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**A1298**

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Room Hall E, Area D

**Impact on PACU Workload of a Direct-from-PACU Discharge Pathway after Laparoscopic Cholecystectomy**

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**Introduction:** Ambulatory laparoscopic cholecystectomy (LC) pathways move patients through the hospital without encountering delays due to congested inpatient bed units. However, the impact assessments of such pathways have focused on cost reduction. We assessed the operational impact on recovery room workload of directly discharging LC patients to home.

**Methods:** With IRB approval, we conducted a retrospective review of recovery room flow sheets, comparing the recovery room time and nursing effort required for LC patients. The design was a retrospective case control study, in which case patients (all patients of a single surgeon) after implementation of a direct discharge pathway were compared to control patients from the corresponding six months in the year prior to the direct discharge plan. We compared log-transformed time data using Student's t-test and report back-transformed means and 95% confidence intervals. Count data were compared by chi-squared tests.

**Results:** The results are shown in Tables 1 & 2. Table 1 reports the means, 95 % confidence intervals and p-values for patient groups before and after implementation of the direct-from-PACU discharge pathway.[table1]Table 2 reports, the mean +/- the standard error for the number of interventions made for patient groups before and after implementation of the direct-discharge pathway and p-values from chi-squared tests.[table2]**Discussion:** We have analyzed the impact on PACU workload of an intervention to allow direct discharging LC patients from the PACU to home. The study was prompted in part by perceptions voiced by PACU nursing staff that direct discharge of LC patients to home increased their workload. Our analysis does not support the concerns that the direct discharge of LC patients has caused an increase in PACU workload per patient. However, the retrospective method is a limitation. We are now searching prospectively for reasons why LOS is so much longer than the time to meet objective discharge criteria.

Anesthesiology 2006; 105: A1298

**Table 1: Analysis of Time Data**

	Direct discharge (n=81)	Old pathway (n=57)	p
Time to Aldrette score > 9	8.1 (4.8 - 13.6)	6.1 (4.0 - 9.5)	n.s.
Time to pain score < 6	3.5 (2.1 - 5.9)	4.0 (2.6 - 6.1)	n.s.
Time to last opioid given	41.4 (24.2 - 70.7)	20.2 (12.9 - 31.7)	< 0.05
Time to last N/V intervention	2.1 (1.3 - 3.2)	2.5 (1.7 - 3.7)	n.s.
PACU LOS	158.2 (137.6 - 181.9)	148.7 (132.3 - 167.2)	n.s.

All times reported in minutes. Abbreviations: LOS: Length of Stay, N/V: Nausea and Vomiting

**Table 2: Analysis of count data**

# of interventions	Direct discharge (n=81)	Old pathway (n=57)	p
Pain	2.61 (2.26 - 2.87)	2.63 (2.34 - 2.92)	n.s.
N/V	1.53 (1.41 - 1.65)	1.73 (1.64 - 1.81)	n.s.
IV Fluids	1.02 (.85 - 1.18)	.81 (.76 - .87)	n.s.