

PACU Flow Redefined: The Facilitator Effect

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Abstract Background Information: As more surgeons begin to adopt the Enhanced Recovery After Surgery (ERAS) protocols, the volume of patients being discharged from the Post Anesthesia Care Unit (PACU) has increased. Delays in outpatient surgery discharges can affect perioperative patient flow leading to a cascade of issues due to decreased capacity in the PACU. At our organization, we noted a significant delay in throughput between PACU Phase 1 and PACU Phase 2 patients, despite the patient meeting discharge criteria. Therefore, a specific role to decompress the PACU, a Phase 2 Facilitator, was implemented to improve throughput, thereby improving discharge time.

Objectives of Project: The primary objective was to improve PACU throughput by reducing the time it takes to transfer patients from Phase 1 to Phase 2. Through the creation of the Phase 2 Facilitator Role, the team aimed to identify the causes of delay, develop a role to facilitate transfers, and implement a sustainable solution that would improve workflow and nurse satisfaction

Process of Implementation: All of our Preop and PACU nurses are cross-trained to work in Phase 2. Beginning in October 2024, the PACU nurses manually collected data on transfer times and reasons for delays over 3 months. A literature review was conducted, revealing a similar facilitator role in labor and delivery. Once the job description was created, leadership collaborated with the team to identify high-volume discharge days and coordinate staffing for the new role. In March 2025, the new role was introduced to staff with full leadership support, and all staff concerns were reviewed to ensure clarity.

Statement of Successful Practice: As a measure of success, the implementation of the Phase 2 Facilitator role led to a 54% decrease in transfer times between Phase 1 and Phase 2. Nurses reported increased satisfaction due to improved workflow and reduced stressing during peak discharge times. The role helped maintain PACU bed availability and minimized operating room holds.

Implications for Advancing the Practice of Perianesthesia Nursing: This initiative demonstrates the value of adaptive staffing models in perianesthesia care. By enhancing coordination between care phases, the Phase 2 Facilitative role supports timely patient discharge and improves unit performance. The model offers a replicable strategy for other surgical centers seeking to optimize PACU operations.