



## Background Information

Breast lumpectomies are among the most commonly performed procedures at the Josie Robertson Surgery Center (JRSC), with over 2,000 cases annually. These minimally invasive procedures typically require short recovery periods and are ideal for outpatient care. In 2023, a quality improvement project was initiated to align JRSC's practices with other Memorial Sloan Kettering Cancer Center (MSKCC) sites by targeting a 90-minute discharge time from the post-anesthesia care unit (PACU) for patients undergoing lumpectomy with or without sentinel lymph node biopsy (SLNB).

## Objectives of Project

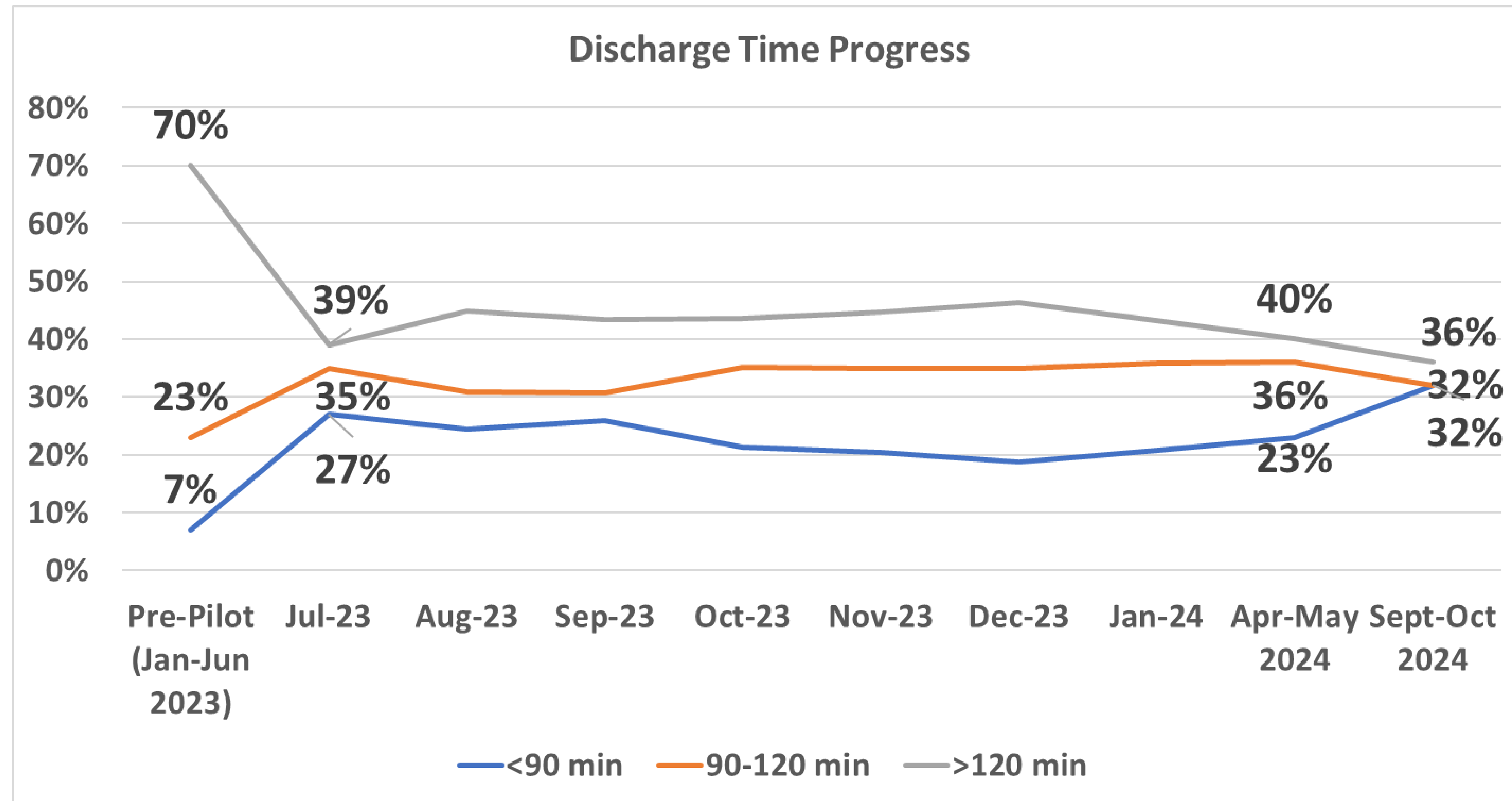
Project objectives included reducing discharge times, improving PACU bed availability, and accommodating an increasing surgical volume. A multidisciplinary approach guided the implementation. PACU nurses collaborated with colleagues from MSKCC Main Campus, breast surgeons, and office practice nurses to align expectations and standardize discharge processes. Key interventions focused on optimizing patient and caregiver education, emphasizing that patients who are hemodynamically stable can expect to be discharged within 90 minutes.

## Process of Implementation

Education was provided to both of our crossed trained preoperative and post-anesthesia nurses regarding expected procedure and recovery times, typical post-operative pain, and appropriate pain management strategies. Caregivers were directed to designated waiting areas to support timely discharge. Additional nursing strategies included early pain assessment, offering oral fluids as tolerated, and keeping lights on to promote wakefulness.



## Length of Stay Data: Pre-Pilot, Pilot, and Maintenance

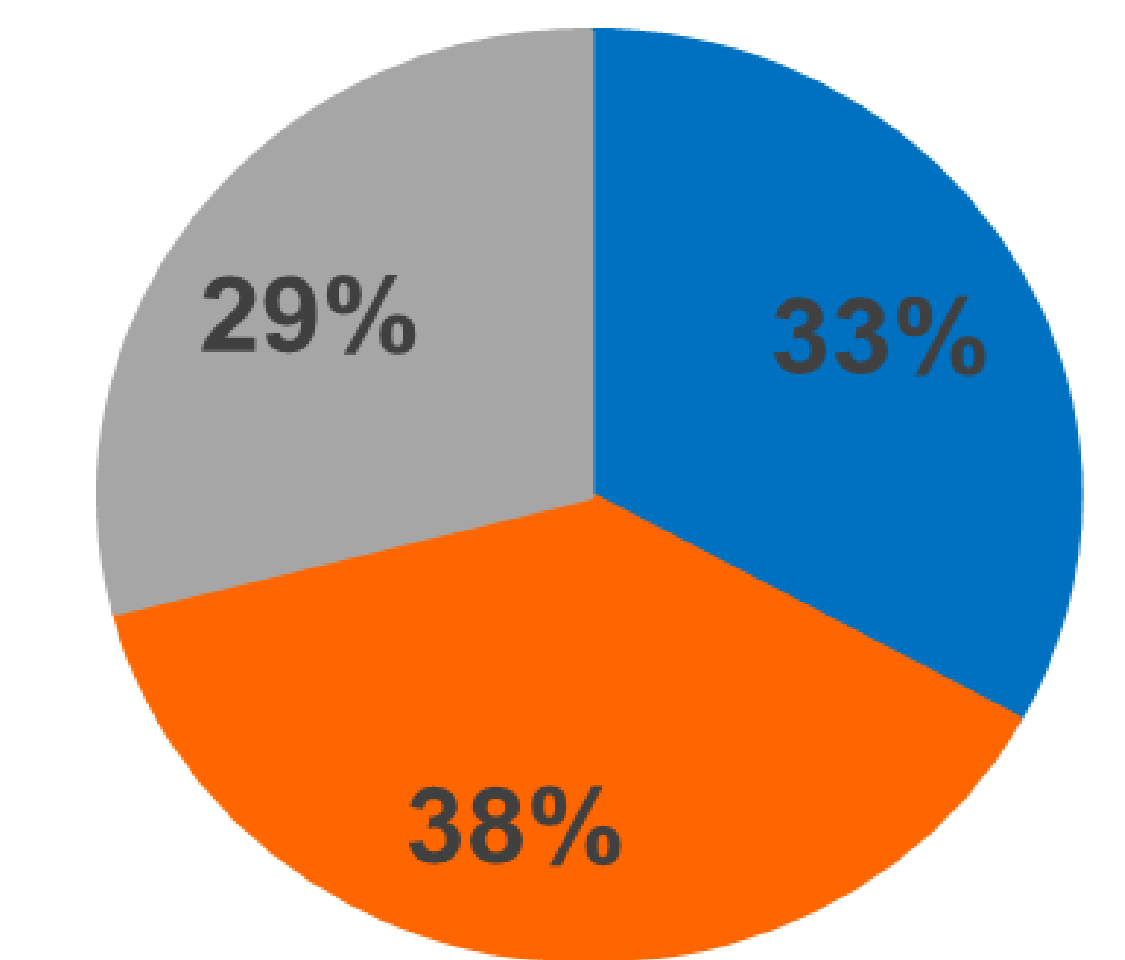


## Statement of Successful Practice

Baseline data supported the need for change, and post-implementation audits confirmed a consistent decrease in discharge times. The initiative demonstrated that targeted education, interdisciplinary communication, and standardized discharge planning can effectively streamline patient flow and enhance outpatient experience.

## Sustaining Post-Epic Go-Live

### Length of Stay Data May-June 2025



■ <90 min ■ 90-120 min ■ >120 min

## Pre & Post-Op Education and Expectations

### Pre-Surgical Center (PSC)

In the Pre-Surgical Center, patients are educated about the expected length of the procedure, which is typically 45 minutes, and the anticipated recovery time, once stable, is about 90 minutes. Clear guidance is provided on the types and qualities of pain patients may experience postoperatively, including which types are considered normal, such as burning, stinging, soreness, and numbness in the operative-side arm. Patients were also informed that their discomfort can usually be managed with Tylenol, ibuprofen, and ice packs. Additionally, care partners were encouraged, when possible, to remain in the waiting room or near the JRSC building during the procedure and recovery period.

### Post-Anesthesia Care Unit (PACU)

Upon arrival in the PACU, clear expectations were provided to the patient, including the goal of maintaining pain at a tolerable level and a review of the approximate recovery timeframe. Care partners were contacted within 15 minutes to provide an update. The lights remained on in the recovery room, and oral intake was limited to clear liquids only, such as water or juice. Once intensive monitoring is no longer required, the nurse calls the care partner to the recovery room to begin the discharge process. If there were any issues causing a delay in discharge, nurses must document in the patient observation row in Epic using the designated primary delayed reasons. If discharge cannot be completed within 90 minutes due to staffing constraints or the nurse being occupied with another patient, the nurse would notify the team via email.

Primary Documented Delay Reasons
Bleeding (hematoma) w/ return to OR
Bleeding (hematoma) w/o return to OR
Blue dye reaction
Busy with another patient
Cardiovascular
Dizziness unrelated to medications
Medical
Nausea/vomiting
No reason documented
Pain management
Patient request
Precedex
Respiratory
Slow emergence from anesthesia
Social issue
Surgeon Request
Surgical
Transportation/escort

## Implications for Advancing the Practice of Peri-anesthesia Nursing.

Sustained success will depend on continued staff involvement, regular audits, further refinement of perioperative protocols and the review of Press Ganey surveys to determine feedback on patients' perception about their experience. Follow-up data from April-May 2024 and May-June 2025, post Epic go live, confirmed that discharge time improvements were maintained, demonstrating the long-term value of structured, team-based approaches in advancing peri-anesthesia nursing practice.

In the future, this approach towards earlier discharge can be applied to other minimally invasive procedures allowing for increased availability of PACU beds.