

**Implications for Advancing the Practice of Perianesthesia Nursing:** Over 90 nurses participated in this project and 100% of those who responded to a survey, said it improved their perianesthesia practice. Using critical thinking, nurses applied capnography to patients beyond the OSA population, and now employ its usefulness to additional PACU patients. Enthusiasm for this project inspired research in the Pediatric PACU to evaluate OSA screening tools for their patient population.

**IMPROVING NURSING DOCUMENTATION OF SURGICAL SITE WOUNDS: A COLLABORATIVE EFFORT TO PROMOTE SAFE PATIENT CARE BETWEEN OR AND PACU**



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**Background Information:** When patients transition from the Operating Room (OR) to the Post Anesthesia Care Unit (PACU), the absence of complete documentation in the electronic medical record (EMR) can result in significant adverse events leading to poor patient outcomes (bleeding, infection, delay of care). Lack of proper documentation of surgical site/wounds creates gaps in the handoff communication between the phases of care, from OR to PACU, and to the inpatient units.

**Objectives of Project:** The goal of this project is to fulfill RNs (for both OR and PACU) professional responsibility and 100% documentation compliance to prevent errors of omission related to surgical site/ wound documentation.

**Process of Implementation:** From January to March 2017, data was collected regarding missing surgical site/wound documentation in the EMR, on admission to PACU. Results showed that only 50% of patients were admitted from the OR with complete surgical site /wound documentation. The same audit showed that patients being transferred from PACU (discharged home or transfer to inpatient unit), had 100% completed documentation of surgical sites and wounds.

From March to April 2017, the implementation of assessment and documentation of surgical site/wound documentation was incorporated in the training of new hires, preceptors and float RN's for both OR and PACU departments. A taskforce of OR and PACU RN's were created to provide real time feedback and in-services regarding documentation review for staff and trainees.

**Statement of Successful Practice:** Compare data pre and post implementation. Data was evaluated and missed documentation was addressed in real time with the OR staff involved. The results of this study indicated that the compliance of surgical site/wound documentation increased from 50% to 95% from implementation (March and April 2017) to present time. We currently sustain 90-100% completed documentation. We

continue to reinforce and reeducate during our annual competency and as needed for new hires.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Evaluation of the results prompted us to apply this process to other OR and PACU areas in the hospital. The overarching goal was to have 100% of our patients being admitted to the PACU with complete documentation. This can be accomplished by promoting a safe environment throughout the different phases of care, via proper assessment and accurate documentation.

**THE IMPACT OF IMPLEMENTING AN ERAS PATHWAY TO IMPROVE NURSING DOCUMENTATION COMPLIANCE**



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**Background Information:**

- In 2013, ERAS program implemented in the colorectal service
- In 2018 has expanded to include cardiac, liver, pancreas, urology, plastics, thoracic, head and neck, sarcoma
- A need for a standardized method of documentation and recognition of enrolled patients was identified
- With the implementation of an electronic health record, documentation of ERAS variables became challenging

**Objectives of Project:**

- Identify patients enrolled in ERAS protocol
- Ensure documentation compliance of all ERAS variables
- Educate staff on documentation in the clinical pathway
- Audit documentation and provide individual feedback to staff

**Process of Implementation:**

- Compliance with paper checklists decreased with initiation of electronic health record (EPIC)
- An electronic pathway was developed in EPIC to allow for standardized documentation
- Banners and icons were created in EPIC to identify patients on ERAS protocol
- Staff were surveyed after initiation of pathway to determine gaps in knowledge regarding ERAS pathway documentation
- Education was developed using staff feedback and implemented through presentations, tip sheets, and bedside support
- Reviewed documentation outcome data to improve compliance

**Statement of Successful Practice:**

- Patients are now more easily identified with ERAS banner and icon
- Outcome data from pre- and post- EPIC initiation determined engagement and documentation compliance

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