OPTIMIZING PATIENT THROUGHPUT: REDUCING PATIENT WAIT TIME IN THE PACU

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Background: Support organizational strategies providing unsurpassed care and justifiable value in current care environment by minimizing costs while providing safe patient care.

Objective: Improve care coordination, communication, and efficiency optimizing PACU to inpatient unit throughput.

Implementation: Surgical Programs’ Throughput Initiative Workgroup (Pre-Operative Clinic, PACU, Coordinator of Patient Placement, inpatient surgical units and Patient Care Operations) evaluated assignment of post-operative beds and PACU to inpatient unit flow. The group established decision making principles, identified opportunities for improvement using process diagrams, collected baseline performance metrics and proposed measureable processes to pilot on three inpatient units.

Outcomes: Identified improvement areas: transparency of PACU transfer readiness criteria; advance post-operative bed request by Pre-Operative Clinic versus patient readiness; standardization of communication between inpatient units and PACU; inpatient nurse assignment delays with multiple PACU to inpatient unit communication attempts. Process changes: standardized clinical criteria required for transfer from PACU and readiness time documented in electronic medical record; inpatient bed requested when patient announced to PACU from OR; Bed Management System sends automated page when inpatient bed assigned, triggering unit to assign RN. Pilot outcomes: 41% time reduction for transfer from PACU; 72% of bed assignments completed within 15 minutes; 80% of inpatient RN assignments within 15 minutes; 85% of discharge ready PACU patients transferred within 30 minutes.

Implications for advancing the practice of perianesthesia nursing: This workgroup promoted collaborative teamwork between the Perioperative Programs and Inpatient Surgical Units to facilitate improved patient outcomes and efficiency in the PACU to inpatient transfer process.