The average length of stay in PACU is high and there is an increased patient wait time after meeting discharge criteria, resulting in patient and family dissatisfaction, increased hospital costs, productivity not being met, and back up in the operating room. We were up for a challenge.

Our goal is to decrease the length of stay in PACU. We want to identify barriers/issues related to throughput from PACU to receiving units. We want to increase patient satisfaction and improve unit productivity.

We developed a daily flow sheet to gather data of patient’s length of stay, reasons for staying longer than 65 minutes. We looked at the individual surgeon, anesthesia and nurse’s practice.

We found out that we have internal and external delays. Internal delay means the patient is not ready yet after 65 minutes due to patient condition, pain, and nausea. External delay means they met their discharge criteria and are waiting for receiving nurses, bed, or transporter. We addressed issues with Anesthesia and developed protocol with the receiving units.

In spite of a high level of acuity for surgical patients, pain delay has decreased. Patients coming from OR with pain score of 8 and above decreased from 20% to 4%. Delay from nausea decreased from 12 % to 1%. Waiting for nurses decreased from an average of 2 hours to 30 minutes. Transporter was hired and delays were reduced and remain very low. Beds availability is limited due to construction.