

Nonclinical Factors Affecting PACU Discharge: A Clinical Audit in a One-Day Surgery Unit

Kerry-Anne Cobbe, RN, Stephanie Barford-Cubitt, BSN, RN

Purpose: To determine the nonclinical causes of delayed discharge from the postanesthesia care unit (PACU).

Design: A prospective observational study.

Methods: Over a 2-month period, data were collected on 576 patients who were transferred to the clinical areas from PACU after surgery. Patients were considered ready for discharge after they had achieved a satisfactory discharge score.

Findings: The most common documented reason for nonclinical delayed discharge was lack of available transport (45.5%; $n = 310$) followed by bed availability (13%; $n = 89$) and the receiving registered nurse's readiness to accept a transfer from PACU (7.3%; $n = 50$).

Conclusions: Nonclinical delays account for a considerable extension of a patient's time in PACU. The findings of this study suggest that understanding and addressing the causes of delayed discharge in PACU may help to improve patient flow and reduce discharge times. Future research should include the cost associated with these delays and assess the effectiveness of interventions introduced to eliminate such delays.

Keywords: PACU, discharge delay, day surgery, ambulatory surgery.

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THE POSTANESTHESIA CARE UNIT (PACU) provides intensive observation and care to immediate postsurgical patients who require an anesthetic. Patients are kept in PACU until their condition is stabilized before transfer to the clinical areas. Discharge time indicates the length of time elapsed from the completion of surgery until the patient is discharged to the clinical area after surgery.¹ De-

layed discharge from PACU occurs frequently, and its etiology is complex as it may be affected by both anesthesia and nonanesthesia or clinical-related factors.¹

The constant pattern of patient delays to the clinical areas because of nonclinical reasons is a frequent occurrence that ultimately contributes to the poor flow of patients throughout the department, and this has significant implications for productivity and efficiency. Patient delays lead to interruptions to follow up cases and affects nurse-patient ratio, which ultimately influences patient, family, and nurse satisfaction.

After conducting an extensive literature review, it was noted that there was a serious lack of evidence relating to delays in discharge from PACU because of nonclinical factors. Past publications described that delays in discharge from PACU can be related to clinical and nonclinical factors.¹⁻³

Kerry-Anne Cobbe, RN, Day Surgery Unit, St Vincent's Private Hospital Sydney, Darlinghurst, New South Wales, Australia; and Stephanie Barford-Cubitt, BSN, RN, Day Surgery Unit, St Vincent's Private Hospital Sydney, Darlinghurst, New South Wales, Australia.

Conflict of interest: None to report.

Address correspondence to Kerry-Anne Cobbe, Day Surgery Unit, St Vincent's Private Hospital Sydney, Victoria Street, Darlinghurst 2010, New South Wales, Australia; e-mail address: Kerry.Cobbe@svha.org.au.

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Pavlin et al¹ evaluated the importance of anesthetic and nonanesthetic factors as a determinant to discharge delay after ambulatory surgery. Results showed that postoperative nursing care was a significant contributing factor to delayed discharge; however, the type of anesthetic, anesthetic drugs, and anesthetic technique used played a substantial role in patient delay because of pain, nausea, and vomiting. Similar results were reported in a study conducted by Chung,⁴ who found that pain, nausea, vomiting, and drowsiness were identified as frequent symptoms associated with delayed discharge.

Current publications highlight that availability of beds in special care units and/or clinical areas played a significant role in unplanned patient delay in the PACU.^{2,5} Cowie and Corcoran² collected data on 2,783 patients admitted to PACU over a 4-month period and reported that the most common reason for delayed discharge from PACU was the lack of designated beds available for postoperative patients (52%).

Purpose

The purpose of this study was to determine the incidence and cause of delayed discharge from PACU to the clinical areas in a one-day surgery unit (DSU) because of nonclinical reasons and to develop strategies to improve the PACU flow and facilitate a more efficient transfer to the clinical areas.

Method

Design

A prospective observational design was chosen as it reflects the daily clinical practice of the department, both in terms of diverse patient population and of the multiple specialties (with the exception of cardiac, obstetrics, and pediatrics).

Setting

Nurse researchers conducted the audit in the DSU at a major metropolitan private hospital in Sydney, Australia. The hospital is a 270-bed acute care facility. The DSU has five operating rooms, a procedure room, and a three-stage recovery. This DSU undertakes approximately 10,000 operations per year across a range of surgical specialties, which

include orthopaedic; gynecology; neurosurgery; vascular; colorectal; general surgery; urology; ophthalmology; ear, nose, and throat; and plastics. A third of these booked are planned admissions for 1 or more days.

Ethics

The research project was deemed low risk and approved by the hospital's Practice Development and Research Council.

Participants

All patients who were admitted to the DSU and were transferred to the clinical areas within the hospital were included in the study. This included both planned and unplanned admissions. Patients had previously met their postanesthesia discharge requirement as per best practice postanesthesia discharge scoring criteria.⁶ At this facility, the postanesthesia recovery score was used, a discharge scoring tool to assess the patients' readiness to be discharged. Past studies highlight the use of such scoring systems to help nurses assess when a patient is ready to be transferred to the ward or discharged home after surgery.^{6,7}

Data Collection and Analysis

Nursing staff working in the DSU were educated by the nurse researchers before commencement of the study. Outcomes were measured and recorded on a data collection form/coded checklist that had been designed by the nurse researchers. Data collected included the time the patient was deemed ready for discharge to the clinical areas, the actual discharge time, the clinical areas the patient was transferred to, the reason for the delay (bed availability, ward staff readiness, transport availability, awaiting review, cleaners, meal breaks, and clerical), the surgeon, the day of surgery, and whether the DSU staff and patient care orderlies (PCO) were required to assist in the transfer to the wards.

Audit data were summarized in spreadsheets, and descriptive statistics generated (number and percent for categorical data; mean and standard deviation for continuous data). A one-way analysis of variance test was used to identify differences in mean delay times for days of the week and wards.

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