

Reunification of Children and Caregivers in the Phase I Recovery Room

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Introduction: Published evidence promotes caregiver presence in the pediatric Phase I recovery room, including benefits of comfort to the child, pain management, length of stay, and reduced emergence delirium, especially in young children where incidence is higher.

Identification of the Problem: As a Phase I recovery room nurse at Seattle Children's Hospital, I observed variability in reunification of caregivers and children after surgery. Nurses verbalized concerns with having caregivers in Phase I, but the concern had not been formally evaluated.

QI Question/Purpose of the Study: Purposes were to assess nurse perceptions of Phase I reunification, and to implement a practice change with aims of reducing time to reunification and improving equity.

Methods: First, nurses were surveyed to assess decision-making and barriers to Phase I reunification and results helped formulate recommendations. An EPIC case tracking event was created, improving visibility of reunification preference, and reinforcing the importance of Phase I reunification. Next, the Pediatric Assessment of Emergence Delirium (PAED) was implemented, assisting nurses in assessing for delirium and resulting in a policy for nurses to administer dexmedetomidine as needed for emergence delirium. Finally, a standard was implemented offering caregivers of all children \leq age 6 Phase I reunification. Caregiver preference is visible as an EPIC perioperative board icon.

Outcomes/Results: Time to reunification decreased, demonstrating a statistically significant reduction in the 6 months following implementation (32.2 to 29.4 minutes, $p < 0.001$). Pre-implementation, non-white patients had a longer time to reunite with caregivers while post-implementation, there was little difference between white and non-white groups.

Discussion: A 2.8-minute reduction in reunification time may reduce emergence delirium, associated harm and child anxiety. With the consistent process in place, implicit biases are mitigated, and caregivers are reunited with young children, regardless of race/ ethnicity.

Conclusion: It is beneficial for care teams to develop clear processes and expectations, especially related to post-operative reunification of children and caregivers. The implementation of this standardized process has reduced the time that children are away from their caregiver(s) and has improved equity of care at Seattle Children's Hospital.

Implications for perianesthesia nurses and future research: By sharing these accomplishments, I hope that others will be inspired to prioritize similar work early reunification and family-centered care in their recovery rooms for pediatric patients.