

## **THROUGHPUT AND CAPACITY INITIATIVE TO INCREASE AVAILABILITY OF PACU BEDS AND PROMOTE OR FLOW**

Team Leader: Joyce Burke, BSN, CPAN  
The Christ Hospital, Cincinnati, Ohio

Team Members: Tamera Bird, BSN, CCRN, Danielle Collins, MSN, CCRN, NEA-BC,  
Sarah Griffis, BSN, Jacquelyn Hancock, MSN, NE-BC, Kimberly Latham, BSN, CCRN

### **BACKGROUND INFORMATION:**

Increased surgical volume and limited space in the PACU created bottle-necks resulting in excessive wait time after patients met discharge criteria up to an average of 56 minutes with 41% of our patients waiting 45 minutes or greater from Phase I to units.

### **OBJECTIVES OF PROJECT:**

Interdisciplinary Lean approach with anesthesiologists, surgeons, nursing leadership and bedside caregivers collaborate to develop a process to improve productivity and drive value, as well as patient experience.

**PROCESS OF IMPLEMENTATION:** Our Core Values focused on patients and to design care around them. We identified value from the patient perspective and minimized time to treatment and through its course by identifying and eliminating waste. Intake processes to floors were reviewed by a group tour to identify process and observe charge nurse process of assigning rooms. Best practices to units that receive patients from PACU were standardized as well as The Professional Exchange report re-education through the electronic charting system.

Subgroups collaborated with units that receive patients from PACU and identified improvements, such as O2 holders, vital sign machines, plum pumps, wheelchairs, and Ticket to Ride communication for transport services. The OR schedule was made available for planning for transport services, in addition to environmental services and testing departments to allow for scheduled EPIC transportation, utilizing and improving all resources. This ultimately would impact on discharge process and allow for available rooms earlier. A House-wide Discharge Lean Team was identified as well as initiated.

Admitting directly from OR to SICU, an OR to SICU Charge RN/Nursing Supervisor Communication process was developed, as well as staff education and cross-training for Phase I recovery. A daily A.M. house-wide Charge RN huddle for bed planning and communication was created.

### **STATEMENT OF SUCCESSFUL PRACTICE:**

Excessive PACU time clinical discharge to wheels out decreased by 19%. Patients experiencing excessive time decreased by 30%. Therefore, the number of unbillable PACU hours decreased as well as improved patient and family experience.

### **IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:**

Throughput improved in PACU returning the focus to Phase I patients.