

Improving Patient Flow in the Perioperative Area: A Multidisciplinary Approach



Approach

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Background

- Increases in surgical volume and inpatient capacity constraints led to **delays in patient flow** and extended PACU stays.
- Communication gaps between perioperative and inpatient teams contributed to **inconsistent discharge** timing and **workflow inefficiencies**.
- Multidisciplinary huddles and structured communication tools** have been shown to improve care coordination, throughput, and patient experience.. 1, 2

Problem

- Issue:** Extended PACU stays beyond Phase 1 Recovery created capacity constraints, leading to PACU Boarders, patient flow disruptions, delayed OR turnovers, and negative impacts on staffing efficiency and patient satisfaction.
- Status:** PACU Boarding was occurring frequently – especially Monday through Wednesday – due to late inpatient discharges, limited bed availability, and inconsistent communication between perioperative and inpatient teams.
- Action:** Implemented a structured multidisciplinary huddle process and standardized communication tool to proactively align discharge planning, coordinate staffing and bed availability, and improve real-time collaboration across perioperative and inpatient units.

Interventions

Standardized Huddle

- Daily 8:30 am interdisciplinary huddle
- Reviewed capacity, anticipated discharges, and barriers in real time
- Improved shared awareness and rapid decision making

Structured Planning Tool

- Standardized huddle sheet to track discharges, bed status, staffing and delays
- Included accountability and follow up items
- Integrated Voice of the Patient feedback

Discharge Alignment & Bed Readiness

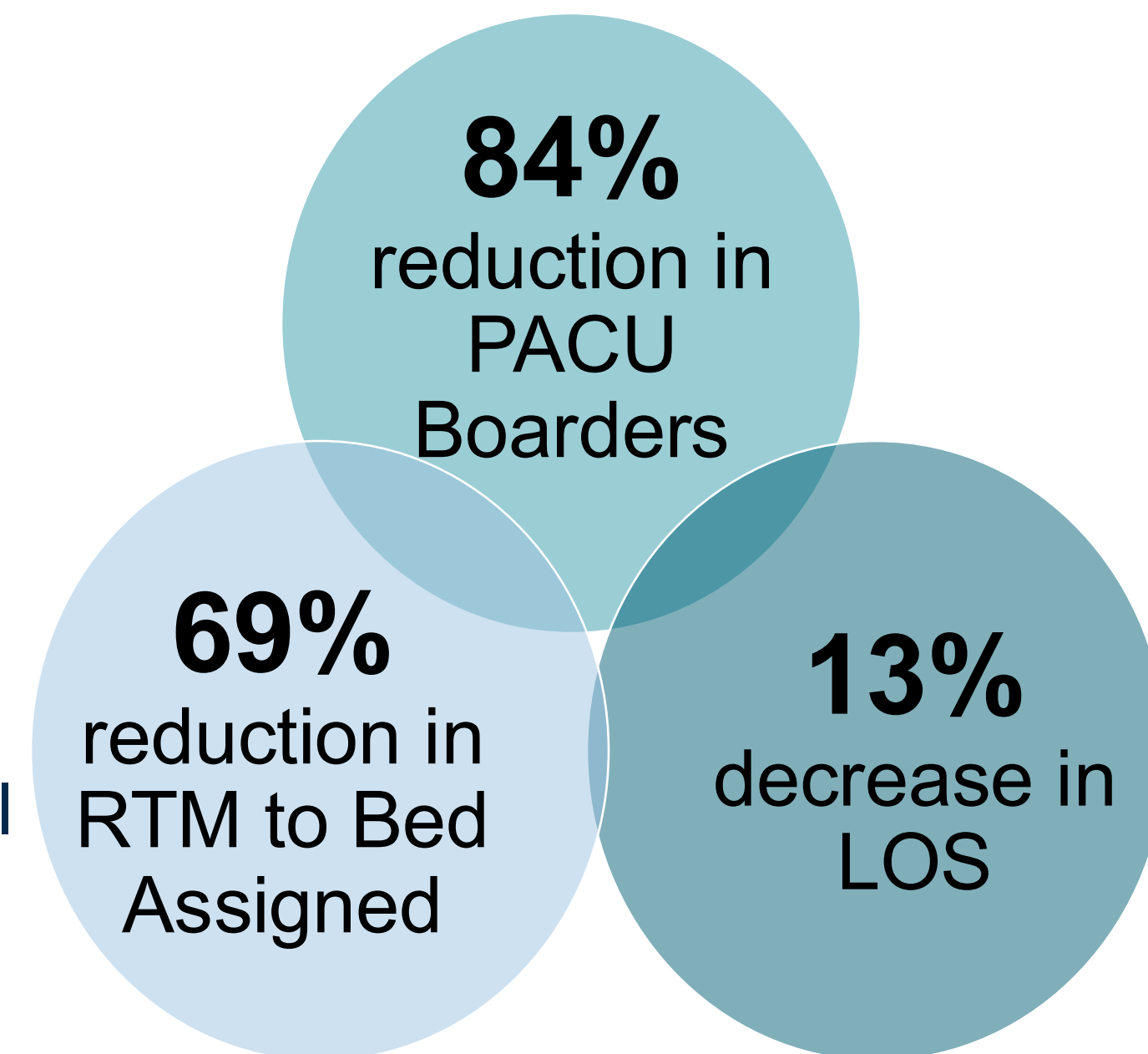
- Early identification of high priority post-op discharges
- Coordinated bed readiness with case management and inpatient units
- Reduced extended PACU stays by proactively opening beds

Real-Time Flow Escalation

- Triggered escalation when PACU boarding thresholds reached
- Activated alternative recovery areas and fast-tracked transfers
- Leadership support to remove barriers quickly

Outcomes

The multidisciplinary huddle and coordination strategies improved perioperative flow by reducing PACU boarding and recovery delays while strengthening discharge alignment. These interventions also enhanced teamwork, care coordination, and patient experience, reflected in stronger Press Ganey and operational performance indicators.



Recommendations

- Implement multidisciplinary huddles and structured coordination tools as a part of daily operations to proactively manage capacity, align discharges, and strengthen communication across the perioperative continuum.
- Expand the model to additional surgical and inpatient units to standardize flow practices, enhance bed utilization, and further improve efficiency, teamwork, and patient experience.

References

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