resulting in 14% (n=10) of total knee replacement patients and 6% (n=5) of total hip replacement patients experiencing urinary incontinence. Bladder scanning was not routinely performed.

Purpose of the Study: The purpose of this quality improvement project was to implement standardized guidelines for bladder scanning for patients who have total knee or hip replacement to decrease POUR and incontinent episodes.

Methods: Patients were bladder scanned within the first hour of PACU admission. Straight catheterization was performed for more than 400ml of retained urine. The protocol included both total knee and total hip placement surgeries with spinal anesthesia. Compliance with scanning, percentages with POUR and incontinent episodes were reviewed.

Results: POUR was detected in 46% of total knee patients and 36% of total hip patients. Incontinence rates for knee patients decreased by 14% and by 2% for patients with total hip replacements.

Discussion: The literature supports the results stating that bladder scanning is important in decreasing POUR. In study phase 2, the enhanced recovery after surgery program resulted in more patients being admitted with indwelling catheters; continued decline in the number of patients requiring a scan may have effected protocol compliance.

Conclusion: A bladder scanning protocol decreases post-operative incontinence. Bladder scanning also helps decrease POUR by decreasing the potential risk of complications.

Implications: Bladder scanning is an effective way to screen for bladder distention by decreasing POUR and incontinence in postoperative patients with knee and hip replacements.

MINIMIZING DISTRACTIONS AND INTERRUPTIONS AT THE PYXIS MACHINE THUS IMPROVING SAFETY

Primary Investigator: Ann Marie Culver, RN CAPA
Baystate Medical Center, Springfield, Massachusetts
Co-Investigators: Alison Colburn, RN BSN CAPA, Nancy Falvey, RN BSN CAPA

Introduction: Being a part of a busy Day Stay Pre-op /PACU unit, where surgeons, residents, anesthesiologists, CRNA's and nurses congregate in our nurse's station, can create a loud and distracting environment. This is where our PYXIS machine is located. We wanted to minimize distractions and interruptions while removing medications to reduce the incidence of errors.

Identification of the problem: We surveyed 29 of our co-workers. Twenty −three out of twenty-nine surveyed said they felt distracted while at the PYXIS machine. Fifteen of the twenty-three admitted that this caused an error. Most of the errors were counting errors and did not reach the patient.

EBP Question/Purpose: Does implementing a safety zone around the PYXIS machine minimize distractions and interruptions thus improving patient safety?

Methods/Evidence: Studies show that medication errors can increase by 12.7% with each interruption. Distractions and interruptions early in the task process are most prone to errors

as opposed to errors in the later part of the task. Studies show there are three important steps to be taken to lesson interruptions during medication administration thus improving patient safety. First, there must be a safety zone to obtain, prepare and administer medication. Second, signs should be posted in areas of frequent interruptions. And third, education must be given to staff, providers, colleagues, patients and families about the importance of minimizing interruptions during the medication administration.

Significance of Findings/Outcomes: We implemented a safety zone which consisted of a square of red duct tape on the floor around the PYXIS, posted a sign to signify the safety zone and educated our colleagues. We conducted a post-implementation survey two months later. We concluded that designating a safety zone and educating staff overwhelmingly decreased distractions and interruptions at the PYXIS making it safer for patients.

Implications for Peri-anesthesia Nurses and Future Research: Implementing a safety zone around the medication dispensing areas can reduce medication errors and create a safer patient environment. At last years' National ASPAN Conference, only 50% of nurses we surveyed had a safety zone around their PYXIS. Forty-nine percent did not and twenty percent of those nurses stated they wish that they did have a safety zone.

NASAL CANNULA VERSUS FACE TENT FOR OXYGEN DELIVERY IN THE POST ANESTHESIA SETTING

Primary Investigator: Patricia Panfile, MAN RN CPAN
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Co-Investigator: Donna Cole, PhD RN CNOR NE-BC

Introduction: Different practices exist to safely oxygenate patients in the post-anesthesia care unit. The practice at Hunterdon Medical Center was to apply 40% face tent to each postoperative patient that received general anesthesia. A new anesthesia team at our facility introduced the practice of administering four liters by nasal cannula to our post-operative patients. A review of the literature was performed to evaluate the efficacy of the two different means of oxygen administration to post-operative patients who had received general anesthesia. There was a paucity of research comparing the two delivery systems in this patient population. To answer the question as to the difference between oxygen delivered via face tent and nasal cannula, I obtained IRB approval for a retrospective quality improvement study.

Purpose: The purpose of this study was to evaluate the difference between oxygen delivered via face tent and nasal cannula by measuring oxygen saturation and respiratory rate on admission to the PACU, 15 minutes and 30 minutes thereafter.

Methodology: A retrospective study looking at healthy adult patients receiving general anesthesia for laparoscopic cholecystectomy, knee arthroscopy and laparoscopic appendectomy. Outcome variables included oxygen saturation and respiratory rate both which were collected from a retrospective chart review.

Results: Data (n=124) were analyzed using a one-way Analysis of Variance (ANOVA). Resulting in p=0.16:indicating that there was no statistically significant difference between groups. This

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evidence supports the hypothesis that there is no difference between the two oxygen delivery systems.

Conclusion: This research will help improve patient safety and decrease hospital cost and waste. Practice has been changed based on the study findings and the unit had a substantial decrease in supply costs for oxygen maintenance.

Implications for perianesthesia nurse: Improve the postoperative patient's experience by making them more comfortable and reducing the risk of injury. There will also be potential for reducing hospital costs in equipment and nursing time.

A RETROSPECTIVE ANALYSIS TO ANALYZE HEALTH DATA AND OSA RISK IN WOMEN

Primary Investigator: Kimberly Latham, BSN RN CCRN
The Christ Hospital Health Network, Cincinnati, Ohio
Co-Investigators: Tamera Bird, BSN RN CCRN, Brenda Johnson, MSN RN, Victoria Roelker, RRT, Mark Scherer, BSN RN

Introduction: At our institution, the STOP BANG tool is used to screen patients preoperatively for OSA risk. Each "yes" answer is issued one point. For a score of 5 on the 8 point scale, the patient would be monitored on capnography post operatively.

Identification of the problem: Woman who score 4 on the 8 point scale do not meet the criteria for capnography. Based on the STOP BANG tool, male gender receives one point. PACU staff nurses recognized women who scored a 4 were having episodes of desaturations and apnea while in the PACU.

Purpose of the Study: The purpose of this study is to examine the clinical outcomes of female patients screened for OSA using the STOP BANG tool who did not qualify for capnography(due to a score of 4 rather than 5, based on female gender alone) compared to men who qualified for capnography(due to score of 5).

Methodology: The incidence of OSA is reportedly higher in men than women. As a result, women screened for OSA using the STOP BANG tool are automatically assigned a one point deduction based on gender alone. There may be insufficient evidence to support the difference in OSA scoring between men and women. This study will use a retrospective chart review, over a two year span, to examine the medical records of patients who were screened for OSA preoperatively at our institution. Data will be analyzed for select indicators which are linked to overall health status following surgery.

Results: The data is being collected at this time. We speculate the results will demonstrate that all women with a score of 4 should have capnography monitoring for safe patient care post operatively.

Discussion: To determine if women who score a 4 have similar post op issues as men who score a 5.

Conclusion: Data is still being collected at this time.

Implications for perianesthesia nurses and future research: If the data reveals that women have respiratory complications due to undiagnosed OSA compared to men, a change in practice would be needed.

EXAMINING NURSE SATISFACTION USING THE DIGITAL PATIENT SUMMARY: A FASTTRACK METHOD OF HANDOVER REPORT

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Introduction: In today's patient care setting, the adoption of technology and digital format is inevitable. The literature indicated that digital patient summary improves the quality, safety and efficiency of patient care. Digital patient summary serves as a tool for PACU nurses to use during handover report before patient's transfer to another nursing unit, service and facility.

Identification of the problem: Providing a comprehensive handover report is crucial to patient safety. In the electronic medical record (EMR), data were posted in several sections that resulted nurse's failure to find important data before patient's transfer. The emergence of digital documentation brought challenges to PACU nurses who are not savvy navigating the system.

QI question/Purpose of the study: The purpose of this study was to explore whether the use of a digital patient summary, a fast track method of handover, impacts PACU nurse's satisfaction.

Methods: Digital patient summary was created and designed by staff nurses. Patient's data flow through the patient summary section once the documentation is updated in the EMR. The pilot study of implementing the digital patient summary for handover was done in PACU of the facility. All participants completed the survey at 1 month and 2 months post implementation of the digital patient summary to examine the impact of its use during handover report related to nurse's satisfaction.

Outcomes/Results: Matched pair t tests revealed significant differences between the first and second month survey result after the digital patient summary was implemented. The survey results found that PACU RNs were more satisfied with the use of digital patient summary during the second month.

Discussion: The use of digital patient summary during handover report prevents communication gaps between nurses. Patient safety is at risk when there are breakdowns in communicating the relevant information for patient care.

Conclusion: The integration of a patient summary section assisted PACU nurses to find pertinent patient information easily in the EMR. It promotes an effective and comprehensive reporting process from PACU and beyond.

Implications for perianesthesia nurses and future research: The changes in health care industry affect every nursing practice. Health care is becoming complex and nursing practice has to face the challenge to provide safe and excellent care. Implications for future research may replicate the use of the digital patient summary in every patient services beyond PACU setting.