

a brief conversation about their comfort, change in comfort, pain control, functionality, and sleep.

**Identification of the problem:** According to the Joint Commission (TJC) and the American Society for Pain Management Nursing (ASPMN) the use of the commonly used numeric rating scale (NRS) can lead to opioid overdose and ineffective treatment.

**Purpose of the Study:** To compare post-surgical patients' perceptions of the effectiveness of two pain assessment tools, CAPA and NRS.

**Methodology:** An IRB approved, prospective observational study was conducted. Patients undergoing elective spinal surgery who stayed at least one night in the hospital (n=40) were included. Nurses trained in the use of CAPA, assessed patients' pain levels first with CAPA then NRS. Patients completed a survey on discharge comparing their perception of CAPA and NRS.

**Results:** Patient survey results show no significant difference between the numerical scale and the CAPA tool in ease of use by patients (p>.05). In addition, there was no significant difference between patients perception of nurse response between the two tools, (p>.05). However, there was a statistically significant difference in patient comfort level with the two tools. (p=.018)

**Discussion:** CAPA, compared to NRS, was similarly easy for patients to use and similar in RN response. However, patients reported more comfort with use of CAPA. Changing a nurses' longstanding practice and asking nurses on another department to cooperate with a research study were limitations to this study.

**Conclusion:** CAPA shows promise as an alternative to simply having patients assign a number to a complex situation, like pain.

**Implications for perianesthesia nurses and future research:** Patients emerging from anesthesia, often find the NRS difficult to use. Pain management standards for safe and effective pain management start with CAPA conversations, giving the nurse a way of documenting it. Future research to evaluate how CAPA effects pain management and patient/nurse satisfaction. To address the limitations of this study, a similar study is being conducted in our ambulatory setting. Preliminary findings will be available for discussion.

### GEL IN GEL OUT: PERIOPERATIVE HAND HYGIENE COMPLIANCE

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**Introduction:** Proper hand hygiene is the number one preventative measure to the improving patient health outcomes following surgical intervention. 1 in 4 hospitals fail in hand hygiene, and 1 in 25 hospital patients have at least one healthcare associated infection (HAI) on any given day. Hand hygiene compliance of the peri anesthesia team in the Pre-op and

PACU area was measured prior to and after implementing measures to determine an evolving change in hand hygiene compliance.

**Identification of the problem:** Noncompliance with appropriate hand hygiene before and after patient care.

**QI question/Purpose of the study:** The purpose of this study was to see what variables could be implemented to assist the staff at achieving hand hygiene compliance.

**Methods:** Observational measurements were obtained pre and post intervention by a 'secret shopper,' in addition to monitoring the frequency of the gel sanitizer replacements in the perioperative area.

**Outcomes/Results:** Following the introduction of additional hand sanitizer dispensers in patient care areas, as well as ongoing staff education, the rate of hand hygiene compliance significantly improved.

**Discussion:** This study did not measure the rates of healthcare associated infections (HAI) due to the multifactorial influences that contribute to HAI in this vulnerable patient population. By instituting additional practices to improve awareness and knowledge, as well as improved accessibility to dispensers, compliance rates did increase. Meeting regulatory standards and achieving hand hygiene benchmarks continues to be a priority at our institution.

**Conclusion:** Prior to implementation of "Gel In Gel Out," compliance with hand hygiene was well below acceptable levels for the preoperative and PACU team at City of Hope. By providing ongoing education and statistics to staff, as well as increasing accessibility of hand gel sanitizer dispensers in the treatment area, compliance improved.

**Implications for perianesthesia nurses and future research:** It is imperative that maintaining an effective infection control program for continued compliance is the forefront for improved patient outcomes. A concerted effort to further determine what factors contribute most to lower rates of compliance in the peri-anesthesia area is of continued importance.

### SCREENING MATTERS FOR OSA

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**Introduction:** Obstructive sleep apnea (OSA) is a life-threatening concern in the ambulatory surgical setting. Sleep that is thwarted after receiving anesthesia, sedating medications, alcohol consumption, or pre-existing comorbidities together they remain a potential concern for patient safety and airway patency.

**Identification of the problem:** Perianesthesia nurses noted prolonged post anesthesia recovery, lower oxygen saturation levels and delayed discharge times in an ambulatory surgical center. A nurse-initiative protocol was established following a literature review.

**Purpose of the Study:** The purpose of this study was to identify OSA candidates prior to surgery using perianesthesia nurse-