Should additional operating room staffing be planned on nights and weekends in order to reduce backup of patients in the emergency department?

The staffing for each OR can be 0.5 anesthesiologists, 1 certified registered nurse anesthetist, 1.5 OR registered nurses (RNs), and 1 surgical technologist. A monitored bed requires 0.3 RNs. During nights and weekends, hospitals have plenty of unused monitored beds (e.g., in the phase I postanesthesia care unit [PACU]), just a lack of nurses for those beds. If an increase in OR capacity is being considered, then the change would typically occur when the PACU nurses are already caring for at least one patient. Consequently, filling one more monitored bed would reasonably require just an additional 0.3 RN. Therefore, it would be cheaper to have a buffer queue between the emergency department and the ORs than to expand OR capacity.

Changes in operating room staffing on a long-term (annual) basis for nights and weekends can be expected to be proportional to changes in staffing needed during regular workdays. Click here for the article.

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