

Operating Room Holds: How One PACU Worked Collaboratively to Solve the Problem (Poster)

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Operating Room Holds: How One PACU Worked Collaboratively to Solve the Problem

Perioperative Services

Lehigh Valley Health Network, Allentown, Pennsylvania

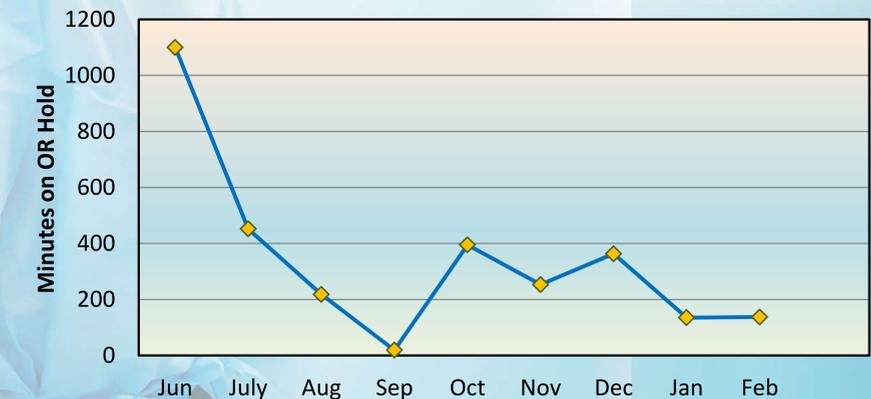
PROBLEM STATEMENT:

Post Anesthesia Care Unit (PACU) patient throughput was impeded due to system capacity constraints and subsequently led to operating room hold times.

On average, the Operating Room (OR) was placed on hold for 1100 minutes per month which led to staff, surgeon, and patient dissatisfaction.

EVALUATION/RESULTS:

- Strategies and initiatives by the Perianesthesia team have decreased OR hold times by 88% which is less than 200 minutes per month
- Medical/Surgical overflow area encourages family presence to enhance patient-centered care
- Culture change in Perianesthesia:
 - Work together to find creative solutions to prevent OR holds and improve patient throughput
 - Staff perceptions changed from being powerless over problem to: “We can solve this”
- Increased communication between OR and Perianesthesia charge RNs to maximize efficiency and promote daily exchange of important patient care issues.



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GOAL:

- Optimize efficiency through the Perianesthesia setting and develop internal strategies to prevent OR holds

METHODOLOGY:

Use LEAN tools and continuous improvement strategies

- Conduct Value Stream Map to identify and eliminate waste

Implement daily management system

- Conduct daily huddle with Perianesthesia staff, to review prior day's OR hold value and develop real-time solutions
 - Engage staff at all levels in the problem solving process
 - Celebrate successes

OPERATIONAL PLAN:

1. Value Stream Map team developed and completed over 30 process improvement projects that were outlined in charters
2. Utilize the holding room as an alternate Phase I recovery area
3. Cross-train and flex staff to cover various sectors of the Perianesthesia continuum
4. Create Medical-Surgical care area to function as an overflow setting within perioperative services
5. Transfer of patients from Phase I recovery to overflow area based on standard work
6. Initiate daily huddle with charge RNs across Perianesthesia units to match RN staffing to anticipated patient volumes
7. Collaborate between OR, Anesthesia, and PACU charge staff to prioritize patients leaving the OR to minimize the impact on patient care and operations

