

OR/PACU HOLD REDUCTION

Team Leaders: Chris Pocta, RN, BSN-PHN; Greg Veenendaal, RN, MSN, CCRN
Abbott Northwestern Hospital, Minneapolis, Minnesota

Team Members: Travis Maher, RN, BSN, MSM, Director of Resource Management; Terry Voigt, CRNA, Director Surgical, Perioperative & Anesthesia Services; Madeleine Hart, MA, CPHQ, Sr. PI Advisor; Tena Ubl, RN, BSN, NE-BC; Heidi Menard, RN, BSN, NE-BC; Maren Roche, RN, BSN; Cindy Gustafson, RN, CPAN, CAPA; Lindsay Campbell, RN; Jeanne Schauer, RN; Amy Fischer, RN, BSN; Sarah Gustafson, Patient Placement Coordinator; Tina Fenske, RN; Jennifer Fineske, RN; Teresa Nelson, RN; Verna Netjes, RN; Eric Tronnes, RN; Becky Hanson, RN-CNML, MSN; Michelle Carroll, MS, CPHQ; Lori Reiland, MBA ASQ-CMQOE; Larry Kula, MBA, SSBB

Background: OR and PACU holds are a critical component to help ensure patients move efficiently and safely throughout our hospital.

In the fall of 2011, data confirmed that 22% of patients experienced a PACU hold. The average number of OR holds per month was 72. A Rapid Cycle Process Workshop (RPIW) was convened with the goal of reducing OR and PACU holds by 25%.

Objectives:

- Create a process to address patient flow concerns
- Identify opportunities to improve communication
- Improve patient and staff satisfaction
- Reduce PACU/OR holds

Results: OR hold occurrences per month have been reduced by 67.6% from a 2012 average of 25 to a 2013 YTD average of 8.1.

PACU hold occurrences per month have been reduced by 29.7% from a 2012 average of 290 to a 2013 YTD average of 203.8.

Process of Implementation: Multiple strategies were implemented in 2012 that resulted in an initial decline of both OR and PACU holds. A review of original processes occurred in 2013 which allowed the identification of further opportunities to improve patient flow. Processes were implemented with continued success.

Statement of Successful Practice: We created a process to identify and proactively respond to potential PACU and OR holds through improved communication between departments.

Implications for Advancing the Practice of Perianesthesia Nursing: While RPIWs have proven to be an effective mechanism to launch our improvement work, we have learned that continual monitoring, assessing and tweaking of processes is essential to holding our gains and continuing to challenge staff to identify new opportunities to reduce variation in practice and improve patient safety and satisfaction.