

Why do surgical suites have delays in PACU admission?

There are many causes of delays in PACU admission (e.g., delay in discharge or multiple arrivals near synchronously from many operating rooms). Benchmarking prevalence of delays in PACU admission is not helpful. For example, in many countries such as Japan, few hospitals have phase I PACU ([click here](#)). Operating room time generally is no longer, because anesthesia drugs at greater societal cost are used ([click here](#)). In other words, substitution is made for PACU nursing costs with drug costs. Thus, valid benchmarking of the prevalence of delays in PACU admission would need to control for medication costs. For example, again showing the limited to no value of benchmarking, in the United States, among pediatric patients, 94% of total operating room time, 88% of total PACU time, and 88% of PACU discharges are before 3 PM ([click here](#)). Therefore, for pediatric surgical facilities with many ambulatory surgery patients, the last patient having some or all phase I recovery in the operating room because the phase I PACU is full has not increased labor costs. The rational organization minimizing total labor costs of full-time personnel and that has nearly all rooms finishing within 8 hours does not have extra phase I PACU nurses but relies on the operating room nursing and anesthesia teams occasionally to recover patients, selectively choosing among operating rooms so that they do not exceed their regular work hours ([click here](#)).

Therefore, the most effective solutions to delays from operating room (and other anesthetizing locations) into PACU are to analyze retrospectively to assure that no improvements were possible with current bed and nursing resources. Generally, the sequences of operating cases by surgeon can be neglected, because changing each surgeon's scheduled start time has little to no impact ([click here](#)). An exception is when there are vastly fewer phase I beds or nurses than needed (e.g., disaster), for then sequencing should be applied ([click here](#)). Generally, short-term predictions of admissions into the PACU for communications also can be neglected for lack of impact in preventing delays ([click here](#)). Rather, compare day by day the observed delays in admission to the counts if there had been small adjustments to PACU nursing to match the arrival of patients. Use several months of data ([click here](#)). For examples of analyses and references, [click here](#), and then page forward. Assessments can be made for a slight change in total nursing hours versus change in percentage of days with at least one delay in PACU admission. Finally, make comparisons of current physical beds, minutes per workday that there were

delays in admission, and the impact of small increases to those beds, if feasible ([click here](#) and [click here](#) for example of use).

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