

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 pro-

gram. 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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**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.

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