Discharge Scoring Tool in Ambulatory PACU

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Introduction: Patient safety is imperative and objective scoring systems like the discharge scoring tool (DST) are used to help nurses determine when a patient is ready to be discharged home after surgery. Once the DST score has been deemed acceptable and all criteria are met, the patient may safely be discharged home.

Identification of the problem: DST discrepancies are occurring in the following areas: Missing Parameters, Multiple Back Entered Columns and No Discharge Post Assessment, as well as applying the DST tool in practice.

QI question/Purpose of the study: The purpose of our QI plan is to form a quality improvement strategy to standardize practice in the usage of the DST. Also, to improve the use of the DST through education to help ambulatory patients move from PACU I to PACU II in a timely manner and discharge to home safely and efficiently.

Methods: From April 2021 until the present, we have been tracking staff infractions from daily compliance reports, completing chart audits and collecting data that will be used prior to the ASPAN national conference. This data was then utilized to educate staff on the proper use of the DST.

Outcomes/Results: With creation of our 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 70% decrease in overall infractions.

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 infractions.

Conclusion: Staff education and feedback has helped the actualization of 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.

Implications for perianesthesia nurses and future research: Even with objective data, critical thinking skills and nursing judgement of the paranesthesia nurse are still required to determine if the DST tool is accurate. Findings from this improvement plan has helped guide the nurse's ability to use the DST more efficiently.