

# 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.*

hospital visit. Anecdotal comments in the Press Ganey survey yielded positive feedback. Continuous evaluation and education are in progress to refine and expand the process on additional units.

**Implications for advancing the practice for perianesthesia nursing:** Multidisciplinary teams can work to screen and provide individualized care for patients with developmental disabilities which may aid in avoiding exacerbation of caregivers' and patients' stress levels during the preoperative phase.

### A RISK-BASED PERIOPERATIVE BLADDER MANAGEMENT GUIDELINE BASED ON POST-OPERATIVE URINARY RETENTION (POUR) RISK FACTORS



Team Leader: Karin Conklin, MSN RN CAPA  
UW Health at The American Center, Madison, Wisconsin  
Team Members: Karen Bauer, BSN RN CNOR, Kevin Colwin, BSN RN CCRN, Kira DeBels, BSN RN CNRN, Tricia Ejzak, MSN RN CNOR, Michael Ford, MD, Michael Garren, MD FACS, Gabrielle Hatas, BSN RN CAPA, M. Hiram Moretta, MSN CRNA, Penny Marsch, RN, Kelly Quade, BSN RN MSRN

**Background Information:** A chart audit in April 2018 determined compliance of our perioperative bladder management guideline was low (27%). The current guideline instructed operating room nurses to bladder scan surgical patients at the end of the case if the total amount of IV fluids given were  $\geq 750$ mls and/or the surgery length was  $\geq 90$  minutes. If the bladder scan resulted  $\geq 500$ ml, the RN would perform straight catheterization. If these criteria were not met, the patient would be re-scanned in PACU every 1-2 hours based on the bladder scan result and the patient's ability to void.

**Objectives of Project:** A multi-disciplinary process improvement team formed to uncover why the current guideline was not being followed, how to improve compliance and/or revise the guideline to reflect current evidenced based practice. The team set a goal to increase guideline compliance to achieve 40% by August 1, 2018.

**Process of Implementation:** The improvement team utilized a FOCUS-PCDA process improvement method. We observed in the OR and PACU as well as obtained feedback from nurses, surgeons and anesthesiologists to understand the current state. Next, the team conducted a cause & effect analysis to uncover why the current guideline was not being followed. Simple changes included educating patients on POUR risk and ensuring patients void just prior to surgery. A revision to the current guideline was indicated because a review of the current literature suggested IV fluid amount was not a risk factor for POUR. The revised bladder guideline is patient-centered and evidenced-based via a pre-operative risk assessment. These include: Advance age; diabetes; previous major pelvic/abdominal surgery; history of POUR after previous surgery; history of urological/prostate conditions; spinal/epidural anesthesia; and total surgery length  $\geq 3$  hours.

**Statement of Successful Practice:** A series of small tests of change using the new risk-based perioperative guideline resulted in improved compliance to 94% in August 2018. The guideline was piloted to the entire perioperative department and after a 1-month pilot, compliance was 92%.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Using an established process improvement method to integrate current best practices enhanced the development and implementation of a cross-functional, risk-based perioperative bladder guideline.

### RIDING THE (END) TIDAL WAVE TO CO2 MONITORING: USING CAPNOGRAPHY FOR OBSTRUCTIVE SLEEP APNEA FOLLOWING ANESTHESIA



Team Leader: Kathryn Scully, MSN RN CCRN CAPA  
Inova Fairfax Medical Campus, Falls Church, Virginia  
Team Members: Sally Schermer, MBA BSN RN CCRN CPAN CAPA, Erin Sever, BSN RN, Adrian Jones, BSN RN, Parul Shah, RRT-NPS ACCS, Catherine Hodgkins, MS CRNA, Elspeth Stanley, MS CRNA, Jessica Dunn, BSN RN DNP, Student—George Mason University, Jennifer Rickerby, MSN RN DNP, Student—George Mason University

**Background Information related to Problem Identification:** Almost 25% of adult patients entering the hospital for elective surgery have obstructive sleep apnea (OSA), with the majority of these patients (>80%) undiagnosed at the time of surgery (Chest, 2010). At our institution, approximately 150 surgeries occur each day. This large surgical population has hidden, undiagnosed OSA patients that are at increased risk for respiratory complications.

To safeguard these patients, we implemented American Society of PeriAnesthesia Nursing (ASPAN) practice recommendation #10 on three perianesthesia units after we upgraded our monitors to provide ETCO2 monitoring.

**Objective of Project:** The intent was to educate and implement OSA screening preoperatively and use capnography monitoring in the post anesthesia care unit (PACU), with the end goal of making this the standard of practice preoperatively and in all PACUs across our institution.

**Process of Implementation:** A multidisciplinary team provided extensive staff education employing a variety of teaching methods. Using the STOP-Bang screening tool, preoperative patients were assessed for OSA, with 5 or more positive responses indicating high risk for OSA. The patient received an identification band, OSA staff alert sign, and additional education on what to expect in recovery. In the PACU, capnography was applied and the patient monitored closely for hypoventilation. A PACU audit tool was used to track use of capnography, identification of hypoventilation events and responsive nursing interventions.

**Statement of Successful Practice:** Perianesthesia nurses were able to incorporate OSA screening and capnography monitoring into their practice. They quickly identified hypoventilation events via capnography and intervened to prevent respiratory complications. This process is now utilized in all six PACUs at our hospital and we are working to expand its usefulness to all procedural areas where anesthesia is administered.