

**PULLING PATIENTS FROM THE PACU:
THE UPHILL PUSH THAT BECAME THE EFFORTLESS PULL**

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Introduction: Analysis of hospital boarding times showed variability and delays in the placement of patients from PACU to the Inpatient Surgical Unit.

Identification of the problem: From October 1, 2015, to October 1, 2016 the overall boarding time from the PACU to Inpatient Surgical Unit was 85 minutes (median) and the standard deviation was 38 minutes, indicating variability in the process. Fifty percent of the time the process did not meet the requirement of hospital established goal of 90 minutes. There was a lack of communication between the PACU, Transfer Center, and Inpatient Surgical Unit regarding patient placement.

QI question/Purpose of the Study: Create a consistent process for transitioning patients from the PACU to the Inpatient Surgical Unit to decrease hospital boarding time and improve the teamwork metric on the employee opinion survey.

Methods: A team of key stakeholders was assembled. Current State Analysis and Process Mapping were performed to determine barriers to timely patient placement. Team members attended a 3- day intensive quality improvement session (Kaizen event), to problem solve and create a standardized process. The main outcome of the Kaizen was the transition of the culture from a “push” system to a “pull” system. Education was provided to each represented area and the new process went live on June 19, 2017. Data was collected and the process was revised 3 times.

Outcomes/Results: Goal is to achieve a service level of 85% of patients with admission time of 30 minutes or less after recovery. Current time is 33 minutes. Overall median boarding time has reduced from 85 minutes to 80 minutes. Standard deviation has been reduced from 38 minutes to 33 minutes indicating greater consistency in the process. Time to patient bed assignment reduced from 22 minutes to 9 minutes.

Discussion: Gathering key players allowed understanding of rework and waste in the established system. Refining the new process through PDSA cycles has allowed continuous improvement.

Conclusion: Confidence and trust between PACU and Inpatient Surgical Unit regarding patient transition has been reestablished.

Implications for perianesthesia nurses and future research: Establishing a “pull” system and standardizing the transition process can lead to improved hospital boarding times, increased staff satisfaction, and potential cost savings.