TOTAL JOINT PATIENT FLOW IMPROVEMENT PROJECT
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Background Information: Our hospital participates in Marshall Steele Total Joint Program. We are measured on many factors which includes time spent in Phase I PACU. PACU has been uninterested and uninvolved in the program prior to July 2014. Our average PACU stay at that time was 84 minutes, placing us in the 50th percentile of hospitals measured. Although our Phase I PACU times had decreased from 2011 at 96 min to 2013 at 84 min, there was no coordinated effort to ensure that total joint patients were moved expeditiously through PACU.

Objectives of Project: To streamline processes that impede timely throughput from PACU to nursing unit.

Process of Implementation: We assessed all factors aside from legitimate patient care reasons that keep patients from moving through PACU in a timely manner. Our goal was to hold patients in PACU for medical reasons only. Modifiable identified sources of delay in PACU are
- Delay in patient set up
- Delay in xray
- Delay in floor nurse accepting patient
- Delay in transport of patient
- Delay in medication delivery and set up
- Delay in CPM delivery and set up

Rationale: We want to provide medically necessary patient care in PACU. If we control the delays that are caused by system issues, we will have eliminated 80% of unnecessary PACU time for total joint patients.

Statement of Successful Practice: Our Phase I PACU time improved to the 77th percentile at an average time of 67 minutes for the past fiscal year, and September 2015 our average was 56 minutes.

Implications for Advancing the Practice of Perianesthesia Nursing: By streamlining unnecessary system delays, patients receive appropriate and timely nursing care and are able to participate more quickly in rehabilitation. Patient and family satisfaction is enhanced by more timely transfer to the private patient room where patient and family are reunited.