

BACKGROUND

The **mission** at University Hospitals Cleveland Medical Center is **To Heal, To Teach, To Discover**. As a method to incorporate patients and families in our mission, the PACU nurses developed a **Spirit Team** that involved members from both departments visiting pre- and post-operative surgical inpatients.

The aim is to improve surgical patient outcomes, while promoting education, and reducing stress.

OBJECTIVES

- To develop a connection with surgical patients and their families
- To educate both the patients and families, as well as the inpatient nurses caring for the surgical patients
- To identify safety concerns related to medications and pre-existing conditions
- To answer questions
- To reduce lost patient belongings



PROCESS OF IMPLEMENTATION

- A Spirit Team reference guide was developed by the Spirit Team Council to assist the nurses during their inpatient visits.
- Inpatients scheduled for surgery the next day were identified on the surgical schedule and nurses from the PACU visited the patients in their hospital rooms.
- Information was shared with the patients, families, and floor nurses regarding the patient's surgery.
- During these visits, the nurses identified patient needs or concerns and elevated their findings to the surgical team.
- Documentation of the visit was recorded in the patient's electronic medical record.
- The visiting nurses kept a log of the patients visited, as well as any identified concerns as a way to seek methods of improvement.

REFERENCES

Calabro, K. A., Raval, M. V., & Rothstein, D. H. (2018, April). Importance of patient and family satisfaction in perioperative care. In *Seminars in pediatric surgery* (Vol. 27, No. 2, pp. 114-120). WB Saunders.

Spalding, N. J. (2003). Reducing anxiety by pre-operative education: Make the future familiar. *Occupational therapy international*, 10(4), 278-293.

Spruce, L. (2015). Back to basics: patient and family engagement. *AORN journal*, 102(1), 33-39.

STATEMENT OF SUCCESSFUL PRACTICE

Due to the Spirit Team initiative, we have seen decreased inpatient cancellations, identified safety concerns, developed relationships with our inpatient population and floor nurses, as well as decreased the incidents of lost patient belongings.

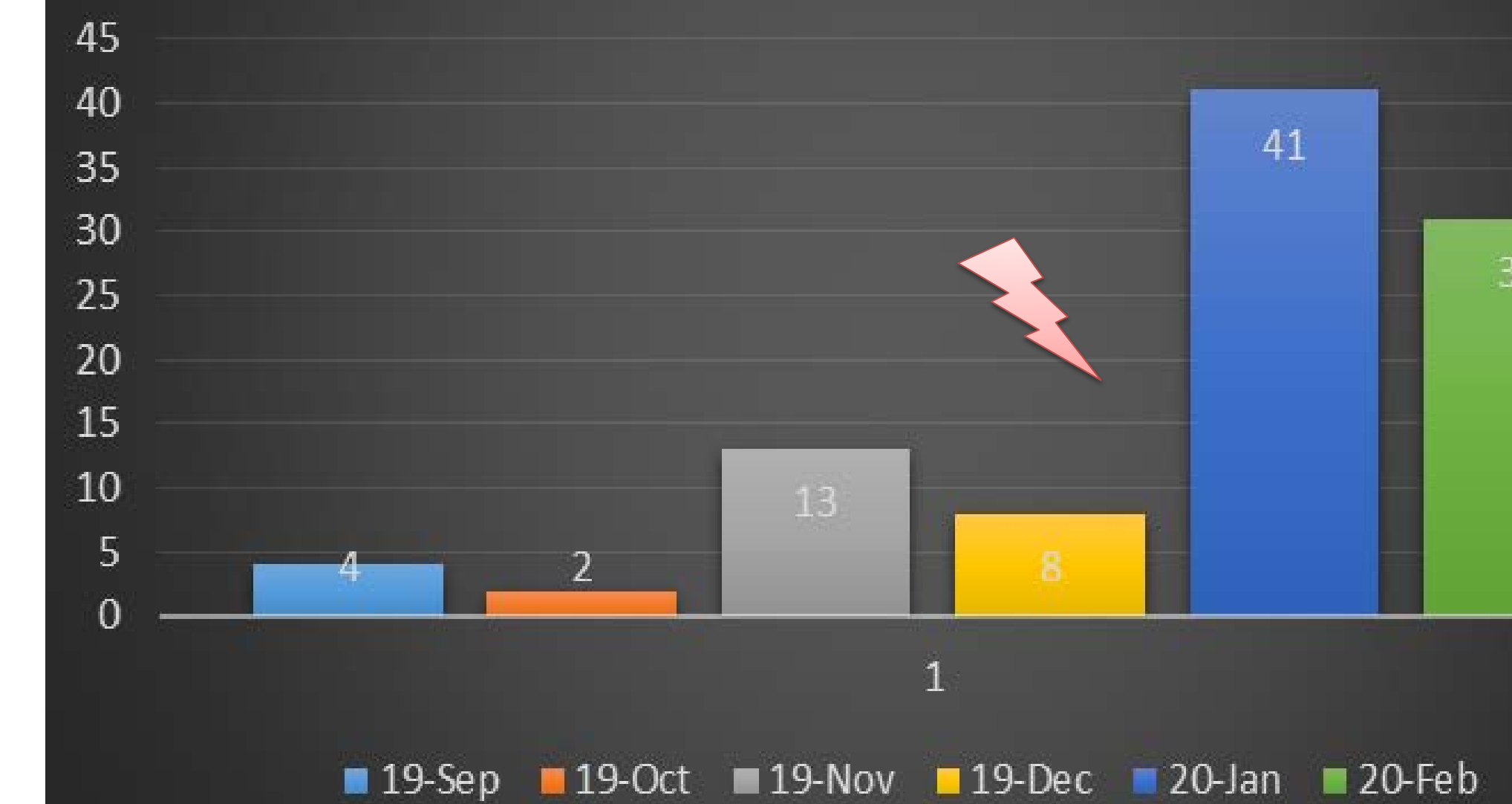
FINDINGS

- Lost belongings reduced:
 - 2018 – 24 lost items
 - 2019 – 17 lost items
- Patient & Safety Concerns identified during Spirit Team Visits:
 - Difficulty urinating
 - Uncontrolled Pain
 - Difficulty passing gas
 - Pt. LOC prior to surgery requiring POA for surgical consent
 - Peripheral nerve block failure
 - Unaware of PRN pain medication
 - Lack of pt. training for Foley care
 - Surgeon did not meet with pt. or family after surgery
 - Post-operative nausea and vomiting
 - Pt. unaware of surgical plan

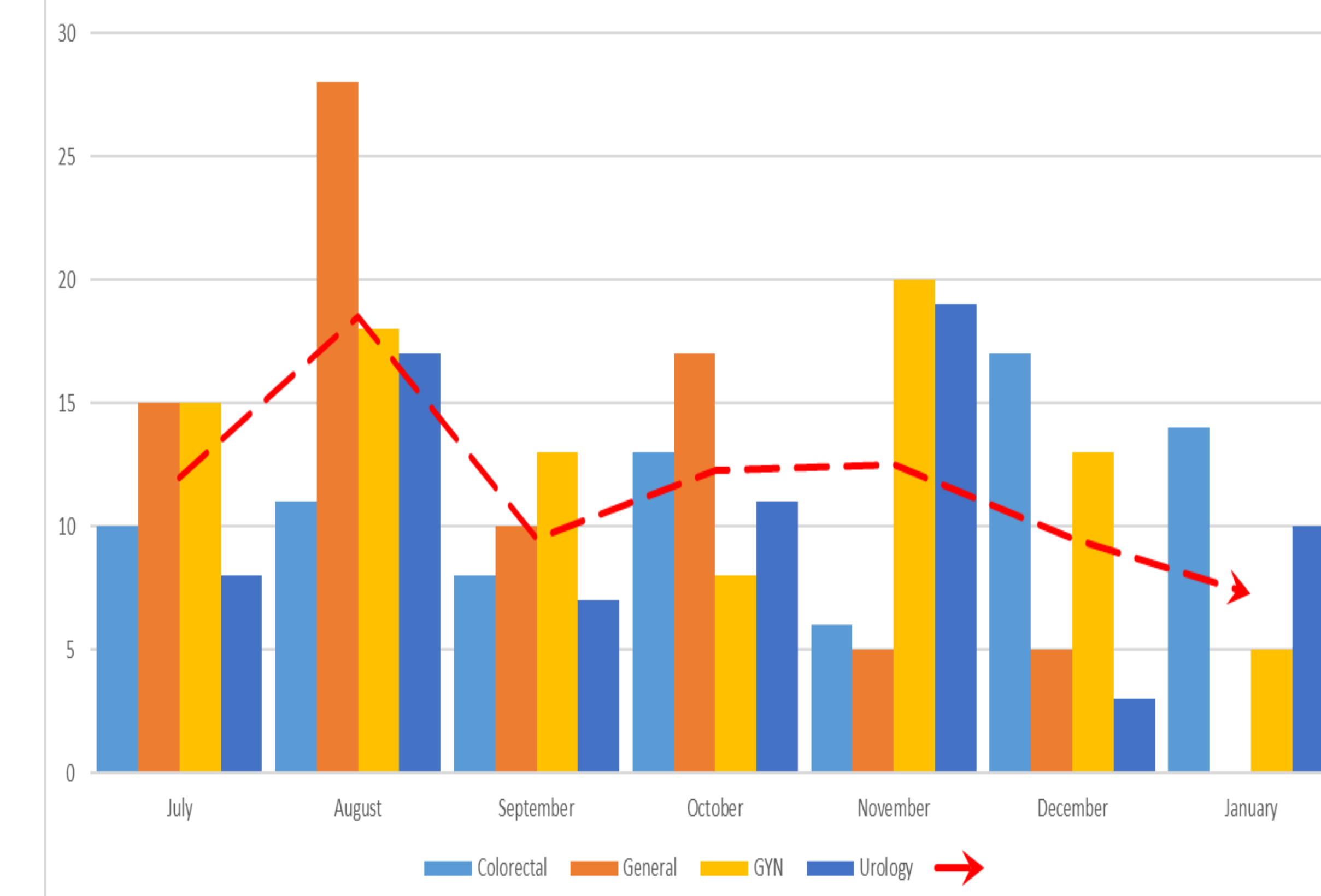
IMPLICATIONS FOR ADVANCING PERIANESTHESIA NURSING PRACTICE

Developing a relationship with surgical patients has shown to decrease patient and family anxieties, improve patient satisfaction, increase quality and safety, as well as be an avenue for patient and family education.

Spirit Team Visits Per Month: Sept. 2019 - Feb. 2020



% In-Patient Cancellation by Service Line/Month '19 - '20



PATIENT-NURSE TESTIMONIAL

During a post-op visit, the patient was discussing that his pain was not controlled well. When I questioned his level of pain, he stated that at rest he experienced no pain, but with movement it was moderate. I explained that this was to be expected and gave him tips like splinting and icing the incision area. I then helped the patient up to a chair while he splinted his abdomen. He stated that this helped his pain and that no one had told him about these tips! The patient was grateful for us taking the time to follow back up with him. ~ PACU RN

During a pre-op visit, the patient noted he had been to our area several times for surgery. Although, he was familiar with the process, he was happy to see us visit him. He stated "it always helps to see a familiar face!" ~ PACU RN