

Implementation of an ICU Style Rounding Tool in the PACU: an Evidence Based Practice Initiative

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BACKGROUND

- ICU boarders are considered those patients who stay in the PACU due to a lack of inpatient beds.
- Excessive boarding in the PACU can lead to congestion and extended length of stay, subsequently delaying care.
 - The average ICU stay cost for a 24-hour bed in the PACU is \$3,432.
- Inpatient populations generally have daily rounding completed at the bedside.
- The PACU did not have a formal process in place for daily rounds.
- The current process of surgical care teams performing rounding was not uniform and did not always include nursing staff, leading to nurse dissatisfaction.

PRACTICE QUESTION

Does using a formal ICU rounding tool in the General PACU for ICU borders reduce the time spent bordering in the PACU?

METHODS

- The Johns Hopkins Evidence Based Practice Model was followed to create an evidence-based practice change within our PACU.
- A literature review was completed utilizing over 40 mesh terms in the OVID research platform.
- Key mesh terms in OVID were:
 - Post anesthesia nursing, length of stay, ICU overflow in the PACU, communication, ICU boarder, rounding tool, perioperative care, methods, standards, nursing
- 90 peer-reviewed articles, were retrieved
- 25 peer-reviewed articles (Level II-V) were included and critically appraised.

PRACTICE RECOMMENDATION

- A literature review indicated the implementation of a rounding tool encourages effective inter- professional communication and collaboration.
- Effective use of a unit specific rounding tools has led to decreased safety events and increased satisfaction of caregivers as well as improving patient satisfaction scores.
- When used correctly a rounding tool can optimize care delivery and decrease length of stay.

STRATEGY & IMPLEMENTATION

- A Rounding tool was developed after meeting with stakeholders and end users for the General PACU.

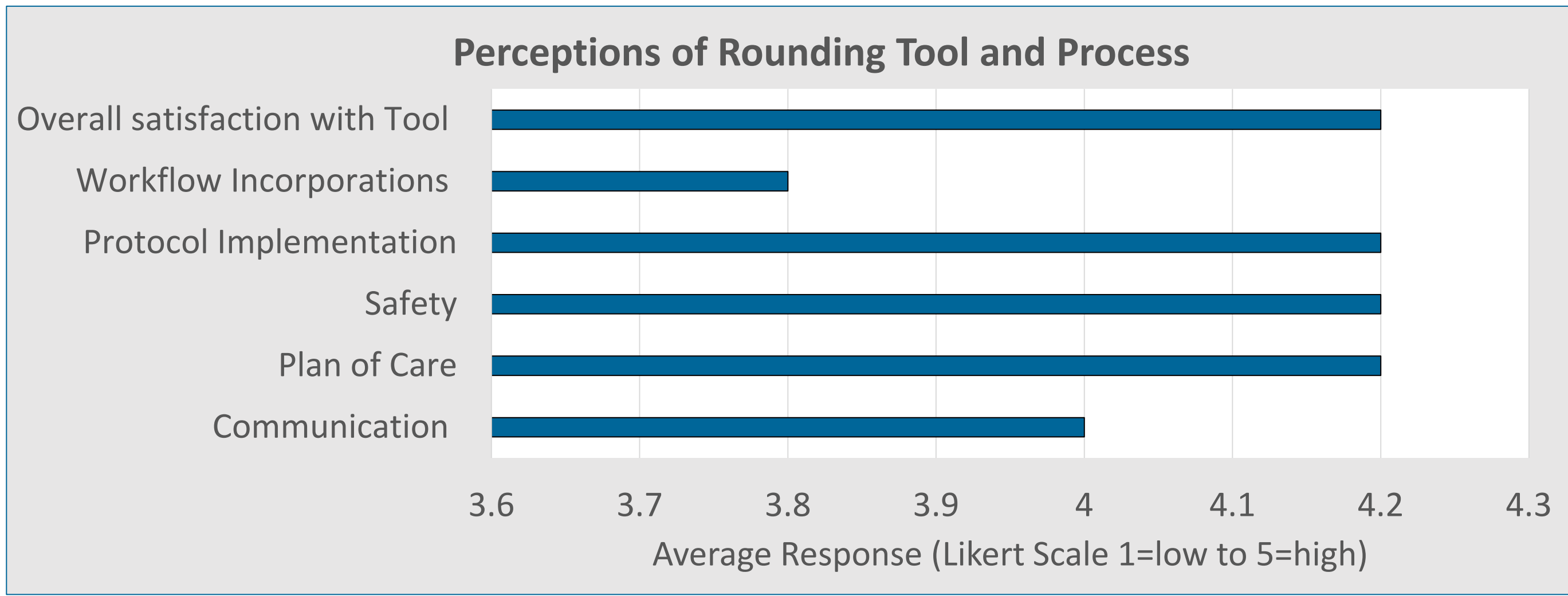
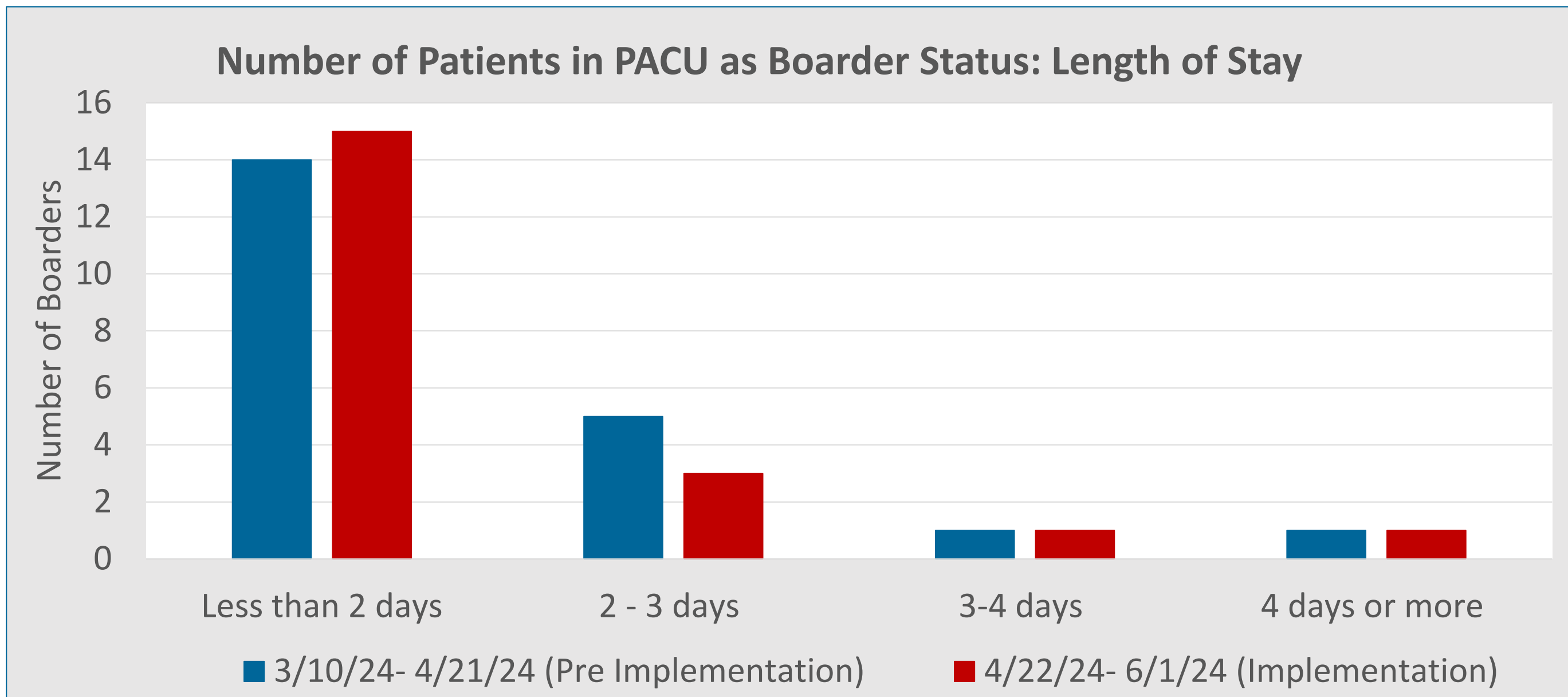


Rounding Tool and Nurse Feedback Survey

- Bedside staff received education on the tool at staff meetings and daily huddles.
- This rounding tool was used by nurses on every patient boarding in the PACU during the 6-week implementation time.

EVALUATION & OUTCOMES

- Success was measured by the ability to decrease time spent as a boarder in the General PACU.
 - Boarder length of stay six weeks prior and during implementation was compared using data from EPICs Slicer Dicer tool.
 - Patient's length of stay shifted from 2-3 days to less than 2 days in the PACU.
 - By moving 2 patients from 2 days to 1 day the PACU saved \$6,864.
- Satisfaction with the rounding tool process was evaluated via survey.
 - Nurses (N=15) perceived the rounding tool was “easy to use”, “comprehensive” and “ flows well with systems”. Most staff found it “user-friendly and simple to use.”



IMPLICATIONS FOR PRACTICE

- The customized rounding tool has been incorporated into practice to be utilized as a handoff tool from shift to shift.
- Having a formalized process for communication and safety streamlined workflow and progresses patient care.
- Continued edits and improvements to the rounding tool will occur at regular intervals based on end-user feedback.
- All onboarding staff will be taught this process.
- Overall, in a short amount of time we were able to make a large financial impact by helping improve the patient flow in the PACU and increase capture cost by facility.

NEXT STEPS

- The rounding tool will be evaluated yearly on efficacy and usability. The tool should continue to be simple to use by staff and aid workflow.
- The data acquired from this project will be taken to leadership to identify if it can be used in conjunction with other throughput process improvements.
- Tiger “smart phrases” can be created to help aid the nurse's workflow when messaging physicians.

REFERENCES



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