

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  
Mid Coast Hospital, Brunswick, Maine  
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.

**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



Primary Investigator: Kristin Spurr, MSN RN-C  
UC San Diego Health, La Jolla, California  
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  $\geq 5$  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  $\geq 2$  score acceptable to reduce the number of false positives and protocol was revised.