

ASPAN National Conference Abstracts

CELEBRATE SUCCESSFUL PRACTICE ABSTRACTS

EARLY INTERVENTIONS: SUICIDE ASSESSMENT EDUCATION IN THE POST-OPERATIVE ENVIRONMENT

Team Leaders: Lauren Mills, BSN RN BC, Brittany Bruhns, BSN RN

The University of Texas MD Anderson Cancer Center, Houston, Texas

Team Members: Dwayne Brown, BSN RN CPAN, Staci Eguia, MSN RN CCRN, Mark Templonuevo, BSN RN



Background Information: Suicide has reached epidemic proportions, ranking among the top ten leading causes of death in the United States. The Joint Commission has called on hospitals to conduct risk assessments for patients deemed at risk of suicide. Perianesthesia nurses practice on the front lines with a great number of opportunities to identify and intervene in suicidal patients using a standard Suicide Risk Assessment Tool. A recent event in the Post Anesthesia Care Unit (PACU) identified a knowledge deficit in nursing interventions and care for a patient who expressed suicidal ideation in the PACU phase of care.

Objectives of Project: The PACU nurse will be able to identify the escalation process, institutional policy, and available resources when caring for a patient suspected of suicidal ideation.

Process of Implementation:

- Developed a core group of nurses to evaluate patient incident that occurred in the PACU
- Identified best practices from incident and gaps
- Developed a survey to assess nurses knowledge
- Reviewed institutional policy
- Developed resource tool based on institutional policy
- Provided open forum discussion regarding nurses' comfort level and knowledge base in caring for patients that express suicidal ideation
- Provided one to one in-service education and training for all PACU Team Members

Statement of Successful Practice: Pre-survey results revealed 51% of staff surveyed indicated a knowledge deficit related to the institutional policy and available resources. Additionally, 68% of nurses surveyed were not familiar with the Suicide Risk Assessment Tool and 41% of nurses were unsure of how to escalate care for suicidal patients. Pre-survey also revealed 94% of the nurses surveyed believed education regarding suicide assessment resources and policies would improve nursing response and intervention for these patients. Post education, 84% surveyed indicated knowledge and understanding of the institutional policy, as well as interventions and resources for suicidal patients. Post education, 78% of nurses surveyed reported increased familiarity with the Suicide Risk Assessment tool, and 90% indicated understanding of escalation of care.

Implications for Advancing the Practice of Perianesthesia Nursing: Providing education on escalation processes

and resources could improve patient outcomes, nursing knowledge and confidence when caring for suicidal patients. As a result of this project, the suicide assessment documentation will be added to employee orientation in the PACU.

SPECIAL NEEDS ASSESSMENT AND PLAN (SNAP) FOR PERIOPERATIVE PATIENTS ON THE AUTISM SPECTRUM AND OTHER DEVELOPMENTAL DISABILITIES

Team Leader: Geraldine delos Santos, MSN RN CPAN
Memorial Hermann Hospital-Texas Medical Center, Houston, Texas

Team Members: Jo-Lynn McDaniel, RN CPAN, Heather Brandon, BSN RN CPN, Angela Clanahan, BSN RN CPN, Giovaana Trainor, BS CCLS, Sheri Ermis, RN CAPA, Melissa Webber, RN, Lisa Regalado, BSN, RN



Background information related to the problem identification: Limitations in social interaction and communication difficulties in patients with developmental disabilities, including autism, impact the level of stress experienced during hospitalization. The CDC and HRSA have identified that one in six U.S. children have developmental disabilities, with 1 in 59 diagnosed with autism. Autistic patients require preoperative services, but the stress that they experience may be greater than patients who do not have developmental disabilities. Evidence supports using a Special Needs Assessment and Plan (SNAP) to screen for potential special needs and to create a plan of care for patients with developmental disabilities.

Objective of the Project: The project aimed to develop and implement a customized care plan for patients with developmental disabilities requiring anesthesia for diagnostic or surgical procedures to avoid exacerbating caregivers' and patients' stress levels during the preoperative phase.

Process of Implementation: A multidisciplinary team was formed with perianesthesia nurses and support staff, anesthesia providers, and a child life specialist as members. The team identified strategies for an improved pathway to reduce or prevent overstimulation and adapted the SNAP questionnaire to develop an individualized coping plan. A visual cue on the OR Tracker board was used to improve interdisciplinary handoff by including information on triggers and effective coping methods. A questionnaire using a Visual Analog Scale was used to collect data to compare caregiver and patient stress levels on a typical day versus the hospital visit once patients were in OR/procedure area.

Statement of Successful Practice: Screening and customized plans were implemented on 292 children and 163 adult patients with developmental disabilities. Analysis of the parent-rated child's stress level on a typical day vs. the hospital visit showed no change or mild stress. Parents reported no stress exacerbation between a typical day and the day of hospital visit. Adult patients and their caregivers reported mild stress during the

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