

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

The Successful Implementation of White's Fast Tracking Scoring System

Perioperative Services

Lillyann Rowe, DNP, RN, PHN, CNML, CPAN, CCRN; Rusela DeSilva, DNP, RN, PHN, NEA-BC, CPAN, CAPA | Cedars Sinai Medical Center, Los Angeles

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.

EBP 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. Patients were assessed utilizing the WFTSS on a physical tracking sheet that followed each IR patient to PACU.

Inclusion Criteria: IR Patients; WFTSS \geq 12 upon arrival to PACU

Process Change: Eligible patients were admitted directly to Phase II recovery, bypassing traditional Phase I Care.

WHITE'S FAST TRACKING SCORING SYSTEM		IR PATIENTS DIRECT TO PHASE II		
SCORE	0	1	2	
LEVEL OF CONSCIOUSNESS	RESPONSIVE TO ONLY TACTILE STIMULATION	AROUSABLE WITH MINIMAL STIMULATION	AWAKE & ORIENTED	++
PHYSICAL ACTIVITY	UNABLE TO VOLUNTARILY MOVE EXTREMITIES	SOME WEAKNESS IN MOVEMENT OF EXTREMITIES	ABLE TO MOVE ALL EXTREMITIES ON COMMAND	++
HEMODYNAMIC STABILITY	BLOOD PRESSURE \geq 30% BELOW BASELINE MAP VALUE	BLOOD PRESSURE OF 90-20% BASELINE MAP VALUE	BLOOD PRESSURE \geq 75% BASELINE MAP VALUE	++
RESPIRATORY STABILITY	DYSPNEIC WITH WEAK COUGH	TACHYPNEA WITH GOOD COUGH	ABILITY TO BREATHE DEEPLY	++
OXYGEN SATURATION STATUS	SATURATION \leq 90% WITH SUPPLEMENTAL OXYGEN	REQUIRES SUPPLEMENTAL OXYGEN	MAINTAINS VALUE \geq 90% ON ROOM AIR	++
POST-OPERATIVE PAIN ASSESSMENT	PERSISTENT SEVERE PAIN	MODERATE TO SEVERE PAIN CONTROLLED WITH IV ANALGESICS	NONE OR MILD DISCOMFORT	++
POST-OPERATIVE EMETIC SYMPTOMS	PERSISTENT MODERATE TO SEVERE NAUSEA & VOMITING	TRANSIENT VOMITING OR RETCHING	NONE OR MILD NAUSEA WITH NO ACTIVE VOMITING	++

TOTAL SCORE (Out of 14) =
Fast Track Eligible *Minimum Score of 12 (Yes/No) =

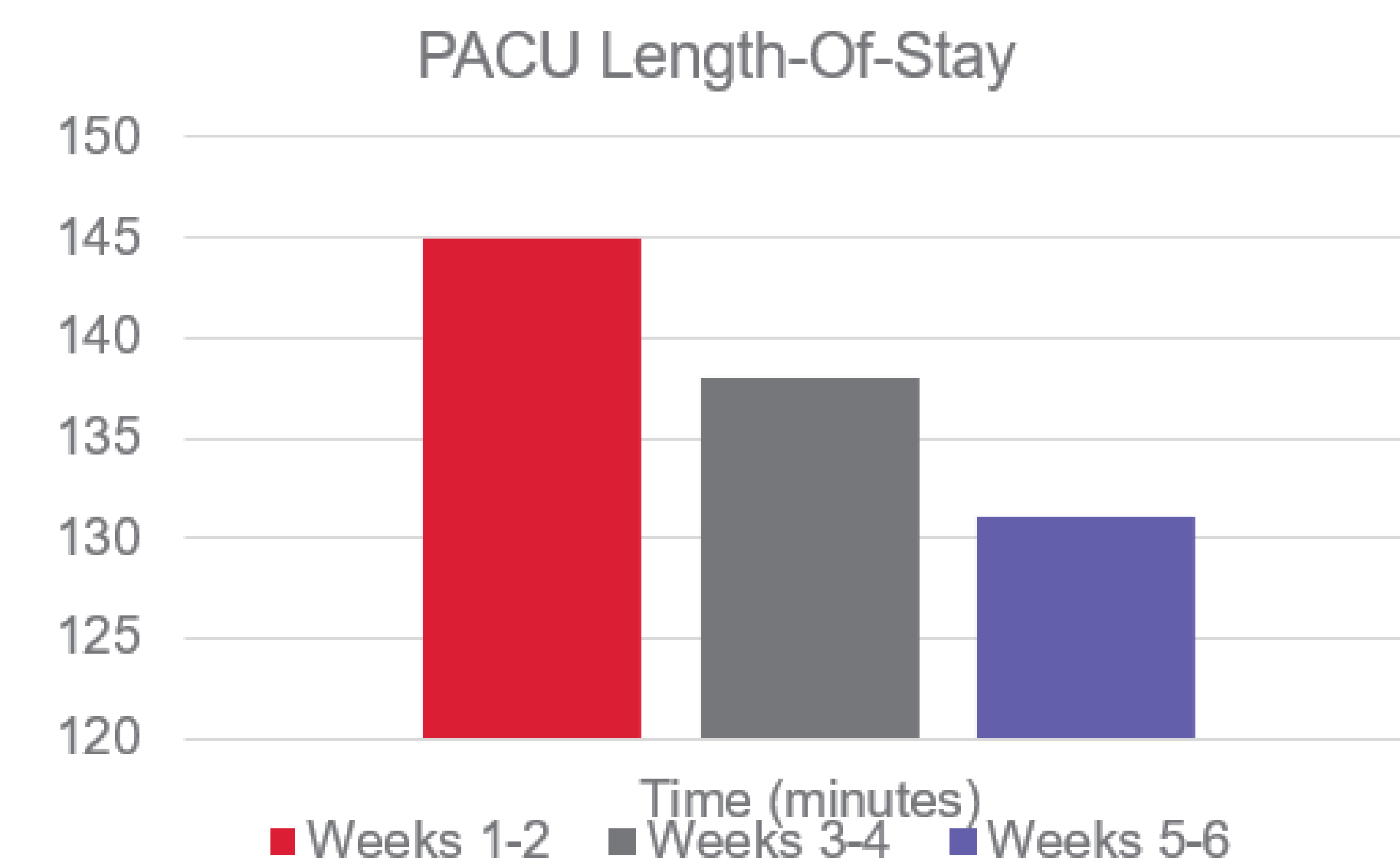
Patient Label Here

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 achieved, demonstrating 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.

Next Steps: Integrate WFTSS templates into EPIC EHR system to support anesthesia providers in determining Fast-Track eligibility and streamline documentation.