

Don't Delay, Decrease Length of Stay:

A Successful Multi-disciplinary Approach to Re-Optimization of Patient Flow

Team Leaders: Katherine Sceia MSN RN CPAN, Rosemarie Mocerri BSN RN CPAN CAPA
Thomas Jefferson University Hospital, Philadelphia, Pennsylvania

Team Members: David Cognetti MD, Sharon DeLuca BSN RN, Oren T. Guttman MD MBA,
Patricia McGovern BSN RN CPAN, Dayna Roberts BSN RN CCRN

Background Information: In September 2018, 22% of Thomas Jefferson University Hospital surgical patient's experienced PACU delay, which decreased to 7% in September 2019. Due to a number of barriers, patients often begin their recovery in the Operating Room under the care of an Anesthesia Provider, as well as board in PACU once their recovery is complete. This negatively affects patient safety, patient experience, and staff satisfaction.

Objectives of Project: The purpose of this project was to reduce the time of patient movement through the perioperative department, while maintaining optimal care in the appropriate location.

Process of Implementation: A Value Stream Mapping was held in March of 2019, which included individuals from multiple disciplines. Participants were broken into groups to identify barriers (by phases of care) that contribute to decreased throughput in the perioperative department. Once barriers were identified, a core group consisting of Champions from Anesthesia, Nursing, and Surgery, as well as support staff from the different perioperative areas, met weekly to develop and implement process changes to optimize patient care. Approximately 30 process improvement plans were developed and executed to decrease length of stay in the perioperative department. Examples of process improvements within the PACU included charge nurse rounding at 61 minutes (based on the national benchmark of wheels in to wheels out of PACU within 77 minutes), PACU discharge criteria education, designated anesthesia attending rounds, staffing pattern changes, surgical charge nurse huddle, and a perioperative hold huddle for increased communication.

Statement of Successful Practice: PACU length of stay (LOS) decreased from 220 minutes in September 2018 to 182 minutes in September of 2019, an 18% reduction. Phase 1 recovery time decreased from 131 minutes in September 2018 to 69 minutes in September 2019, a 48% reduction. A goal of 15% reduction for PACU LOS and Phase 1 recovery was set, which was surpassed. We are able to get our patients to their final destination more efficiently.

Implications for Advancing the Practice of Perianesthesia Nursing: While maintaining our current results, further projects include inpatient flow throughout the hospital, re-design of hospital transportation, and discharge procedures to decrease PACU LOS even further.