

Background Information: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and System (OAS CAHPS) scores measure the patient experience with surgery performed at a hospital based outpatient surgery department or a free standing ambulatory surgery center. This survey contains 37 questions, within the domains of facilities and staff, communication about procedure, preparations for discharge and recovery, overall rating of surgery center and willingness to recommend. The scores in the discharge domain, were not where they needed to be. A work group was developed, realized they had to change their way of educating their patients and placed their focus on developing a new process to make the necessary changes.

Objectives of Project: Susan Miller, RN, a preop/PACU nurse at CFAM came up with an idea of a one page information sheet to ensure all educational areas were being addressed to all patients at CFAM. The quality improvement initiative was to correlate the educational points to the wording of the OAS CAHPS survey questions.

Process of Implementation: The one page information sheet addressed the following domains: Pain, Nausea, Bleeding and Infection. This information sheet is reviewed with each surgery patient at time of discharge and included within the discharge folder for the patient to have as a resource.

Statement of Successful Practice: In 2016, when the OAS CAHPS survey was launched, our scores for the discharge/recovery domain were 80.5. With the introduction and implementation of this improvement project, our scores went to 95.7 in 2017. With an increase of 15.2 percent, we knew this process improvement worked. To continue to improve scores, the education sheet was translated to the top 6 preferred languages of our patient population.

Implications for Advancing the Practice of Perianesthesia Nursing: The success of this quality improvement project was shared with all outpatient areas of our main facility at Long Island Jewish Medical Center, a part of Northwell Health. The education sheet proved to be advantageous to these areas as well, which set in motion the development of an education sheet for the anesthesia department also needing an improvement in scores. The implementation of this practice can be adapted to all areas of perianesthesia nursing and help all departments and hospitals improve their public reporting of performance data.

LIVE FROM NEW YORK – IT’S PRE-OP INSTRUCTIONS!



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Background Information: Breast surgery patients go to a myriad of appointments unseen by the PACU staff. Nuclear Medicine, Mammography, Ultrasound, Seed Placement, Clip Placement, Imaging, Biopsies and consultative appointments all occur prior to being booked for surgery. In a time where the pa-

tient experience matters most, focus needs to be given to the patient population undergoing the most amount of pre-surgical, stressful appointments.

Objectives of Project: This initiative was designed to lessen anxiety, humanize the surgical experience and better prepare the patients all while providing a personalized patient centered experience. This initiative is completely driven by leaders at the bedside and demonstrates a Magnet driven culture. This project was designed to help navigate the patient through a difficult and emotional period.

Process of Implementation: Breast surgery patients at New York-Presbyterian/David H. Koch Ambulatory Center are often scheduled for a pre-surgery appointment with the Mammography Department. Geography lends itself to assist with the implementation of face-to-face pre-operative interaction as the mammography and ambulatory surgery department share a floor. Through collaboration with the Mammography, Breast Surgery and Interventional teams, we are able to coordinate an in-person visit to the patient by the Pre-operative Registered Nurse (RN). During the live pre-operative visit, the RN is able to answer questions, review pre-operative education, tour the unit with the patient, and reduce patient stress.

Statement of Successful Practice: Although the patient receives a pre-operative phone call, the live interaction between the RN and patient has shown to improve the patient experience as well as better prepare the patient for surgery. This success is demonstrated through our internal survey results which display that 92% of patients surveyed report that meeting with a pre-operative nurse eased their mind and lowered their anxiety regarding surgery. Additionally, our success is displayed through our OASCAHPS survey domain of “instructions good regarding preparation,” showing an increase from 85% to 100% top box responses.

Implications for Advancing the Practice of Perianesthesia Nursing: As we enter 2019 and technological advancements, automated processes and robotic approaches are permeating the healthcare field, our initiative highlights the importance of the human touch.

THE B-LINK SYSTEM: A BRITISH BEST PRACTICE BECOMES A NURSING-LED INNOVATIVE PROGRAM IN THE UNITED STATES



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Background Information: In 2017, the Einstein Healthcare Network (EHN) Surgical Services Nursing Shared Governance Committee (“Surgical Cluster”) challenged the accepted practice of rinsing indwelling urinary catheter drainage bags daily with a vinegar/bleach solution. Surgical Cluster deemed the practice as a “sacred cow”, a tradition not based in evidence. Utilizing evidence-based decision-making, the team of clinical perioperative nurses collaborated with a large patient engagement corporation to eliminate unnecessary rinsing from discharge instructions in the electronic medical record. This

Note: All abstracts are printed as received from the authors.

simplified discharge instructions for 1000 hospitals and allowed patients to maintain a “closed” leg bag system at home, not possible with daily rinsing regimens.

Objectives of Project: The British Link System (B-Link) is the adoption of a UK standard of practice in the United States to simplify maintenance of a catheter for post-prostatectomy patients. The practice will increase patient satisfaction and reduce anxiety about having a catheter at home. The patient never disconnects the leg bag, connecting disposable night bags to the distal drain port. The catheter is removed at the follow-up appointment.

Process of Implementation: The team secured a grant to cover the costs of the required non-reimbursable supplies, and video tablets for patients to review instructions at home. Clear video instructions were produced explaining the innovative procedure. The video will be posted on social media and preloaded to tablets given to clients.

Educational collaboration workshops were held with inpatient nursing staff, perioperative RNs, and Urology physicians to support the initiative.

Patient satisfaction and preoperative anxiety is measured with evidence-based tools. Readmission Cases will be reviewed for educational gaps.

Statement of Successful Practice: The B-Link system is a cost-effective intervention to reduce anxiety and improve patient experiences for an overwhelming surgery. Multimedia video instruction is a preferred teaching method to better prepare patients for prostatectomy home care.

Implications for Advancing the Practice of Perianesthesia Nursing: Patient engagement can be optimized with the use of video instructions viewed in a more relaxed setting. Social media can be utilized as an effective teaching method for patients, caregivers and healthcare workers.

Further research is required to support the hypothesis that the reduced contamination risk of the link system decreases urinary tract infections. This would require data collection beyond the scope of the perioperative team.

BEST PRACTICE IN SUPPORTING PARENTS WITNESSING EMERGENCE DELIRIUM IN THE PACU

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Background Information: Emergence delirium (ED) is described as a mental disturbance seen during recovery from general anesthesia. ED is characterized by disorientation manifested by moaning, restlessness, and/or involuntary thrashing (Kain et al., 2004). ED is a common occurrence in pediatrics. In support of family centered care, parents/caregivers are brought to the PACU shortly after their child’s arrival from the operating room. Although this approach promotes parental involvement, parents often observe their child experiencing ED. Witnessing pediatric ED can be upsetting for parents and many feel anxious, powerless, and unprepared to comfort their child. Despite the potential negative impact ED has on parental distress/satisfaction, within our unit there was wide variation in how nurses prepared parents for this potential experience.

Objectives of Project: Identify best practices related to anticipatory education about pediatric ED.

Process of Implementation: A literature search was executed in CINAHL Plus, PubMed, MEDLINE, and Cochrane Database of Systematic Reviews using the search terms: emergence delirium, postoperative maladaptive behavior, pediatrics, children, education, parental distress, and parental satisfaction. Ten articles met the inclusion criteria and were critically appraised. Key findings were extracted using a table matrix for interpretation and synthesis. Although no literature specifically identified best practices for preparing parents who witness postoperative ED, our review identified a significant gap in understanding what this experience is like from the parent perspective.

Statement of Successful Practice: The results of the project were shared with perianesthesia staff and the goal to include ED education as part of standardized preoperative teaching was articulated. Nurses are collaborating with the department nurse scientist to develop a qualitative research study to explore the experience of witnessing a child’s ED from the parents’ perception. Findings from this proposed study will provide important insights for the development of the ED educational content.

Implications for Advancing the Practice of Perianesthesia Nursing: The identification of best practice through systematic literature reviews promotes quality care and helps to highlight important gaps in research. A comprehensive literature review is an essential first step to advancing the practice of perianesthesia nursing by ensuring that our educational content and approaches are evidenced-based.