

REDUCING OR HOLDS:

HOW EMPLOYEE ENGAGEMENT SUCCESSFULLY IMPROVED PATIENT FLOW

Team Leader: Stephanie Nolan, RN, MSN, MBA, CPAN

New York Presbyterian Weill Cornell Medical Center, New York, New York

Team Members: Gregory Camacho, RN, MSN, Katherine O'Hara, RN, BSN,
Melanie Quinn, RN, BSN, Katrina Valdez, RN, BSN, Kristen Pellicano, RN, BSN,
Schuyler Alsop, RN, BSN, Gary Allard, Business Associate, Christine Teijo, RN, BSN,
Courtney Donnell, RN, BSN, Joan Leonard, RN, AAS, Ferron Zayas, RN, BC,
Mitzie Wildman Parker, Business Associate,

Natalia Ivascu, MD, PACU Medical Director, Associate Professor of Clinical Anesthesiology

BACKGROUND INFORMATION:

In response to increasing operating room(OR) hold times, the New York Presbyterian flow committee established a goal for a 5 % reduction in holds for 2014.

OBJECTIVES OF PROJECT:

A multidisciplinary PACU hold reduction committee was formed in March 2014, consisting of the PACU Anesthesia Medical Director, Registered Nurses, Business Associates, Patient Care Directors and the Director of Nursing for PeriAnesthesia Services. The committee met bi-weekly to clearly define holds, identify root causes, then design and implement strategies to reduce OR hold times.

PROCESS OF IMPLEMENTATION:

The PACU hold reduction committee began with clearly defining a hold in collaboration with our OR colleagues and understanding the root causes to holds. The team developed strategies to address each of the issues. Deming's Plan Do Check Act cycle was used as a dynamic cycle for continuous improvement. Additional principles applied were principles of lean methodology in an effort to optimize resources, streamline processes, and reduce waste.

STATEMENT OF SUCCESSFUL PRACTICE:

Eight months after implementation, there has been an average 70% reduction in PACU hold times from January 2014, with a maximum of 95% reduction in holds for the month of November alone. This was a reduction from 106.4 total hold hours in January to a total of 5.0 hours in November, sustaining a combined average of 32 hold hours for all 8 months for two PACU's. After significant reduction in holds by month two, the committee revised the 5% institutional target goal for reduction in holds and committed to sustain a 50% reduction in holds for 2014, which was surpassed.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

PACU flow is a dynamic, complex problem with inherent unpredictability. Improvements in PACU flow require increasing operational efficiency, while maintaining high quality care. The successful reduction in hold times was directly related to engaged PACU employees that committed to the team objectives, openly communicated root causes, and were the key drivers for change. The significant reduction in holds is reflective of a sustained change of culture and operations in PACU. Our team is committed to continue to look for innovative ways to further reduce hold times.