

search and literature review was completed. A team was created composed of educator, bedside nurses and unit manager to discuss the guidelines and best practices in successfully implementing the post-operative phone calls. For tracking purposes a call sheet was developed and the staff was educated using various methods. The staff was also encouraged to provide feedback/recommendations to provide consistent care and improve outcomes.

Statement of Successful Practice: Targeted goal was to increase pre and post HCAHPS 5% on patient satisfaction rates on:

1. Patient Advocacy (Likelihood to recommend)
2. Staff doing everything to help with pain
3. Clear Communication by patient care staff.

The implementation of post-operative phone calls improved patient satisfaction in the following categories:

1. Patient Advocacy -26.1% increase in percentile ranking
2. Staff doing everything to help with pain - 1.6% increase in percentile ranking
3. Clear Communication by patient care staff -57% increase in percentile ranking

Implications for Advancing the Practice of Perianesthesia Nursing: Patient satisfaction is critical to hospital value base programs, in the PACU post-operative phone calls have shown to be a meaningful initiative in the effort to improve patient satisfaction that should be implemented and sustained.

PACU CONSTRUCTION SURVIVOR

Team Leader: Kate Horner, BSN RN CPAN
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Team Members: Erica Stefanik, MSN RN CPAN,
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Background Information: Our Main 29 bed PACU unit needed to embark on a major yearlong renovation. Knowing that change was a major contributor to workplace stress, we developed a plan to try and decrease the impact of renovation on our frontline nursing staff.

Objectives of Project: The objectives of the project were to:

- Involve the nursing staff in the planning phases.
- Keep the staff informed of the progress of the project.
- Minimize stress to frontline nursing staff.
- Minimal disruption in patient care delivery.

Process of Implementation: We began the process by seeking input from the nursing staff once preliminary plans were drawn up. As the date drew near to start of the project we kept the staff updated on plans through staff meetings, in person updates and emails. We knew we would need to be creative to keep the staff upbeat through such a long renovation project. Thus began "PACU Construction Survivor". It was a take on the reality TV program of the same name. All sixty nurses that were on staff at the beginning of renovation project were entered into the contest. One nurse's name was eliminated each week from the "Construction Zone". The last four

"Survivor's" had the choice of an extra day off, one less call, etc. As we completed each phase of the project we had additional activities, such as PACU Survivor Word Search puzzles. Healthy treats were distributed to thank the nursing staff for their commitment to delivering quality care to our patients while their work environment was disrupted.

Statement of Successful Practice: In order to outwit, outplay and outlast a long renovation project the nursing leadership needs to provide a supportive environment for their staff. We were able to retain our staff during this process as well as gain a few more "Survivor's" along the way.

Implications for Advancing the Practice of Perianesthesia Nursing: As health care facilities adapt to meet technologic advances and regulatory requirements they must not forget their most important asset, its frontline staff. By acknowledging the challenges a major renovation can cause and providing conventional supports as well as thinking creatively, the team can become more resilient and organizations can retain their staff.

IMPROVED PERIOPERATIVE HANDOFF THROUGH INFORMATICS

Team Leaders: Vicki Byas, MSN RN, Cassandra Pryor, RN

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Team Member: Laura Martinez, MSN RN



Background Information: Handoff communication is Joint Commission National Patient Safety Goal which went into effect in 2006. Ineffective communication between healthcare providers can lead to sentinel events and may be the primary reason for errors in healthcare (Nether, 2017). In our perioperative area we use the electronic medical record (EMR). "Using an embedded EMR report for handoff can improve communication by ensuring all care Team Members have access to the most up-to-date information."

Objectives of Project: Our objective was to identify a seamless electronic way to use the EMR for a proper handoff. This report can be used for handoff through the patient's visit in the perioperative setting, which begins up the patient's arrival.

Process of Implementation: Input from pre-operative, operating room, anesthesia, and the post-anesthesia care unit staff was reviewed to identify the critical elements for hand-off in the perioperative setting. Intraoperative information is often recalled from memory leading to omission of critical data or incomplete information during the patient handoff. Upon reviewing the literature, we find that many of the reasons for missing information is that information is illegible on paper documentation. We consulted the nursing informaticists to determine if we would be able to use a pre-existing report template or if possibly needed to create one. Using the critical elements previously identified, we formulated the template. We then asked for feedback at our unit based council meetings with the staff. Once we agreed on the template, we rolled it out in our area and are currently evaluating its effectiveness.

Statement of Successful Practice: A handoff tool was developed that is comprised of the critical elements previously