

Implementing Guidelines for Updating Family of Patients in the PACU

Team Leader: Abigail Kathleen M. Acosta RN BSN CPAN CAPA

Salinas Valley Memorial Hospital, Salinas, California

Team Member: Mario Zermeno RN BSN

Background Information: The family of the patients in our PACU may end up not seeing the patient until an hour or more after the Phase I finished, patient is transferred to the floor or to a Phase II outpatient unit. Pediatric patients and those with extenuating circumstances get a visit from family. Other PACU patients' family may not get an update during the entire PACU stay.

Objectives of Project: To implement **consistent** standards in family visits and updates for patients in the PACU. Within 6 months of implementation, this project will increase patient and family satisfaction by increasing the rate of update occurrence of PACU patients' family, from less than 10% to at least 80% within a year.

Process of Implementation: Evidence-based guidelines were drafted and presented to the practice council. After meeting with Outpatient Services, Concierge and Security, changes were made. These were revised from visitation to updates because there were cases when a visit may not be feasible, for example, patient preference, emergent issues in the PACU, etc.

Guidelines were explained to the patient and family. They were advised to designate a main update recipient. The Concierge and Security staff clarified processes on visitation and traffic into the unit. Handover of the contact number of the update recipient is ensured in case of non-feasibility of a visit.

Statement of Successful Practice: After a year, only 18% of patients in the PACU did not have documentation of an update and were mostly cases done on-call, in the middle of the night. Currently, an annual evaluation has shown a trend of increasing compliance with the update process.

Implications for Advancing the Practice of Perianesthesia Nursing: Patient engagement and communication with their family members is valuable in ensuring patient-centered care. We were able to implement guidelines that addressed this and at the same time enhanced the workflow of the units and stakeholders involved in the process. We had limitations of having a small, open unit, with privacy concerns. A previous push from the Clinical Manager to implement visits was unsuccessful. By using a structured process, collaborating with all stakeholders involved, this project succeeded.