



MANAGING PACU WORKFLOW ON THE INTEGRATED PROCEDURAL PLATFORM (IPP)



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Froedtert Hospital

BACKGROUND/PROBLEM

Background

- Froedtert Hospital is a 560 bed Level 1 Trauma Center in Milwaukee, Wisconsin
- Since 1996 there have been 2 separate OR locations supported by 2 PACU locations. (East & West PACU)
- The 2018 completion of the IPP will combine all peri-op services to the same platform in the West hospital

Problem

- Combining two 15 bed PACUs into one 44 bed PACU
- Anticipated increase in out-of-department admissions with increased IR and Cath Lab suites and procedures
- Anticipated increase inpatient volume into the 44 bed unit
 - Management of patient flow and RN assignments
- Education needs related increased variety of surgical procedures

PAST STATE

2 PACUs located on two different floors (East & West PACU)

- Separate staffing schedules for East & West PACU
 - Varied staffing needs in each PACU
- Variations between PACUs
 - Types of surgical procedures (East/West specific)
 - RN's specialize in patient population
 - Distinct difference in RN assignment, flow patterns and routines in each PACU
 - Varying Charge RN responsibilities

CHANGE PROCESS

- Create an IPP workflow team
 - Include Manager, Educators and RNs from both East and West PACUs (Days and PMs)
 - Create agenda to be followed over 8 months leading to the opening of IPP PACU
- Create and send out survey allowing all PACU staff to voice their ideas and concerns
- Communicate with Surgical Services Educators about the POD system and arrival to PACU changes
- Educate staff based on survey results and additional role of pre op holding nurse

NEW WORKFLOW

- Dedicated Charge RN position on days and rotating Charge position on PMs
- Inclusion of a day shift Health Unit Clerk (HUC)
- Creation of the PACU color POD system
 - 5 PODS within the PACU designated bays
 - Purple POD to cover Pre-op Holding Area (POHA)
 - Assign separate phone numbers to each color POD
- Management of patient flow
 - Patients arriving from 32 surgical suites, 15 procedural rooms, other out-of-departments areas, i.e. GI lab, MRI, Radiation oncology etc.
 - Patients arrive via 2 entrance points
 - Directional communication with staff bringing patient into the PACU before arrival
- Management of RN assignments
 - 8 week staff scheduling, randomized to rotate RNs between PODS
 - Incorporate paging system to notify POD of impending patient arrival via charge RN or HUC
 - POD team collaboration i.e. Patient assignment, management of the pager, lunch breaks, end of shift coverage
- RN continuing education to include knowledge of caring for all patient/surgical populations cared for in the PACU
- Increased staffing to 24/7 RN coverage without disruption of current work schedules
- Revised Critical Care Tech (CCT) responsibilities to cover the larger space

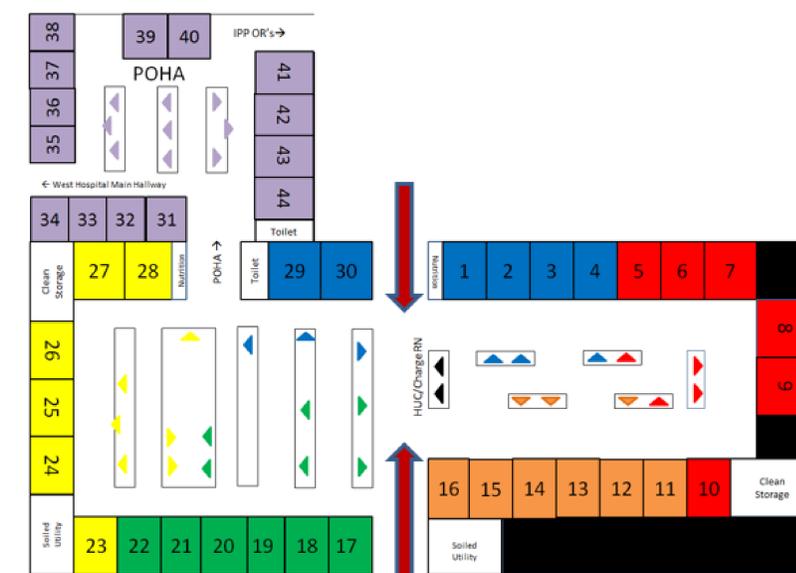
LESSONS LEARNED

- Upon go-live, clipboard kept in PACU to capture suggestions, ideas, comments
- Resurveyed staff after 3 months of the new workflow
 - The Purple POD assignments and process for PM charge assignment were changed
 - The CCT assignment were changed to cover PACU sides vs PODs
- Regular manager/charge RN meetings have been instituted to address ongoing issues and concerns
- PM shift stronger with all resources in one location

DATA

- Patient Volumes increased 12.49% in FY2019

YEAR	MONTH												Total	Growth YOF
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
2015	110,040	120,611	114,909	108,883	90,983	114,224	108,881	92,325	119,431	123,559	99,328	112,930	1,116,104	
2016	109,790	95,775	102,231	99,447	104,644	127,549	102,291	109,747	114,409	118,261	117,965	111,367	1,113,476	-0.20%
2017	93,722	127,602	141,150	140,025	137,930	146,922	152,677	108,526	134,345	118,730	127,952	131,418	1,560,999	18.84%
2018	116,782	133,162	129,446	129,067	143,556	129,018	142,586	128,664	133,939	131,522	141,230	148,844	1,607,816	3.00%
2019	147,926	162,804	136,357	157,316	162,427	144,122	145,285	147,017	144,510	143,192	168,262	149,456	1,808,674	12.49%
2020	165,862												165,862	12.12%



Patients arrive from the north or south doors as indicated by the arrows

24 MONTHS LATER

- Patient throughput has improved
 - Decreased holds placed on OR
 - Subsequent cost savings
- Currently using 30 beds for phase 1 recovery
- Created a 16 week randomized schedule to accommodate variation in pod mates per staff request
- Staff satisfaction has improved
 - Getting out of work on time
 - Improved Teamwork
 - Working with a variety of nurses is enjoyable
- Since 2018 we have increased our hospital capacity by 200 beds
- We continue to grow the number of surgical/procedural cases that require recovery care, without placing increased holds on the OR