

Introduction: Currently there are 3 generations in the nursing workforce: Millennials (ages 19-39), Gen Xers (ages 40-54), Baby Boomers (ages 55 and over). Retaining nurses within the healthcare system is a challenge for hospital administrators. Understanding factors important to nurse retention is essential.

Identification of the problem: This study was prompted by a noticeable increase in nurse turnover in the main Operating Room, Day of Surgery Unit, and Post Anesthesia Unit of a 435 bed not-for-profit, general and acute care facility.

Purpose of the Study: The purpose of this study was to investigate the correlation between generational differences and employee longevity and satisfaction.

Methodology: The investigators conducted a Descriptive Correlation Design Study. Perianesthesia nurses were given the opportunity to participate in an anonymous Talent Quest survey concerning current job satisfaction, career outlook, attitudes toward nursing, positive influence of electronic medical record use, the quality of nursing care and demographics.

Results: We analyzed the responses of 34 nurses to a series of 12 questions. The scores for 9 of the questions were similar between all 3 age groups. In contrast, there were statistically significant differences in the responses between the 3 age groups for the 3 questions related to electronic medical records. ($p < 0.05$)

Discussion: Responses from each of the generational groups were similar for many of the questions. The questions specific to the use of an electronic medical record identified a generational group by the data set of responses provided by the individuals. This study doesn't attempt to answer why a specific generational group provided the responses which were given.

Conclusion: We found that the only questions on which there are statistically significant differences between the 3 age groups deal with electronic medical records. We can conclude that Millennials are more likely than Gen Xers to report that electronic medical records positively influence the following outcomes: their job satisfaction, productivity and time management and quality of patient care.

Implications for perianesthesia nurses and future research: This data may indicate how Millennials who have been born and raised into an electronic, digital world may be very proper resources for other generations of the nursing workforce.

and respiratory rate. We evaluated the effectiveness of the RVM in providing information, reducing the incidence of alarms, alarm fatigue.

Purpose of the Study: Combined effects of medication on respiratory function can be devastating. Avoidable respiratory depression is highlighted in the Anesthesia Closed Claim Project, detailing malpractice claims. Patient monitoring lacks useful warning of impending respiratory compromise, with both SpO₂ and EtCO₂ being late indicators, fraught with alarms from patient motion or probe malposition.

Methodology: An RVM (ExSpirom1Xi, Waltham, MA) was used for perioperative care in the post-anesthesia-care-unit (PACU) and on the general hospital floor (GHF). RVM alarms and response to alarms were recorded and analyzed. Alarms were divided into four categories: 1) actionable and addressed, 2) actionable and not addressed, 3) self-corrected, and 4) technical. The action taken to resolve each alarm was recorded and further categorized. Self-corrected alarms resolved without staff intervention, usually by the patient being stimulated by the RVM alarm. Technical alarms were considered a nuisance.

Result: 247 patients (age: 60.9 ± 13.9 yrs., 143 females) were enrolled and monitored in the PACU and GHF for a total of 2321 hours. We noted 605 RVM alarms, ~1 alarm every 4 patient-hours. Of these alarms, 64% were actionable and addressed. 16% were actionable and "not-addressed" and 13% were self-resolved. Only 6% of RVM alarms were technical (nuisance) and didn't require intervention. The most common intervention was direct patient stimulation, accounting for ~2/3 of all interventions in the PACU and ~80% of all interventions on the GHF. With a focus on early warning, none of the patients with MV alarms had respiratory related negative events.

Conclusion: Inadequate respiratory monitoring has led to drug-related respiratory compromise to become the leading cause of preventable perioperative death. Using SpO₂ and EtCO₂ to curtail these deaths led to an increase of nuisance alarms and overburdening of RN staff without clear improvement in mortality. We found the RVM-generated alarms to be mostly actionable, with a high intervention-to-false-alarm ratio, which can improve patient.

THE CLINICAL APPLICATION OF NONINVASIVE MINUTE VENTILATION MONITOR IN THE PERIOPERATIVE SETTING: PRELIMINARY RESULTS FROM 4 SITES WITHIN KAISER PERMANENTE MEDICAL SYSTEM



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Introduction/Identification of problem: Non-invasive respiratory volume monitoring (RVM) has implications for managing the respiratory status of perioperative patients by measuring and reporting minute ventilation (MV) tidal volume,

CLINICAL IMPLICATIONS OF MONITOR ALARMS: A COMPARATIVE STUDY ON SPO₂, ETCO₂ AND RESPIRATORY VOLUME MONITORING IN PERIOPERATIVE SETTINGS



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Introduction/Identification of problem: Physiologic monitors are to improve patient safety, but can also produce excessive nuisance alarms, leading to alarm fatigue. Our goal was to identify the respiratory status monitors that contribute most to alarm fatigue and provide alternatives while maintaining patient safety. We compared the alarm rate of three continuous respiratory status monitors: capnography (EtCO₂), pulse oximetry (SpO₂) and respiratory volume monitoring (RVM).

Purpose of the Study: Nuisance alarms is the leading cause of alarm fatigue, which decreases awareness of patient safety.

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