this time. These methods yield no disciplinary actions by leadership.

**Discussions:** The staff in OR holding upon being educated on disruptive and assertive behaviors decided that the education was needed. As a unit, through informal discussions, became more cohesive and a better place to work. The unit feels free to talk about and confront this behavior. We as a unit felt that based on the evidence the interventions have effectively decreased the disruptive behavior on the unit.

**Implications for Advancing the Practice of PeriAnesthesia Nursing:** To make this a sustainable policy or guideline needs to be established. This policy/guideline has to be adapted by the unit as part of the orientation policy. A formal survey must be done to test the validity of the decrease of disruptive behavior on the unit. To test the soundness of this change in behavior it would need to be tested on other units and assess for the same results. The poster and podium presentations should also be continued. Publication would also help with having this be sustainable.

**IMPLEMENTING GUIDELINES FOR UPDATING FAMILY OF PATIENTS IN THE PACU**

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**Background Information:** The family of the patients in our PACU may end up not seeing the patient until an hour or more after the Phase I finished, patient is transferred to the floor or to a Phase II outpatient unit. Pediatric patients and those with extenuating circumstances get a visit from family. Other PACU patients’ family may not get an update during the entire PACU stay. This has been in a hurry to finish handover to the PACU RN, regardless of the patient stability upon admission in the PACU. This has led to staff dissatisfaction and unsafe patient care conditions. Guidelines were mostly done on-call, in the middle of the night.

**Objectives of Project:** To implement consistent standards in family visits and updates for patients in the PACU. Within 6 months of implementation, this project will increase patient and family satisfaction by increasing the rate of update occurrence of PACU patients’ family, from less than 10% to at least 80% within a year.

**Process of Implementation:** Evidence-based guidelines were drafted and presented to the practice council. After meeting with Outpatient Services, Concierge and Security, changes were made. These were revised from visitation to updates because there were cases when a visit may not be feasible, for example, patient preference, emergent issues in the PACU, etc.

Guidelines were explained to the patient and family. They were advised to designate a main update recipient. The Concierge and Security staff clarified processes on visitation and traffic into the unit. Handover of the contact number of the update recipient is ensured in case of non-feasibility of a visit.

**Statement of Successful Practice:** After a year, only 18% of patients in the PACU did not have documentation of an update and were mostly Cases done on-call, in the middle of the night. Currently, an annual evaluation has shown a trend of increasing compliance with the update process.

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