PACU Medical-Surgical Overflow

Cheryl Barr BSN, RN, CPAN  
*Lehigh Valley Health Network*, Cheryl.Barr@lvhn.org

Krista Lechanic BSN, RN  
*Lehigh Valley Health Network*, Krista_E.Lechanic@lvhn.org

Follow this and additional works at: [http://scholarlyworks.lvhn.org/patient-care-services-nursing](http://scholarlyworks.lvhn.org/patient-care-services-nursing)

Part of the *Nursing Commons*

Published In/Presented At  
Cheryl Barr, BSN, RN, CPAN; Krista Lechanic, BSN, RN. PACU Medical-Surgical Overflow. ASPAN National Conference, Orlando, FL, April 2012.
PACU Medical-Surgical Overflow
Cheryl Barr BSN, RN, CPAN; Krista Lechanic BSN, RN, Post Anesthesia Care Unit
Lehigh Valley Health Network, Allentown, Pennsylvania

Opportunity Identified:
- Delays in medical-surgical room assignments resulted in throughput challenges in the PACU
- ASPAN Position Statement 7 prompted staff and leadership to formulate a plan to relieve extended unnecessary stays in the PACU

Proposed Solution:
- Plan to provide continued quality and cost effective care by relocating adult medical surgical patients to “temporary” location
- Reducing extended PACU stays allow the surgery schedule to not be delayed and reduces OR holds

Actions:
- Algorithm developed to identify appropriate patients
- Location of rooms utilized in adjacent Surgical Staging Unit (SSU)
- Core group of nursing staff established to staff overflow area
- Necessary equipment and supplies stocked to care for postoperative patients
- Education for PACU and Med Surg overflow staff completed on process, documentation requirements and care expectations
- Resource nurses identified to troubleshoot and assist with process
- Charge nurses from PACU and SSU work together daily to develop plan and meet staffing needs

Results:
- Satisfaction
  - Patients are provided with private environment with full family visitation
  - Improved Press Ganey results
  - Staff reports increased satisfaction with efficiency of PACU
    - “Everyone works well together”
    - “Overflow has helped us liberate more PACU beds quicker so we aren’t stuck in the hospital’s grid lock”
    - “Increased availability and use of med surg overflow area and staff”

Efficiency:
- Patient identified to move from Phase 1 PACU and plan is implemented
- Decreased operating room holds

Med Surg Overflow Patients

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of ORs on Hold</th>
<th>Minutes of OR Hold Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2011</td>
<td>95</td>
<td>1612</td>
</tr>
<tr>
<td>June 2011</td>
<td>56</td>
<td>946</td>
</tr>
<tr>
<td>July 2011</td>
<td>6</td>
<td>66</td>
</tr>
</tbody>
</table>

PACU Level 1 = 1/2 bed
PACU Level 2 = 1/2 bed (MD office)
PACU Level 3 = Utilizing overflow
PACU Level 4 = OR on hold

610-402-CARE LVHN.org