Improving PACU Throughput: Expediting Phase I Care

Primary Investigator: Maria Liza V. Anicoche MSN RN ACNS-BC CPAN CAPA Johns Hopkins Hospital, Baltimore, Maryland Co-Investigators: Laura Kaiser MSN RN CPAN, Myrna Mamaril DNP RN NEA-BC CPAN CAPA FAAN FASPAN

Introduction: The American Society of Perianesthesia Nurses (ASPAN) standards were used to develop a *PACU RN Discharge by Criteria Policy* at The Johns Hopkins Hospital (JHH). This policy began to be used in across JHH PACU areas in September 2021. Unfortunately, the buy-in for this policy had not taken hold in the Weinberg PACU. The Weinberg PACU team identified an opportunity to hardwire the RN discharge by criteria process into practice.

Identification of the problem: The Weinberg post anesthesia care unit (PACU) Phase I length of stay (LOS) was averaging close to 2.5 hours (150 minutes) compared with a national benchmark of 1.5 hours (90 minutes). Phase I LOS is defined as arrival time to PACU to Phase I discharge criteria met (in minutes). This prolonged LOS results in decreased availability of PACU beds, OR holds, decreased patient and staff satisfaction, and increase cost of patient hospitalization.

QI question/Purpose of the study: To reduce PACU Phase I LOS from 150 minutes to 90 minutes by April 30, 2023.

Methods: Developed a SMART goal and key metric measure. Our goal is to reduce PACU Phase I LOS from 150 minutes to 90 minutes by April 30, 2023. A3 is used to track progress and present results.

Outcomes/Results: Great improvements on PACU Phase I LOS as shown on the monthly metric. Tableau dashboard run reports to track Weinberg PACU Phase I LOS and nursing time reports to show compliance. Monthly reports and line graph emailed to staff.

Discussion: Using Lean sigma principles, barriers, and facilitators to changing practice were identified. Using various lean tools, such as, fishbone diagram and driver diagram, we outlined the steps in the process that were causing barriers. We identified the need to educate staff and provide checklist to help staff track the steps to safely discharge patients.

Conclusion: Successful QI project helped expedite PACU Phase I and streamline the throughput, including: exploring the work culture; developing high reliability team; introducing national benchmarks; identifying system challenges; implementing the PACU RN discharge per criteria protocol and the active recovery elements.

Implications for perianesthesia nurses and future research: Dissemination of this QI study to all perianesthesia units to help standardize care across JHH and provide data for future studies.