

INTRODUCTION

Background:

Setting: 19-bay surgical recovery unit in a Sacramento hospital with focus in surgical cases – neuro, vascular, plastics, general, ortho, GYN, ortho-spine, GI

Quality Gap: The department suffered from long OR-PACU Holds in the last 2 years that affected patient care and staff morale.

Project Aim: Reduction of OR-PACU Holds in 2024 and 2025

Global Aim: Improve patients' satisfaction and quality of patient care, increase efficiency, and overall improve surgical backlog of cases within the KP Sacramento Perioperative Department

Evidence
Ruiz-Patino et al. (2016) states congestion in the PACU can cause longer waiting times for operating room patients, which can increase hospital costs and negatively impact patients' overall surgical experience.

A multidisciplinary team initiated the process-improvement project. Previously, there was no standardized reporting and communication between disciplines was unclear. After identifying those gaps, the team drafted a project proposal and carried out a cost-benefit analysis to evaluate how the changes would improve clinical efficiency, patient satisfaction, and align with organizational goals.

INTRODUCTION

METHODS

Implementation of Patient Flow Strategies

Daily Review

The Assistant Nurse Manager conducts daily case reviews to enhance patient flow and communication.

Early Notification

UA provides early notification of Operating Room closing status to optimize scheduling and patient management.

Standardized Communication

Effective communication established between OR and PACU RNs ensures seamless ICU transitions or changes in LOC.

Overflow Recovery

Utilizing overflow recovery spots helps prevent patient holds and enhances recovery efficiency during peak times.

Staffing Inclusion

Inclusion of BRN and ANM in recovery staffing supports better resource allocation and patient transitions.

Increased Staffing

Increasing AM and PM core staffing during peak times ensures sufficient support for patient recovery needs.

PDSA Cycle

Plan

Focus on educating unit staff to achieve 100% goal rate.

Do

Ensure every team member understands their role and impact on OR PACU Holds.

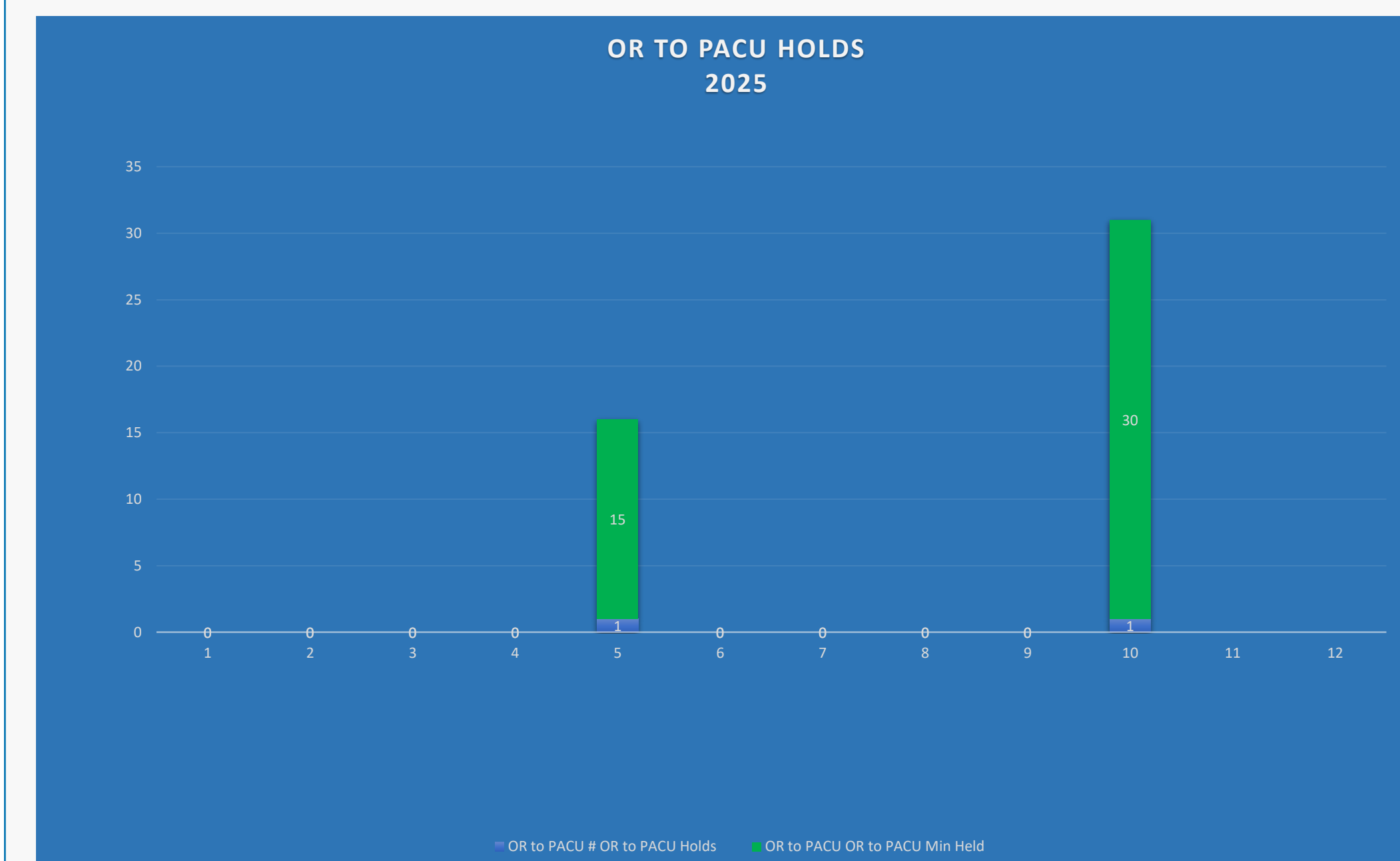
Study

Increase core staffing and utilization of bays for optimal performance.

Act

Establish timely escalation pathways engaging multi-disciplinary teams effectively.

RESULTS or CONCLUSION



Reduction of OR-PACU Holds to 2 occurrences for 15-30 mins in 2025



IMPLICATIONS FOR PRACTICE

Reducing OR-to-PACU hold times has played a key role in decreasing surgical backlog hours by allowing more patients to be managed within the scheduled operating time. This improvement highlights how essential efficient patient flow and timely handoffs are to maximizing surgical throughput and elevating patient care. Even during high-census periods—when hospital capacity issues and ICU boarders limit available space—the team continues to manage challenges effectively by following the appropriate escalation pathway.

REFERENCES

References:



Acknowledgments

Mary Jane Talento, Perioperative Director
 Basilio Dela Pena, PACU ANM
 Valentino Passetti, PACU ANM
 Aileen Icmat, PACU ANM
 Tim Hutchinson, Nursing Operations Director
 Amelia Dayucos, Perioperative Educator