

CREATING A SEPARATE INPATIENT AND OUTPATIENT PACU

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Beaumont, Troy is a 400 bed community hospital with 15 operating rooms generating approximately 18,000 cases per year. There were many complaints from physicians and patients that the length of stay in PACU for outpatients was greater than that of many ambulatory surgery centers in the area. Surgeons felt that the hospital PACU was not cost effective and inefficient.

The PACU was using a Phase I/Phase II model. Observations revealed that outpatients were often caught up in the chaos of a Phase I environment with the focus being on the sicker patients. Nurses were not actively moving a patient toward discharge as the goals of inpatients and outpatients were not clearly defined in a Phase I environment. There were also significant delays in giving report to Phase II and transporting the patient to an area where reassessment caused another delay.

The decision was made to turn Phase II into an outpatient PACU. Outpatients arrive there straight from the OR where they receive Phase I and Phase II care by the same nurse. A handoff, a reassessment and an additional transport were all eliminated. The patients have a common goal upon arrival which is to be discharged home. The average length of stay in the PACU was decreased by 34 minutes and patients have stated that it is a positive experience to have the same PACU nurse throughout their stay.