

Why is the incremental cost very small in caring for a few more or less post anesthesia care unit patients?

Suppose that after laparoscopic surgery patients remain in the phase I PACU for an average of 1 hour. Adding 1 or 2 such patients a week would result in negligible increased costs, much less than the cost per hour estimated as $(\text{total PACU nursing budget}) / (\text{total PACU patient hours})$. The reason is that PACU nurses typically and appropriately have substantial idle time, such that they can care for a few extra patients if scheduled appropriately. To understand why, suppose that PACU staffing was sufficient to only have ORs backup and cause delays in admission once every two weeks. This would represent staffing to the 90th percentile of workload. That may seem a high percentile, until the consequences to OR nurses, anesthesia providers, delayed patients, and frustrated surgeons are considered. Typically, administrators staff PACU to the 95th percentiles of workloads to prevent such unpopular incidents. Yet, surgical suites tend to have large day-to-day variability in workload, particularly late in afternoons. As a result, PACU tend to have large day-to-day variability in workload. The result is that staffing PACU to the 95th percentiles of workload result in much larger staffing than needed for the average day. Typically, the difference in staffing is double. For more information [click here](#) and [download this file](#).

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