The Post-anesthesia Care Unit (PACU) is the unit where general to intensive care is provided to immediate postsurgical patients. Delayed discharges from PACU lead to prolonged patient stay which generates bottlenecks that impact on the system.

The type and length of surgical procedures, general anaesthesia or sedative techniques and ASA (American Society of Anaesthesiologists) physical status have been used as predictors of PACU length of stay. Factors such as age, pain medication at the time of admission and postoperative complications (such as postoperative nausea and vomiting, dizziness, pain, cardiovascular events) have also been related to prolonged stay in PACU.

AIM OF THE AUDIT

Delayed discharges occur often and their aetiology is multifactorial. The project was developed in order to explore the delays from Main Operating Theatres PACU at Hampshire Hospitals NHS Foundation Trust (HHFT). It aimed at identifying the criteria for a delayed discharge according to the local protocols as well as at determining the reasons for these, clinical and non-clinical, with a focus on the latter.

It also attempted to estimate the repercussions on the service.

METHODOLOGY

Retrospective audit over 18 months (March 2014-September 2015) with data obtained from PACU Nursing Staff Booking Register and Sapphire e-system. It was based on local protocols such as the HHFT Recovery Discharge Protocol and 30 minute window.

What constituted a delayed discharge from PACU?

Once a patient is deemed medically fit for discharge from PACU, upon completion of the HHFT Recovery Discharge Protocol, it is registered on Sapphire e-system. Contact is then established with the Wards/Beds Managers for patient transfer. Local protocols allow a 30 minute window, between the patient being medically fit for discharge up to transfer, prior to considering a discharge to be delayed.

RESULTS

Over the period of 18 months there were 13,213 admissions to Main Theatres. Of these, 12,662 patients were transferred to PACU (the remainder to ITU and HDU) and 449 delayed discharges were noted.

Non-clinical reasons, defined as those not based on diagnosable symptoms, accounted for 98% (439), while clinical reasons were responsible for 2% (10) of the delayed discharges.

CONCLUSIONS

• Over 18 months period only 3.4% of the PACU discharges were delayed, of which avoidable non-clinical reasons were largely the cause (98%).
• Areas for potential improvement were identified and simple measures proposed such as access to a sophisticated e-system in PACU, available elsewhere in the hospital, for live updates on ward bed status which could prompt timely discharges. Recommendations were also made to increase the number of PACU beds to comply with the AAGBI Guidelines, therefore promoting patient safety.

LESSONS LEARNT

Delays occur anywhere in the patient pathway from admission to Main Theatres to discharge from PACU creating a recognised but unreported issue whose impact on the service is difficult to quantify. Overall, PACU delayed discharges might only be a fraction of the total number of delays in theatres but they remain challenging to overcome.

As improvement measures are concerned, limitations are often encountered and range from physical space availability in the unit, to investment costs and staff compliance with an unfamiliar software requiring training.

ACTION PLAN

• Presentation at the next Governance Board Meeting to discuss ways of improvement and feasibility of the suggested recommendations.

REFERENCES

4. HHFT Recovery Discharge Protocol, which defines the coastline criteria, competencies, and guidelines for discharge from PACU.
6. Clinical reasons included awaiting postoperative investigations, surgical/anaesthetic reviews or due to recovery being full, among others.
7. The AAGBI Immediate Post-anesthesia Recovery Guidelines 2013 "the ratio of PACU beds to operating theatres should not be less than two." (March 2008).
9. Non-clinical reasons were defined as those not based on diagnosable symptoms, accounted for 98% (439).