Magnet Journey: A Quality Improvement Project—Implementation of Family Visitation in the PACU

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Purpose: *Over the years, patient- and family-centered care has been a focus of many researchers in the postanesthesia care unit (PACU) setting. Despite evidence pointing to the benefits and positive outcomes of partnering with family in patient care in pediatric and adult PACUs, this practice has not gained popularity in the adult PACUs of many hospitals. The purpose of this project was to test and validate the benefits of including families as partners in care in the PACU.*
Design: *A pre/post exploratory design using survey methodology was used.*
Methods: *Survey questionnaires were administered to patients, family, and nursing staff before and after the implementation of a patient visitation program.*
Findings: *Patient and family satisfaction increased after implementation of the family visitation program. Nursing satisfaction with and openness to family visitation also increased.*
Conclusions: *Results provide the evidence base to implement an open visitation policy that has been made permanent as a standard of care practiced in all the PACU sites throughout the health system.*

Keywords: *quality improvement, perianesthesia nursing, evidence-based practice (EBP), patient- and family-centered care, family visitation, research.*

NURSING CARE PLAYS a significant role in the quality of a patient's positive health outcome. In the early 1980s, the American Academy of Nursing established a task force to carry out a study to identify why some hospitals in the country were "magnets", viewed as being able to attract and retain nursing talent, and consistently produced superior quality in patient health outcomes. The survey revealed that some of these hospitals possessed uncommon attributes that attracted nursing talent.[1] The findings provided the parameters and baseline standards for the design of the Magnet Recognition Program. Approved by the American Nurses Association Board of Directors in 1990 and administered by the American Nurses Credentialing Center, the first Magnet national award was given out in 1994 and the first international award in 2002.[2]

The Magnet Recognition award accords many benefits to a winning hospital. It serves as a vote of confidence and a stamp of approval of an institution's performance excellence. It validates the value of excellence in nursing care as measured by such indicators as teamwork, evidence-based practice (EBP), continuous quality improvement,

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and excellence in patient outcome. Additionally, the magnet status provides an institution with a competitive edge to retain and attract outstanding practitioners, clinicians, nursing talent, and other personnel; enhances its potential to expand its patient pool and health care market share, and reinforces its ability to negotiate and contract with payers from a position of strength.[1,3]

In the process of preparing for the Magnet Recognition award program, some institutions search and develop anchors whereby they may focus the whole nursing division toward a common goal under one united theme. At a New England hospital, the *Comfort Theory* was seen as compatible with the values and mission of the institution and was selected by consensus as a unifying framework for their application for Magnet status. Comfort Theory, originally conceived by Katharine Kolcaba,[4] was developed as a *patient- and family-centered care* (PFCC) theory, which postulates that "human experiences take place in four contexts: physical, psychospiritual, sociocultural and environmental.[5]" Patients define comfort and nursing interventions—deployed to meet these needs.[5,6]

At the Southern California Academic Health System where this study was conducted, the mission is to take exceptional care of people underpinned by five core values: quality, caring, integrity, creativity, and teamwork.[7] The Magnet journey in this institution started in 2008. The unifying theme is the health system's core values, which are supported by multidisciplinary teamwork and EBP. The health system was awarded Magnet status in December 2011.[8] The following represents one of the EBP projects completed on the Magnet journey.

Evidence-Based Practice

EBP is a trait embedded in one of the components of the Magnet model: new knowledge, innovation, and improvement. EBP includes new models of care, application of existing evidence, new evidence, and visible contributions to the science of nursing.[9] EBP aligns with the core principles of quality improvement, which includes a focus on patients/customers, teamwork, and continuous improvement.[10]

EBP has its roots in the United Kingdom and emerged at more or less the same time when American nurses were focusing on research utilization.[11] Cullen and Adams [11] note that EBP in health care delivery is based on the integration of the best research evidence available combined with clinical expertise, in accordance with the preferences of the patient and family.[11] On the other hand, Sigma Theta Tau International elucidates that evidence-based nursing is a collective decision-making process among all stakeholders, based on robust sources of information derived from research evidence, patients' experiences and preferences, and proven clinical expertise.[11] EBP enhances patient safety and improves health care outcomes. It also contributes to cost savings. Moreover, personal factors such as a lack of awareness, interest, and skills in research and organizational inertia have often been viewed as some of the major barriers preventing health care practitioners in deepening their interest in research utilization and developing a culture embracing EBP. However, Windle[12] maintains that it is no longer an option to not implement EBP in nursing care as insurance companies expect it, and accreditation organizations such as The Joint Commission and the American Nurses Credentialing Center for Magnet accreditation requires the presence of an EBP program.[12]

PFCC—Visitation in the PACU

Many studies have been carried out over the years relating to PFCC and family visitation in the postanesthesia care unit (PACU). Traditionally, accessibility to the PACU has been restricted only to nurses, physicians, and other authorized personnel.[13] In a study by Bonifacio and Boschma,[14] the practitioner indicated that despite a number of studies between 1984 and 2006 supporting and encouraging PACU family visitation, this practice has not gained currency. The concerns stated were the lack of space in the recovery area, confidentiality, privacy, and disruption to patient care. Another study reflected the fear of hospital administrators, physicians, and nurses surrounding legal liability.

Parental visitation in the pediatric PACU has been allowed in some hospitals dating back to the late 1970s,[14-16] although this practice did not represent the norm. There was a growing body of research evidence in the mid-1980s of a shift to a more holistic and compassionate patient care practice. Increased