



### Introduction

Patient safety is imperative and an objective scoring system like the MSK Discharge Scoring Tool (DST) is used to determine when a patient is ready to be discharged home after surgery. The score is calculated based on the following criteria:

- Level of Consciousness
- Oxygen Saturation
- Hemodynamic Stability
- Post op Pain
- Post op Nausea/Vomiting

Once the DST score has been deemed acceptable and all criteria are met, the patient may safely be discharged home.

### Identification of the Problem

The DST score is derived using complex logic based on specific data entered by the RN. Discrepancies in data documentation can cause the tool's algorithm to turn off and not disseminate a score. The discrepancies that cause the tool to turn off are occurring in the following areas:

- Missing Parameters
- Multiple Back Entered Columns

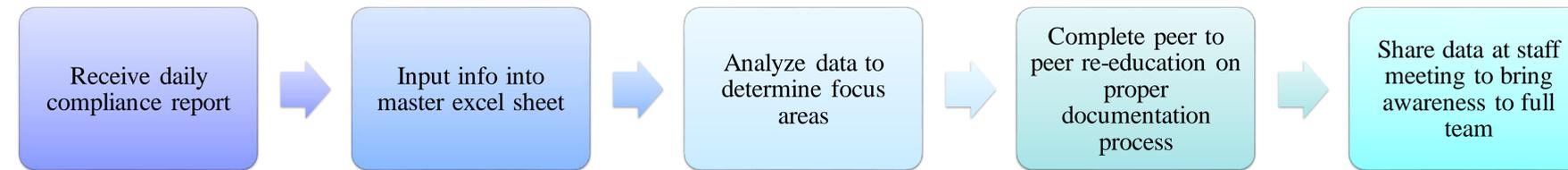
The team also found gaps in other areas of discharge documentation, specifically missing Discharge PACU Assessments.

### Purpose of the Quality Improvement Project

The purpose of our Quality Improvement plan is to form a strategy to standardize documentation in the DST and to improve the use of the DST through education. This will help ambulatory patients move from PACU I to PACU II in a timely manner and discharge to home safely and efficiently.

### Method

From April 2021 through February 2022, we have been tracking staff discrepancies from daily compliance reports, completing chart audits and collecting data. The data was reflecting the need for re-education on the DST tool. The team sought to educate the nurses on how the tool calculates the score and what causes it to disengage via one-on-one peer education. The data from the compliance and audit reports were used to share our progress and improvement at monthly staff meetings.



### Outcomes/Results

With creation of our JRSC DST Superuser group and thorough staff education, the data is supporting that there has been continued and sustained improvement in discharge documentation each month by PACU staff. **Notably, we've observed a 60% decrease in overall discrepancies.**

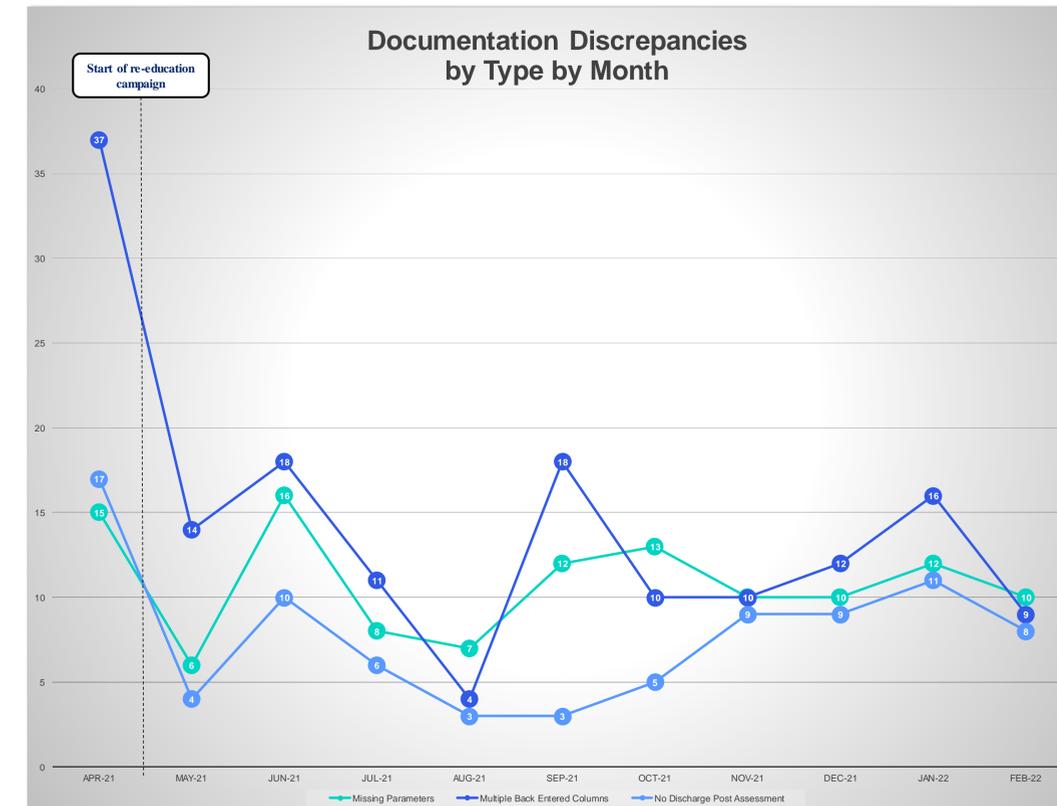
For Discharge Criteria Met to be "Yes", the parameters are:

- ✓ Two consecutive scores of **8-10**
- ✓ **No zeros** in any category (within two consecutive columns)
- ✓ The time columns must be **saved** greater than or equal to **1 minute** and less than or equal to **60 minutes** apart.

	01/23/2019	01/23/2019	01/23/2019
Pre-Procedure/Baseline Values	118 / 77	118 / 77	118 / 77
Non-invasive/Blood Pressure			
Post-Anesthetic Discharge Score			
Display Post-Anesthetic Discharge Score criteria			
Level of Consciousness Score	2	2	2
Oxygen Saturation (SpO2) Score	2	2	2
Hemodynamic Stability Score	2	2	2
Post-Operative/Procedure Pain Score	2	2	2
Post-Operative Nausea/Vomiting (PONV) Score	2	2	2
Post-Anesthetic Discharge Score	10	10	10
Discharge Criteria Met	No	No	Yes

MSKCC Discharge Scoring Tool (DST) Criteria

### Documentation Discrepancies by Type by Month



### Discussion

Providing staff with monthly updates in the staff meetings has brought awareness to improvements that are needed within our documentation. Individual feedback has also helped staff members to find their own ability to improve. Limitations include the DST must be entered in a certain sequence to function properly. If the logic is not correct, the system will not pull in data, which then leads to disengagement of the tool.

### Conclusion

Staff education and feedback has helped actualize the implementation of the improvement plan. Based on the data, it has helped optimize patient readiness for discharge and standardize practice throughout the Perianesthesia area. While JRSC nurses have always provided high quality patient care, it was the lack of knowledge on the complexity of the DST scoring logic that was the barrier to properly utilizing the tool. Awareness of what disengages the DST and how to correct it has allowed us to improve discharge documentation.

### Implications for Perianesthesia Nurses and Future Research

Even with objective data, **critical thinking skills and nursing judgement of the Perianesthesia nurse are still required** to determine if the DST tool is accurate. Findings from this quality improvement plan has helped guide the nurse's ability to use the DST more efficiently.