

Surgical PACU Workflow: A Quality Improvement Initiative

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Introduction: Our surgical PACU houses 25 bays and one private room: six dedicated to Stage I recovery, and 19 plus the private room for Stage II or quiet care. Historically, nurses were assigned exclusively to either Stage I or Stage II, an approach that created workflow bottlenecks, uneven workloads, and communication breakdowns. To address these challenges, a multidisciplinary team of PACU, OR, and support staff came together to redesign the model.

Identification of the Problem: Staff described Stage II as disorganized and “chaotic.” Nurses reported anxiety, inequitable workload distribution, and communication gaps, especially during transfers from the OR and Stage I to Stage II.

QI Question/Purpose of the Study: This nurse-led, workflow redesign initiative aimed to improve PACU workflow, enhance staff morale, and strengthen continuity of care and discharge readiness.

Methods: Using a quality improvement (QI) framework, the team piloted a round robin assignment model. Nurses rotated between Stage I and Stage II, following patients across phases to reduce handoff gaps. Charge nurse visibility and communication were elevated. Pre/post RN surveys captured staff experience, and turnover rates were tracked.

Outcomes/Results: The pre-survey (n=13) highlighted major stress: 10 nurses reported anxiety and 12 felt overwhelmed. Themes were disorganization, assignment inequity, and poor communication. Post-survey (n=7) showed improvement: 57% reported less confusion and noted active charge nurse support. RN turnover dropped from 7.69% (FY2024) to 3.85% (FY2025) with a financial impact of \$40,000 to \$64,000 saved per avoided RN departure.

Discussion: Understanding team perceptions was critical for improvement. The visible charge nurse role ensured fair assignments and clear communication flows. Changes have been sustained for 9 months, and all new RN hires are oriented to the revised workflow.

Conclusion: Round robin assignments plus engaged charge nurse leadership transformed Stage II: improving organization, boosting morale, strengthening continuity of care, and cutting costs.

Implications for perianesthesia nurses and future research: For perianesthesia nurses, the implications extend beyond a single unit. Adopting standardized workflows, enhancing charge nurse visibility, and promoting continuity of care across recovery phases can directly advance ASPAN standards for safe, efficient, patient-and family-centered care.

Future research should explore scalability across diverse perianesthesia settings to strengthen the evidence base for nurse-led workflow redesign.