Introduction: Cardiopulmonary arrest (Code Blue) remains a high risk, low frequency event in Post-Anesthesia Care Units (PACUs). Literature denotes that healthcare facilities should implement Code Blue refresher programs to bridge the gap amid initial and recertification of Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) skills due to the loss of knowledge in as little as two weeks after certification.

Identification of the problem: A gap analysis revealed that PACU RN's compliance to the American Heart Association (AHA)'s ACLS and BLS guidelines during mock Code Blues were suboptimal.

QI question/Purpose of the Study: The purpose of this project was to increase PACU RN's compliance and competence in ACLS and BLS skills while responding to Code Blues.

Methods: Baseline assessment of PACU RN Code Blue response was completed during mock Code Blue drills using a forty-six item standardized observation tool. Areas of opportunity led to the creation of monthly ACLS refresher workshops focusing on teamwork, ACLS algorithms, medication management, BLS skills, and in-situ Code Blue drills. Participant performances were re-evaluated using the same tool following the workshops during mock Code Blue drills several weeks after the last workshop.

Outcomes/Results: Initial assessment revealed a 33.4% Code Blue management compliance, whereas the post-intervention score increased to 92.2%. Tachycardia and bradycardia algorithm adherence increased from 28% to 91.2% and 21.4% to 81%; BLS adherence increased from 40.6% to 96%. Furthermore, 64.3% of participants initially met AHA's guidelines for initiating chest compressions; however, after intervention 100% of the participants initiated chest compression post-intervention appropriately.

Discussion: The AHA emphasizes the importance of ACLS and BLS skills in the chain of survival. BLS components such as: quality and timing of chest compressions, and ventilation skills improved significantly as did the adherence to ACLS guidelines. The PACU RN's response to cardiac arrest and deteriorating patient conditions using ACLS standards indicate that reinforcing ACLS skills leads to increase in knowledge.

Conclusion: ACLS workshops between recertification times improved PACU RN Code Blue response competence.

Implications for perianesthesia nurses and future research: ACLS refresher programs should be implemented in PACUs to bridge knowledge gaps between certification and recertification. Reinforcement of AHA guidelines lead to an increase in competence in Code Blue management, in-hospital cardiac survival rates, and improved patient outcomes.

PACU CRITICAL CARE PROGRAM: INCREASING PRECEPTOR KNOWLEDGE AND CONFIDENCE TO FOSTER FUTURE GENERATIONS OF RNS

Primary Investigators: Ayumi Fielden, MSN RN CCRN-K CPAN, Laura Ortiz, MSN BBA RN CCRN
Houston Methodist Hospital, Houston, Texas
Co-Investigators: Pamela Northrop, MSN RN CPAN, Holly Rodriguez, BSN RN-BC CCRN-CMC

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

Introduction: An academic medical center's Post-Anesthesia Care Units (PACU) have increased bed space due to increasing surgical volume, patient acuity, and lack of Intensive Care Unit (ICU) beds. Often patients in the PACU require ICU care, requiring an increased stay in PACU due to increased monitoring requirements and medical interventions to stabilize patients postoperatively.

Identification of the problem: Additional Critical Care (CC) training was evident as PACU Registered Nurses (RN) voiced widespread lack of confidence and knowledge in caring for post-surgical ICU patients. Providing CC education to all current PACU RNs is as unrealistic as it is time consuming and cost ineffective.

QI question/Purpose of the study: The project's goal was to create a program that increases CC knowledge and confidence levels in the PACU RN preceptors, who mentor and precept new employees, meanwhile mentoring current PACU staff.

Methods: A four class series, increasing in difficulty was completed over several months to allow the participants to learn and apply the concepts in small increments to maximize learning. Concepts included: post-surgical patient assessment, device management of various pacemakers, external ventricular devices, hemodynamics, lab interpretation and post-surgical complication management. Instruction consisted of didactic lectures and High Fidelity Simulation (HFS). A fifty-question pre and post intervention CC knowledge test and a thirteen-question Likert scale confidence survey measured the effectiveness of the program. Furthermore, a forty-item RAPIDS-Tool was used on day one and on the final day during HFS to evaluate participants' performance rescuing a patient's deteriorating condition.

Outcomes/Results: Confidence levels increased from 3.14 to 4.14 noting a 20.1% increase. The CC knowledge score increased by 27.4%. Additionally, the RAPIDS-Tool score increased from 15.3 to 36.5, noting a 53.1% score increase.

Discussion: Results indicate that the CC class improved confidence and knowledge; most importantly, it improved assessment skills and response to deteriorating patients. Participants voiced their intent to teach learned CC concepts to new employees and colleagues.

Conclusion: CC Concepts Program improved participants' confidence, knowledge and response to deteriorating patients.

Implications for perianesthesia nurses and future research: Including the CC program to PACU preceptor programs may benefit all PACU RNs via confident PACU preceptors/ mentors who share their new knowledge with other staff members caring for critical PACU patients.

BEDSIDE HANDOFF BETWEEN THE PERI-ANESTHESIA CARE UNIT AND MEDICAL-SURGICAL UNIT

Primary Investigator: Ann-Marie Bermingham, BSN
Brigham & Women's Faulkner Hospital, Jamaica Plain, Massachusetts

Introduction: This evidenced-based practice (EBP) project was instituted after noting many rapid response activations (RRT's) on the medical-surgical unit in a community hospital in the greater Boston area.