

# Family Visitation During Phase 1 Recovery

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#### Background

The center of Moffitt's nursing model incorporates **Duffy's 8 Caring Factors** with **patient** and family-centered care. In the past, families were not allowed to visit patients during Phase 1 recovery. This practice contributed to increased anxiety and dissatisfaction for both family members and patients as evidence by anecdotal feedback and analyzing survey results that prompted implementation of a focused practice change.

# Purpose

- To provide holistic care affecting pain control non-pharmacologically via enhanced family communication during Phase 1 recovery for oncology surgical patients.
- 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.



- **Practice Model:**
- To create a Culture Shift through RN education with incorporation of Duffy's Caring Factors engaging our Nurses to create a Family-**Centered Recovery** experience:
  - Foster a Healing Environment in our PACU with family inclusion in the holistic emotional aspect of recovery
  - Mutual Problem Solving with volunteer collaboration to coordinate each family
  - PACU RNs demonstrate Attentive Reassurance using expert critical care skillset to discern custom visiting parameters within Phase 1 timeframe
  - Display of Human Respect for the waiting support person of our PACU patients and our patients through bedside communication
  - Incorporating our Encouraging Manner in being available to the visiting family during the limited time they are bedside to answer questions and teach
  - Our culturally-competent PACU team recognizes variations in families cultural priorities in communication via their Appreciation of the Unique Meanings facing surgical healing with a cancer diagnosis can have for patients and loved
  - We maximize the little time (5 minutes) in intentional efforts to make emotional connections providing the Basic Human Need for hope to visiting family in
  - Nurse's Affiliation Needs are met through this practice change as professional members of Moffitt: This enables our PACU team to live the MAGNET philosophy of bringing evidenced-based- practice to the bedside, and gives them the ability to adhere to ASPAN recommendations to give the highest quality, holistic, care safely and efficiently.

# Strategy & Implementation

 PACU nurses questioned family visitation during Phase 1 because of space limitations, privacy, concerns about confidentiality, and liability

 "In post-operative oncology patients experiencing Phase 1 Recovery after surgery, can family or support person visitation in the recovery room affect family perceived anxiety levels with 5 to 10 minute visits?"

 After a systematic literature review, critical appraisal of the evidence showed decreased family anxiety with visitation. Research revealed family visits lasting 5-10 minutes have a positive correlation in decreased patient and family anxiety, as well as a possible decrease in the need for pain medication.

- Project metrics came from 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 our organization's postoperative 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.

 Moffitt Cancer Center Post-anesthesia Care Unit policy was rewritten to reflect RN PACU workflow change adding Phase 1 Recovery Family

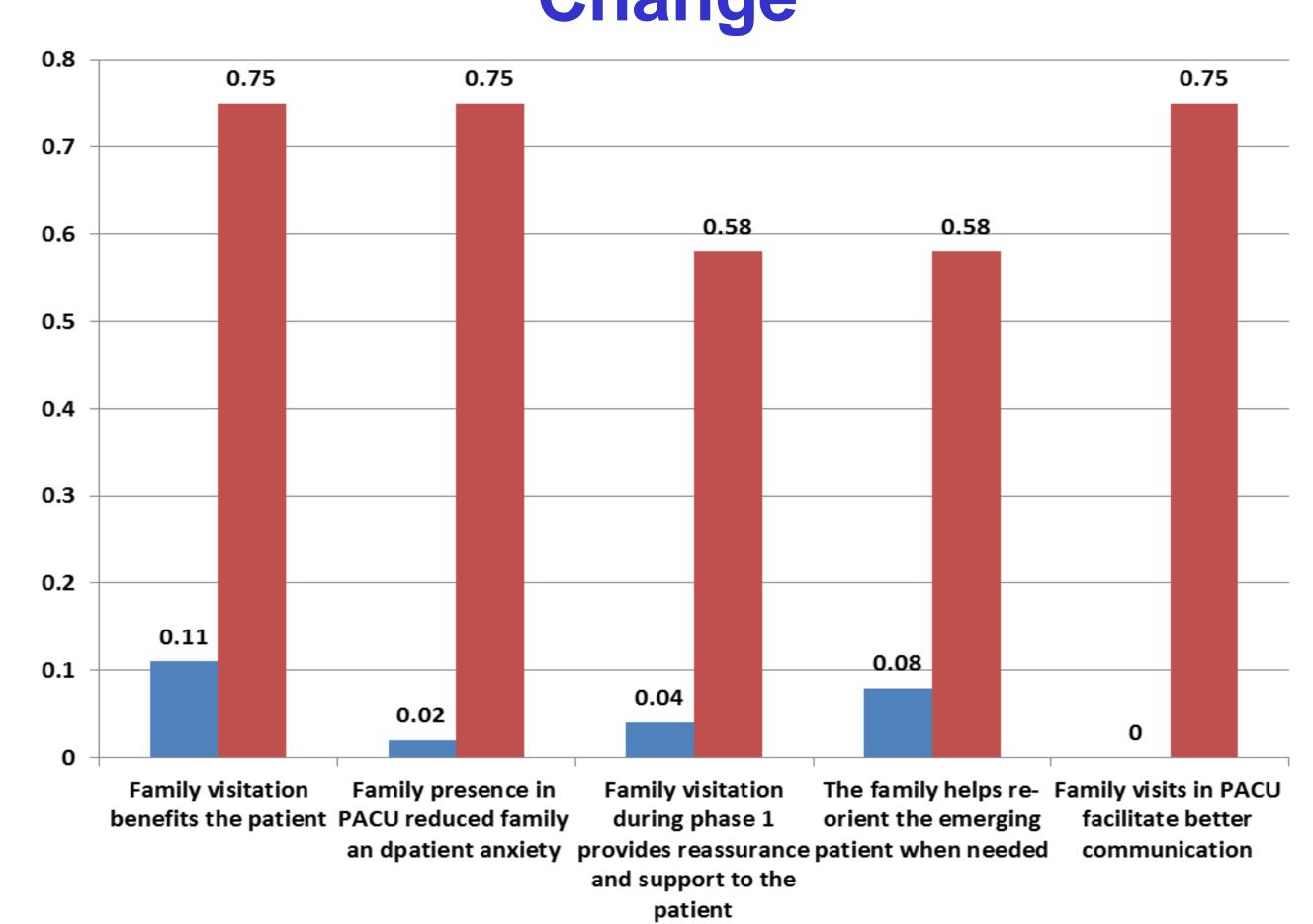
 RNs coordinate with volunteers as patients are stable in Phase 1 Recovery to ensure family visitation. RNs document in patient's electronic health record the presence of family in PACU as part of the healing interventions.

 Project has evolved into a research study in our PACU investigating the link in patient perceived post-operative pain levels and the ability to have their support person by their side during Phase 1 recovery at Moffitt Cancer Center.

### Relevance/ Significance

- Implementation of intentional family visitation during Phase I recovery showcases translation of evidence-based strategies into solutions.
- This initiative was necessary to address oncology surgical pain perception from every possible angle by harnessing the psychological comfort a loved-one's presence can provide and to ease the waiting family's anxiety about the well-being of the patient that is facing both healing from an invasive procedure as well as their mortality with a cancer diagnosis.

# Nurse Survey Results = + Cultural Change



### **Evaluation/ Outcomes**

- 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.
- These metrics support the evaluation of our practice change as a success. The data was reported to the PACU team; and adoption of the practice change promoted with plan to resurvey the RNs to check for sustainability of cultural and practice change.

#### Implications for Practice

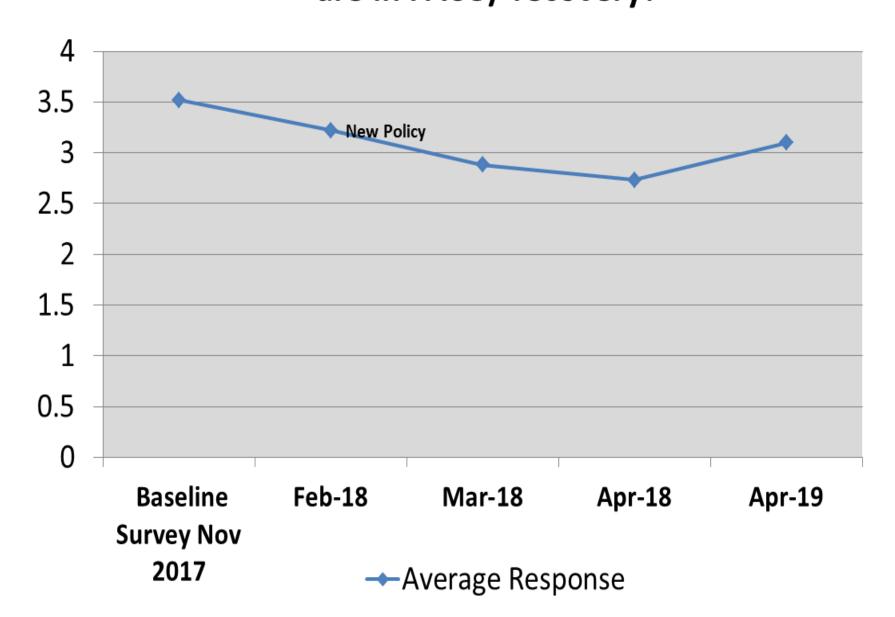
- This project provides a framework for Phase 1 PACU's to implement a successful visitation program.
- American Society of PeriAnesthesia Nurses (ASPAN) practice recommendation IX adherence would improve globally from the current 20% successful compliance of patient Phase 1 family visitation with published dissemination of our project structure.

Oct-17 ■ 1 year Post Practice Change

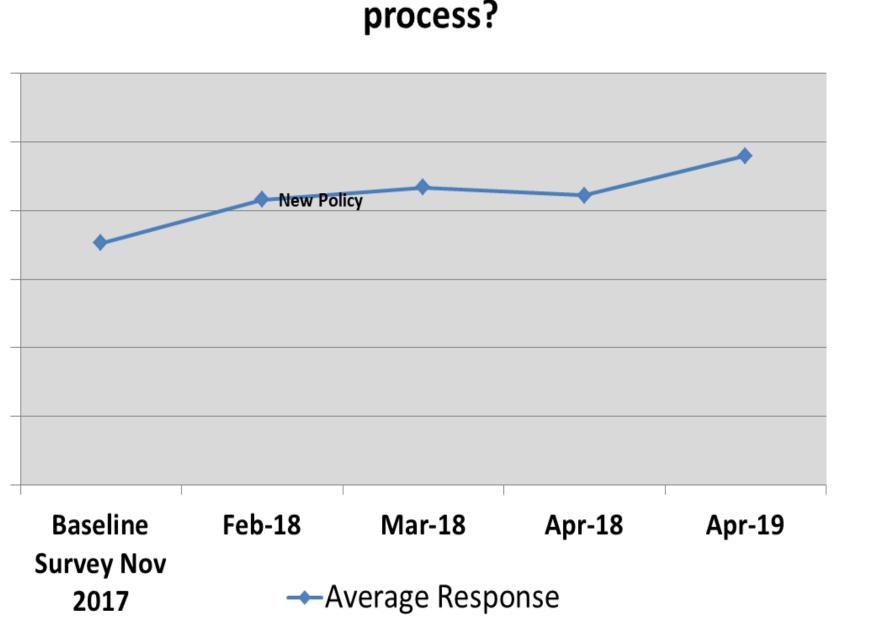


# Family Survey Questions

#### How anxious do you feel about your loved one while they are in PACU/ recovery?



# How satisfied are you with our current visitation



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