

# Extended Recovery Unit - Restructuring the Discharge and Communication Process

Susan Vargas BSN RN, Kevin McWha BSN RN, Meghan McCue BSN RN, Teyanna Straughter BSN RN, Giselle Chalk BSN RN  
Malcolm Robinson MD, Jennifer Beatty PA, Julie Richards PA, Mark Galluzo, Caitlin Sachs PA, Beth Nelson PA, James Senturk MD, Bettie Harper PCA,  
Rebecca Cyr, Robert Veilleux MSN RN, Karen Lane MSN RN, Rita Senra Costa MSN RN, Kevin Hart



## Background

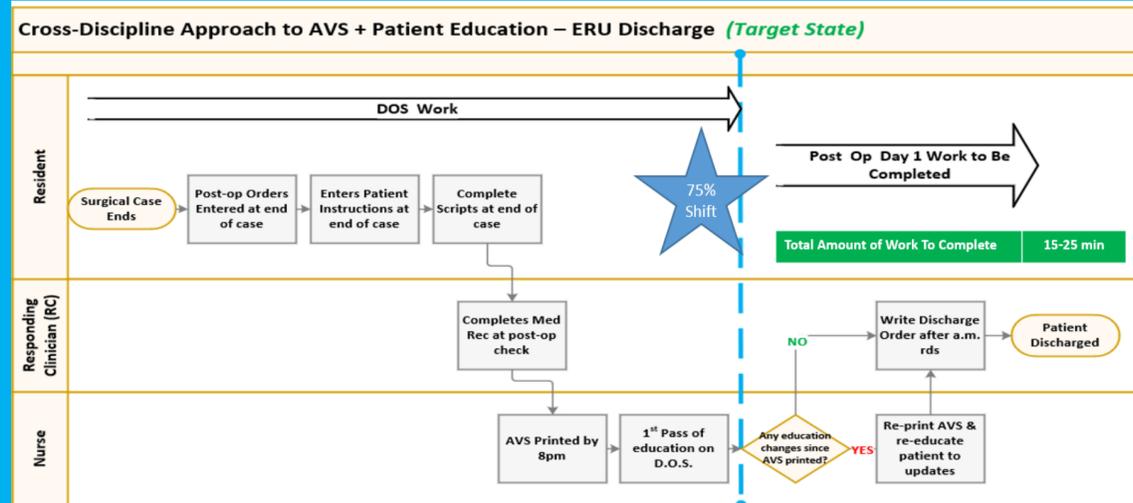
The Extended Recovery Unit (ERU) is designed to support patients that require surgical procedures that are more complex than typical day surgery but do not require an admission. Each week 25-30 patients are admitted with a goal of discharge to home by 8AM. Delays keep additional Perianesthesia nursing resources in the ERU causing OR holds which impact bed availability and institutional throughput.

## Objectives

- 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
- Identified barriers to early discharge in ERU and developed multidisciplinary focus group
- Identified high volume services for pilot program
- Developed a multi-disciplinary communication board
- Collaborated with multi-disciplinary services
- Educated staff through presentations and newsletters

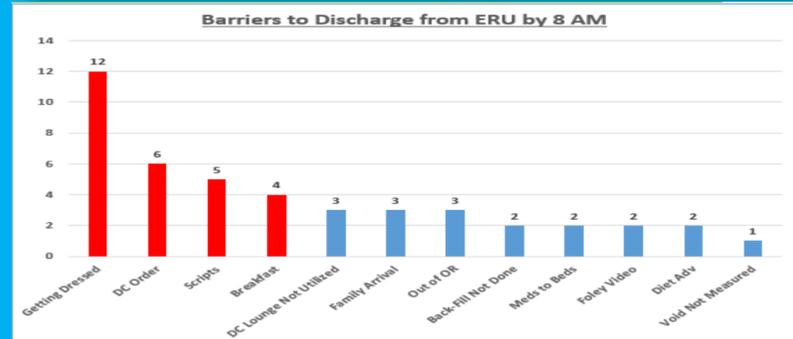


## Implications for Advancing the Practice of Perianesthesia Nursing

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

## Obstacles

- Delay in patient belongings delivered to bedside
- Breakfast delivered to patients bedside prior to 8AM
- Discharge instructions and prescriptions provided by physician the day of surgery
- Discharge instructions not being reviewed prior to morning of discharge
- Family members availability for 8AM discharge
- Covid 19 visitor restrictions inhibiting family centered care in the discharge process



## Multi-Disciplinary Communication Board

Primary RN	PCA	Service	Clinical Revisions (MD)	AVS	EDUCATION	SCRIPTS	Call Made	DTV	LABS	ORDER BREAKFAST
MARIELE	J	NSU GROFF					1 HR			
MARIELE	U	ONC YOON					1 HR			
VIVIAN	L	ONC NEHS					1 HR	NA		
TIANA	I	NSU ZAIDI					1 HR	NA		
TIANA	E	ONC YOON					1 HR			
VIVIAN	T	URO KIBEL					1 HR			
VIVIAN	S	ONC CLANCY					1 HR			
MARIELE	S	IR SHYAI					1 HR			

## Statement of Successful Practice

- Decreased median discharge time to 9:30AM
- Increased staff engagement as evidenced by utilization of communication board at shift handoff
- Improved multi-disciplinary communication
- Improved patient satisfaction
- Implementation of discharge instruction review day of surgery with reinforcement day of discharge
- Breakfast tray delivery by 7:15AM
- Incorporated family via telephone in discharge process