A MULTIDISCIPLINARY APPROACH TO DECREASING THE PACU LENGTH OF STAY FOR ENDOSCOPY PATIENTS

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Problem Identification: The PACU length of stay for colonoscopy and upper endoscopy patients was 88 minutes during 2010. The average LOS in other institutions is 30-60 minutes. The excessive LOS in our PACU has contributed to an increase in patient dissatisfaction and a decrease in available PACU beds.

Objectives: The objective was to decrease the PACU LOS for upper endoscopy and colonoscopy patients. This population was chosen because they represent a large volume of patients and their recovery is generally uncomplicated.

Process of Implementation: In June 2010, the unit was relocated to a new space, combining PACU I and II, streamlining recovery and eliminating a RN handoff. In addition, endoscopy physicians agreed to see their patients as soon as the patient was awake. In May 2011, a multidisciplinary group comprised of physicians, registered nurses, and a unit assistant was formed to determine PACU LOS goals, identify obstacles and create realistic solutions. Multiple strategies were delineated and implemented to include educating of dedicated staff, grouping of endoscopy patients, cross training of presurgical registered nurses to PACU, identifying a target RASS upon arrival to PACU, utilizing text paging to physicians to communicate patient readiness for discharge, and implementing an efficient PACU visitation process.

Successful practice: The PACU LOS has decreased for this population from 88 minutes to 67 minutes.

Positive outcome achieved: Patients are discharged sooner while maintaining safety, thereby providing increased patient satisfaction and creating additional PACU space for incoming patients.

Implications for Perianesthesia Nurses: It is possible to decrease the PACU length of stay by using a multidisciplinary approach.