

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

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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 (Stoicesa, 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



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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

lost in the shuffle. Simple measures to appreciate them are very effective.

IMPROVING FIRST CASE SURGICAL START TIMES BY IMPROVING WAYFINDING

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Introduction: Wayfinding refers to a process of navigating from one space to another. On the day of surgery, patients can be confused and nervous. These stressors affect their ability to process information. This project examined ways to improve wayfinding in a large hospital.

Identification of the problem: First case surgical delays are costly when the Operating Room (OR) stands idle waiting for the patient. Late first Cases may cause late starts for the rest of the surgical day resulting in staff overtime and patient dissatisfaction.

QI question/Purpose of the study: Through two Plan, Do, Study, Act (PDSA) cycles, we identified ways to reduce late starts. The first PDSA cycle question: "In the patient's path of travel from hospital door entry to OR transfer, what are causes of delay?" It was found that patients got lost from hospital entry to preoperative area (Preop). The second PDSA question was "With additional temporary signage will start time delays be reduced?"

Methods: PDSA 1: student nurses observed 30 patients' pathways from hospital entry to OR transfer and documented time spent at key stopping points. Their observations were compared to times documented in the electronic medical record (EMR) and confirmed that manual time observations matched EMR times. Signs were added between PDSA1 and PDSA2. PDSA 2 consisted of an EMR review of 200 Cases: 100 pre-signage cases and 100 post-signage cases.

Outcomes/Results: PDSA1 findings: 28 Cases were used in the final analysis. 9 of 16 first case starts were delayed. One reason for delay was time spent finding preop (33minutes). Temporary signage was placed at strategic points noted to cause patient confusion. PDSA2 findings: The 100 pre-signage cases averaged 36.5 min to preop-checkin while the 100 post-signage cases averaged 21.5 minutes (-41.1% change).

Discussion: PDSA1 helped to identify wayfinding from front door to Preop as a delay. PDSA1 also verified EMR use for looking at larger case numbers. PDSA2 demonstrated strategically placed signs reduced patient confusion in wayfinding.

Conclusion: Viewing the wayfinding from the patients' perspective as well as functional and aesthetic design is important.

Implications for perianesthesia nurses and future research: In large hospitals, wayfinding should be studied more. Understanding path of travel is important in Perianesthesia nursing for both inpatient and outpatient surgeries.

EFFECTIVENESS OF MPEWS AT PREDICTING PEDIATRIC RISK EVENTS AND UNPLANNED ICU ADMISSIONS IN A PACU SETTING

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Introduction: Pediatric early warning scores have been studied as a way to help nurses analyze the large amount of care data gathered and synthesize it into a score denoting risk and need for closer monitoring.

Identification of the problem: There is no validated tool for evaluating the risk of pediatric PACU patients based on data obtained in the PACU. This information could be valuable in the determinations of disposition and level of care needed.

Purpose of the Study: To determine the sensitivity and specificity of the Modified PEW System Score (MPEWS) to predict an unplanned ICU admission or risk event within 24 hours of PACU discharge among pediatric PACU patients.

Methodology: This study used a case control design. Cases were selected from patients 0-18 that experienced a risk event or unplanned ICU admission within 24 hours of PACU discharge. Controls were selected randomly from patients that did not have a risk event or unplanned ICU admission after PACU discharge to acute care unit. Patient data was pulled from the electronic medical record and analyzed logistic regression. Area under the ROC (AUC) curve was calculated to determine discriminative power.

Results: A total of 61 Cases and 210 controls were scored. For each increase in MPEWS score, the odds of being admitted to the ICU were 1.57 times the odds from the MPEWS 1 unit lower and the ROC AUC was 0.70, indicating acceptable, but weak, discrimination. However, cutpoint analysis failed to identify an appropriate MPEWS score that resulted in high sensitivity and specificity.

Discussion: Cases were significantly younger than control patients (median age 4.3 years vs. 9.3 years). ROC AUC improved from 0.70 to 0.75 when age was included in the model suggesting that it may warrant inclusion in the scoring algorithm.

Conclusion: The MPEWS showed a statistically significant ability to predict risk events and unplanned ICU admissions, however, it lacked the discrimination needed for clinical decision-making.

Implications for perianesthesia nurses and future research: Though not clinically significant, MPEWS may hold promise in establishing a common language of acuity between PACU and acute care nursing. Future tools developed may consider inclusion of age as indicator of increased risk.

ARE EMPLOYEE LONGEVITY AND JOB SATISFACTION RELATED TO GENERATIONAL DIFFERENCES AMONG THE BABY BOOMERS, GENERATION XERS, AND THE MILLENNIALS?

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