Efficient Transitions of Care: The Rapid Recovery Unit as a Discharge Solution

Primary Investigator: Lindsay C. Holt PhD MSN RN CPAN CCRN
Co-Investigators: Michelle Carson MSN CNL CNS LSSB, Diana Hylton MD
UC San Diego Health, La Jolla, CA

Introduction: Timely discharges are essential to patient safety and hospital flow, yet delays in PACU and ICU often prolong length of stay and strain resources. Our institution developed a Rapid Recovery Unit (RRU) within the PACU as a short-stay option for postoperative patients requiring closer monitoring but not ICU admission. This quality improvement project evaluated RRU discharge patterns compared with traditional hospital pathways to improve transitions of care.

Identification of the Problem: Hospital-wide analysis revealed delayed discharges and prolonged stays in PACU, IMU, and ICU due to limited bed availability and monitoring needs. Many patients were unnecessarily admitted to higher-acuity units or remained in PACU beyond clinical necessity. This created inefficiency, delayed incoming surgical cases, and strained staff and resources. An alternative pathway was needed to support timely, safe discharges while preserving ICU capacity.

QI Question/Purpose of the Study: This project examined whether the RRU could improve efficiency by facilitating quicker downgrades in level of care and expedited discharges compared with standard pathways.

Methods: A retrospective review of institutional records compared discharge efficiency across units. Data included:

- Number of discharges per day,
- Time of discharge, and
- RRU length of stay (LOS).

RRU patterns were analyzed against PACU, ICU, IMU, PCU, and Med-Surg to assess efficiency and timeliness.

Outcomes/Results: Median LOS in the RRU was ~1 day versus 2.6 (Med-Surg), 5 (IMU), and 9.5 (ICU). Most RRU patients were discharged within 24 hours, while hospital-wide discharges occurred later in the day. RRU throughput contributed to an 18% increase in average daily discharges (FY26 YTD vs. FY25), surpassing +10% and +15% institutional targets.

Discussion: The RRU consistently facilitated early discharges, reduced unnecessary ICU use, and improved hospital flow. Its success reflects the expertise of perianesthesia nurses in managing high-acuity postoperative patients, validating the model as a safe, nurse-driven solution.

Conclusion: The RRU improved discharge efficiency, preserved ICU capacity, and enhanced throughput. This scalable model demonstrates the power of nurse-led innovation to improve care transitions.

Implications for perianesthesia nurses and future research: Perianesthesia nurses led this initiative, demonstrating visible impact on hospital-wide discharges as the RRU absorbed patient volume. Future research should evaluate scalability, patient satisfaction, cost outcomes, and use in pediatric or specialty populations.