

Background

- Timely placement of patients from the PACU has been a long standing concern
- Analysis of boarding times showed:
 - Variability and delays in the placement of patients
 - No standardized process or operational definitions
- Literature review revealed patient safety and overall length of stay negatively impacted by long boarding time in sending unit
- Lack of communication and teamwork between PACU, Transfer Center, and Inpatient Unit
- Process lacked transparency

Methods

- Lean Methodology (DMAIC – Define, Measure, Analyze, Improve Control) was utilized to identify barriers in the patient boarding process and generate solutions
- 3-day rapid improvement event with multi-disciplinary team of key stakeholders
- Tools used: Process Map, Value-Add Analysis, Fishbone, Effort/ Impact Matrix, Push vs Pull Simulation
- Prioritized top solutions:
 - Standardized operational definitions in Epic bed management
 - Informatics team automated pages using Epic Foundations
 - Created service level agreements for each step of process
 - Implemented “pull” system
- Refining of the process through 3 PDSA cycles

Results

Pre-Improvement Data

Median Boarding Time of 85 minutes
Standard Deviation of 38 minutes
Process Capability of 50%

Goal

< 90 minutes
34.2 minutes
45%

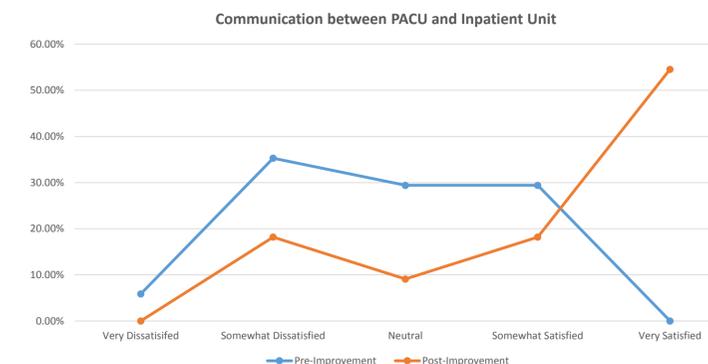
Post-Improvement Data

Median Boarding Time of 80 minutes
Standard Deviation of 34 minutes
Process Capability of 44.5%

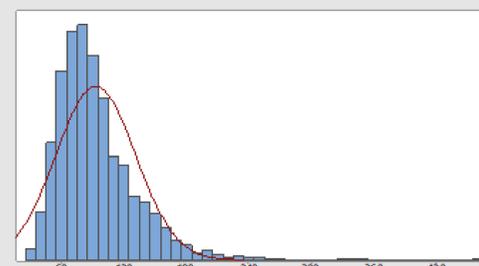


Hospital Boarding Time

- ✓ Increased PACU capacity by over 1,100 hours
- ✓ ~\$2.64 million in financial opportunity for PACU in potential billable charges
- ✓ 54.5% increase in employee satisfaction around communication between PACU and Inpatient Unit

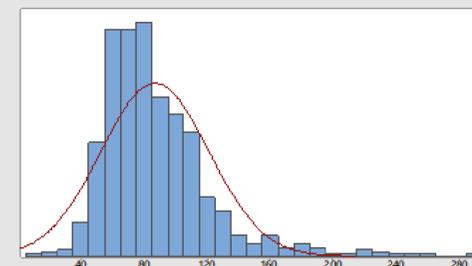


Baseline (10/1/2015 - 9/30/2016) Bed Request to Transfer



Anderson-Darling Normality Test	
A-Squared	45.65
P-Value	<0.005
Mean	92.707
StDev	38.366
Variance	1471.914
Skewness	1.86952
Kurtosis	8.00931
N	2114
Minimum	25.000
1st Quartile	67.000
Median	85.000
3rd Quartile	110.000
Maximum	461.000
95% Confidence Interval for Mean	
	91.071 94.344
95% Confidence Interval for Median	
	83.000 87.000
95% Confidence Interval for StDev	
	37.243 39.558

Final Results (6/19/2017 - 10/20/2017) Bed Request to Transfer



Anderson-Darling Normality Test	
A-Squared	18.03
P-Value	<0.005
Mean	86.916
StDev	34.270
Variance	1174.400
Skewness	1.77064
Kurtosis	5.25246
N	706
Minimum	12.000
1st Quartile	64.000
Median	80.000
3rd Quartile	102.250
Maximum	293.000
95% Confidence Interval for Mean	
	84.384 89.449
95% Confidence Interval for Median	
	78.000 82.520
95% Confidence Interval for StDev	
	32.570 36.157

Outcomes

- Decreased overall PACU boarding times by 5 minutes (statistically significant difference proven by Mann-Whitney test)
- Decreased standard deviation by 4 minutes (reduced variation)
- Standardized operational definitions
- Created clear roles and defined expectations with target goals for each process step (Transparency)
- Improved teamwork and communication between PACU, Transfer Center, and Inpatient Unit
- Inpatient nurse now empowered to “pull” their patient to the right level of care at the right time (shifted from a “push” system)

Implications

- Patient safety and satisfaction improved through reduced waiting
- Timely follow up of delayed patient placements
- Measurement of time data standardized
- Ongoing reevaluation and discussion of process
- Implement practice with all Inpatient Units receiving patients from the PACU

Co-Investigators

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