

Perioperative Flow Facilitator's Impact on Capacity Management

Resweber, Beth, MPH, BSN, CPAN, Nadji, A, MPH, Mandel, Aviva
Children's Hospital of Philadelphia

PURPOSE

The Perioperative Flow Facilitator (PFF) role was created to manage capacity during high census. The PFF role is performed by OR, PACU, and surgical floor nurses. This collaborative approach allows for the recognition of flow challenges in all surgical areas. The role increase situational awareness regarding the surgical population throughout the institution and enhances throughput by proactively identifying care needs.



SCOPE OF PROBLEM

The Peri Anesthesia Care Unit is a 46 bed unit providing pre and post-op care for approximately 70-90 surgical cases a day. The surgical population served by the Children's Hospital of Philadelphia (CHOP) includes children with complex medical histories and co-morbidities. Often times, surgical patients require additional care provided by pulmonary, hematology, and endocrinology. The PFF identifies patient care needs that will impact appropriate post-op destination and communicates these needs to appropriate providers. Patients who require ICU-level care postoperatively present significant capacity management challenges at CHOP because of consistently high ICU census. The PFF is able to identify patients who can be safely observed in the PACU to determine whether they require ICU care. Observing a patient in the PACU allows the surgical schedule to proceed without interruptions and contributes to efficient surgical throughput. When the OR schedule runs without interruptions, delays are avoided and patient and family satisfaction is achieved.



AREA OF FOCUS

Capacity Management, Situational Awareness, Postoperative Destination Accuracy, Hospital-Wide Communication

PROJECT PROCESS

Initial steps to identify and improve surgical flow include:

- 6:30 AM Interdisciplinary Conference Call**
 - OR Charge, PACU Charge, Anesthesia, PICU Attending, Nursing operations supervisor, PICU and PACU Flow Facilitators
- 7 AM OR Huddle**
 - Identifies PFF to the OR nursing staff
 - Empower OR Nurses to engage the PFF if postoperative destinations change
- 9 AM Safety Briefing**
 - Representatives from each nursing and non-nursing units across the hospital present census and safety information
 - Discuss needs and identify possible barriers to efficient patient flow
- 10 AM Surgical Huddle**
 - Meet on the Inpatient surgical floor
 - Discuss census, discharges, admissions, and identify flow concerns
- PFF Report Development**
 - Combine hospital-wide patient data reports
 - Identifies significant needs that contribute to postoperative destinations
 - Clarify patient care needs with attending surgical staff to identify barriers that affect flow
- 4 PM Safety Briefing**
 - Hospital-wide interdisciplinary meeting in command center
 - Increase situational awareness throughout the hospital of surgical census and patient care needs for the following day



Steps to evaluate Perioperative Flow Facilitator Role: The "ARC Surgical Throughput" Qlikview report was developed by the Anesthesia Resource Center to capture data related to patient flow. Surgical patient data from 2015-2018 was analyzed to gauge the effect of the PFF role in the Perioperative Complex.

CONCLUSIONS & IMPLICATIONS FOR NURSING PRACTICE

Prior to the development of the PFF role in early 2016, 19% of surgical cases were assigned to more than one possible postoperative destination. At this time, approximately 1,500 patients did not have accurate postoperative destinations identified preoperatively. The PFF role introduced assigning multiple possible postoperative destinations for a single patient. After the PFF role was implemented, approximately 95% of cases had accurate final postop destinations, identified preoperatively. This new role has proactively influenced capacity management and bridges communication throughout the hospital. This process has increased situational awareness across the organization by allowing staff to better anticipate patient flow and more accurately identifying postoperative destinations.