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-

driven guidelines, integrating a validated OSA screening tool during pre-operative phone interviews, promoting patient education and supporting safer nursing practices.
Methodology: This was an IRB approved, nurse-driven study. A reliable STOP-Bang Questionnaire was implemented to recognize patients at risk for OSA prior to surgery. A standardized protocol was established, including OSA discharge teaching, interventions, and adoption into the electronic medical records.
Results: Prior to this study, a patient sleep assessment was not consistently evaluated. The STOP-Bang Questionnaire was complete in 1,118 ambulatory surgical patients. The outcomes concluded 116 (10%) of ambulatory patients scheduled for elective surgery had risks for undiagnosed OSA screening, leading to 179 (16%) cancellations of scheduled surgeries. Following nurse-drive OSA protocol, no adverse hospital admissions since resulted.
Discussion: Pre-operative screening for OSA has fostered improved patient outcomes by avoiding recovery delays and discharge times. Through the support of OSA guidelines perianesthesia nurses have enhanced interprofessional communications, developed patient education, reduced hospital admissions and advanced patient safety in an ambulatory setting.
Conclusion: Minimizing adverse health-related problems following ambulatory surgery remains a priority for perianesthesia nurses. Screening patients sleep habits and their OSA risks using a STOP-Bang Questionnaire prior to surgeries or procedural sedation improved patient safety and upholds best perianesthesia nursing practices.
Implications for perianesthesia nurses and future research: Future research recommendations include, intensifying data retrieval to include a facility-wide OSA screening assessment, expand sample size and length of study.

THREE ES TO IMPROVING OUTCOMES: EDUCATION, ENGAGEMENT AND ENHANCED RECOVERY

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Introduction: Delnor Hospital participated in a collaborative along with other Northwestern Medicine hospitals expanding the elective colon bundle which included Enhanced Recovery elements to improve patient outcomes. Providing patients/families with a robust education plan preoperatively to engage patients in their care and improve their outcomes became a focal point for the Enhanced Recovery Program (ERP) at Delnor.
Identification of the problem: During the initial pilot the hospital could not justify creating a nurse navigator for this program. Additionally, the surgeons at Delnor lacked the resources to provide the extensive education during the office visits.
QI question/Purpose of the Study: What impact does preoperative education have on engaging patients/families in the Enhanced Recovery Program to improve outcomes?
Methods: The Enhanced Recovery Nurse Coordinator (ERNC) was established within the Preadmission Testing (PAT) department to guide patients through the education and pre-surgical preparation. An education binder was created for the patients to learn about ERP, prepare them for surgery, and get them back to better health sooner. The education developed in the binder reflected evidence-based best practices for early ambulation, nutritional optimization, and pain management. Education began in the surgeon's office, and continued through multiple calls and a visit with the ERNC.
Outcomes/Results: The program was piloted with 4 surgeons until 20 patients completed the protocol. There are 47 specific data elements monitored by the team. Highlighted data from the pilot: 100% of the patients received the binder and education with the ERNCs which translated into a 53% reduction in Length of Stay and 30-day Readmission rates, along with 100% reduction of Venous Thromboembolism.
Discussion: The patients involved with the pilot study were engaged in the protocol and provided positive feedback to the preoperative education. It is believed that the patient/family buy-in supported improved outcomes and the program's success.
Conclusion: Success of this program has led to expansion of ERP to other surgical specialties and the comprehensive education delivery method will continue to expand to other service lines.
Implications for perianesthesia nurses and future research: Consideration of a retrospective study from the pilot population to identify if the education binders and ERNC role supported the improved outcomes. As ERP expands at Delnor, the team will continue to review the delivery method for the education.

MUSIC LISTENING IN THE PACU IN PATIENTS UNDERGOING ADENOTONSILLECTOMY SURGERY

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Co-Investigators: Karen Slater, BSN RN, Margaret Dunn, BSN RN CPN, Anne Marguerite Weisman, RN

Introduction: In the pediatric population, music has been utilized in the hospital setting to relieve anxiety and distract from painful procedures. There is limited information related to the influence of music and pain management in pediatrics. Music listening as an intervention in children who have had Adenotonsillectomy surgery is a tool to address adjuncts to medication for pain relief.
Identification of the problem: Adenotonsillectomy surgery is a painful procedure. In the pediatric population it may be difficult to manage the pain associated with this procedure. Common practice to relieve pain associated with Adenotonsillectomy consists of pain medications, including narcotics.