

PACU Nurses' Perception and Experience with Postoperative Discharge Calls

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Introduction: Postoperative Discharge Calls within 72 hours of hospital discharge are mandated by NYPH for Ambulatory Procedures and endorsed by AHRQ and CMS. These calls ensure patient well-being by confirming discharge instructions and addressing questions. Compliance with post-operative discharge calls remains a challenge. Only inpatient discharge calls are handled by the NYPH Call Center.

Identification of the problem: Competing clinical demands and staff awareness of the NYPH inpatient discharge call process have hindered the completion of discharge calls in G3 PACU.

Purpose of the study: The aim is to achieve a 100% postoperative discharge call completion rate within 72 hours and explore nurses' perceptions of the impact of discharge calls on patient experience and PACU resources.

Methods:

- Established a 72-hour call schedule.
- Conducted staff in-service on the call schedule process, script and Discharge Call policy.
- Allocated unit resources (RNs and Time) for daily calls with a 3–5-minute timeframe.
- Pre- and post-implementation surveys to assess nurses' perception of the call process. Surveys yielded 30 responses each.
- Collaborated with PACU Team Leaders for resource allocation.
- Monitored resource utilization for (March-May).

Outcomes/Results: Pre-implementation, 54% of PACU RNs disagreed that postoperative discharge calls improve patient experience (PX). Post-implementation, 27% strongly disagreed, and 27% agreed these calls improved PX. Pre-implementation, 83% strongly agreed PACU lacked the resources to handle discharge calls consistently versus 63% post-implementation. Overall, 83% of PACU RNs strongly agreed these outpatient discharge calls can be conducted by other NYPH clinical staff trained and qualified to escalate concerns to the surgical team.

Pre-implementation, the postoperative call completion rate for January 2023 was 2%. Post-implementation, the call completion rates for March, April, and May 2023 were 96%, 90%, and 87%, respectively. The calls were completed by 30 RNs in 70 hours, 27 RNs in 64 hours, and 21 RNs in 57 hours, respectively.

Discussion: Mimicking NYPH's inpatient discharge call process is key to achieving our goal of improving nurses' and patients' experience and call completion rate.

Conclusion: PACU RNs perceived conducting discharge calls shortly after a patient's discharge as vital to the perioperative experience but recognized the substantial resource demands.

Implications for perianesthesia nurses and future research:

Centralizing postoperative discharge calls to a call center will enhance the perianesthesia nurses' and patients' experience.