CREATING AN EXTENDED STAY UNIT WITHIN THE PERIANESTHESIA CARE UNIT (PACU)

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BACKGROUND INFORMATION: Inpatient room unavailability has been a source of throughput delays in the PACU due to multidisciplinary factors. This throughput delay impacts PACU and Operating Room (OR) holds, patient / family care and satisfaction and staff morale and satisfaction. Throughput delay caused unpredictable volume and increase in patients boarding overnight in the PACU.

OBJECTIVE:
• To decrease throughput delays
• To provide inpatient nursing care to post-operative 23 hour stay patients within the PACU for a select patient population

IMPLEMENTATION:
• Proactive with surgeons and nursing staff in identifying patients (thyroidectomy, parathyroidectomy, shoulder surgery) with anticipated discharge the following morning by 9AM
• Letter created, sent by surgeon to identified patients prior to scheduled surgery date
• Pre-op RN educated patient and family about PACU stay, expectations and discharge planning
• Surgical team educated to round early AM to facilitate discharge process
• Collaborative approach – involvement of physicians, pharmacy, dietary, nursing, EVS and physical therapy

STATEMENT OF SUCCESSFUL PRACTICE:
After 3 months:
• 82% of patients were discharged by 9:30 AM
• 59% utilization rate
• Excellent customer satisfaction
• Identified patients were moved to specified area in a timely manner to prevent OR holds
• Med-Surg RN oriented to care for selected patient population in the PACU

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING: Successful practice established in the PACU is now translated to inpatient Med-Surg units of the hospital. Creating an Extended Stay Unit in the PACU increased throughput thereby preventing OR holds.