Extended Recovery Unit - Restructuring the Discharge and Communication Process
Team Leaders:  Susan Vargas BSN RN, Kevin McWha BSN RN, Meghan McCue BSN RN, Teyarnna Straughter BSN RN, Giselle Chalk BSN RN
Brigham and Women’s Hospital, Boston, Massachusetts
Team Members:  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 Information:
- Extended Recovery Unit (ERU): designed to support patients that require surgical procedure that is more involved in day surgery but does not require an admission.
- Defined as bedded outpatients (monitored/observed up to 23 hours)
- Each week 25-30 patients are admitted to ERU
- Goal of discharge to home by 8AM- occurring 2% of the time
- Delays keep additional Perianesthesia nursing resources in the ERU causing OR holds
- Impact bed availability and institutional throughput
- Median discharge time is 10:45AM

Objectives of Project:
- 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
- Identify barriers to early discharge in ERU and develop multidisciplinary focus group
- Identify high volume services for pilot program
- Develop a multi-disciplinary communication board
- Collaborate with multi-disciplinary services
- Staff education through presentations and newsletters

Statement of Successful Practice:
- Decrease median discharge time to 10:30AM
- Increase staff engagement as evidenced by utilization of communication board at shift handoff
- Improve multi-disciplinary communication

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