

Background

In September 2018, 22% of Thomas Jefferson University Hospital surgical patients experienced PACU delays. Due to a number of barriers, patients often begin their recovery in the Operating Room under the care of an Anesthesia Provider, as well as board in PACU once their recovery is complete. This negatively affects patient safety, patient experience, and staff satisfaction. The purpose of this quality improvement project was to decrease PACU length of stay (LOS).

Literature Review

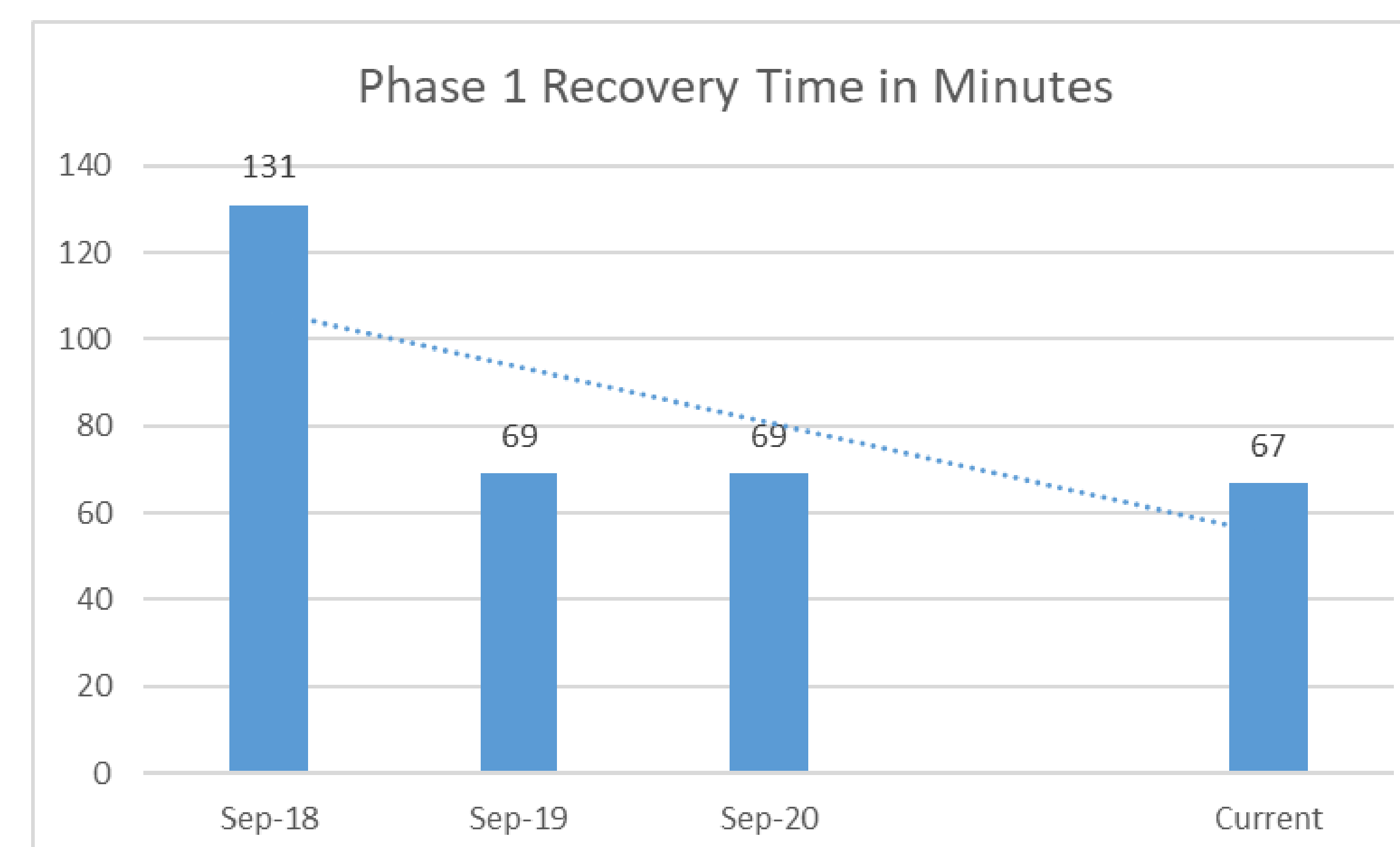
- According to Hugill et al. (2018), leadership rounding allows structured conversations which helps to build relationships and develop trust. This can lead to increased staff engagement and the ability for staff to raise/resolve concerns in real time.
- According to Dahlberg et al. (2021), nurses who work in phase 1 PACU should have specialized training and education to safely recover patients after anesthesia.
- According to Castaldi et al. (2019), huddles are transparent, recurring forums that involve both clinical and administrative leaders, where safety concerns are identified and addressed in real time. Huddles aim to improve multidisciplinary teamwork, manage impending crisis, resolve existing problems, and build trust among multidisciplinary team members/departments.
- According to Rowan et al. (2022), daily huddles are integral in improving patient safety, enhancing teamwork, creating standardized communication, and providing shared responsibility.

Methods

1. A Value Stream Mapping was held in 2019
2. Participants were broken into groups to determine barriers to surgical patient throughput
3. Champions from Anesthesia, Surgery, Nursing, and Ancillary Departments met weekly to develop/implement action plans
4. Approximately 30 process improvements were implemented, some examples include
 1. PACU Charge Nurse rounding at 61 minutes in phase 1
 2. PACU discharge criteria re-education
 3. Anesthesia attending rounds in the PACU
 4. Staffing pattern changes
 5. Daily huddles with PACU and Inpatient Unit Charge Nurses
 6. Daily huddles with PACU and OR Charge Nurses

Results

A goal of 15% reduction for PACU LOS and Phase 1 recovery was set, which was surpassed. PACU LOS decreased from 220 minutes in September 2018 to 182 minutes in September of 2019 resulting in an 18% reduction. Phase 1 recovery time decreased from 131 minutes in September 2018 to 69 minutes in September 2019 resulting in a 48% reduction.



Next Steps/Recommendations

1. Maintain current benchmarks and improve while providing safe, effective patient care to all surgical patients
2. Continue PACU Charge Nurse Rounding
3. Continue Anesthesia Attending Rounding in the PACU
4. Continue educating all new staff on discharge criteria
5. Additional projects including:
 1. Inpatient flow and throughput
 2. Re-design process of hospital transportation
 3. Improve inpatient discharge procedures to provide beds for PACU patients to decrease overall PACU LOS

References

