

Implications for Advancing the Practice of Perianesthesia Nursing: The use of Nurse Practitioners in the inpatient and outpatient setting has gained momentum in the healthcare field. The novel role of having NPs in the Perianesthesia setting can contribute to enhanced throughput, cost efficiency, increase in safety, and nurse satisfaction.

FAMILY VISITATION DURING PHASE 1 RECOVERY



Team Leaders: Savannah Huss, BSN RN CCRN, Elesi Dzandza, BSN RN
 Moffitt Cancer Center, Tampa, Florida
 Team Members: Cindy Chytil, BSN RN CNML, Melissa Davidson, BSN RN CPAN, Vanessa Bailey, HUC, Angela Sandberg, MSN RN ACNS-BC, Angela M. Ellis, MSN RN CNOR

Background Information: Moffitt utilizes a family-centered care nursing model. Traditionally, families were not allowed to visit patients during Phase 1 recovery. This practice contributed to anxiety and dissatisfied family members as evidence by anecdotal feedback and survey results which prompted implementation of a process change. PACU nurses questioned family visitation during Phase 1 because of space limitations, privacy, concerns about confidentiality, and liability risks. After a systematic literature review, evidence showed decreased family anxiety with visitation. Research reveals family visits lasting 5-10 minutes have a positive correlation in decreased need for pain medication. The Moffitt PACU nurses determined there was a need for a workflow and cultural change to incorporate our surgical patients' families in their post anesthesia phase of care.

Objectives of Project:

- To relieve the family's anxiety after surgery via 5 -10 minute visits during the patient's first hour in PACU.
- To increase nurse and volunteer occupational satisfaction.
- To provide holistic care affecting pain control non-pharmacologically via enhanced family communication during Phase 1 recovery.

Process of Implementation: Project metrics were surveys of both staff and families. Baseline data included an RN survey to identify barriers to successful family phase 1 visitation and a family survey to measure perceived anxiety and satisfaction with Moffitt's post-operative visitation policy. PACU RN's developed a workflow to allow time to accommodate visiting family members 5-10 minutes at their loved-one's bedside using the IOWA EBP model. Policy was rewritten to reflect this change.

Statement of Successful Practice: Surveyed families reported decreased anxiety about their loved one while in PACU by 0.79 Likert scale points and their satisfaction with our policy increased by 1.05 points after a 3 month pilot study. Data reported to PACU team; adoption promoted with plan to re-survey the RNs in 60 days.

Implications for Advancing the Practice of Peri-Anesthesia Nursing: This QI project provides a framework for Phase 1 PACU's to implement a successful visitation program. This study has evolved into a research project measuring the direct impact of Phase 1 family visitation on surgical post-operative patient pain control. ASPAN practice recommendation IX adherence would improve globally from the current 20% successful compliance of patient Phase 1 family visitation with published dissemination of our project structure.

INCREASING PATIENT SATISFACTION BY DECREASING TURNAROUND TIME FOR LAB RESULTS



Team Leader: Ingrid Guerzon, BSN RN CPAN
 Cedars Sinai Medical Center, Los Angeles, California
 Team Members: Deborah Martin, BSN RN CPAN, Sarah Vy, BSN RN CPAN, Rusela DeSilva, MSN RN CAPA, Tesha Seabra, MSN RN CPAN, Alena Mascetta, MSN RN CCRN, Robin Reidy, MSN RN CCRN, Glenda Buranasombati, MSN RN CCRN, Jay Arcilla PI

Background Information: In the Post Anesthesia Care Unit (PACU), patients that need a cardiac catheterization require a sheath, which is a long narrow catheter that is inserted through the femoral artery. Due to the numerous blood thinners this patient population receives, they must remain flat due to their hypercoagulable state. Often these patients experience increased discomfort related to prolonged bed-rest which leads to decreased patient satisfaction. Prior to sheath removal an Activated Clotting Time (ACT) level needs to be evaluated until a therapeutic value that has been determined by the physician has been reached. Currently, the practice is for the nurse to draw and send the ACT to the Emergency Department Lab which can take up to 60 minutes to get the results. As a result of the prolonged turnaround time of the ACT, this leads to a prolonged recovery time.

Objectives of Project: The purpose of this study is to increase patient satisfaction and decrease turnaround time for ACT results by incorporating the iStat in the PACU.

Process of Implementation: From August to October 2017, data was collected regarding the turnaround time of ACT results. The data showed that the results were taking up to 60 minutes therefore impacting patient satisfaction. The implementation of iStat training began in October 2017. The nurses in 6 PACU were required to complete a HealthStream module and hands on training.

Implementation Process: In December 2017, the nurses began to utilize the iStat machines that were installed in 6 PACU for the ACT results.

Statement of Successful Practice: Turnaround time for obtaining ACT results went from 60 minutes to 5 minutes after utilizing the iStat machine.

Implications for Advancing the Practice of Perianesthesia Nursing: The implementation of the iStat machine was successful in decreasing turnaround time for ACT results which lead to a timely removal of the sheath. In turn this increased patient satisfaction, patient comfort, and decreased length of stay.

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