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
Cleveland Clinic, Cleveland, Ohio
Team Members: Erica Stefanik, MSN RN CPAN, Jacqueline Bates, MSN BA RN CMSRN NE-BC

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
UChicago Medicine, Chicago, Illinois
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 handoff 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

identified by staff and information documented in the EMR. This tool contains the essential information that may be lost as the patient progresses through the perioperative care continuum. **Implications for Advancing the Practice of Perianesthesia Nursing:** As we move forward and the information of our patient's care is documented in an electronic format, we should be able to use it to its full potential and provide safe effective patient care.

STANDARDIZED HANDOFF REPORT USING ELECTRONIC MEDICAL RECORD

Team Leaders: Meredith Joyce, RN BSN CPAN CAPA, Jackie Dols, RN BSN CPAN
University of Minnesota Medical Center & Masonic Children's Hospital, Minneapolis, Minnesota
Team Members: Deborah Kozel, RN BSN, Senior Clinical Analyst, Sara Thul, RN, Nurse Manager, Juliann Paulisich, RN MS CPAN, Nurse Manager, Erin Hanson, RN

Background: Our Orthopedic Medical and Surgical Unit approached our Practice Council hoping to adapt a report tool that was successfully used when transferring patients from the ED to the inpatient unit. The handoff smart text note was entered in the Electronic Medical record using key items from the RN's charting.

Objectives:

- Create a standardized report through our Electronic Medical Record to eliminate variations in nurse to nurse report out when transferring from PACU to inpatient unit.
- Improve communication that could inadvertently be omitted during a verbal handoff.

Implementation:

- Representatives from our Practice Council met with the Med/Surg Nurse Manager and Clinical Analyst to modify the current note template created by the ER.
- Informatic specialists created a draft of initial template.
- While trialing template PACU nurses gave suggestions for drop down menu items that would not autofill from our charting.
- Final team meeting focused on efficiency of note and eliminating unnecessary key strokes.
- Tip sheets were distributed to the staff for self-guided training.
- Initial implementation, PACU staff both entered the smart text note, but also gave verbal report over the phone.

Successful: With the Med/Surg Nurse reviewing key components of our patient's history through the smart text note prior to our phone call we decrease time away from the bedside to give report over the phone. Nurses were giving a more consistent report as it is all prompted in the smart text note created. While our previous report given over the phone was not recorded, our new report is saved as a nurse's note in the chart for future shifts to reference.

Implications: When using a smart text note within the Electronic Medical Record Nurses give a complete handoff that prompts them to address key components for their patient's care.

A UNIT METHOD OF CHANGING BEHAVIOR CULTURE

Team Leaders: Deborah L. Threats, MDIV BSN RN CAPA CPAN, Anne M. Burke, BS BSN RN CAPA
Georgetown University Hospital OR Holding Unit, Washington, DC

Introduction: "In OR Holding, how does staff usage of sacred word, sacred person and mediation compared to ad hoc use of tradition/policy of MGUH, affect disruptive behavior among peers."

Background Information: Disruptive behavior is defined as "any inappropriate behavior, confrontation, or conflict ranging from verbal abuse, physical or sexual harassment" (Rosenstien 2006).

The staff in OR Holding, continue to fear peer retaliation and nothing will be done by leadership. Therefore, alternative methods were designed to fulfill the needs of the staff to minimize disruptive behavior. After a review of the literature we found a dearth of evidence on intervention of disruptive behavior. Therefore we developed our own intervention focusing on a non punitive approach, which was directed at the behavior and not the person.

The following were developed:

- A. Sacred word; which is a word spoken when a staff member demonstrated disruptive behavior. This word was chosen by staff via voting. (We choose marshmallow)
- B. Sacred person; a person trusted and chosen by staff members to express their opinion without fear of reprisal.
- C. Mediation; a face to face meeting with both parties and the mediator; chosen by the parties involved. The outcomes were kept between the people that were involved.

Process of Implementation: A case study focused on OR Holding staff, with the support of the staff and management. Survey was done by staff pre and post on disruptive and assertive behavior. The Sacred word, person and mediation protocol trial for 6 months using this interventions. This was done with a formal collection of data, and results given to the staff.

Statement of Successful Practice: This project now spans three years. The first year the staff was surveyed and educated on disruptive behavior and its prevalence on the unit. The results were disruptive behavior existed and the staff wanted a solution to the problem. The staff did a formal survey on assertive behavior and they all agreed that they had an assertive personality but the problem continued. The staff was educated at the start of May 2017 and started using the collected data through October 2017. An informal survey was done with the staff and the results showed an earnest adaption of the intervention. The use of the sacred word and person declined during the six month. The perception of the unit staff was that the disruptive behavior decreased. The use of the sacred word decreased over a six month period to less than 1 per day, sacred person also decreased to less than 1 per day, and only 3 mediations during