



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. With the trends in managed care leaning towards more ambulatory cases or 23 hour stays our current PACU environment and hospital culture can be considered a barrier to the goal of expedited discharge for 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. The push for decreasing hospital length of stay and discharging patients directly from the PACU represents a significant practice change to the fourth floor PACU nursing staff.

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 (Figure 1). Then months 3 following education, development of resources including hourly patient/nursing goals checklist, implementation of a discharge nurse, cohorting patients, a dedicated Advanced Practice Provider for ambulatory patients, a post survey was conducted. LOS and conversion rates were retrieved from EPIC.

FIGURE 1

Answer options are strongly agree, agree, neutral, disagree, strongly disagree
1) I like to be assigned ambulatory surgery patients.
2) I find it frustrating to take care of ambulatory surgery patients
3) I am comfortable with taking care of ambulatory surgery patients
4) I find it challenging to take care of ambulatory surgery patients and inpatients at the same time
5) The discharge process gets delayed by caring for another patient that has unstable vital signs, is in pain or is a new admission
6) When I am assigned an ambulatory surgery patient, I am confident that they will be discharged day of surgery
7) I feel ambulatory patients are properly prepared for day of surgery discharge.
8) I feel the perioperative team (first assist and anesthesia) is knowledgeable about discharge disposition of the patient.
9) I feel comfortable encouraging early po intake
10) I am comfortable ambulating patients without a post op clearance from the team
11) If a patient fails physical therapy the first time, I encourage the patient to convert to 23 hour stay
12) I encourage undecided patients to stay
13) I encounter problems getting proper orders for patients
14) I find it frustrating ensuring patients have proper medications for home
I have worked on this unit
< 2 years 2-5 years > 5 years
Open Ended (Optional)
What do you feel is the biggest obstacle/frustration to discharge AMS patient day of surgery?

FIGURE 2

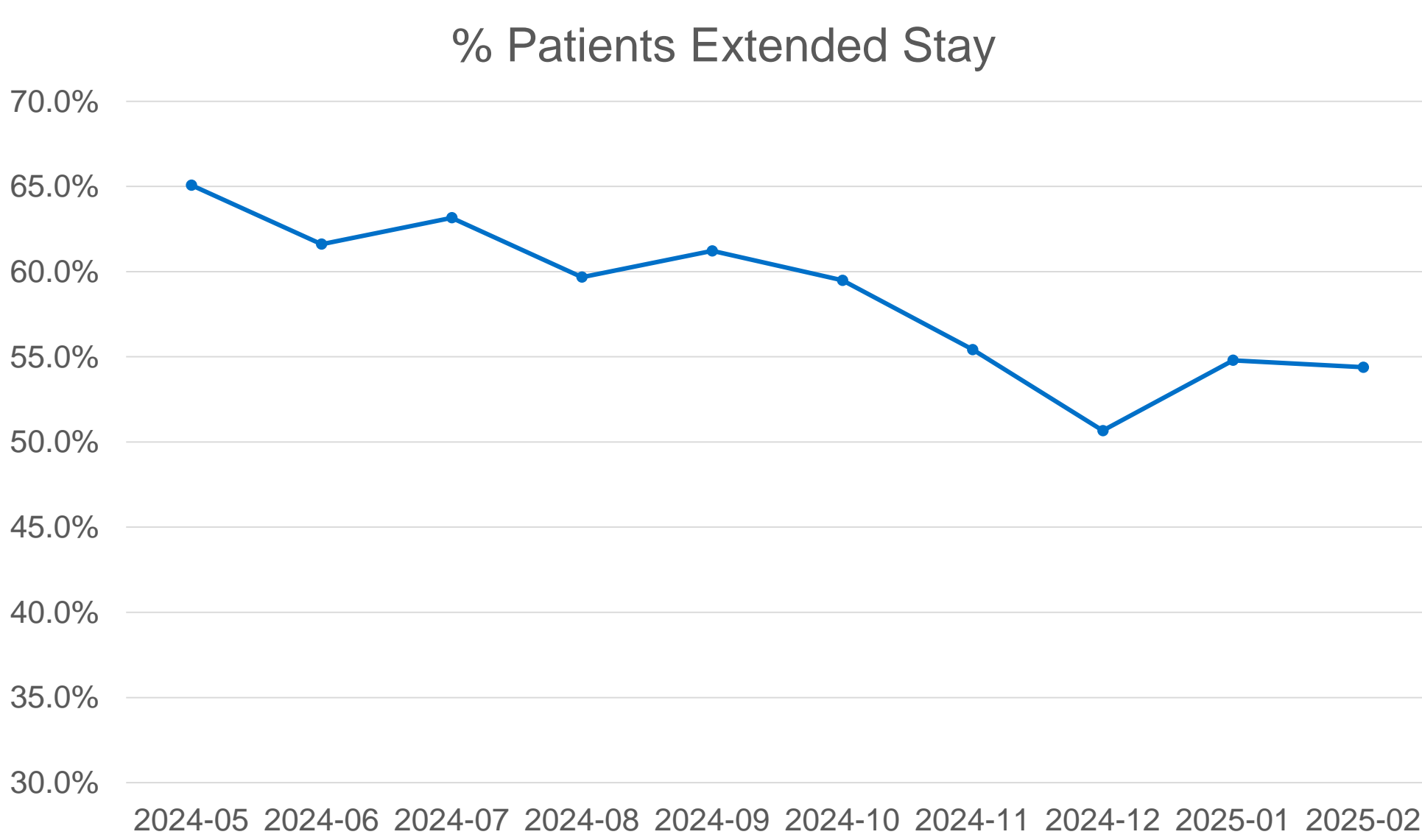
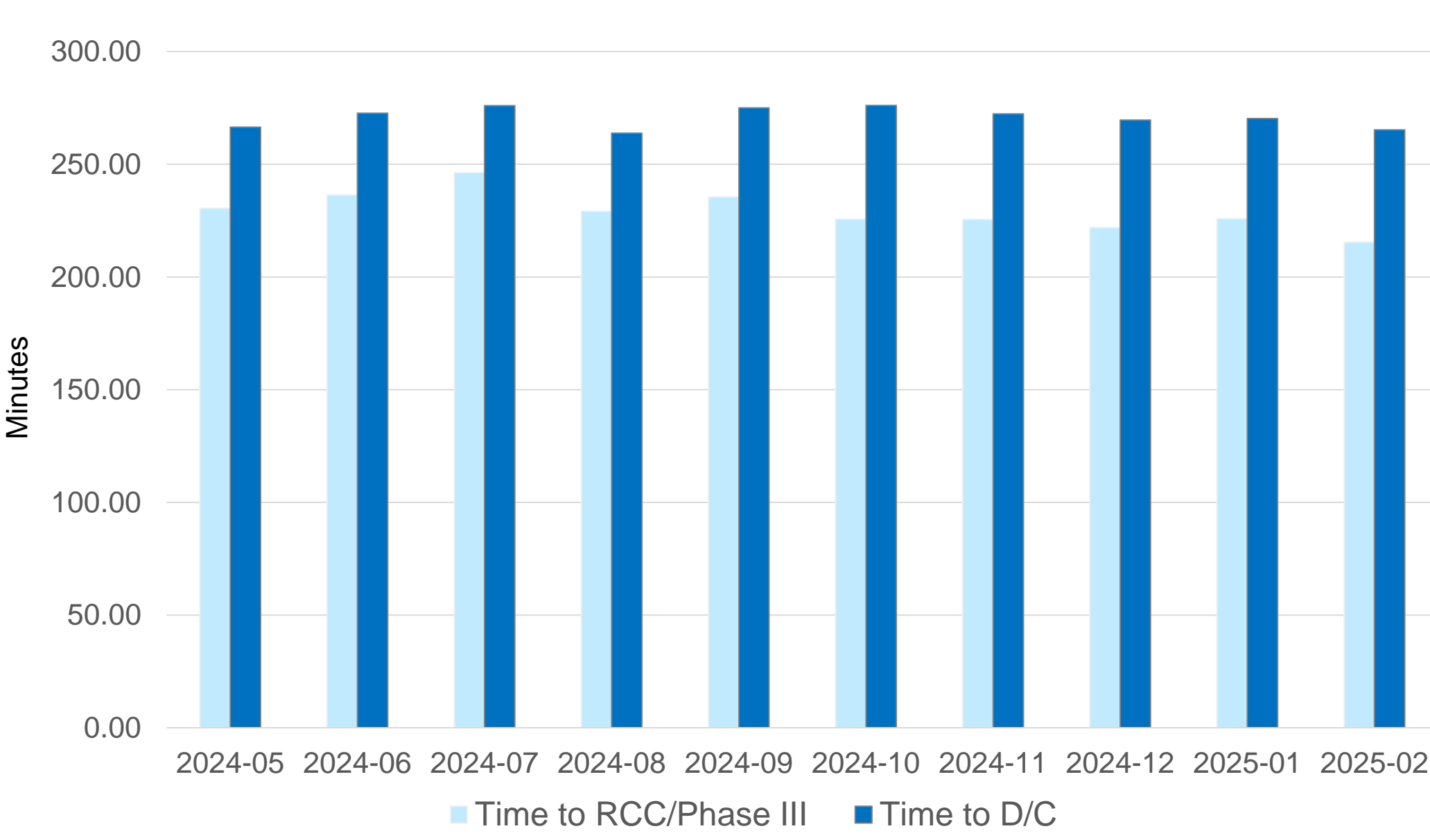


TABLE 1

		Strongly Agree/Agree	Neither	Disagree/Strongly Disagree
Q1	Pre	20.4%	38.9%	40.7%
	Post	31.6%	36.8%	31.5%
Q2	Pre	49.1%	20.8%	30.2%
	Post	26.3%	42.1%	31.6%
Q3	Pre	74.1%	18.5%	7.4%
	Post	91.1%	5.4%	3.6%
Q4	Pre	79.6%	14.8%	5.6%
	Post	63.2%	28.1%	8.8%
Q5	Pre	98.2%	1.9%	0.0%
	Post	96.5%	3.5%	0.0%
Q6	Pre	18.9%	41.5%	39.6%
	Post	35.1%	47.4%	17.5%
Q7	Pre	18.5%	29.6%	51.9%
	Post	14.0%	31.6%	53.5%
Q8	Pre	18.9%	26.4%	54.7%
	Post	21.1%	33.3%	45.6%
Q9	Pre	83.0%	9.4%	7.6%
	Post	91.2%	5.3%	3.5%
Q10	Pre	39.6%	17.0%	43.4%
	Post	49.1%	28.1%	22.8%
Q11	Pre	32.1%	41.5%	26.4%
	Post	17.5%	36.8%	45.6%
Q12	Pre	37.7%	34.0%	28.3%
	Post	29.8%	42.1%	28.1%
Q13	Pre	83.0%	13.2%	3.8%
	Post	71.9%	19.3%	8.8%
Q14	Pre	81.1%	17.0%	1.9%
	Post	82.5%	10.5%	7.0%

	Pre		Post	
I have worked on this unit	%	N	%	N
< 2 Years	39.62	21	33.33	19
2-5 Years	13.21	7	21.05	12
> 5 Years	47.17	25	45.61	26
Total		53		57

FIGURE 3



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 (Table 1). The rate of conversions decreased from 65.1.7% to 54.5% (Figure 2). Average LOS for patients discharged home remained constant, 266.5 minutes to 265.3 minutes while time to Recovery Care Complete trended down (Figure 3).

DISCUSSION

Our nurses' prior experience, attitudes and workflows recovering these patients may have been a barrier for discharging patients home day of surgery in a timely manner.

CONCLUSIONS

By providing educational resources and engaging nurses in the practice change we had a positive effect on the PACU nurses' attitudes and decreasing unnecessary conversions to inpatient status.

IMPLICATIONS FOR PERI ANESTHESIA 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.

REFERENCES

Salamanna F, et al. Key Components, Current Practice and Clinical Outcomes of ERAS Programs in Patients Undergoing Orthopedic Surgery: A Systemic Review. J Clin Med 2022; 11: 4222
Schams PJ, et al. Enhanced Recovery After Surgery Orthopaedics Program in a Community Based Health Care System Orthopaedic Nursing 2024; 43(2): 84-92