

## **REDUCTION OF OPERATING ROOM HOLDS BY MULTIDISCIPLINARY INFLUENCE**

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**Background:** Throughput inefficiencies affect Hospitals causing increased costs in healthcare. Post Anesthesia Care Unit (PACU) throughput involving patients held in the Operating Room (OR) was identified as an opportunity for improvement. Breakdown in communication between healthcare providers resulted in ineffective teamwork. The cost of patients held in the Operating Room was evaluated and annualized.

**Objectives:** A Lean Six-sigma DMAIC® (define, measure, analyze, improve, control) structure was used by a multidisciplinary team. A Project Charter was developed and baseline data was reviewed (OR Holds, PACU Phase I to Phase II Delays, Bed Delays to Inpatient Units and analysis of OR Hold Time per quarter).

**Process of Implementation:** The team identified unclear definitions, lack of consistent staffing patterns for available unused PACU bays, and departments and disciplines worked in silos rather than interactive teams. Daily multidisciplinary team huddles were implemented to plan staffing needs based on surgery end-time volume per hour. Several processes related to staffing were developed and standardized, which included utilizing available bays and flexing staff hours. An innovative Flex Bed process was developed by the multidisciplinary team. The new process involved a dedicated CRNA providing patient care in a PACU bay until a PACU RN was available to care for the patient, while the OR staff continued to turn over the operating room.

**Statement of Successful Practice:** Combining innovative processes resulted in reducing OR Holds from over 5% to less than 1.5% of the total surgery volume within six months. OR Holds were decreased from an average of 890 minutes first quarter to 200 minutes third quarter. Fourth quarter decreased to 100 minutes with continuous improvement resulting in annualized cost savings. Front-line leadership was driving the process change through situational awareness via daily huddle and Clinical Coordinator guidance. PACU bay utilization from 14 bays to 16-18 bays decompressed OR bottlenecks with daily staffing adjustments. The Flex Bed process facilitated patient recovery in the PACU environment.

**Implications for Advancing the Practice of Peri-Anesthesia Nursing:** Continuous improvement initiatives promoted nurse engagement with this innovative Flex Bed process. Nursing teamwork, education, collaboration and empowerment, facilitated communication and improved nursing satisfaction.