

## **PACU Team's Commitment to Improving the Postoperative Discharge Call Completion Rate**

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**Introduction:** Our PACU is committed to implementing a sustainable postoperative (postop) discharge call program and supporting the nursing staff in conducting these calls.

**Identification of the Problem:** Achieving a 90% completion rate has been challenging despite our previous intervention that involved the daily assignment of one or more RNs to conduct these calls.

**QI Question/Purpose of the Study:** This project builds on the previous intervention. To achieve a 90% postoperative call completion rate, we introduced additional measures, including requiring each RN to complete five postop calls per shift. Additionally, a Patient Navigator (PN) was assigned to handle these calls for two hours each weekday, with an RN available to manage any escalated calls in real-time.

### **Methods:**

- Collaborated with Perioperative Leadership to design a plan to utilize a non-clinical staff (PN) to conduct postop calls
- Informed the staff about the new interventions through various communication platforms
- Training of the PN to conduct postoperative discharge calls as per institutional policy
- Monitored intervention's effectiveness and utilized resources

**Outcomes/Results:** Pre-implementation (January 2024), the completion rate was 59%. Post-implementation (Feb-Sep 2024), the call completion rates improved 94%, 88%, 91%, and 77% from Feb-May, respectively. In response to these findings, in June, the PN was introduced to handle these calls. From June to September, the completion rates were 84%, 68%, 92%, and 80%, respectively, with only 1 to 3% of calls requiring RN assistance.

**Discussion:** Non-clinical staff can perform postoperative calls with support from an RN when needed. As the Patient Navigator becomes more familiar with the process, the call completion rate is expected to improve.

**Conclusion:** A sustainable postoperative call practice depends on accountability from all stakeholders. The Patient Navigator role has demonstrated promising results in this process.

**Implications for perianesthesia nurses and future research:** To implement a sustainable postoperative discharge call program, it is essential to consider resource utilization. Non-clinical staff can assist nursing staff by handling postoperative calls and optimizing clinical resources.