

## **UTILIZING PERIOPERATIVE SERVICES TO CREATIVELY SOLVE HOSPITAL CAPACITY CONSTRAINTS**

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Capacity constraints required Vanderbilt to turn away approximately 400 potential surgery patients in 2010. Revenue loss from 400 surgical cases is substantial. Additionally, local and regional referring physicians were frustrated by the difficulty of getting patients access to our tertiary care system. Thus, increasing capacity for surgical referrals would improve community relations and economic performance.

Objectives included: Creating a process for smooth access for patients who may benefit from surgical specialties available at Vanderbilt, increased annual surgical volume and optimizing the use of Preoperative space.

The Surgical Transition Unit (STU) was created using 6 pre-operative beds to provide access for surgical referrals. A collaborative team of Nurses, Physician, and Informatics Specialists created an admission process, scope of practice and acuity guidelines. Additional, supplies and medication requirements were addressed as well as IT/documentation challenges. A nurse practitioner was added to manage patients and measure effectiveness of the STU.

The STU resulted in an increase in referring surgical volume. Within the first 6 months of operation, 25% of the patients admitted to this unit became surgical cases. Additionally, the unit helped alleviate constraints within the ED and inpatient areas.

When opening the STU, we created a team approach to solve the capacity problem. This enabled Perioperative Nurses to be flexible in their practice, seamlessly moving from providing care using an inpatient and perioperative model. The Unit improved flexibility by working through a rapid cycle improvement process. Creation of the unit also expanded the role of Advanced Practice Nurses in Perioperative Services.