

PACU Nursing Culture and Impact on Same Day Discharge and Length of Stay for Ambulatory Orthopedic Patient Population

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Introduction: Demand for same day discharge of orthopedic procedures has been increasing with surgical advances and patient desire to recover in their own homes. Multiple studies have identified factors that are integral to successful same day discharge (SDD) of these patients.

Identification of the Problem: Our unit was designed as an inpatient PACU and recovers both ambulatory and more critical levels of patient populations. Presently, our unit experiences longer length of stay (LOS) for ambulatory patients compared to the other PACUs and higher conversion rates to extended stay.

QI Question/Purpose of the Study: It is proposed that nurses on the main PACU have inherent bias from previous experience and is a barrier to decreased LOS and SDD. Postoperatively nurses are a driving force to facilitate patient discharge to home in a safe timely manner. It is their assessment and interventions that have an impact on the course of the patients' hospital stay.

Methods: A pre-survey was administered to PACU nursing staff measuring attitudes towards providing care for ambulatory patients. Then 3 months following education, development of resources including hourly patient/nursing goals checklist, implementation of a discharge nurse, cohorting patients, a post survey was conducted. LOS and conversion rates were retrieved from EPIC.

Outcomes/Results: Nurses' attitudes were positively impacted by the efforts. When caring for ambulatory patients they reported that 23% were less frustrated, 17% were more comfortable, 16% more confident patient would be discharged same day, 15% decrease to encourage patients convert following failed PT and 8% decrease to encourage undecided patients to stay. The rate of conversions slightly decreased from 61.7% to 59.8%. LOS for patients discharged home decreased from 604 minutes to 325 minutes.

Discussion: Our nurses' prior experience, attitudes and workflows recovering these patients may have been a barrier for discharging patients in a timely manner.

Conclusion: By providing educational resources and engaging nurses in the practice change we had a positive effect on the PACU nurses' attitudes, length of stay and minimize unnecessary conversions to inpatient status.

Implications for perianesthesia nurses and future research: Trends in managed care are leaning towards ambulatory cases or 23 hour stays. Nursing interventions are integral component of facilitating success of SDD. Further focus to effectively identify barriers to discharge is needed.