

# IMPLEMENTING A DISCHARGE READINESS PROCESS IN POST ANESTHESIA CARE UNIT (PACU): AN INNOVATIVE APPROACH TO PATIENT THROUGHPUT

Theresa Nelson BSN RN CPAN, Angela Knapp BSN RN CPAN, Jenny Kimsey BSN RN CCRN,  
Lori Patten BSN RN CPAN, Jennie Henderson BSN RN CPAN  
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## BACKGROUND

System insufficiencies often lead to long hold times for patients in the PACU. The PACU department is forced to hold patients, taking up critical space and staff. Patients in phase II holding are held until Short Stay Unit (SSU) or inpatient rooms become available. Patients are admitted to inpatient rooms after hours and on weekends to be discharged.

A pattern of patient delays in discharge ultimately contributes to the poor flow of patients throughout the surgical services department and this has significant implications for productivity and efficiency (1). Research shows an “expedited discharge is feasible and safe when the appropriate patient population is identified” (3).

In recent years, through the advent of shorter and more rapidly acting anesthetic agents, it is being found that certain patient populations are safely able to be discharged via a fast-track process.(2).

## PURPOSE

Does implementing a fast-track discharge process in PACU affect holding times for phase II and decrease unwanted admissions to inpatient floors?

## METHODS

Our Unit Partnership Council (UPC) in conjunction with leadership, undertook an evidence-based quality improvement project to investigate whether training PACU nurses to discharge or actively progress patients towards discharge would decrease holding times in PACU.

The PACU UPC created step-by-step instructions for the discharge of patients from PACU. A competency was created to audit for compliance and consistency. The UPC members were trained to provide staff support.

The PACU and SSU charge nurses reviewed the following day’s surgery schedule to identify potential fast-track patients who met pre-determined criteria: “simple, uncomplicated procedures, healthy, ASA 1” (2). A fast-track patient identifier checklist flagged the chart and created a visual aid that the patient had been identified as a potential candidate for fast-track discharge in PACU. Patients were no longer allowed to transfer to inpatient status if discharging same day.

## RESULTS

Pre-implementation data collected for 15 days revealed 100% of patients in PACU (n=330) held for phase II admission to SSU for an average of 46.6 minutes. There were 3 patients discharged directly from PACU. 12 patients were sent to the inpatient floors for discharge same day.

Post-implementation data was tracked for 28 days which revealed 99% of patients (n=717) still held in PACU but holding times decreased to 23.2 minutes. There were 41 patients discharged directly from PACU. 0 patients were sent to the inpatient floors for discharge same day.

Results were shared with the leadership team and led to discussions and changes around barriers to throughput. Subjective input from staff created additional processes to streamline the fast-track discharge.

After implementation of these suggestions, post-data was again tracked for an additional 16 days. The data revealed a 10% decrease in holding (n=361) for an average holding time of 17.2 minutes. Another 2 patients were discharged from PACU. Again, 0 patients were sent to inpatient floors for discharge

At the conclusion of this project, we had 100% compliance in education of PACU staff to discharge patients.

## DISCUSSION/CONCLUSIONS

Educating PACU nurses to progress patients towards discharge or discharging a handful of patients in PACU did not dramatically decrease the number of patients holding for phase II but did decrease the time patients spent in holding.

Discharging patients in PACU was determined not to be feasible during early morning or busier times in PACU but did prove successful afterhours and on weekends.

Through this process, we were able to identify additional inefficiencies in SSU’s discharge process. Orders to void prior to discharge were frequently auto checked by physicians and not necessarily relevant. Patient’s ride home delays. On-site filling of prescriptions causing delay. SSU’s minimal documentation policy was revisited in order to eliminate unnecessary charting requirements. Improved communication between PACU and SSU via secure chat regarding delays in throughput allowed for more transparency around throughput barriers.

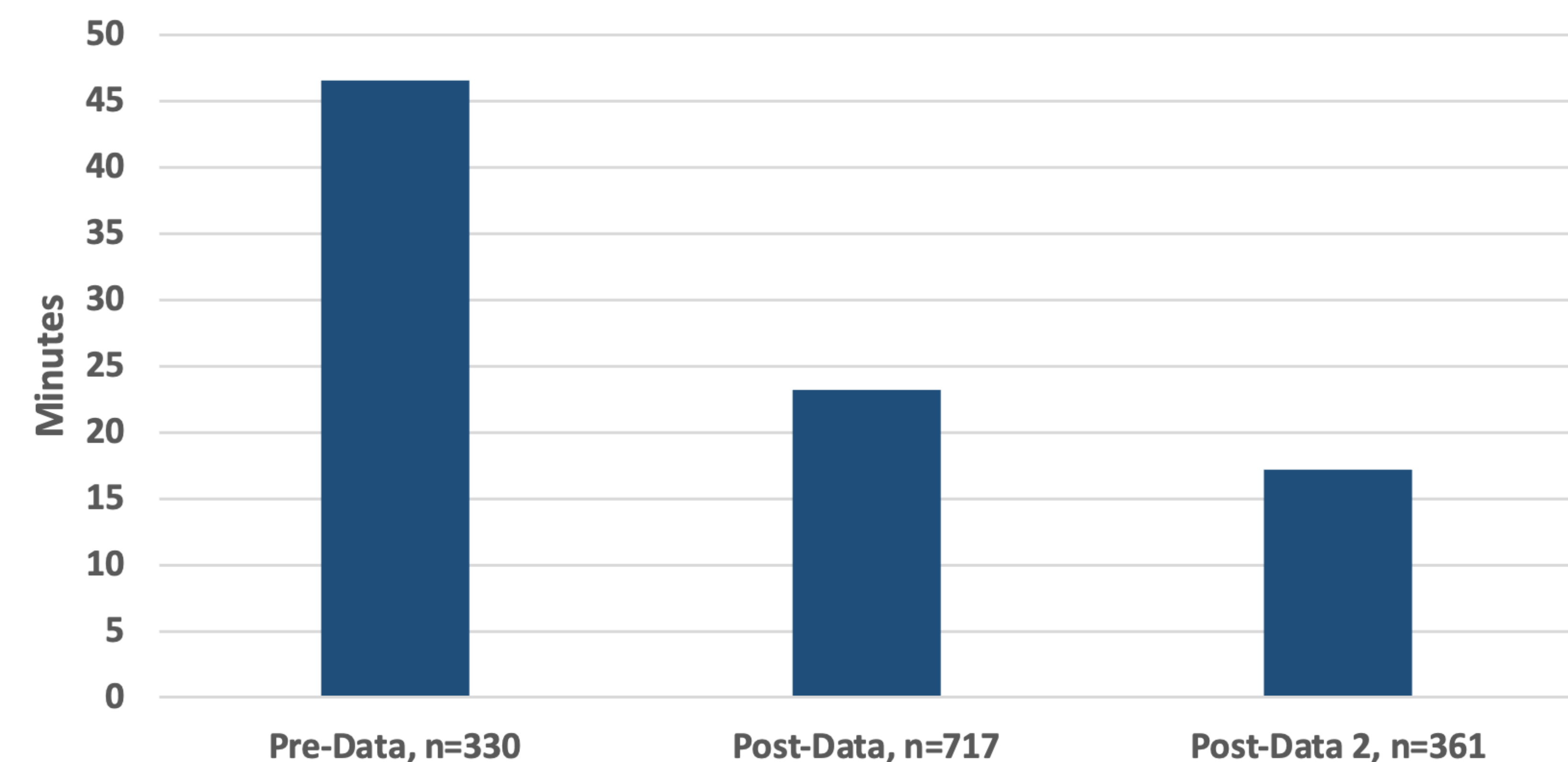
Further study is needed to identify whether a designated fast-track discharge area would be beneficial for those identified patients where expedited discharge is achievable and safe. Staffing this area by competent phase II nurses may further decrease patients' length of stay and holding times in PACU. Cost analysis of savings per patient not admitted to hospital for discharge afterhours was not feasible to obtain.

Limitations affecting data include a decrease in surgeries related to anesthesia staffing, a strike at a sister hospital stopping elective surgeries, sick calls, retirements and leaves of absences in PACU, inconsistent surgical schedule and lack of appropriate dischargeable patients.

## REFERENCES

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Average Holding Times



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