

**Transition-PACU: Improving Throughput and the Environment of Care**  
**Marian Bomba Thomas, RN, BSN, CPAN, BC**  
**MD Anderson Cancer Center**  
**Yolanda DeLeon Ayson**

**Problem:**

Increased volume of admissions and overnight boarding of postoperative patients in Post Anesthesia Care Unit (PACU) created congestion, patient /family dissatisfaction from limited visitation hours, open environment, privacy concerns and increased expense for prolonged PACU stay. Other concerns included surgical case delays, and increased staff overtime.

**Evidence:**

Increase in patient/family complaints reported to management and patient advocacy department. NRC-Picker comments indicated a need for change. A Joint Commission consultant identified concerns related to infection control and privacy.

**Strategy:**

A literature review revealed that patients might do better emotionally and physiologically if liberalized (but contained) visitation is allowed (Fumagalli et al, 2006). Potential solutions were explored with medical/nursing staff. A need was identified for decreased time in PACU and monitored, overnight post-surgical care for patients in a better environment.

**Practice Change:**

The leadership team created a sixteen-bed PACU Transition unit (PTU) (open from Monday to Saturday evening and staffed by PACU nurses), with private rooms equipped for post-surgical care.

**Evaluation:**

Success was measured by a decrease in the number of complaints from patients/families about post-operative recovery times as recorded by the Patient Advocacy Department and **NRC Picker** patient satisfaction survey and a decrease in the number of requests made by patients for alteration of PACU charges due to prolonged wait times in PACU(Pearson, et al, 2006)

**Results:**

The PTU improves the patient's perioperative experience by: accommodating patients who do not have an available bed; transitioning patients from acute phase recovery; maximizing infection control/privacy; and liberalizing visiting hours. Patients and families are content and safe in a monitored private room. Physicians are satisfied with the improved flow and decreased need for in-Operating Room recovery.

**Recommendations:**

Waiting times for laboratory and medication dispensing must parallel those of the main PACU. Nurses are more satisfied and confident if given the option to rotate between PACU and the PTU.

### **Bibliography:**

- Fumagalli, S., Boncinelli, L., Nostro, A. L., Valoti, P., Giorgio, B., Bari, M. D., et al. (2006). Reduced cardiocirculatory complications with unrestrictive visiting policy in an intensive care unit: results from a pilot, randomized trial. *Circulation*, *113*, 946-952.
- Pearson, A., Porritt, K. A., Doran, D., Vincent, L. Craig, D., Tucker, D., et al. (2006). A comprehensive systematic review of evidence on the structure, process, characteristics and composition of nursing team that fosters a healthy work environment. *International Journal of Evidence Based Healthcare*, *4*, 118-159.