

Bundles for Barriers: An Evidence-Based Approach to Reduce PACU Length of Stay

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Background Information: The goal of ambulatory surgery at New York-Presbyterian/David H. Koch Center is to provide quality care that is cost-effective for our patients. The occurrence of minor adverse events can increase PACU length of stay. Eliminating and/or reducing the occurrence of adverse events can have positive effects for patient outcomes.

Objectives of Project: Our aim is to reduce the PACU length of stay for the ambulatory surgery patient by identifying and minimizing the occurrence of common barriers to successful patient throughput.

Process of Implementation: The most common delays in discharge for all surgical services were identified and categorized over the course of two months. Common adverse events causing delays in throughput included: pain management, discharge prescriptions, patient escort, MD-related issues, and MD orders requiring patients to urinate post-procedure prior to patient discharge. After the common events were identified, a literature review was performed to identify evidence-based practices to reduce and manage delay-causing events. Care interventions were created and bundled for each barrier category. The intervention bundles were disseminated to all staff on the unit through in-services, huddles and team meetings.

Statement of Successful Practice: One month post-intervention, PACU length of stay is trending down showing an overall average of a 12% decrease in time for all surgical patients. By eliciting a lean and interdisciplinary approach to identify and mitigate common barriers, we eliminated non-value adding steps in our processes. Successful patient care tactics implemented as a result of our care intervention bundles include but are not limited to: post-operative avoidance of IV narcotics through earlier administration of oral medications, discharge prescriptions are delivered by courier service to the patients' bedside eliminating the wait for families to retrieve the medications, escort policy is strictly adhered to and communicated to patients in the pre-operative setting, and pre-operative IV fluids are ordered for patients who will be required to void post-operatively.

Implications for Advancing the Practice of Perianesthesia Nursing: There will always be barriers to seamless patient throughput however, reviewing literature to implement evidence-based practices and engaging a multi-disciplinary approach has proven effective in reducing PACU length of stay.