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Improvement in PACU sign out times

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Problem statement/Background

- The post anesthesia care unit (PACU) provides specialized care to post-surgical patients recovering from anesthesia.

- Patients are discharged from the PACU to other clinical units or home after they have emerged from anesthesia, meet the criteria for transfer, and are evaluated by an anesthesiologist.

- Causes of prolonged PACU signouts are multifactorial, but include staffing, situational awareness, and communication barriers.

- Consequences include deleterious effects on patient flow, patient and family experience, and overall cost of care.

Methods

- Possible systemic causes to PACU sign-out delays were identified and countermeasures were developed to improve the efficiency of sign-outs once patients are ready to be discharged.

- When a patient is deemed ready for sign-out, the PACU nurse presses the "ready for sign-out" button in Cerner (Timestamp #1) and then the anesthesiologist puts in the sign-out note after evaluating the patient in the PACU(Timestamp #2).

- The sign-out time is defined as the difference between Timestamp #1 and #2.

- Baseline data was collected for comparison:
  - Signouts less than 5 minutes: 36%
  - Signout less than 10 minutes: 59%
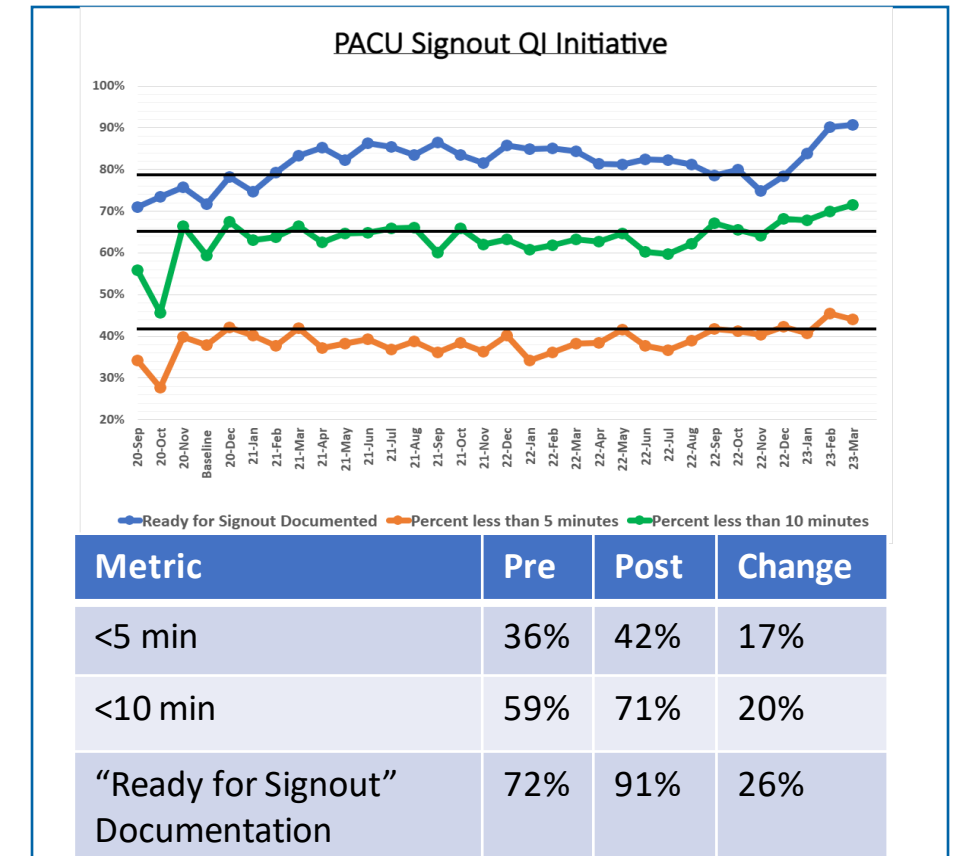 - Nursing documentation "Ready for Signout": 72%

Aim Statement

1. Increase "% of Cases Signed-out less than 10 minutes" from 59% to 65%.
3. Increase "% of Cases Signed-out less than 5 minutes" from 36% to 40%.
3. Increase Nursing Documentation Compliance from 72% to 79%.

Countermeasures

- We developed the initial PDSA cycle with following countermeasures to help decrease sign-out times:

1. Making sure the sign-out button is clicked by the PACU nurse, prior to the anesthesiologist sign-out note.

2. Encourage the same day surgery anesthesiologist carry the walkie-talkie for better communication as well as walking through PACU looking for sign-outs.

3. Encourage more frequent "rounding" through the PACU be the anesthesiology boardrunners.

4. Start tracking the PACU sign-out metrics at the PACU & Anesthesiology huddle board.

Results

PACU Signout QI Initiative

Metric	Pre	Post	Change
<5 min	36%	42%	17%
<10 min	59%	71%	20%
"Ready for Signout" Documentation	72%	91%	26%

Conclusion

- All metrics showed improvement above our stated goals.

- Multidisciplinary collaboration was key.

- The improvement in system efficiency is likely to lead to tangible cost savings to these patients.