MANAGING PACU WORKFLOW ON THE INTEGRATED PROCEDURAL PLATFORM (IPP)

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BACKGROUND/PROBLEM

Background
- Froedtert Hospital is a 560 bed Level 1 Trauma Center in Milwaukee, Wisconsin
- Since 1996 there have been 2 separate OR locations supported by 2 PACU locations. (East & West PACU)
- The 2018 completion of the IPP will combine all peri-op services to the same platform in the West hospital

Problem
- Combining two 15 bed PACUs into one 44 bed PACU
- Anticipated increase in out-of-department admissions with increased IR and Cath Lab suites and procedures
- Anticipated increase inpatient volume into the 44 bed unit
  - Management of patient flow and RN assignments
  - Education needs related increased variety of surgical procedures

PAST STATE

2 PACUs located on two different floors (East & West PACU)
- Separate staffing schedules for East & West PACU
- Varied staffing needs in each PACU
- Variations between PACUs
  - Types of surgical procedures (East/West specific)
  - RN’s specialize in patient population
- Distinct difference in RN assignment, flow patterns and routines in each PACU
- Varying Charge RN responsibilities

CHANGE PROCESS

- Create an IPP workflow team
  - Include Manager, Educators and RNs from both East and West PACUs (Days and PMs)
  - Create agenda to be followed over 8 months leading to the opening of IPP PACU
- Create and send out survey allowing all PACU staff to voice their ideas and concerns
- Communicate with Surgical Services Educators about the POD system and arrival to PACU changes
- Educate staff based on survey results and additional role of pre op holding nurse

NEW WORKFLOW

- Dedicated Charge RN position on days and rotating Charge position on PMs
- Inclusion of a day shift Health Unit Clerk (HUC)
- Creation of the PACU color POD system
  - 5 PODS within the PACU designated bays
  - Purple POD to cover Pre-op Holding Area (POHA)
- Assign separate phone numbers to each color POD
- Management of patient flow
  - Patients arriving from 32 surgical suites, 15 procedural rooms, other out-of-departments areas, i.e. GI lab, MRI, Radiation oncology etc.
  - Patients arrive via 2 entrance points
- Directional communication with staff bringing patient into the PACU before arrival
- Management of RN assignments
  - 8 week staff scheduling, randomized to rotate RNs between PODS
  - Incorporate paging system to notify POD of impending patient arrival via charge RN or HUC
  - POD team collaboration i.e. Patient assignment, management of the pager, lunch breaks, end of shift coverage
- RN continuing education to include knowledge of caring for all patient/surgical populations cared for in the PACU
- Increased staffing to 24/7 RN coverage without disruption of current work schedules
- Revised Critical Care Tech (CCT) responsibilities to cover the larger space

LESSONS LEARNED

- Upon go-live, clipboard kept in PACU to capture suggestions, ideas, comments
- Resurveyed staff after 3 months of the new workflow
  - The Purple POD assignments and process for PM charge assignment were changed
  - The CCT assignment were changed to cover PACU sides vs PODs
- Regular manager/charge RN meetings have been instituted to address ongoing issues and concerns
- PM shift stronger with all resources in one location

DATA

- Patient Volumes increased 12.49% in FY2019

24 MONTHS LATER

- Patient throughput has improved
  - Decreased holds placed on OR
  - Subsequent cost savings
- Currently using 30 beds for phase 1 recovery
- Created a 16 week randomized schedule to accommodate variation in pod mates per staff request
- Staff satisfaction has improved
  - Getting out of work on time
  - Improved Teamwork
  - Working with a variety of nurses is enjoyable
- Since 2018 we have increased our hospital capacity by 200 beds
- We continue to grow the number of surgical/procedural cases that require recovery care, without placing increased holds on the OR

Patients arrive from the north or south doors as indicated by the arrows