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
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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.

Significance of Findings/Outcomes: With the modified protocol, time and resources were saved by 71 % reduction in false positives. This resulted in increased time spent by nurses on patient education with those who needed the education and phone follow up once the false positive group was reduced.
Implications for perianesthesia nurses and future research: Undiagnosed OSA patients are among the most vulnerable for postoperative complications. Further research is needed treatment guidelines and educational protocols to assess, educate, and treat patients based on the S.T.O.P.-B.A.N.G. assessment tool.

AROMATHERAPY IN THE PACU

Primary Investigators: Jill de la Vega, BSN RN CCRN, Cheryl Gilliand, BSN RN,
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Co-Investigators: Beth Nardi, MSN RN, Nicole L. Pierce, MSN RN

Introduction: Post-operative nausea and vomiting (PONV) is one of the most common and distressing anesthesia related complications after surgery. Of the patients that experience PONV, 30% of patients experience vomiting while 50% experience nausea. High risk patients may have rates up to 80% (Odom-Forren, 2018). Patients need alternatives to the pharmacological interventions already provided. Aromatherapy inhalers with ginger, lavender, spearmint, and peppermint are a complementary, homeopathic, and a non-pharmacological option. Benefits of aromatherapy include reducing pain, eliminating/managing headaches, providing allergy relief, and antiemetic properties (Stoicea, N., et. al., 2015).
Identification of the problem – Overview: PONV can lead to post-surgical complications and cause a delay in patient recovery. When patients are involved in their care, there is an increase in compliance of medical care, it increases their mental well-being, improves patient compliance with post operative care, patient outcomes, and promotes recuperation.
EP Question/Purpose: The purpose of this study is to determine if the use of aromatherapy will reduce the incidence of PONV in patients post-operatively.
Methods/Evidence: Patients were asked if they would like to try an aromatherapy inhaler for potential PONV. The aromatherapy inhaler was then proactively dispensed to patients with on set of any nausea and/or vomiting (N/V) as a first line intervention. The PACU nurse completed the questionnaire and placed it in the designated locations. If the aromatherapy inhale did not offer complete nausea relief, antiemetics were administered as ordered.
Significance of Findings/Outcomes: Of the 96 patients who participated in this EBP project, 62 (64.6%) received aromatherapy for PONV. 57 patients (91.9%) received the aromatherapy inhaler as a first line intervention. The majority of patients who received aromatherapy found it beneficial, with 71% (n=58) reporting either moderate or complete relief from PONV.
Implications for perianesthesia nurses and future research: Aromatherapy is a branch of herbal medicine, in which the essential oils are absorbed into the body, resulting in strong physiologic, emotional, and psychologic reactions that are considered beneficial. Using non-pharmacologic treatment such as an aromatherapy inhaler reduces the patient's exposure to possible side effects they may endure from IV/IM medications administered and increase their satisfaction with their post-operative care.

IMPROVING PATIENT AND FAMILY SATISFACTION IN PERIANESTHESIA SETTING

Primary Investigator: JoAnn Daugherty, PhD RN CNL
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Co-Investigators: Esther Lee, MBA MNP RN CHEL, Sharon Roberto, MSN RN CPAN

Introduction: In patient/family-centered care, it is important to improve communication with patients' families/significant others (SO) and acknowledge our appreciation of patients.
Identification of the problem: Our annual departmental goals include maintaining high patient satisfaction scores by continually monitoring for new ways to improve patient and family satisfaction. After 2 patient complaints regarding impoliteness of staff and family complaints of inadequate information for after-hours surgery, we instituted two QI projects (QI1 & QI2).
Purpose of the Study: QI1: To improve staff acknowledgement of patients' value to our staff, we initiated the "Thank-You Card" program. QI2: To improve family/SO communications of essential information while waiting for surgical patients, we initiated a Wait Room Information form.
Methods: QI1: The thank-you card thanks patients for choosing our health system & wishing them healthy recovery. Check-in staff sign the card and attach it to patient's chart. As the patient goes through every phase of the perioperative experience, staff sign the card. After discharge, the card is mailed to patients' homes. QI2: The Wait Room Information form was written based on a template of recommended information from the literature and interviews with our secretaries and liaisons who interface with family/SO. Surveys were completed after each QI project was initiated to determine effectiveness.
Outcomes/Results: QI1: Post-discharge phone surveys with 559 patients over 1 year revealed 100% satisfaction with the card. QI2: Satisfaction with Wait Information sheet was evaluated by paper survey with 64 respondents. 86.3% of families/SO rated the Information sheet as useful-very useful and 60% referred to the form 2-3 times while waiting. 54% of respondents stated they could not think of any additional information needed on the form. Satisfaction data via phone survey revealed 100% satisfaction for an additional 241 respondents.
Discussion: QI1: The thank-you card project assisted in patients feeling valued. QI2: The Wait Room information form increased knowledge among family/SO of surgical patients.
Conclusion: The thank-you card and family/SO wait room information form have improved patients' sense of being appreciated and improved communication with family/SO.
Implications for perianesthesia nurses and future research: In the fast pace world of perianesthesia nursing it is easy for patients and family/SO to feel unappreciated and