



The Creation of a PACU Rapid Response in Collaboration with the Surgical ICU Providers

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Background & Introduction

- After a patient is transferred from the OR to the PACU, they are most often expected to further transfer to the med/surg floor or be discharged to home following their recovery.
- However, if a PACU patient has a clinical change prompting a rapid response, it greatly increases the likelihood that they will require a higher level of care within the surgical ICU (SICU).
- In calendar year 2023 at Pennsylvania Hospital, 60% of all PACU RRTs required a higher level of care (Stepdown or SICU), and of those, 88% of requiring SICU. Therefore, a clear positive correlation existed between a PACU RRT and subsequent critical care transfers.

In debriefing these events, the following opportunities were identified:

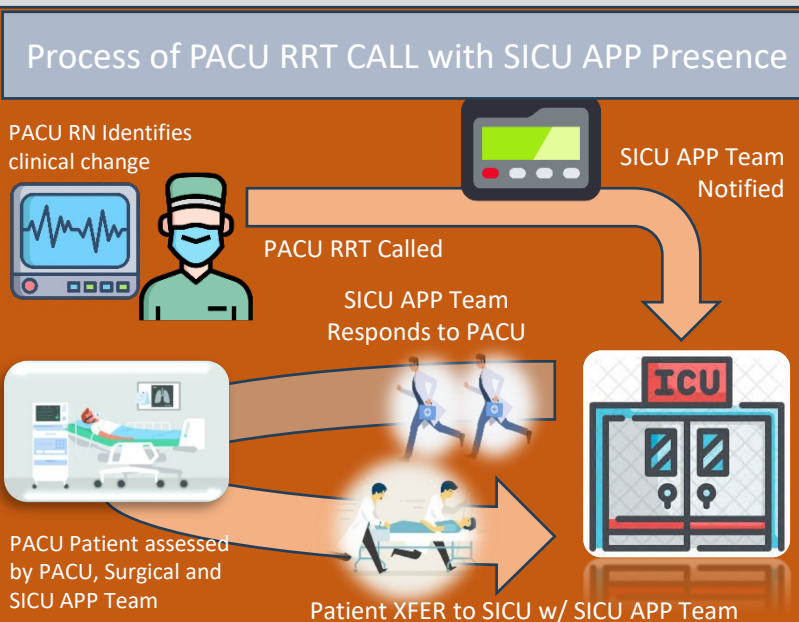
- Delay of recognition of clinical change and escalation need
- Ambiguity in post PACU destination
- Delay in transfer to higher level of care
- Ambiguity or lack of communication to receiving SICU APP team of preceding PACU decompensation

Objectives

- The goals of adding the SICU APP to the PACU RRT response is to:
 - 1) Create a direct line of communication from PACU to SICU
 - 2) Partner with primary teams to appropriately identify a patient that needs a higher level of care
 - 3) If necessary, assist in a safe and timely transition in care

Process of Implementation

- This project pilot was created through the SICU/PACU Operations taskforce at Pennsylvania Hospital.
- It was then presented to all relevant stakeholders:
 - Peri-anesthesia and Anesthesiology staff and leadership
 - ICU/RRT RN Staff and Leadership
 - SICU APP Staff and Leadership
 - Attending Surgeons
 - PAH OR Committee
 - PAH Critical Care Committee
 - PAH SICU CET and Committee
- The process went live in January 2024.
- During the past year, all PACU RRTs attended by SICU APP team and each case documented for review and follow up



Statement of Successful Practice

- Since inception of new process, ten total RRTs have been activated by the PACU team
- Four of the ten RRTs were transferred to a higher level of care
- Overall RRTs called in CY 24 compared to CY 23 was decreased, suggesting an improved recognition of clinical events and communication between PACU and SICU
- PACU staff and SICU APP staff praised the new process for its adherence to recognition and response of PACU emergencies, promoting safe and quick escalations and creating a pathway for clear communication and continuity of care between the PACU and SICU

Implications for Advancing the Practice of Perianesthesia Nursing

- This project was an example of interdisciplinary collaboration between SICU APP Team and Peri-Anesthesia Nursing
- Implementation ensured intradisciplinary education and collaboration. Since implementation, we have experienced an improved relationship between PACU and SICU in terms of patient care, helping identify and escalate post-operative patient needs faster and safer
- Interdisciplinary SIMS continue to be conducted to test and improve this process
- PACU RRTs continue to be reviewed for quality improvement measures
- PACU, SICU and Surgical staff have expressed the impact of the pilot upon safe transitions in care.