

## ORIGINAL ARTICLE

# Family Visitation in the Postanesthesia Care Unit: Implementation of a Nurse Liaison Role

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*The purpose of this article was to report on the nurse liaison role developed at a 400-bed community hospital in response to a previously published best practice project on the effect of family visitation in the PACU on family member anxiety. The evidence resulted in the development of the nurse liaison role, which changed nursing practice and involved each area of perioperative services as we embarked on family-centered care (FCC). The nurse liaison program has served as a model for other hospital departments as well as area hospitals. Guidelines for implementation of the program, which included FCC, are discussed as well as job guidelines, job descriptions, challenges, and outcomes.*

**Keywords:** PACU, family visitation, nurse liaison, family-centered care.

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**ALLOWING FAMILY TO VISIT** hospitalized patients is a practice often restricted in select areas of the hospital, particularly the postanesthesia care unit (PACU). Visitation practices vary widely across the country. Before implementation of the nurse liaison program, the existing surgery reception volunteers were limited in the information they were able to obtain for family members. They were discouraged from calling the PACU, presurgery, and the operating room (OR). Therefore, families lacked information regarding their loved ones.

The results from a study conducted by this hospital in 2011 supported the value and importance of PACU visitation for family members.<sup>1</sup> During the

data collection phase of the research, it became apparent that connection and communication with family members would be a vital part of our work in providing family centered care (FCC). A nurse liaison position was approved, the job description outlined, hours of operation defined, and interested PACU staff selected to fill the position. Guidelines were developed, and all perioperative staff oriented to their respective job responsibilities.

## Guidelines

A PACU phase I level of care visit offers advantages for both patients and families including reduced anxiety and improved satisfaction.<sup>2</sup> A common misconception is that patients do not remember they have seen a family member in PACU phase I. A study of 873 patients who underwent general or regional anesthesia found that 72% remembered their stay in the PACU.<sup>3</sup> Research published in 2012 found that significant reductions in family member anxiety occur after visitation.<sup>1</sup> Patelarov et al<sup>4</sup> found a significant reduction in family anxiety after a visit to patients in the PACU. However, postoperative anxiety levels were still extremely high in over fifty percent of the participants, which suggests that family members' visit with the patient in PACU does not effectively

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decrease their anxiety levels. Results demonstrate the need for other measures to effectively decrease family members' perioperative anxiety.<sup>4</sup> These findings support the importance of incorporating three things into a visitation and/or liaison program: information, caring, and hope.

The nurse liaison selected is crucial to an effective program. He or she must have PACU experience and excel in connecting and communicating with patients and families. The nurse liaison role encompasses care of families that truly had been missing: frequent communication with families that includes updates from the surgeon/OR circulating nurse, facilitation of phase I PACU visit, and phase II leader rounding for patients going home.

When critically ill patients are transferred to the critical care units, the nurse liaison escorts the family members to the unit and provides a hand-off to the critical care family support liaison. Multiple requests coming in at the same time must be identified and triaged. This may involve the volunteer, PACU charge nurse, or the OR circulating nurse.

Having guidelines, standard practices, and communication materials are necessary for any visitation program (Table 1). When transferred to the surgical preparation area, the patient is asked if he or she would prefer the presence of family members during the preoperative phase. For both patients and family members, many of the highest rated needs during the perioperative period were related to information and communication. During the time the patient is in the preoperative area on the day of surgery, both patients and family members rated highly the need to be present with each other.<sup>5</sup> Nursing staff also need to be sensitive to and aware of the practices and needs of the multicultural population we serve. For example, in Eastern cultures, it is the norm that relatives visit and stay with the patient in the hospital. The nurse must also be aware of the native language of the patient and family members with whom he or she is working and assess the need for an interpreter to ensure the transmission of accurate information. The nurse liaison collaborates with various professionals within and occasionally outside the hospital while advocating for the

patient and family members. Knowing how to access these resources is vital to effective practice.<sup>6</sup> Caring is critical to helping people adapt to stressful experiences, and the PACU phase I visit is just one aspect of the work of the nurse liaison. Together with the perioperative department, FCC is provided to assist in meeting the emotional needs of patients and family members. "FCC can be defined as a philosophy of care delivery and way of caring for patients and their family members throughout the healthcare system, ensuring that care is planned around the whole family, not just the individual, such that all of the family members-including the patient-are recognized as recipients of care."<sup>2, p 68</sup>

Before surgery, the patient is asked if he or she would like a family visit in PACU phase I and who should be allowed to visit. The procedure for visitation is clearly stated in a brochure given to patients and family on admission (Table 1). The nurse liaison reinforces this information, answers questions, and addresses concerns regarding visitation. Seeing the family before surgery and before they have separated from the patient gives the nurse liaison a much clearer picture of family dynamics during the stressful time they will spend in the foreign perioperative environment.<sup>6</sup>

Appropriateness for PACU visitation is based on patient status, patient wishes, activity in the unit, and nurse ability to provide time with the patient and family member.<sup>1</sup> While the patient is undergoing admission to the PACU, the nurse liaison goes into the unit to assess the status of the patient so an update can be given to the family. A visit is arranged if appropriate at that time. If not, the PACU nurse calls the nurse liaison when a family member may be escorted to the bedside. If a visit is delayed, the family is updated on the patient status. Sharing family dynamics and expectations with the PACU nurse before the family is escorted to the area allows the PACU nurse to better prepare for the family member's arrival. One designated family member is allowed a brief visit (usually less than 5 minutes) with the patient and is accompanied by the nurse liaison. The length of time spent at the bedside varies. Each case is individual, and visitation depends on the patient, family member, and unit circumstances. If the patient is held in PACU until a hospital

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