

Development of a Discharge Scoring Tool in the Post Anesthesia Care Unit

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Introduction: Current criteria at MSKCC for discharging a patient from the Post Anesthesia Care Unit (PACU) depends on clinical judgement and several variables. Patients are often kept in the PACU for a specific amount of time without supported evidence.

Identification of the problem: The Post-Anesthetic Care Guidelines of the American Society of Anesthesiologists states that mandatory length of stay (LOS) should not be required and supports the use of an objective criteria. Delay in discharge from the PACU may lead to a delay in meeting their expected milestones after surgery. The lack of specific objective criteria does not permit quantification of discharge readiness.

Purpose of the Study: The goal of this project is to develop a discharge scoring tool that will incorporate the special needs of the surgical oncologic patients and quantify when these patients are clinically ready for discharge from the PACU.

Methodology: We reviewed tools in use at other institutions and conducted an extensive review of literature to develop our specialized discharge tool. To substantiate our tool, the MSKCC Institutional Review Board approved a retrospective study which included 135 consecutive patients who underwent major thoracic, hepatic or pancreatic surgery from January to March 2015.

Results: For each surgical group the difference in mean LOS between current practice and the proposed criteria ranged from 9.15 hours to 11.8 hours, which was statistically significant ($p < 0.0001$). During the extended time in the PACU (after a patient met an acceptable score), there were no clinical events in 68% of thoracic, 64% of hepatic and 54.3% of Whipple patients. Common clinical events that occurred in the remaining percentiles after proposed criteria was met were not emergent and routinely managed on the inpatient units.

Discussion: Utilizing our tool provides a standard approach and patient-centered focused care to our post-anesthetic oncologic patients without compromising patient safety.

Conclusion: By changing current practice, our tool allows our patients to be discharged when clinically ready, eliminating the lack of specific objective criteria and presumptions.

Implications for Perianesthesia nurses and future research: We recognize the importance of standardized practice and individualized patient factors when assessing patients for discharge readiness. Future research is needed to measure the effects and outcomes of our discharge scoring tool and discharge criteria.