Enhance RN Initiated Family Update In PACU During The Covid Pandemic

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Introduction & Background
- Family-centered care meets both patient and family members’ emotional need.
- Prior pandemic PACU do offer routine family visitation to decrease patient/family anxiety.
- After pandemic PACU visitation has been highly restricted.
- The highest need from both patient and family perioperatively is the information and communication from healthcare provider.
- The timely family update via texting or voice/video call is becoming important way to communicate with patient’s family.
- The purpose of PACU nurse education is to enhance RN initiated family update and strengthen the communication.

Methods
- A variety of educational implementations were processed.
- Activities were collected monthly from April 2020 to July 2020, which matched to baseline and 3 post data sets. Each month thirty surgical cases were randomly selected from three different working days.
- Nurses were recommended to follow a special time frame - texting family within 30 mins PACU arrival and phone/video call within 60 mins PACU arrival.
- The QI data with relevant patient/family satisfaction was retrieved from the hospital data dashboard accordingly.

Results & Discussion
- The PACU family update either via texting or voice call was significantly increased up to 87% from initial 47%.
- The update within the time frame was improved up to 37% from initial 20%.
- Indirect improvement showed on related survey question of patient/family satisfaction QoI data.
- Existing barriers such as affected timely update from increased case load or acuity and staff motivation challenge.
- Next steps such as apply iPads for virtual family visitation, adjust update timeframe and advocate for patient/family regarding the postoperative update from surgical team.

Conclusion
- During the Covid pandemic, enhanced communication between PACU nurses and patient’s family has been becoming more important to patient care. Through education and other means of communication, updating the family in PACU increased from 47% to 87%.

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References