

## **UC San Diego**

### **Winter 2010 - UC San Diego Health Journal of Nursing: The Unique Power of Nursing**

#### **Title**

Introducing Family-Centered Care to a Traditionally Closed-Unit PACU

#### **Permalink**

<https://escholarship.org/uc/item/9kq6m41w>

#### **Journal**

UC San Diego Health Journal of Nursing, 3(1)

#### **Author**

Li, Nancy, BSN, RN

#### **Publication Date**

2010

Peer reviewed

# Introducing Family-Centered Care to a Traditionally Closed-Unit PACU

By Nancy Li RN, BSN, CPAN

## PACU-A Historically Closed Unit

Visitation in the PACU (Post Anesthesia Care Unit) has been a controversial issue in past decades. Until now, many PACU's in United States hospitals have remained closed to visitors. Short duration of stay, need for close observation without interference, lack of privacy, lack of space, perceptions of limited patient memory of PACU stays, and the PACU environment being disturbing to visitors are commonly cited rationales for restrictive visitation policies.

At UCSD our PACU has a mixture of patient populations including Phase I (immediate post-op recovery period), Phase II (getting ready to go home), ICU/floor overflow, and pediatric patients. All of these patients are in one physical PACU space.

In the traditional practice, parental visitation for children is allowed for one parent only in our PACU. Additionally, one visitor is allowed entry to receive discharge instructions for the patient who is ready to go home (Phase II), and one visitor for an ICU overflow patient. However families of adult patients in the immediate post-operative period (the majority of patients in the PACU) continue to follow a no visitor policy.

This inconsistent visiting practice has created anxiety and frustration for patients and their families.

## Scenarios

1. 12 o'clock noon, a female patient is waking up from anesthesia following a D & C procedure. Her first words are, "Can I see my husband?"

The nurse replies, "Sorry, you are in the recovery room. No visitors are allowed here."

The patient responds, "Why? I want to see my husband now!"

The nurse tries to console her and asks, "Are you in pain? How can I help make you comfortable?" The nurse is trying her best.

The patient continues to cry loudly and says, "No, I told you I want to see my husband!"

In this scenario the patient is stressed to be separated from her husband, but due to the traditional visitation policy she is denied access to him during the phase I period of her recovery.

2. It is a hectic day in the PACU. The phone rings and the charge nurse runs to answer it. It is one of the family members in the waiting room requesting to see her loved one. The charge nurse informs her that her family member is in the PACU and there is no visitors allowed.

The family member argues,

"The doctor talked to me a while ago and told me I can come and see my husband. And I know someone waiting here earlier has been called into the recovery room to see her son. Did something bad happen to my husband? Is he not doing well? I have been waiting for hours. Why can't I see my husband now?"

This scenario demonstrates the perception that family may have that staff is inconsistent with visitation rules in the PACU. This can easily be misinterpreted as an ominous sign.

## The Evidence Based Practice Project

Based on escalated frustration levels in the surgical waiting room and the trend towards family centered care in our health care system, the restricted visiting practice in the PACU needed to be re-evaluated.

Does open visitation in the PACU result in decreasing patient/family



Nancy Li RN, BSN, CPAN has been a PACU nurse for 16 years and has been at UCSD for 10 years. She is a CNIII.

frustration and anxiety, and increase their satisfaction? With this question in mind, an Evidence Based Practice Project was initiated in March 2009.

The first step of this project was to acquire evidence. Through an extensive review of the literature on family visitation in the PACU, overwhelming evidence was found supporting family centered care in the PACU. Many published studies support that visitation in the PACU not only decrease patients' anxiety but is beneficial and important to the family as well.

In July 2009 after IRB approval, the pre-survey tool for patients, families, and nursing staff was developed which collected the opinions of open visitation. An education tool for visitors in the form of an informational brochure was developed and distributed in the waiting room to families. Education sessions were given to nursing staff in the PACU during staff meetings, which included the tenets of family-centered care, change in visitation guidelines with supporting evidence, and

communication strategies for working with families. Information sessions were also given to the staff from Pre-Operative Admission unit, Pre-operative Care Center, and Operating Room. Visitation policy changes were also communicated with the Anesthesiology and Surgery Departments.

Starting in September of 2009, a pilot study of the new visitation policy was implemented.

**The new Guidelines include:**

- Approximately 30 minutes after

the patient's arrival to the PACU, the nurse is to call the designated contact person or loved one to update them on the patient's condition and invite them to visit the patient.

- When the visitor arrives, the nurse is to introduce the family to the PACU environment and equipment. The visitor is allowed to and encouraged to stay at the bedside and participate in the care.

Three months after the implementation of the new visitation practice a post-survey of patients,

family members, and nursing staff was conducted and data was collected in January of 2010.

**The Change of Practice**

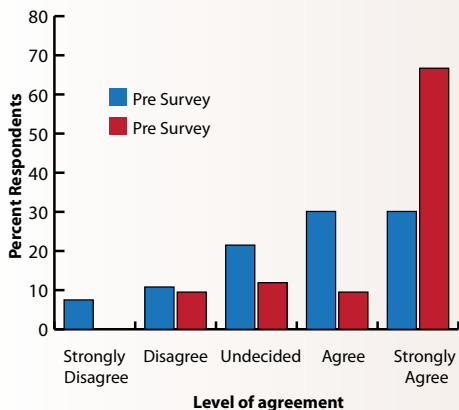
Based on the result of this project and the support of our departmental management team, family-centered care has been adopted throughout the entire UC San Diego Health System in all of the PACUs. Our PACU is no longer a closed unit. We now welcome you to participate in the care of your loved one!

**Outcome of the Project**

Data collection showed that family members and patients responded favorably to family centered care in the PACU. The majority of both groups strongly agreed that visiting the patient in the PACU was important and beneficial.

**Patient Opinion Pre vs Post Survey:**

“Do you think allowing family to see you in the recovery room will be beneficial?”

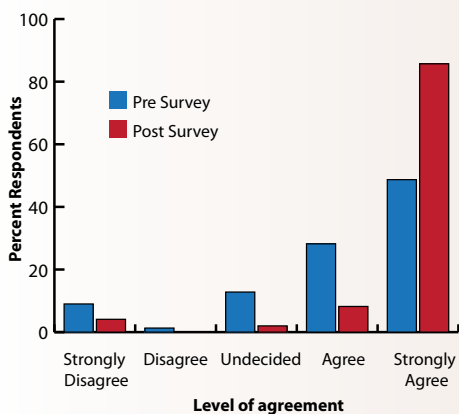


**Patient Survey Results:**

67% strongly agreed that family presence benefited their recovery compared to 28% from the pre-implementation survey. 65% of patients preferred “family help taking care of me” compared to 26% from the pre-implementation survey.

**Family Member Opinion Pre vs Post Survey:**

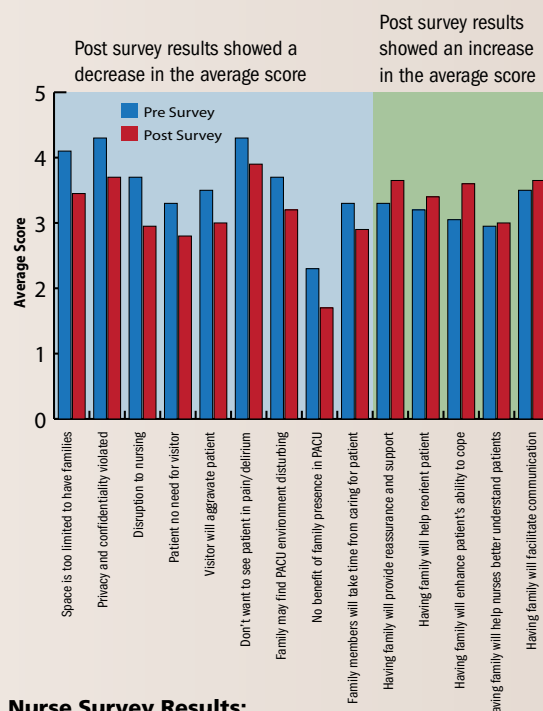
“Do you think allowing visitors in the recovery room is important and beneficial to you and the patient?”



**Family Survey Results:**

90% of families surveyed after the implementation strongly agreed that allowing visitors in the PACU is important and beneficial compared to 47% from pre-implementation survey. In response to family presence to “provide support to the patient”, the post-implementation survey showed a rate of 4.87 on 1-5 scale compared to a rate of 4.11 found in the pre-implementation survey. In regards to “being able to help with simple care” families rated 4.3 in the post-implementation survey compared to 3.66 in the pre-implementation survey.

**Average Scores for Pre and Post Staff Survey**



**Nurse Survey Results:**

Concerns about PACU space and privacy significantly decreased in the post-implementation survey compared to the pre-implementation survey, while agreement that open visitation is beneficial increased significantly.

With regards to when they would prefer to come in and visit, the majority responded, “as soon as possible”. Furthermore, families preferred, “to participate in simple care”.

Patients described that the most important benefits of family visitation were, “It’s very comforting to see a familiar face”, and “to know that my family is here is part of my strong will to get better”. Additionally patients said that, “Family presence gave me moral support and helped me to understand the (surgery) information”, and “My family at the bedside made me feel more at ease”.

Family members responded most favorably to the open visitation practice. One comment on the survey was, “This has made all the difference to me. I always want to be there as soon as I can and for as long as possible. It is horribly stressful to wait.”