

**ANTICIPATORY MODEL FOR HOLDING ROOM (HR) ACCESS/THROUGHPUT:
CREATING CAPACITY WITHOUT ADDING MORE SPACE**

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Background Information: In 2014, Vanderbilt University Medical Center was transitioning service lines between 3 Operating Room (OR) locations, opening 4 new state-of-the-art ORs and relocating cases from a free standing outpatient center to Vanderbilt campus. Holding room capacity of 23 beds to support 39 ORs was taxed. The process for calling for patients to come to the Holding Room was not standardized resulting in the average length of stay between 2 to 3 hours. The OR Board runner would call for Holding Room to send for the next patient based on different scenarios: surgeon requesting circulator to call OR board for Holding Room to get next patient from admitting, circulator calling OR board with the closing of case to notify Holding Room, board runner notifying Holding Room to send for next patient based on their observation of the electronic OR board queues or anesthesia requesting OR board to send for next patient.

Objectives of Project: Create an Anticipatory Model for Holding Room access to increase capacity by decreasing length of stay in the Holding Room.

Process of Implementation: Using LEAN methodology, a Kaizen event was initiated bringing stakeholders together to develop a new Anticipatory Model. Holding Room would own and manage access and calling for patients. An algorithm was developed for both short cases (30 to 90 min.) and long cases (>90 min.) with Holding Room calling for next patients 90 minutes before anticipated OR start time. A Flow Coordinator was identified to test the algorithm for four weeks prior to going live.

Statement of Successful Practice: Using the Anticipatory Model, the length of stay in Holding Room was reduced to 90 minutes or less in 75% of cases and another 10% were in Holding Room less than 3 hours. No capacity issues were noted during pilot. Physicians state they can better anticipate when their patient will be in the Holding Room.

Implications for Advancing the Practice of Perianesthesia Nursing: Ownership of access/throughput in the Holding Room belongs to the Holding Room team utilizing an Anticipatory Model rather than a reactive approach.