IMPLEMENTATION OF AN AMBULATORY PACU LENGTH OF STAY PROJECT
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Background: A review of Ambulatory Surgery Length of Stay (LOS) data indicated only 10-15% of patients were discharged within 2 hours of PACU admission. The financial implications of ineffective throughput, coupled with patient satisfaction scores related to pain control provided an opportunity to redefine the Ambulatory PACU process. A multidisciplinary team with representatives from nursing, anesthesia and surgery was formed to develop surgery specific pathways to standardize care delivered to ambulatory patients with the goal of 80% of patients being discharged within 2 hours of PACU admission, without compromising quality of care or patient satisfaction.

Objectives of the Project:
- Develop Anesthesia and Surgery specific Pathways to improve PACU patient process, with an emphasis on preemptive pain management and the use of regional anesthesia
- Develop Nursing Pathway to efficiently move patients through Phase 1 and Phase 2 without compromising patient safety or satisfaction
- Maximize utilization of resources

Process of Implementation:
- Literature search to review best practices for processing patients through an ambulatory PACU, including the use of regional anesthesia, preemptive analgesia, and postop voiding protocols
- Swim lane process map of nursing practices demonstrated opportunities for improvement to efficiently recover and prepare patients for discharge from the Phase 2 PACU
- Guidelines/Pathways developed for division specific surgeries, including GYN, Orthopedics, Plastics & Breast, Urology and General Surgery
- Pathways include standardization of care in Preoperative Holding Area, OR and PACU
- Nursing Pathway defines care within appropriate time frames
- Ongoing staff education of new pathways
- Implementation of “Clinically Ready to Go” and actual “Discharge” times, with delay codes
- Audit of surgery specific pathways allows for feedback to surgery & anesthesia providers

Statement of Successful Practice: Implementation of surgery specific pathways has led to a 60% PACU discharge time within 2 hours, without compromising quality of care or patient satisfaction. Increasing regional and preemptive analgesia has also led to decreased use of postoperative opioid use and improved pain scores.
Implications for Advancing the Practice of Perianesthesia Nursing: Perianesthesia nurses working with a multidisciplinary group have improved the care delivered to their patients while recognizing the need to maintain fiscal responsibility to the institution.