

CREATING AN EXTENDED STAY UNIT WITHIN THE PERIANESTHESIA CARE UNIT (PACU)

Team Leader: Elena Lara BSN RN CPAN

Johns Hopkins Hospital, Baltimore, Maryland

Team Members: Bonnie Shope MS RN CPAN, Zenaida Rodriguez BSN RN CPAN,
Bridgette Frison BSN RN, Rebecca Griffiths BSN RN CPAN

BACKGROUND INFORMATION: Inpatient room unavailability has been a source of throughput delays in the PACU due to multidisciplinary factors. This throughput delay impacts PACU and Operating Room (OR) holds, patient / family care and satisfaction and staff morale and satisfaction. Throughput delay caused unpredictable volume and increase in patients boarding overnight in the PACU.

OBJECTIVE:

- To decrease throughput delays
- To provide inpatient nursing care to post-operative 23 hour stay patients within the PACU for a select patient population

IMPLEMENTATION:

- Proactive with surgeons and nursing staff in identifying patients (thyroidectomy, parathyroidectomy, shoulder surgery) with anticipated discharge the following morning by 9AM
- Letter created, sent by surgeon to identified patients prior to scheduled surgery date
- Pre-op RN educated patient and family about PACU stay, expectations and discharge planning
- Surgical team educated to round early AM to facilitate discharge process
- Collaborative approach – involvement of physicians, pharmacy, dietary, nursing , EVS and physical therapy

STATEMENT OF SUCCESSFUL PRACTICE:

After 3 months:

- 82% of patients were discharged by 9:30 AM
- 59% utilization rate
- Excellent customer satisfaction
- Identified patients were moved to specified area in a timely manner to prevent OR holds
- Med-Surg RN oriented to care for selected patient population in the PACU

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING: Successful practice established in the PACU is now translated to inpatient Med-Surg units of the hospital. Creating an Extended Stay Unit in the PACU increased throughput thereby preventing OR holds.