BACKGROUND

- The Shapiro Outpatient PACU at BIDMC utilizes a two-step recovery process.
- Phase 1 recovery focuses on ensuring the patient is fully recovered from anesthesia and vital signs have returned to baseline.
- Phase 2 recovery focuses on preparing the patient for hospital discharge.
- The spaces and staffing are independent from each other, however staff are dual trained.

THE PROBLEM

Peri anesthesia staff were dissatisfied with the division of assignments and workflow between the two areas. The significant number of handoffs between the nurses in the two areas created concern for patient care and continuity.

PURPOSE

To see if eliminating the transfer of care from phase 1 to phase 2 and having the same nurse care for the patient from the beginning of phase 1 to discharge improve length of stay and nurse satisfaction?

METHODS

A retrospective analysis of data was used to examine the "ready to go time" for two predominant services (colorectal and orthopedic). A pre and post nursing survey was also used to evaluate how satisfied nurses were with the change.

RESULTS

No significant change in patient "ready to go" times was noted. However, staff satisfaction rose significantly. The post survey showed 80% of staff were satisfied with the new blended workflow.

IMPLICATIONS

When staff feel heard and are happy in their jobs, they are more productive, more likely to provide quality care, and working relationships improve.

CONCLUSION/DISCUSSION

Although the patient’s length of stay increased by 3.7 minutes, the nursing survey showed consistency in nursing care, job satisfaction, and more balanced assignments enhanced workflow.

During our merger, 1 Brookline place (an offsite surgical center) opened for BIDMC surgeons to perform some faster turnover outpatient surgery. More complex cases remained, slightly increasing our LOS (3.7min) but benefiting our patients.

Nursing

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