



## A Position Statement on Patient Flow/Throughput

### Purpose

The American Society of PeriAnesthesia Nurses (ASPAN) has a responsibility to define principles of safe, quality nursing practice in the perianesthesia setting. ASPAN, therefore, has the responsibility to assist in defining the management of patient throughput/patient flow through the perianesthesia environment. Based on a review of the current published literature and available national standards, this position statement summarizes the criteria to be met during times of disrupted patient throughput/patient flow in Phase I postanesthesia care units (PACUs), and provides expectations for professional perianesthesia nursing practice.

### Background

Hospitals across the United States continue to experience challenges in effectively coordinating patient admissions with discharges, commonly referred to as “throughput.” The increase in patient capacity brought about by challenges associated with the management of throughput disrupts patient flow through the perianesthesia setting, with many Phase I PACUs becoming overcrowded with overflow patients, also referred to as “boarders, extended stay, or critical care overflow patients.”<sup>1</sup> The disruption of patient flow through the perianesthesia setting often interferes with the ability of the Phase I PACU to provide care to postanesthesia patients while maintaining the flow of the operating room.<sup>1,2</sup> In addition, the delivery of ongoing safe and effective care to boarders, extended stay, or critical care overflow patients requires essential clinical knowledge and skills.

Staffing criteria for the critical care patient should be consistent with facility specific critical care guidelines and based on individual patient acuity and needs.<sup>3,4</sup> Staffing criteria for the medical/surgical patient should be consistent with facility specific guidelines and based on individual patient acuity and needs.<sup>2,a</sup>

Disrupted throughput/patient flow through the perioperative environment, influenced by many factors, such as prolonged length of stay in the PACU due to perioperative complications and/or lack of available inpatient beds, has the potential to alter the workflow of the perianesthesia nurse and compromise the quality of patient care that is delivered. A review of the literature identified the following trends:

1. Staffing requirements and workload identified for Phase I PACUs may be exceeded during times when PACUs are being utilized for boarders, extended-stay or critical care overflow patients.<sup>1,2,5</sup>
2. PACUs may be unable to receive patients normally admitted from the operating room when staff is being utilized to care for overflow patients.<sup>1,5</sup>
3. Because caring for boarders, extended-stay, or critical care overflow patients may not occur on a regular basis, both PACU and hospital leadership may not be properly prepared to deal with the care and management of these patients in addition to postanesthesia patients.<sup>1,4</sup>

*<sup>a</sup>Challenges associated with patient throughput should not impact the need to provide appropriate care to meet the particular needs of the patients without compromising acceptable standards of care for the population being served.*



4. The Phase I PACU RN may be required to provide care to a surgical or non-surgical critical care patient without proper training to care for or without the required care competencies validated.<sup>3,5</sup>
5. Medical management responsibility has not been consistently identified.
6. Staffing criteria for the ICU patient should be consistent with facility specific ICU guidelines and based on individual patient acuity and needs.<sup>4</sup>

## Statement

It is the position of ASPAN that the primary responsibility for Phase I PACU is to provide the optimal standard of care to postanesthesia patients and to effectively maintain the flow of the operating room schedule.<sup>2</sup> The primary goal for the postanesthesia patient is to ensure the best environment for the patient, aligning both nurse and physician characteristics, knowledge and skills. The following criteria must be met to ensure the safe and effective care of all perianesthesia patients, including boarders, extended stay, and/or overflow critical care patients during times of disrupted throughput/patient flow:

1. Patients, whose surgery has been completed, yet are unable to be admitted to the PACU, should receive the same standard of care for Phase I PACU until there is an available bed in the PACU.
2. Appropriate staffing requirements must be met to maintain safe, competent nursing care of the postanesthesia patient as well as the boarder, extended stay, and/or critical care overflow patient.<sup>2,4,6</sup>
3. Staffing criteria for these patients should be consistent with facility specific guidelines for the specified level of care and based on individual patient acuity and needs.<sup>4</sup>
4. All boarders, extended care, and/or overflow patients in PACU and ASU units should receive the same standard of care provided by inpatient units.
5. Phase I PACUs are, by their nature, critical care units and, as such, members of the healthcare team should meet the competencies required for the care of the critically ill patient. These competencies should include, but are not limited to, ventilator management, hemodynamic monitoring, and medication administration, as appropriate to their patient population.<sup>2,3,4</sup>
6. All perianesthesia registered nurses must maintain the appropriate competencies for the boarders, extended stay, and/or overflow patients being cared for in their perianesthesia unit.
7. Critical care nurses providing Phase I recovery should also meet the competencies necessary to provide postanesthesia care to patients.<sup>4</sup>
8. Management should develop and implement a comprehensive resource utilization plan with ongoing assessment that supports the staffing needs for the patient in the PACU when patient throughput/patient flow is disrupted.<sup>2</sup>
9. Management should have an interdisciplinary plan to address appropriate utilization of beds. Admission and discharge criteria should be utilized to evaluate and determine the priority for admissions.<sup>3,6</sup>
10. Medical management of the patient must be established including who is in charge of the patient's care while in PACU.

## Expected Actions

ASPAN recognizes the complexity of caring for patients in a dynamic healthcare environment where reduced availability of resources and expanding roles for the perianesthesia registered nurse has an impact on patient care. Thus, we encourage all members to actively pursue the education and development of competencies required for the care of the critically ill and other surgical patients in the perianesthesia environment. We encourage organizations to set policies which identify the medical management of the extended care of surgical patients in this population. We also encourage members to actively identify strategies for collaboration and problem solving to address complex staffing issues.

This information and position statement is to be shared with all individuals, organizations, and facilities involved in the care of overflow patients in the perianesthesia environment.

## Approval of Statement

This statement is a combination of *A Joint Position Statement on ICU Overflow Patients* and *A Position Statement for Medical-Surgical Overflow Patients in the Postanesthesia Care Unit and Ambulatory Surgery Unit*. The modified statement was presented for the *2019-2020 Standards* and, as such, was endorsed by a vote of the ASPAN Board of Directors on April 28, 2018, in Anaheim, California, and approved by a vote of the ASPAN Representative Assembly on April 29, 2018, in Anaheim, California.

This Position Statement was reviewed and updated at the October 2019 meeting of the Standards and Guidelines Strategic Work Team in Dallas, Texas.

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## ADDITIONAL READING

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