



Sustained Visitation in a Blended PACU

C.J. Marshak, MN, RN, CPAN

Team members: Terry Bertignoli, BSN, RN CPAN, CAPA; Karrie Camacho, BSN, RN, CCRN; Viviene Malilay, BSN, RN, CPAN; Ellen Reyes, BSN, RN
MemorialCare Orange Coast Medical Center, Fountain Valley, California

Background

- Families of our patients expressed concerns about not having status updates and not being allowed to see their loved ones while in the Post Anesthesia Care Unit (PACU).
- The “No visitation” policy in our PACU resulted in decreased patient and family members’ satisfaction
- Evidence suggests that visitation in PACU
 - Increases nurses’ communication with family
 - Decreases patients’ report of pain
 - Decreases family members’ anxiety
 - Increases patient, family and nurses’ satisfaction
 - Provides opportunities for patient and family education

(Lee, 2015, Carter 2012, DeWitt 2010)

- Given the benefits of visitations in the PACU, Practice Recommendation 9 supports visitation in the PACU

(ASPAN 2017-2018)

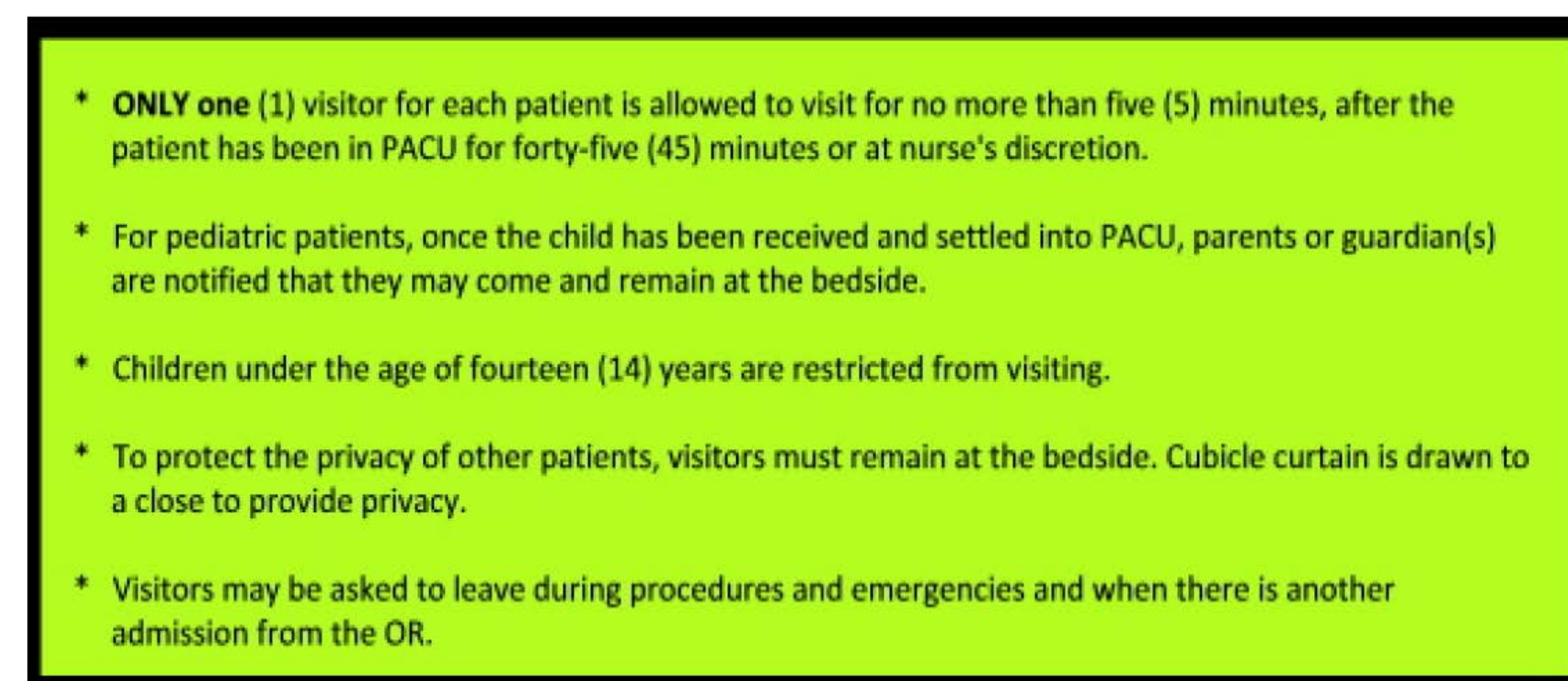
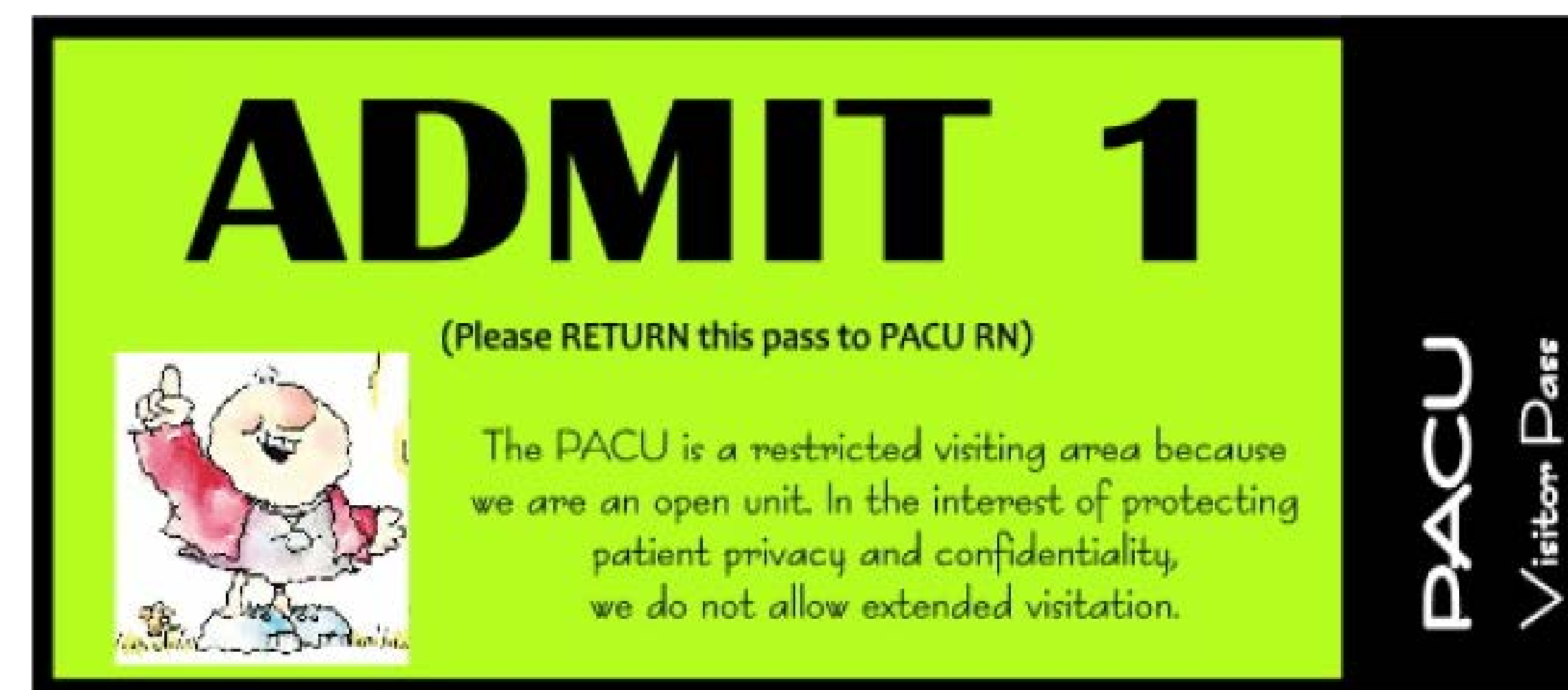
Purpose

- The purpose of this poster presentation is to report the process, results and 4-year sustainability of a practice change that allowed visitation in the blended PACU of our Magnet designated community hospital.

Process of Implementation

- Prior to implementation:**
 - Formed a project team led by the perioperative educator.
 - Obtained approvals/support of perioperative director and manager.
 - Retrieved and synthesized in relevant visitation literature
 - Revised existing visitation policy
 - Outcome measures were determined and data collection methods were outlined.
 - Staff and volunteers were educated on the new practice change
 - Created visitation guidelines to be shared with patients and their families
 - Created visitor passes (See Images 1 and 2, front and back)

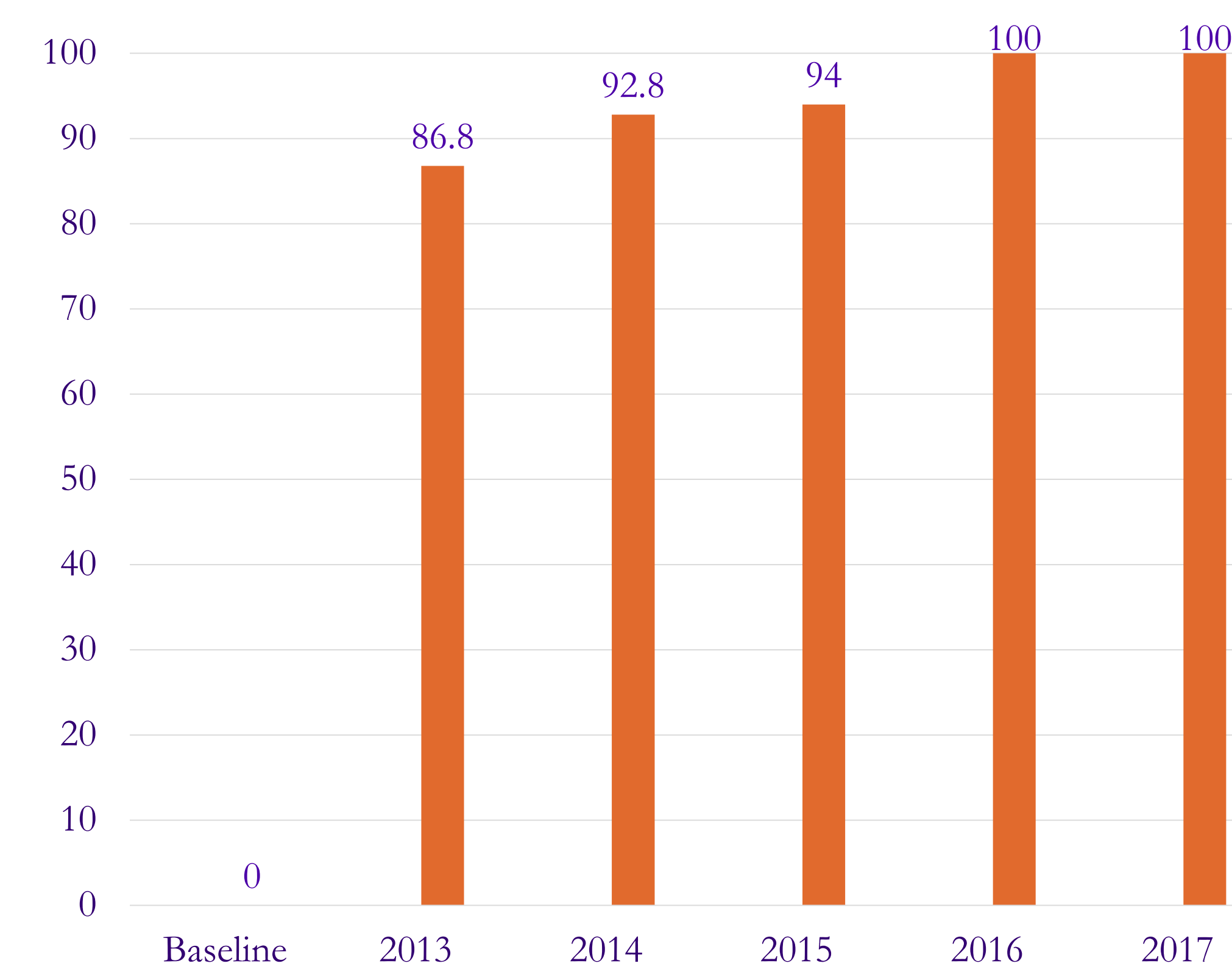
Image 1: Visitor Pass



Process of Implementation (cont'd)

- During implementation**
 - Posted visitation guidelines on PACU hallway telephone and bedsides
 - Staff reviewed guidelines with patient/family in PreOp
 - Nurses recorded visitation data in Log Book
 - The project lead shared visitation data with staff on a weekly basis.
- Process improvement (following initial implementation)**
 - Created “Gentle” scripted message to transition visitors out of PACU
 - Posted visible signage in PACU and on PACU Hall
 - Mounted status board in the waiting area
 - Recruited volunteers who answered phones and facilitated visitation flow.

Figure 1. Percent of Patients Having a Visitor in PACU



Statement of Successful Practice

- Nurses in our blended PACU implemented a practice change that increased visitation from 0% at baseline (early 2013) to 86.8% by end of 2013.
- Our data from ongoing random audits conducted in 2014 through 2017 show a sustained visitation practice that increased up to 100% of our patients (Figure 1).
- Contact with the waiting room visitors/family has improved communication and family satisfaction as measured by follow-up phone calls and mailed surveys.
- Visitor complaints regarding PACU patient status were eliminated

Implications for Practice

- Sustained visitation practice resulted from
 - Supportive leadership
 - Ongoing process improvement,
 - Dedicated project nurse team
 - Enthusiastic PACU staff nurses.
- Our data support the evidence that visitation benefits patients and families.
- Assessment of therapeutic benefits of visitation is warranted

Acknowledgement

Special appreciation goes to Dr. Sadeeka Al-Majid, PhD, RN for her continued guidance and support.