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

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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

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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