

Surgical PACU Workflow: A Quality Improvement Initiative

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Introduction

Our 26-bay PACU (6 Phase I; 20 Phase II) used a fixed assignment model in which nurses worked exclusively in either Phase I or Phase II. This created uneven workloads, workflow bottlenecks, and communication challenges.

Problem Identification

Surgical Phase II was described as “chaotic.”

Staff reported:

- Anxiety and feeling overwhelmed
- Inequitable workload distribution
- Communication gaps during handoffs (OR → Phase I → Phase II)

To address these issues, a multidisciplinary team from PACU, OR, and support services partnered to redesign the workflow.

Question / Purpose

Improve Surgical PACU workflow, enhance staff morale, and strengthened continuity of care and discharge readiness through a nurse-led redesign. Implement through quality-improvement (QI) a Round-Robin Assignment Model and improved charge nurse workflows.

QI Methods

- Nurses rotated between Phase I - Phase II
- Nurses followed patients across phases
- ↑ Charge nurse visibility and communication
- Pre/post RN surveys for staff experience
- RN turnover was tracked over time

Outcomes



Discussion

Understanding team perceptions was critical to success. The visible charge nurse role clarified assignments and improved communication. Transitioning from divided surgical nurse assignments to a round-robin model improved patient flow through the PACU. Changes have been sustained for 9 months, and all new RN hires are oriented to the revised workflow.

Conclusion

Round-robin assignments + engaged charge RNs =

- Improved organization in Surgical Phase II
- Stronger teamwork and morale
- Better continuity of care
- Reduced costs from turnover

Perioperative Nursing Implications

Standardized, nurse-led workflows can enhance care across recovery phases and directly advance ASPAN standards for safe, efficient, patient - and family - centered care.

Test scalability in diverse perianesthesia settings to strengthen the evidence base for nurse-led workflow redesign.

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