

## **Implementing a Fast-Track Protocol to Decrease PACU Length-Of-Stay**

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**Introduction:** Identifying gaps in the perioperative process is essential for enhancing surgical workflows and improving patient experience. The PACU units at an academic, quaternary medical center in Los Angeles, California, have been experiencing challenges related to prolonged lengths of stay for surgical patients, leading to increased wait times and delays in patient care.

**Identification of the Problem:** The facility performs over 31,000 procedures annually, averaging 120-140 cases daily. Operating under a hybrid PACU model that integrates Phase I and Phase II patient care, an opportunity has been identified to reduce the PACU length of stay (PLOS) through the implementation of an evidence-based Fast Track recovery protocol, allowing eligible patients to safely bypass Phase I PACU care.

**EPB Question/Purpose:** Among outpatient interventional radiology (IR) patients, does implementing a PACU Fast-Track protocol, allowing patients to be admitted directly to Phase II, decrease the PLOS over a 6-week period?

**Methods/Evidence:** By implementing an evidence-based Fast-Track Recovery protocol, White's Fast Tracking Scoring System (WFTSS), patients were admitted directly to Phase II recovery and bypassed the traditional Phase I care.

**Significance of Findings/Outcomes:** During a six-week implementation period, a significant reduction in PLOS was observed. In the pre-implementation phase, December 30, 2024 – January 24, 2025, 157 IR patients had an average PACU LOS of 2 hours and 24 minutes. In the post-implementation phase, January 27, 2025 – March 7, 2025, 157 IR cases had an average PLOS of 2 hours and 13 minutes, resulting in an average PLOS reduction of 11 minutes per patient.

- Weeks 1-2: 2 hours, 25 minutes
- Weeks 3-4: 2 hours, 18 minutes
- Weeks 5-6: 2 hours, 11 minutes

The new protocol allowed 94 patients, 59.9%, to bypass Phase I, preventing unnecessary admission to Phase I PACU care. A total reduction of 68 hours and 54 minutes was realized, which demonstrated a successful improvement in efficiency and patient flow within the Perioperative setting.

**Implications for perianesthesia nurses and future research:** The WFTSS implementation optimized PACU care delivery and provided an opportunity to increase capacity for managing additional surgical patients. The results of this study are consistent with current literature on Fast-Track protocols, highlighting their effectiveness in reducing PLOS, promoting safer transitions for surgical patients, and enhancing the patient experience.