

Phase Tubular: Using Spradley's Change Theory to Improve PACU Phase II Practices

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Abstract Background Information: The staff in our Phase II department expressed low morale and our patient satisfaction scores for outpatients were critically low. The clinical practices and patient flow lacked standardization, leading to significant variability in the phase II process from day to day and among differing clinicians. These realizations prompted leadership to recognize the need for an assessment of the units workflow and to address the recognized gaps.

Objectives of Project: Specific objectives of the project: 1) Revise the staffing model to align with current professional standards; 2) Identify inconsistencies in care delivery and address them 3) Utilize staff feedback during the trial to adjust the practice changes.

Process of Implementation: The implementation of changes within the PACU Phase II department was guided by Spradley's change model. The project team categorized the identified symptoms into two primary areas: overall quality of the Phase II experience, and patient safety. Key priorities were identified and solutions and alternatives devised for each. These included modifications to the Phase II staffing model, the implementation of text messaging for bed assignments, a standardized transfer process ensuring bedside handoff, standardized workflows for patient care, and clear expectations for discharge education. The changes were trialed for 6 weeks with evaluations occurring at 3 and 6 weeks as well as during the trial itself by way of direct observation and use of a hard copy "issue tracker". After both stages of revision the finalized process was presented to the team as standard work.

Statement of Successful Practice: Staff evaluation surveys showed perceived improvements in the Phase II process across all the implemented interventions, after adjustments from frontline feedback were made. Notably, the highest-rated interventions included the initiation of text-based communication, change in patient transport process, and ensuring the presence of family members at the patient's bedside.

Implications for Advancing the Practice of Perianesthesia Nursing: The collaboration between teams to implement this change has improved engagement in Phase II practices and cleared a path for dialogue and discussion surrounding the rationales and evidence for our own practice. Initial observations indicate improvements in communication, patient flow, and standardization of care as well as an increased sense of ownership and accountability in clinical practice among the teams involved.