

Streamlining PACU Operations:

Innovative Strategies to Enhance Post-Anesthesia Care Unit Flow

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Background

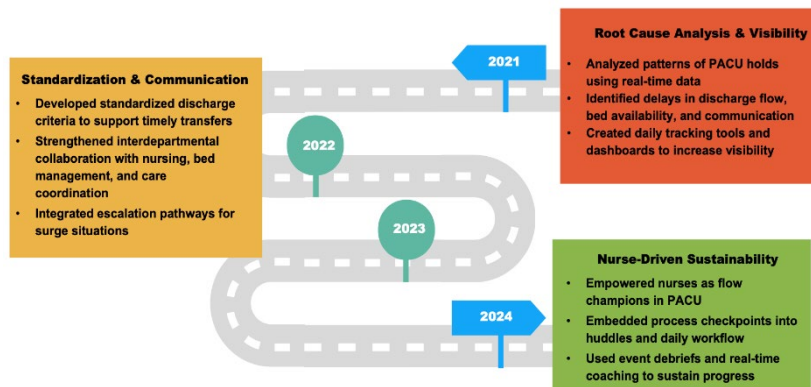
PACU hold hours are a significant operational barrier in perioperative care, contributing to OR turnover delays, decreased staff satisfaction, prolonged recovery times, and throughput inefficiencies. In early 2021, the department initiated a multidisciplinary quality improvement initiative to address frequent and prolonged PACU holds. Through root cause analysis, the team identified systemic gaps in bed access, communication, and discharge flow. The purpose of project was to reduce PACU hold times, improve operational flow, and enhance staff and patient experience while fostering a collaborative, data-informed decision-making culture.

Synthesis of Evidence

Optimizing patient flow in the perioperative setting is essential for clinical efficiency and cost reduction. Mihalj et al. emphasize the need for interdisciplinary collaboration, real-time data use, and standardized discharge protocols to reduce bottlenecks and improve PACU throughput. The ASPAN 2023–2025 Standards reinforce the importance of structured communication, safe environments, and adequate staffing in delivering high-quality, timely perianesthesia care. These guidelines support integrating nurse-led, system-based strategies to enhance recovery unit flow. These findings informed this initiative's multidisciplinary, nurse-driven approach to reducing PACU holds and improving unit operations.

Interventions

This nurse-driven, multidisciplinary initiative followed a phased improvement model from 2021 onward, addressing system-level barriers and sustaining flow transformation in the PACU.



This structured intervention led to a 95% reduction in PACU holds, which has been sustained since mid-2021, and supported a culture of proactive, team-based flow management.

Outcomes

95% reduction in PACU holds since mid-2021, sustained through nurse-led daily flow management. The project fostered a **culture shift**—from reactive coordination to **proactive, nurse-led flow ownership**.

95% reduction in PACU holds



Discussion

This project demonstrates that PACU hold delays can be sustainably reduced when operational barriers are addressed through structured, nurse-led strategies. A clear, phased approach—**rooted in data, system mapping, and standardized discharge workflows**—led to rapid improvement and long-term change. Crucially, the initiative evolved into a culture shift. Flow champions empowered nurses to lead change at the bedside while interdisciplinary collaboration aligned goals across departments. The result was reduced delays and transformed communication and ownership of throughput.

Implications for Practice

Nurse-driven models can lead systems-level operational improvements. **Structured discharge protocols** and data transparency reduce variability. **Daily flow huddles and coaching** sustain high-performance. Multidisciplinary alignment strengthens both **efficiency and patient safety**.

Sustained flow requires more than process—it requires a culture where every nurse is a throughput leader!



References

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