

PACU Flow Redefined: The Facilitator Effect

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BACKGROUND & SIGNIFICANCE

- The Enhanced Recovery After Surgery (ERAS), which promotes shorter recovery times and have increased the volume of same-day surgeries, is used at South Miami Hospital (SMH)
- PACU Phase 2 area is responsible for preparing patients for hospital discharge, which has contributed to delays in surgical throughput
- In Oct 2024, the unit practice council (UPC) collected data on the time required to transfer patients from PACU Phase 1 to PACU Phase 2 and reasons for delays
 - Average transfer delay time was 23 minutes
 - Several causes for transfer delays were identified:
 1. Full PACU capacity
 2. Nurses receiving report on another patient
 3. Assisting patients to the restroom
 4. Nurses providing discharge instructions

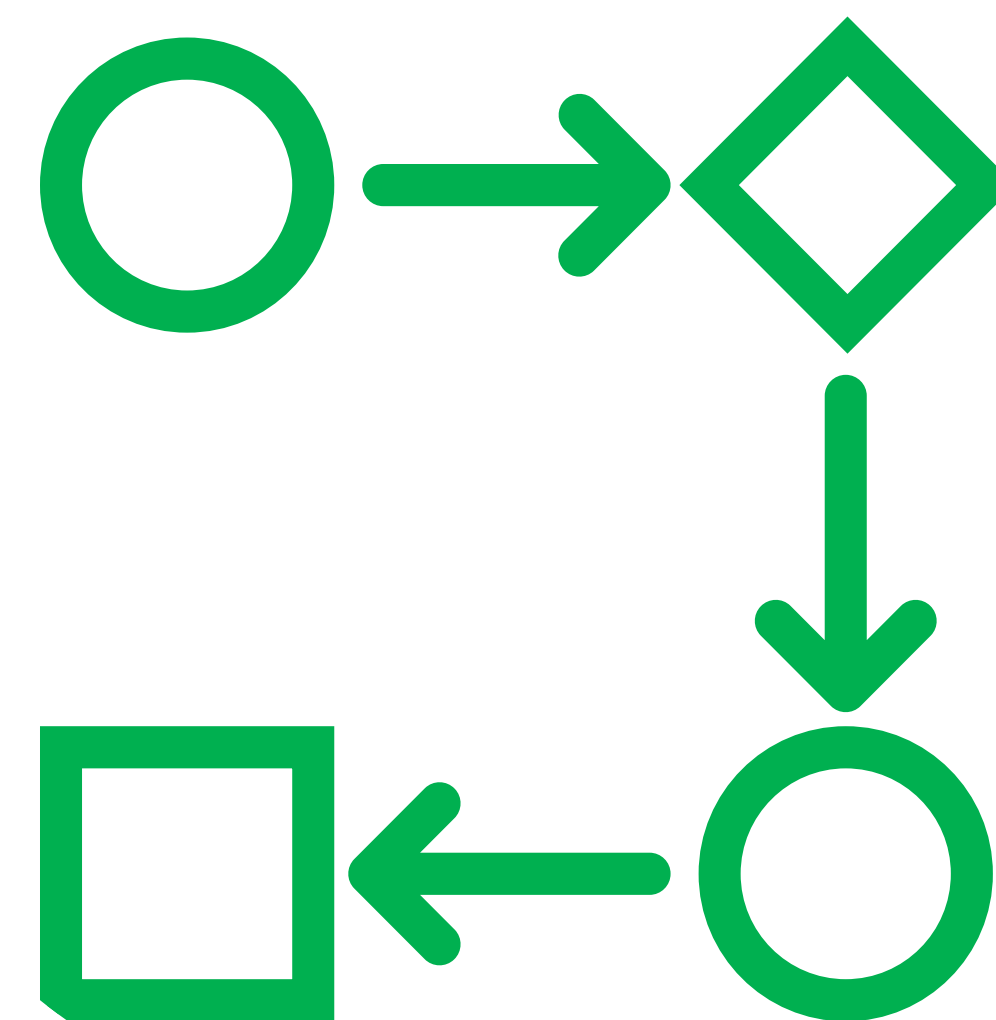
PROJECT GOAL



To improve throughput between PACU Phase 1 and Phase 2 and reduce transfer delays by implementing the Phase 2 Facilitator Role

OBJECTIVES

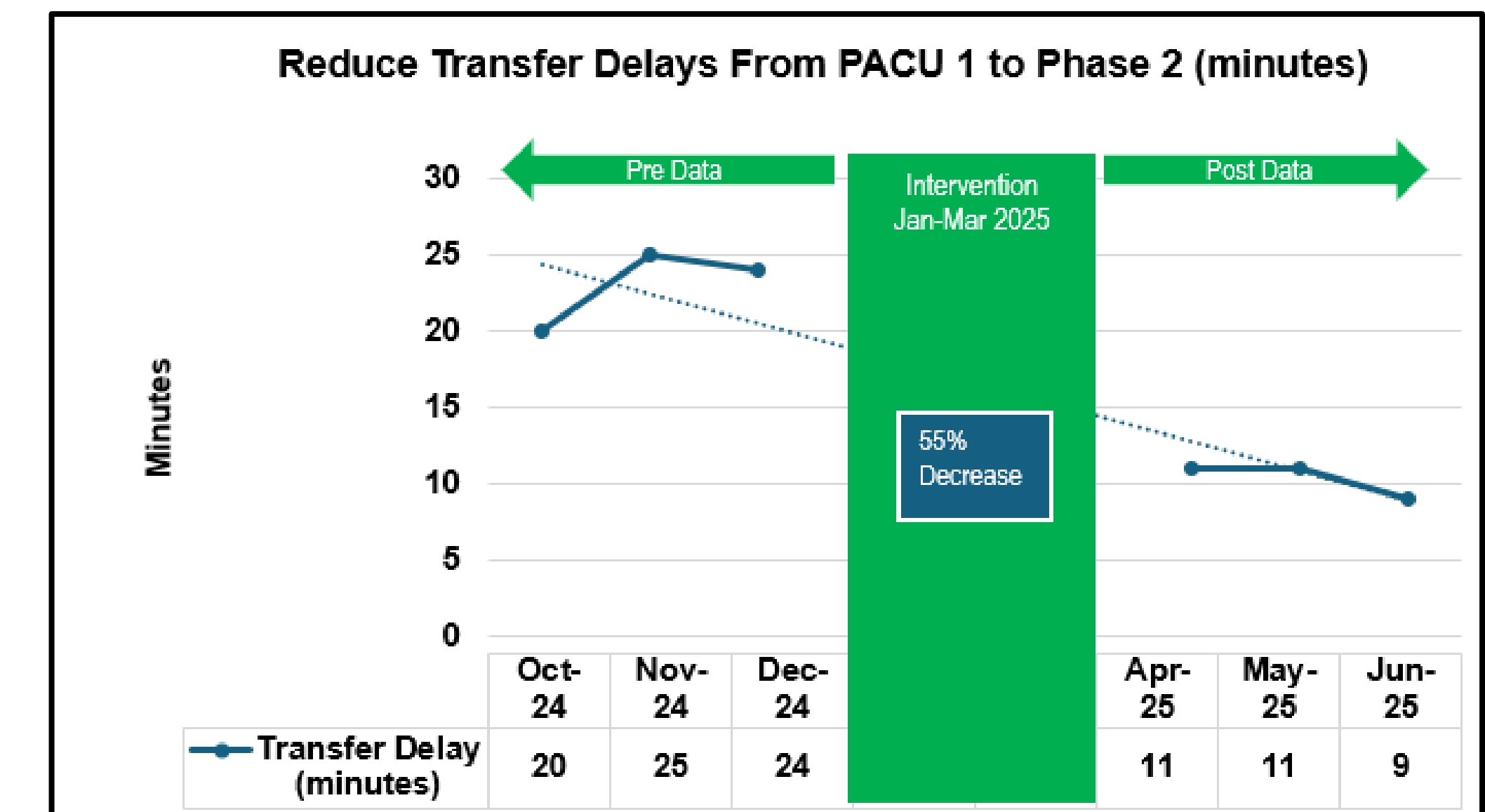
1. Ensure efficient patient flow by coordinating and expediting Phase 1-Phase 2 transfers to minimize delays and supporting timely progression of care
2. Enhance communication and ensure transfers occur when patients meet established criteria



METHODS

- A literature review was conducted to identify best practices, and the facilitator role was developed based on ASPAN recommendations
- Lead nurses met with leadership to identify high-volume discharge days (more than 25 discharges) and coordinate staffing
- Staff education was developed and presented to all Pre-Op and PACU nurses prior to trial implementation

RESULTS



IMPLICATIONS / DISCUSSION

Summary of Results

- Transfer time between Phase 1 and Phase 2 decreased from 23 minutes to 9 minutes following implementation of the Phase 2 Facilitator Role
- Faster transfers prevent Phase 1 from backing up, which can otherwise delay OR turnover and impact surgical schedules

Implications

- Staff and patient feedback regarding the implementation was extremely positive

- The Phase 2 Facilitator role was permanently implemented on high-discharge days (more than 25 patients discharged)
- A competency was developed to train additional PACU nurses in the Phase 2 Facilitator Role

Conclusion

- The creation of the Phase 2 Facilitator role reduced transfer time between Phase 1 to Phase 2 by 55%
- This implementation helps safely support the growing volume of surgical patients at SMH

References

- American Society of PeriAnesthesia Nurses. (2021). Practice recommendation: Patient classification/staffing recommendations.
- Maloney, M., & Nelson, A. (2013). The use of the clinical resource nurse to solve the eternal dilemma of financial responsibility versus staffing requirements. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 42(Suppl. 1), S72. <https://doi.org/10.1111/1552-6909.12134> s.