



Streamlining PACU Evenings: The Critical Role of Resource Consolidation Before 11PM

Perioperative Services PREOP/PACU

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Introduction

The PACU department at Cedars Sinai Medical Center includes six separate PACU units: 5-Main PACU, 7 PACU, 8 PACU, 4 Pavilion PACU, 5 Pavilion PACU, and the Outpatient Stay Unit (OSU).
These units are staffed with nurses on staggered shifts with four units closing by 23:00. The closing of units necessitates the need to consolidate resources to the 24-hour unit, 5-Main PACU.

Identification of the Problem

Lack of a streamlined consolidation process, contributing to nursing dissatisfaction and heightened patient safety concerns. A literature search was conducted, however no known studies were found on this issue.

QI Question

To increase the overall consolidation compliance rate from 11.32% to 50% by the end of the third quarter after implementing a PACU Consolidation Guideline and Incentive Program, as measured by the percentage of patients transferred from closing units to 5-Main PACU.

General Consolidation Guideline

- Triage will help 5 PACU charge assign patients and nurses during consolidation process.
 - 8-8:30pm: consolidate 8 PACU and 4PAV PACU.
 - 8 PACU to 5 Main
 - 4 PAV PACU to 5 PAV PACU
 - 9-9:00 pm: consolidate 5 PAV and 7 PACU to 5MAIN
- 30-minute Handoff: all reports for handoffs must be given 30 mins prior to the end of the nurse's shift.
- 22:00 Huddle (attendance: ANM, SPACU Night Charge and Triage):
 - 2300 projections for # of RNs and # of patients.
 - Will write whiteboard for assignments.
 - Charge nurse: last resort for taking patients.
 - Discuss need for on-call using the on-call guideline.

How to consolidate:

Plan to consolidate at: 7:30p~8p for 4 PAV PACU and 8 PACU
8:30p~9p for 5 PAV PACU and 7 PACU

- Calculate # RN and # Patients going to consolidation site.
- Triage will call and confirm.

How to determine if patient needs to be consolidated:

- Bed and Discharge status:
 - If bed is almost finished cleaning (status: active cleaning), then stay on unit
 - If the patient is almost leaving (~30-45mins), stay on unit.
 - If takes longer (Bed Status: pending cleaning/dirty bed or patient not ready for discharge eta >1hr), then consolidate.
- 4PAV- if patient will require >2 hrs for discharge or leaving, then consolidate to 5 PACU

OR patients:

- 4PAV and 8 PACU: If the first call is 8-8:30p, it will be consolidated.
- 5PAV and 7PACU: If the first call is 9-9:30p, it will be consolidated.

How to determine if nurse needs to come to consolidation site:

- Leave at least 2 nurses on the unit if there are patients that will go home or go to unit soon.
- Combine patients either 1 nurse: 3 patients or 1 nurse:2 patients. The rest of nurses should come to consolidation site.
- If there are no more patients, all nurses must come to the consolidation site.

How to support 5 PACU when at consolidation site:

- May need to take patients
- Resource RN and Break Relief RN.
- Help with TOTI, phone calls, and transfers.
- Help with breaking the night shift for a short break starting at 10PM.

Figure 1: Consolidation Guideline

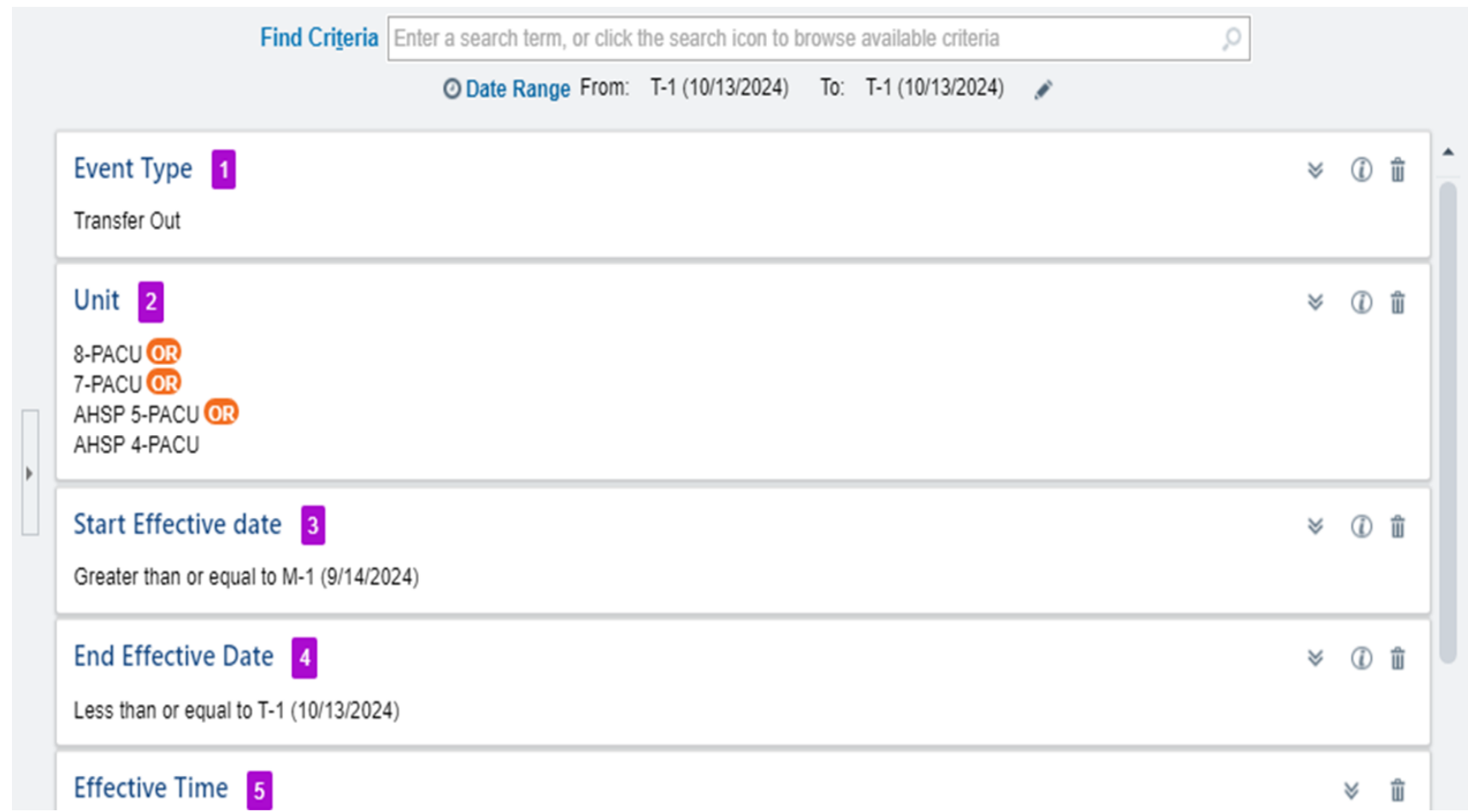


Figure 2: Dashboard

Materials

The sample units included 4 Pavilion PACU, 5 Pavilion PACU, 7 PACU, and 8PACU. Staff involved consisted of mid-shift nurses, triage nurses, and evening ancillary staff.

- In March 2023, a focus group comprising mid-shift clinical nurses and PACU triage nurses met to collect feedback on the consolidation process. A PACU Consolidation Guideline (fig. 1) was developed that recommended 4-Pavillion PACU and 8-PACU consolidate patients by 20:30, and 7-PACU and 5-Pavillion PACU to consolidate patients by 21:30.
- The guideline was presented to staff. To encourage participation and compliance, an incentive program was introduced to motivate units to compete based on their quarterly consolidation rates.
- Incentive program consists of the following recognition:
 - A unit party and a “Consolidation Trophy” at the end of the year for the highest achieving consolidation rate
 - A Certificate of Participation for all units who participated in the incentive program
 - A Most Improved Certificate for the unit with the highest improvement
 - A plaque for collaborating in the consolidation process for the receiving unit
 - Every quarter, a powerpoint presentation was presented to the charge nurse meetings to update each unit on their rate of compliance

- In June 2023, a dashboard report titled "PACU Patient Consolidation Audit" (fig. 2) was created to capture data in EPIC on all transfer timestamps. The dashboard compared time stamps to specific time markers. The data was analyzed quarterly to assess efficiency and compliance.

Outcomes/Results

Prior to the intervention, closing PACU units demonstrated 11.32% consolidation compliance. After intervention, consolidation compliance increased as follows (fig. 3):

- September - November, 2023: 37.67%
- December, 2023 - February, 2024: 34.75%
- March - May, 2024: 52.69%

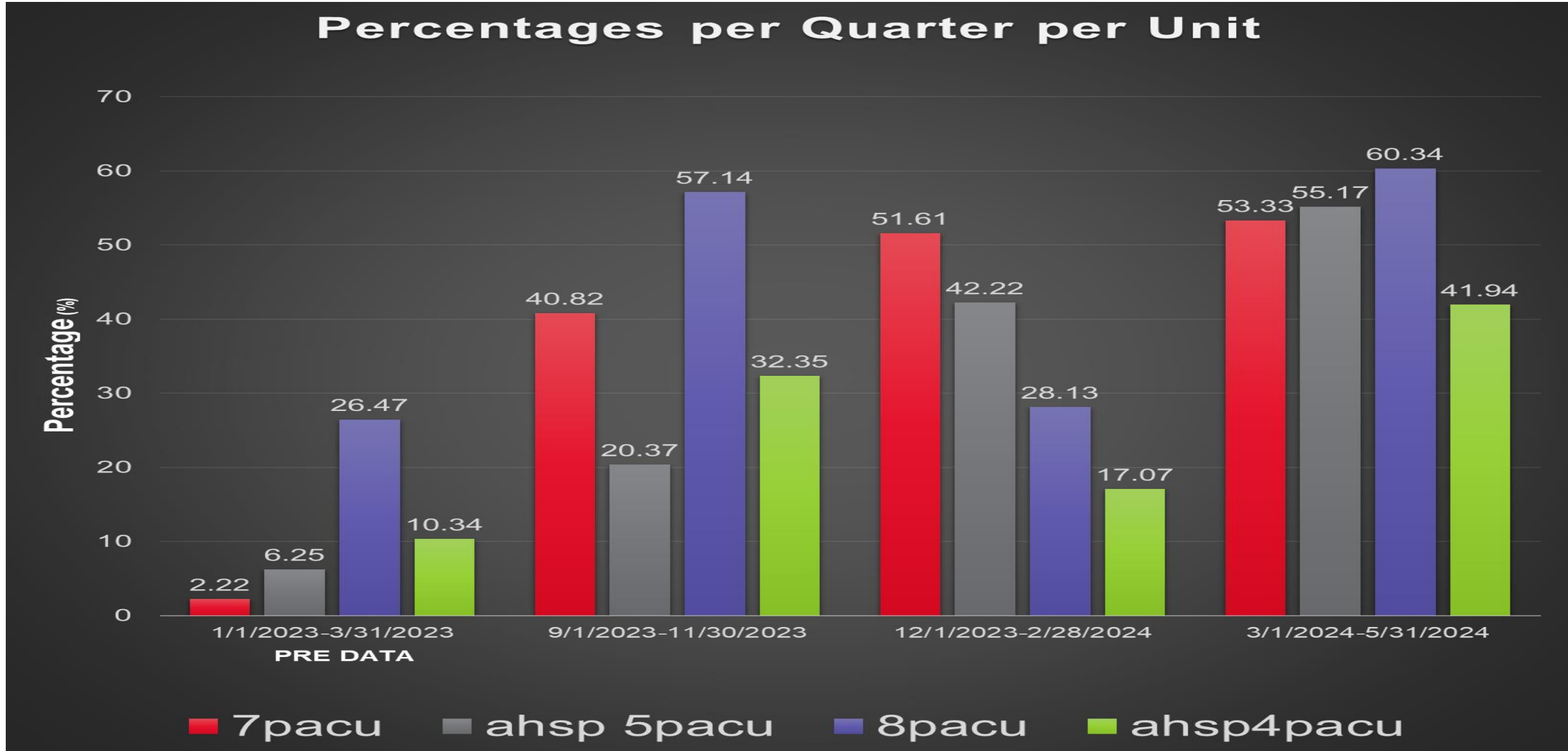


Figure 3: Unit Consolidation Compliance



Discussion / Conclusion

The data reflects an increase in unit compliance rates, resulting in a 186% increase from baseline (fig. 4).The intervention had a positive impact in consolidating resources at the end of the shift. Specifically, it allowed the remaining staff to consolidate to one unit. All patients and nurses were accounted for which ensured a smoother transition for a safer patient handoff to 5-Main PACU night shift nurses. In addition, this helped prevent incidental overtime . Limitations include situations where patient volume surges can lead to a lack of space for consolidation. Similarly, having limited staffing can also contribute to difficulty consolidating resources.

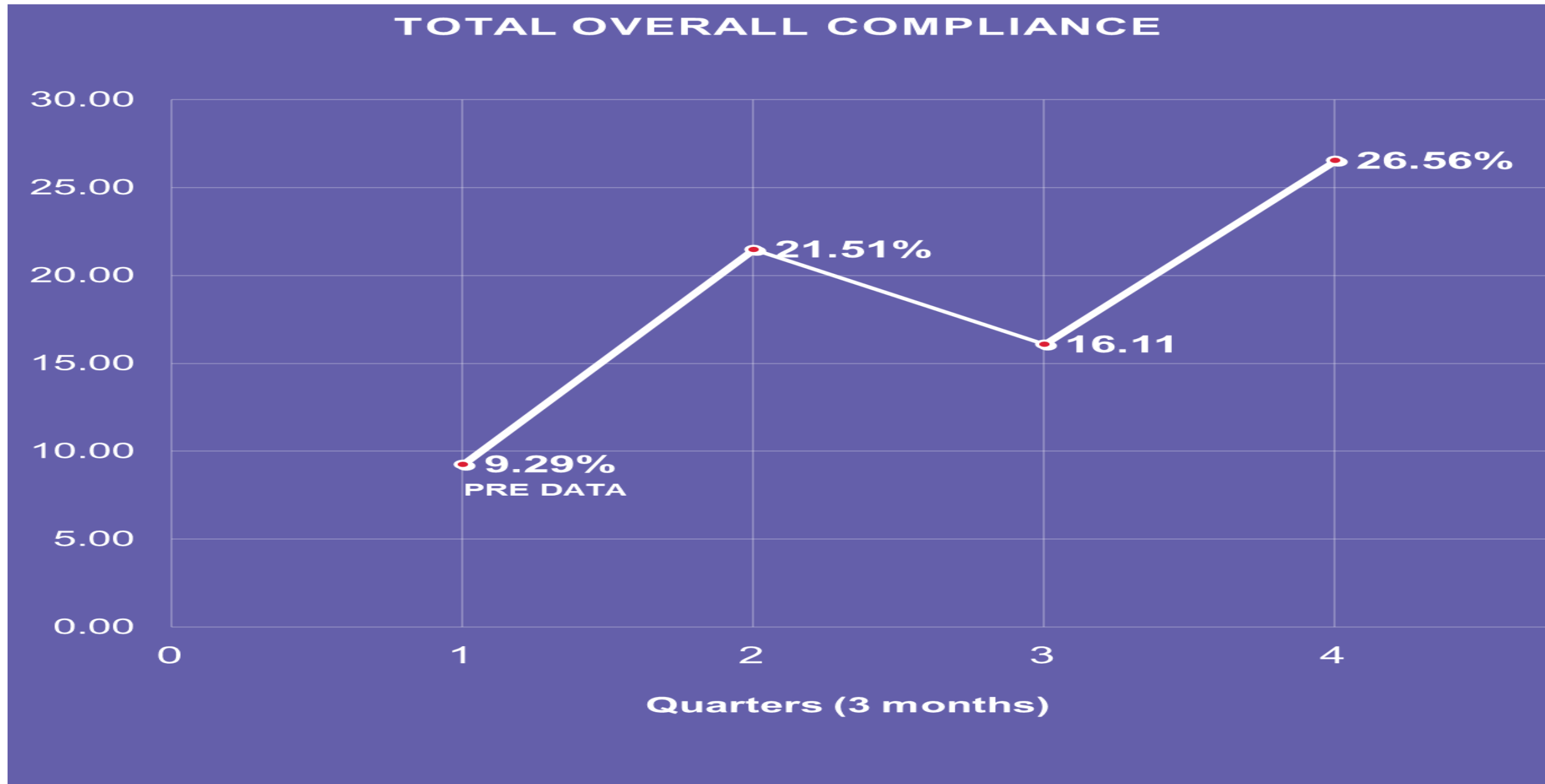


Figure 4: Overall Compliance Rates



Implications for Perianesthesia nurses and future research.

Consistent use of the PACU consolidation guideline will promote a streamlined process for large PACU departments with multiple PACUs, enhancing patient safety, and increased staff satisfaction.

Acknowledgement

We would like to thank all the PACU departments and staff who took part in working towards the success of this intervention.

