Evidence Based Discharge Criteria for Ambulatory Surgery Patients
Herman Delgado, BS, RN, NE-BC
Harris County Hospital District
Michelle Hubert, Danilo Lindog, Macaria Zalavarria

Problem
An opportunity to evaluate nursing practice and organizational policy and procedures (P&P) related to post-surgical discharge criteria were identified in ambulatory surgery settings within a large public healthcare system. Existing criteria requiring post-surgical patients to drink fluids and void prior to discharge was resulting in extended lengths of stay (LOS); creating barriers to Peri-Operative throughput, and decreasing patient and staff satisfaction.

Evidence
Steps of the evidence based practice (EBP) process can be used to evaluate current practice recommendations to determine if policies and practices include approaches that will yield the most optimal quality outcomes.

Strategy
An EBP workgroup was formed with members representing each ambulatory surgery setting. A PICO question was created: Among all ambulatory surgery patients with post-surgical anesthesia, what are the best practice recommendations for required discharge criteria related to fluid intake and output to assure a safe discharge? A literature search was conducted and retrieved evidence was appraised by team members.

Practice Change
Discharge criteria were revised based on current evidence identified in the literature. The revised P&P navigated the organizational approval process and was implemented. Post-op patients were no longer required to tolerate oral fluids. Only patients undergoing lower abdominal, urological, gynecological, or anorectal surgeries, and/or receiving spinal/epidural anesthesia are required to void prior to discharge.

Evaluation
Baseline data regarding length of stay (LOS) were collected during assessment of discharge practices. After staff education and implementation of the revised discharge criteria, data were collected to determine effectiveness.

Results
Post-operative LOS has decreased and assessment of the impact of the practice change on peri-operative throughput is in progress.

Recommendations
EBP process steps provide a valuable methodology for comparing existing practices with current best practice recommendations to confirm practice or identify a need for change.

Lessons Learned
In addition to the original project goals, incorporating current evidence into practice may decrease patient recovery room billing and improve staff productivity thus reducing costs for an organization.
Bibliography