

## **The Development, Feasibility, and Effectiveness of The Pediatric Readiness for Discharge Tool (P-REDI)**

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**Introduction:** There was no standardized validated criteria for discharge to home after pediatric ambulatory surgery. Children's Hospital Colorado (CHCO) created and implemented the P-REDI Tool to assess patient readiness for discharge. This tool was validated using a quasi-experimental retrospective chart review. The results of this study have been submitted and accepted to be published in JoPAN.

**Identification of the problem:** Historically, discharge practices among CHCO Phase II PACU RNs were inconsistent and assessment of a patient's readiness for discharge varied greatly. This led to varied Phase II times, varied criteria for discharge to home, and potential safety concerns.

**Purpose of the Study:** The goal of our project was to assess the efficacy of our tool in predicting safe discharge to home of ambulatory surgery pediatric patients. Does the tool decrease the likelihood of adverse patient events at home or the likelihood of hospital readmission, ED, or unscheduled clinic visits?

**Methodology:** This research project was a quasi-experimental retrospective chart review comparing patient outcomes pre and post implementation outcomes in the 24-hour post-operative period. The chart review included patient variables in relation to patient-readmission, ED visits, and unscheduled clinic visits in the first 24 hours. The data was analyzed using ANOVA and Chi-square statistical analysis.

**Results:** Our data went through statistical analysis with the Department of Biostatistics at Children's Hospital Colorado. Our manuscript was completed in November 2020.

**Discussion:** Our data analysis was completed, and we will present the P-REDI tool as an example of successful nursing research. The impact of P-REDI includes improved post-operative patient assessment, increased nursing confidence in readiness for discharge to home, standardized assessment practice in collaboration with anesthesia, and validated criteria for safe discharge.

**Conclusion:** The P-REDI validation project is the first of its kind in Pediatric Perianesthesia Nursing. With this validation, we now hope to disseminate our findings for use at other institutions.

**Implications for perianesthesia nurses and future research:** P-REDI could impact RN discharge practices, patient safety, and hospital efficiency and expenses. Standardized assessment for discharge readiness provides a validated model of safety and nursing confidence in predicting safe discharge in the first 24 hours post-op.