Methodology: A pre-post measurement of oral temperature on a convenience sample of post-surgical adult patients transported from PACU to an inpatient or observation unit. Data was collected by two trained PACU support techs using an author-developed data collection tool.

Upon readiness for discharge, and within 2 minutes prior to physically leaving the PACU, the support tech will take an oral temperature per protocol with a designated oral thermometer and document on the data collection tool. The same tech with the same thermometer rechecks and documents the temperature upon arrival to the inpatient unit.

Results: Preliminary data of 82 patients demonstrates a mean temperature reduction during transport of 0.48 degrees F. and that the effects of length of transport on temperature are not significant at this time.

Discussion: Because preliminary data demonstrates that there is minimal effect on temperature from transport, other etiologies must be explored. Effectively stabilizing patient is an essential component of PACU care. In this cost and time-constrained healthcare environment it is imperative to consider stabilization beyond the PACU.

Conclusion: A better understanding of the effects of transport on temperature provides important information to optimize patient condition in limited time.

Implications for perianesthesia nurses and future research: A consistent method of measuring temperature across the continuum of care is essential. A future opportunity exists to compare the temperature of 30 minutes before transport to the temperature of 2 minutes before transport from PACU.

PACU PIONEERS AROUND THE WORLD: NURSING QUALITY IMPROVEMENT STRATEGIES IN KENYA

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Co-Investigators: Grace Umutesi, MPH,
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Introduction: Currently, five billion people world-wide do not have access to safe surgical, anesthesia, and perianesthesia nursing care. Global efforts to scale up delivery of safe, context-relevant nursing care need to be tailored to environments of low and middle income countries (LMICs).

Identification of the problem: Literature on Post-Anesthesia Care Units (PACUs) and perianesthesia nursing in LMICs is sparse or non-existent. Understanding the state of perianesthesia nursing practices is a first step toward improving safe and patient-centered care in LMICs.

QI Question/Purpose of the Study: The goal of this work was to develop quality improvement (QI) tools to assess the delivery of perianesthesia nursing care in PACUs in a low-resource setting. These tools were piloted by collecting data from the PACU in a tertiary referral hospital in Kenya.

Methods: Four QI tools were developed using a multidisciplinary team in order to assess the quality of nursing care in the PACU at a 350-bed Kenyan hospital. Resources from leading global health organizations and the American Society of PeriAnesthesia Nurses (ASPAN) were used to guide this process. The QI tools included: facility assessment, patient observation, semi-structured interview guide for perianesthesia nursing, and semi-structured interview guide for anesthesia providers. The 90-question Facility Assessment was developed to understand the available resources in PACU. The patient observation tool (POT) captured data including patient demographics, events, interventions, length of stay, and delays in PACU. All PACU nurses were interviewed using a semi-structured interview guide and a validated tool to evaluate the quality of nursing work environment: the Practice Environment Scale - Nursing Work Index.

Outcomes/Results: Average PACU length of stay was 1 hour 46 minutes, ranging from 30 minutes to 5 hours. Delays in discharge from PACU occurred in 58% of patients. Top reason for delay was the ward nurse was not available to pick up the patient. Nurse documentation of vital signs was frequently missed. On average, 94% of patients' respirations, 34% of temperatures, and 36% of blood pressures were not documented.

Discussion/Conclusion: Use of QI tools, with support of a multidisciplinary team, offer practical methods to assess perianesthesia nursing, promote safe PACU practices, and gather evidence for setting standards in LMICs.

Implications for perianesthesia nurses and future research: Further iterations of the tools and additional trials should be implemented in other LMIC facilities.

FACTORS NURSES CONSIDER WHEN MAKING THE DECISION TO MEDICATE FOR PAIN IN THE PACU: THE EMBEDDED KNOWLEDGE WITHIN PRACTICE

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Introduction: Within the clinical setting, pain and sedation scales alone are not enough to support clinical judgment with acute pain management (Jarzyna et al., 2011).

Identification of the problem: Because sedation measurement rests along a fluctuating continuum, it is possible for a patient to be sedated and then shift to increasing alertness, and then to drift back to a sedated state. This potential for acute clinical transition can be challenging to nurses of all levels from novice to expert.

Purpose of the Study: The purpose of this study was to examine how nurses working in the Post-Anesthetic Care Unit (PACU) identify and describe excessive sedation and what criteria they use to make decisions about medicating patients for pain.

Methodology: Utilizing Heideggarian Hermeneutics methodology, 20 expert PACU nurses were asked to participate in

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open-ended interviews regarding their lived experiences. Interviews were audiotaped, transcribed and analyzed using an interpretive team and a modified seven-stage process for interpretation by Diekelmann, Allen, and Tanner (1989).

Results: Four themes identified through the participant's stories were; recognizing every patient is different, engaging in iterative knowing, walking a fine line, and looking beyond and anticipating. This study identified a constitutive pattern of interpreting sedation by integrating practical understanding and anticipating beyond.

Discussion: This study captures the meaning of sedation in terms of the whole nursing gestalt, looking beyond the scales and the monitors, at a deeper level of understanding. Their ability to recognize sedation and adapt their practices comes from years of experience which challenges them to transfer that knowledge to the novice nurses in practice.

Conclusion: This study indicates a deeper complexity in the way sedation is assessed and balanced with pain management by nurses in the PACU.

Implications for Perianesthesia Nursing and Future Research: The nurses from this study were dynamic, insightful, and perpetually interpreting sedation by integrating their practical understandings and anticipating beyond. The results of this study will inform the development or refinement of sedation scales with the goal of improving sensitivity and specificity to capture all aspects of opioid induced sedation.

HOSPITAL NURSES PERCEPTION OF TRANSITION TO PRACTICE

Primary Investigator: Christina Harris, MSN RN-BC
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Co-Investigator: Mary Will, RN BSN CAPA

Introduction/Identification of the problem: The need for a positive preceptor/preceptee experience was expressed through feedback gathered from Mid Coast Hospital (MCH) nurses. This feedback provided an opportunity for improvement of the orientation process.

Purpose of the Study: The purpose of this study was to explore new-to-MCH nurses' perceptions of the transition to practice as these directly influence patients' quality of care, nursing satisfaction with the job and nursing retention.

Methodology: This study was Qualitative. The group studied consisted of nurses who were new to Mid Coast Hospital. Electronic survey tools with demographic data and questions were used. Primary analysis was performed to gather overall themes from all respondents; a secondary analysis was performed to examine the responses from participants who had trained preceptors and those who did not have trained preceptors.

Results: The **primary findings** of all responses included themes of good support during transition to practice. **Secondary analysis** was inconclusive in regard to the research question, as only two of the respondents had been precepted by a trained preceptor. Not having enough responses to reach data saturation was a limitation of the study.

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

Discussion: The perceptions of those who responded provided insight to the current practice of orientation at Mid Coast Hospital. Findings of this study have provided areas of opportunity for improvement in the transition of new hire nurses into practice.

Conclusion: The recommendations gathered from the responders included:

- Mandatory preceptor training for preceptors
- Having a consistent preceptor(s) for new hires
- Standardizing the orientation process
- Developing a structured computer orientation program for new hires

Implications for perianesthesia nurses and future research: Standardization of the orientation process is essential for all bedside nurses. As the hospital wide orientation program is implemented each department will be responsible for standardizing its own program. Preceptors will be recruited within their department and trained using the same preceptor program.

USING EVIDENCED BASED PRACTICE (EBP) TO DEVELOP GUIDELINES FOR IMPROVE OBSTRUCTIVE SLEEP APNEA (OSA) PATIENT CARE

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Co-Investigator: Melana Mcleod, RRT

Introduction: Surgical patients with OSA and having elective surgery are a very vulnerable population. Many patients have OSA or suspected OSA and never sought treatment or been formally diagnosed.

Identification of the problem: After two sentinel events resulting in patient deaths, an EBP project was initiated to improve OSA patient care.

EBP Question/Purpose: Currently patients that have undiagnosed and diagnosed OSA are not being identified preoperatively and are not receiving specialized post-operative care in the Post Anesthesia Care Unit (PACU), nursing unit or at home. This increases risk of respiratory complications.

Methods/Evidence: A literature review found the S.T.O.P.-B.A.N.G. assessment tool is the most widely accepted, reliable and valid tool. Key stakeholders gathered to discuss the review findings and get buy-in on S.T.O.P-B.A.N.G.'s scoring as the basis of a PACU treatment plan. An intervention algorithm based on score ≥ 5 was developed. A patient discharge instruction forms on defining & treating OSA was developed and implemented. Education was given to staff nurses on use of S.T.O.P-B.A.N.G. and the discharge instructions. Intervention compliance by staff was monitored with the electronic medical record. Patient compliance on instruction to follow-up with primary care provider was assessed with follow-up phone calls.

Initial staff feedback was the S.T.O.P-B.A.N.G. score was too sensitive with a high false-positive rate. Further literature review found ≥ 2 score acceptable to reduce the number of false positives and protocol was revised.