

## Background

- ❑ A serious safety event occurred in 2023 following a patient discharge from a post-procedural unit, which prompted an analysis of general discharge practices across several post-procedural departments.
- ❑ Analysis of existing practices across Endeavor revealed a lack of standardization to a single validated tool for Phase II anesthesia and sedation recovery.
- ❑ Increased risk of patient safety events due to lack of discharge guidance for patients following procedural sedation/anesthesia.

## Objectives

- ❑ To create and implement a standardized discharge scoring tool with clear objective assessment criteria to identify patient discharge readiness from Phase II care.
- ❑ To create a standardized workflow for patients who do not meet minimum score requirement for discharge home from post anesthesia/sedation environments.

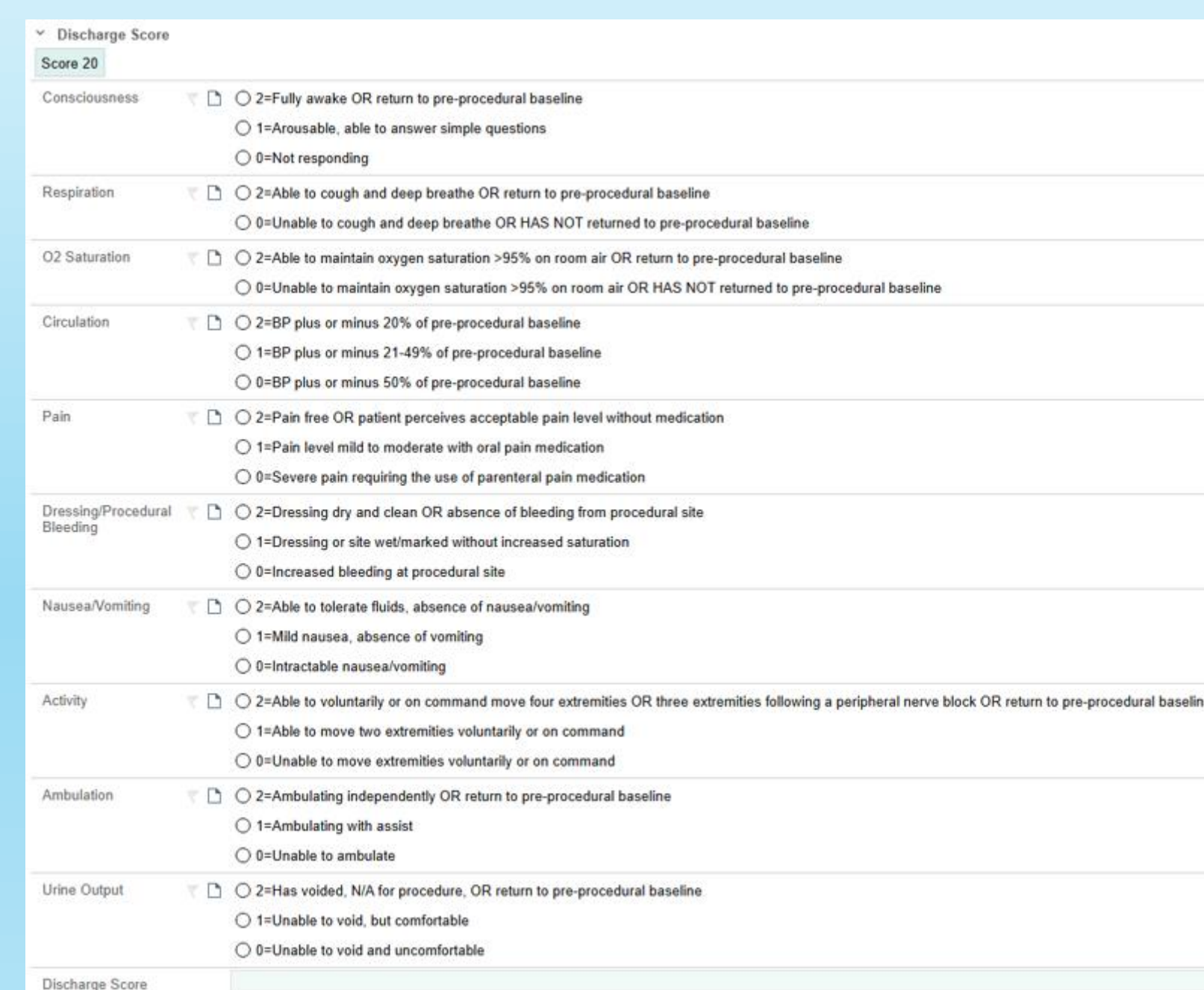
## Literature Review

- ❑ Project team reviewed existing hospital discharge policy guidelines and existing scope and standards of practice regarding care of the post-anesthesia patient.
- ❑ A review of the American Society of PeriAnesthesia Nurses (ASPAN) standards on discharge assessment cited a series of categories affecting patient discharge readiness.
  - ❑ Lack of widely known or utilized tool for Phase II discharge that encompasses most categories.

## Project Team and Implementation Plan

- ❑ Collaborated within the perianesthesia nursing education team across five hospitals within the Endeavor Health system to review existing discharge criteria practice from several procedural units including gastroenterology services (GI Lab), cardiology services (EP/Cath Lab), interventional radiology (IR), and same-day surgical service areas.
- ❑ Interprofessional teaming and review of existing practices drove creation of the Discharge Criteria Scoring Tool to guide the recovery nurse in safe decision-making to discharge patients.
  - ❑ Anesthesia partners incorporated best practice patient oxygenation requirements for discharge.
- ❑ Following organizational leadership and medical executive review, use of the tool was approved and adopted as new policy for post-procedural patient discharge.
- ❑ Nursing education rollout to all peri-anesthesia and related procedural nursing teams began in May 2024, with Go-Live use of the tool in October 2024.
  - ❑ Rollout plan included a presentation and demonstration of the tool within the electronic health record as well as an overview of the changes impacting patient discharge policy.

## Discharge Criteria Scoring Tool



## Scoring Guidance

- ❑ A total score of “18 or Greater” is required for the patient to be discharged.
- ❑ A total score of “17 or Less” or a “0” in any category **excludes eligibility** for discharge unless approved by the procedural physician and/or anesthesiologist.
  - ❑ A new discharge order and a progress note are required if total score is “17 or Less” or a “0” is present in any category at time of discharge.

## Conclusion

- ❑ Post-implementation monthly chart audits reviewing use of the tool were performed, tracking documented patient discharge score and sequential nursing actions that led to the discharge of the patient or change to planned disposition.
- ❑ By the end of 2026, use of the Discharge Criteria Scoring Tool will be expanded to all eight acute care hospitals providing procedural services.

## Practice Implications

- ❑ Discharge criteria tool is aligned with American Society of PeriAnesthesia Nurses (ASPAN) practice recommendations.
- ❑ Utilizes clear, objective assessment discharge eligibility criteria to drive safe patient discharge with a standardized guided workflow.
- ❑ Supports nurse autonomy, builds confidence, and safe decision-making towards discharge readiness.

## References

- American Society of PeriAnesthesia Nurses. 2025-2026 *Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements*. (p. 64-74). ASPAN; 2024.
- Cartwright, S. M., & Andrews, S. M. (2024). Management and policies. In J. Odom Forren (Ed.), *Drain's Perianesthesia Nursing: A Critical Care Approach* (8th ed., pp.15-27). Elsevier.