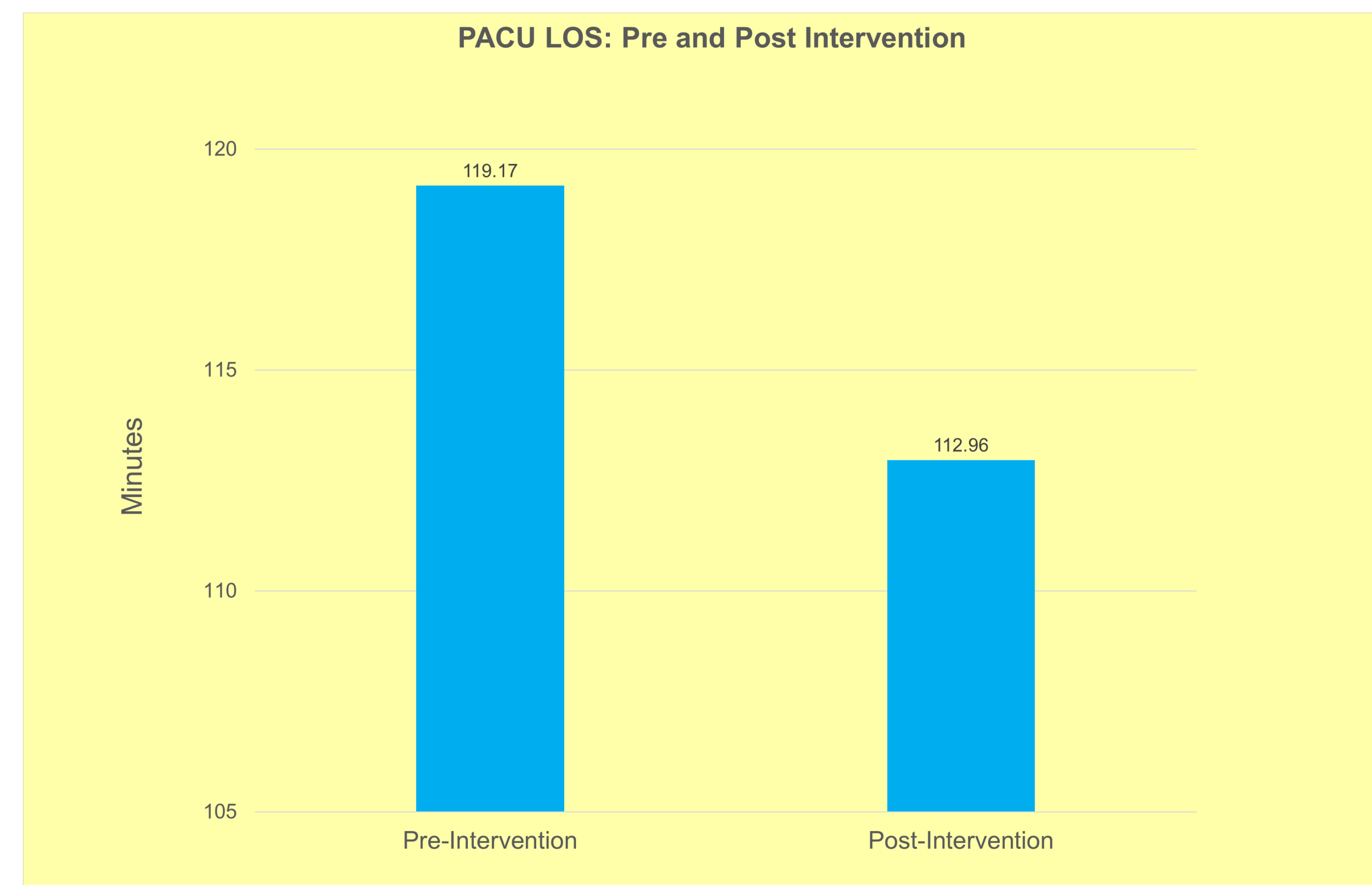
- A literature review was performed to identify best practices supporting this type of initiative.
- The Nurse Educator visited an affiliate hospital that had implemented this practice several years ago.
- The nursing team consulted with the Department of Anesthesiology to determine support for this initiative.
- The Department of Anesthesiology added an order to the electronic medical record so each Anesthesiologist could indicate if the patient was eligible for discharge by criteria or required a traditional 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.

Process of Implementation (cont'd)

- The PACU Nurse Manager and Nurse Educator discussed how to best implement this initiative, scheduled to start 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 to each nurse. 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.

Results

Text	Pre-Initiative (Sept-Nov 2018)	Post-Initiative (May-July 2019)	Decrease
Average LOS Phase I PACU (ASU patients)	119.17 min	112.96 min	6.21 min



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 three (3) month period, \$77,399.30 was saved.

Implications for Practice

PACU nurses can safely and independently discharge Phase I patients by criteria while demonstrating a decrease in the LOS for the Phase I PACU.

References

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- Revell, C. C., Rice, A.M., Gupta, D.K. & Muckler, V. C. (2019). Implementation of physiological scoring to determine discharge readiness for patients undergoing otolaryngology head & neck procedures. *Journal of PeriAnesthesia Nursing, 34(3)*, 529-538.
- Street, M., Phillips, N.M., Haesler, E. & Kent, B (2018). Refining nursing assessment & management with a new postanesthetic care discharge tool to minimize surgical patient risk. *Journal of Advanced Nursing, 74*, 2566-2576.