Nurse Led Collaboration and Innovation:
Relieving In-Patient Bed Shortage by Creating an Extended Recovery Unit (ERU)
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Background
- Increasing capacity challenges caused by COVID19 pandemic.
- As part of a capacity management plan, a Magnet-designated 171-bed community teaching hospital prepared to create an Extended Recovery Unit (ERU) for postsurgical patients.
- Perianesthesia staff engaged to support developing new structure.

Objective
- Create an ERU that provides high-quality, efficient care to surgical patients who meet the criteria for an expedited discharge home the morning after surgery.
- To develop a nursing pathway to guide the care of ERU patients while maintaining high patient experience scores.

Process

Staff Identification
Perianesthesia nurses selected to temporarily staff and implement an ERU. Permanent ERU nurses with inpatient surgical experience.

Collaboration
Collaboration with surgical teams, nursing from all phases of perianesthesia care, advanced practice providers, physical therapy, dietary, care coordination, admitting and IS.

Care Model
Goal: 6 patients overnight in PACU, discharge by 9am
Developing a process and resources that support standardized practice.

Outcomes
- In the first 3 months, the ERU reduced length of stay for its patient population by ≈6 hours.
- Average discharge time 9:25am with no OR holds caused by ERU.
- Patients report high level of satisfaction.

Implications
- Implementing an ERU with perianesthesia nurses at the helm can provide post-op patients with high-quality care, and efficient early discharge home while relieving some of the pressures of bed shortages throughout the hospital.

Next Steps
- Continue to develop and expand the ERU in preparation for a future larger dedicated space.

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