



Implementing a Walk Project to Improve Length of Stay in the Post Anaesthesia Care Unit

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Description

Opportunities for improvement exist in reducing the length of stay (LOS) in Post Anaesthesia Care Unit (PACU) at Humber River Hospital (HRH). Historically, the LOS for ambulatory patients ranged from 1-2.5 hours. To improve ambulatory LOS, we implemented a “walk project”. The goal of the “walk project” was to separate the ambulatory patients from the in-patients in the recovery room to better monitor and manage the LOS. This was accomplished by dedicating a section of the recovery room to ambulatory patients.

Aim

To decrease ambulatory patients LOS in PACU and improve perioperative patient flow in Phase-1 recovery.

Actions Taken

Six-hundred elective ambulatory cases were randomly selected from each surgical specialty over 8-months. Patients with ASA 3-4 and surgeries under 180 minutes were excluded. Selected cases were flagged as walk and arrival time and discharge time was documented. Patient experience was also documented to determine cause of extended LOS.

Summary of Results

Three-hundred-fifty patients from the sample were true walk patients and included into the project. Average patient readiness for discharge was 50 minutes, with actual discharge at 60 minutes. Factors influencing the delayed LOS were pain management, missing or incomplete physician orders, blood pressure management, OSA, anxiety, obesity, nausea and vomiting.

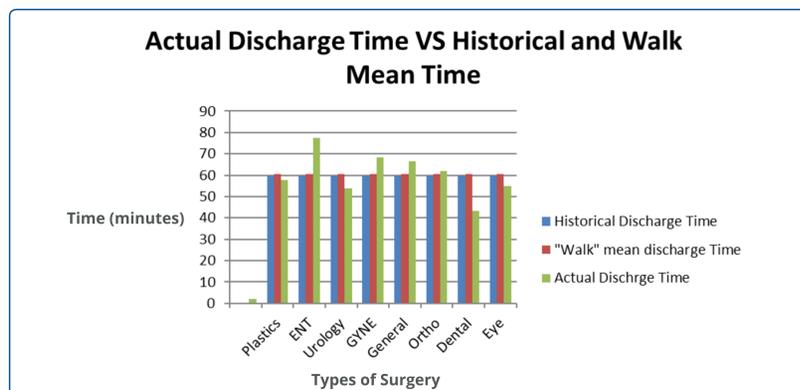


Figure 1. Actual discharge time vs. historical and walk mean time

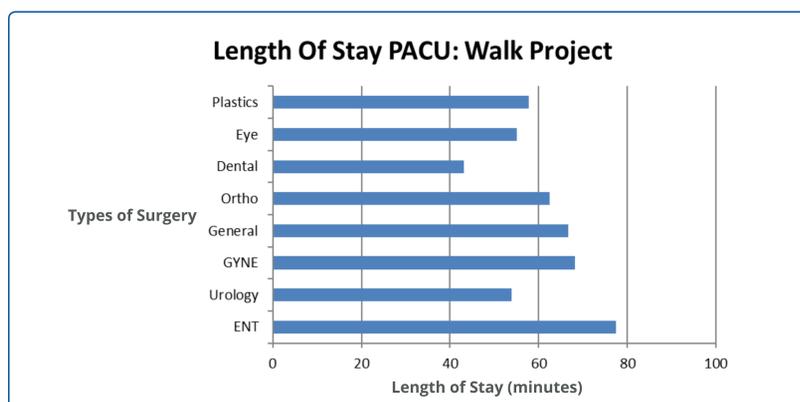


Figure 2. Length of stay in the PACU: Walk project

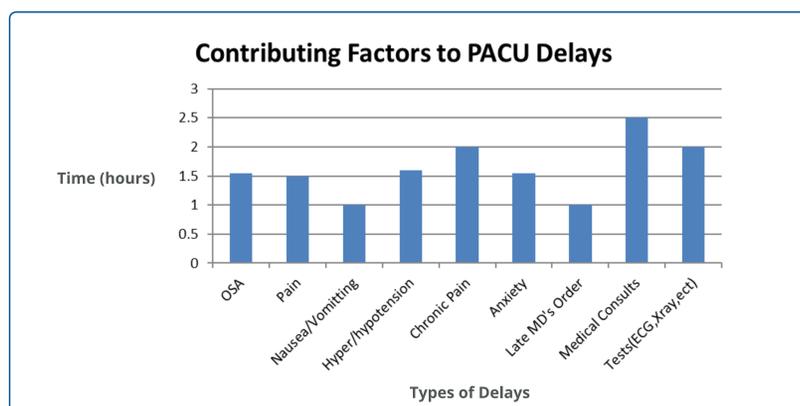


Figure 3. Contributing factors to PACU delays

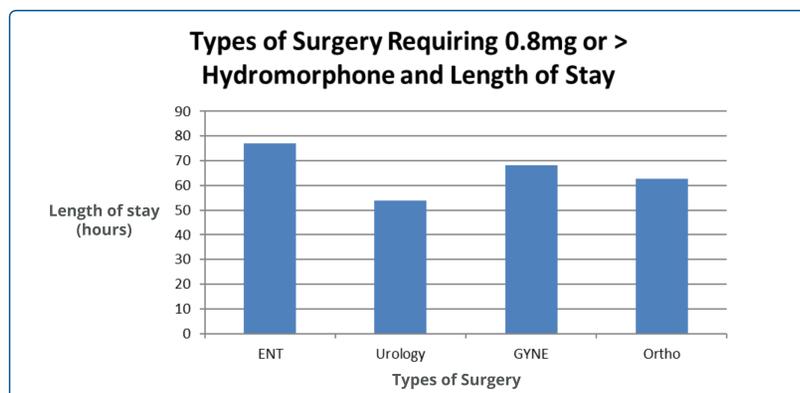


Figure 4. Types of surgery requiring ≥ 0.8 mg hydromorphone and length of stay