



Scientific and Technological Research

Portrayal of the performance of the post-anesthesia care unit, based on the perception of the professional nursing staff[☆]

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ARTICLE INFO

Article history:

Received 6 December 2016

Accepted 17 August 2017

Available online 15 November 2017

Keywords:

Anesthesia recovery period

Education, nursing

Patient care

Qualitative research

Patient safety

ABSTRACT

Introduction: The post-anesthesia care unit has been identified as a vulnerable area for the occurrence of adverse events. Here, the nursing staff is responsible for managing and taking care of patients.

Objective: To explore the perception of the professional nursing staff about the performance of the post-anesthesia care unit, and portray certain aspects of its operations.

Materials and methods: This is a mixed sequential study including an observational, descriptive and quantitative cross section phase and a qualitative, descriptive, interpretative phase, using grounded theory.

Results: Nurses perceive the PACU as "a place for care" with weak processes such as patient handover and monitoring, communications among care providers, lack of specific skills of the ancillary staff and lack of team work. Work overload, extended administrative tasks that take away focus from patient care, in addition to a lack of compliance with protocols, are all conducive to the occurrence of adverse events.

Conclusions: Nurses perceive the unit as a place of complex processes and particular characteristics that make the unit prone to adverse events. Institutional factors, work team and professional-related aspects become threats that undermine the safety environment that should always prevail in every PACU. Specific strategies are discussed to turn the recovery unit into a safe care service for the surgical patient.

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* Please cite this article as: Arias-Botero JH, Padrón-Mercado CM. Caracterización del funcionamiento de la unidad de cuidados postanestésicos a partir de la percepción del personal de enfermería profesional. Rev Colomb Anestesiol. 2017;45:16-23.

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Caracterización del funcionamiento de la unidad de cuidados postanestésicos a partir de la percepción del personal de enfermería profesional

RESUMEN

Palabras clave:

Periodo de recuperación de la anestesia
Educación en enfermería
Atención al paciente
Investigación cualitativa
Seguridad del paciente

Introducción: La unidad de cuidados postanestésicos se ha identificado como un sitio vulnerable para la presentación de eventos adversos; en este lugar es el personal de enfermería quien se encargan del manejo y cuidado de los pacientes.

Objetivo: Explorar las percepciones que tiene el personal de enfermería profesional acerca del funcionamiento de la Unidad de cuidados postanestésicos y caracterizar algunos aspectos de su funcionamiento.

Materiales y Métodos: Estudio con enfoque mixto secuencial: una fase cuantitativa descriptiva observacional de corte transversal y una cualitativa de tipo descriptivo interpretativo utilizando teoría fundamentada.

Resultados: Los enfermeros perciben la unidad de cuidados postanestésicos como “un sitio para el cuidado” con debilidades en procesos como la entrega y monitoreo de pacientes, la comunicación del personal asistencial, falencia en habilidades específicas del personal auxiliar y ausencia de trabajo en equipo. La sobrecarga de trabajo, un aumento de labores administrativas que desplazan el cuidado del paciente, así como la falta de adherencia a protocolos, son percibidos como situaciones que facilitan la presentación de eventos adversos.

Conclusiones: La unidad es percibida por los enfermeros como un lugar de procesos complejos y características particulares que la hacen susceptible de eventos adversos. Factores a nivel de la institución, el grupo de trabajo y el profesional se convierten en amenazas que socavan el ambiente de seguridad que debería prevalecer en un servicio de recuperación postanestésica. Se proponen estrategias específicas que impulsen a la unidad de recuperación como un servicio de atención segura para el paciente quirúrgico.

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Introduction

The development of surgical specialties has brought about increasing volumes and growing complexity of procedures, with larger number of interventions in elderly and multiple comorbidities patients. This trend impacts the post-anesthesia care unit (PACU), which has been identified as a vulnerable place for the occurrence of care-related adverse events.¹⁻⁵

The publications available in the literature have focused on describing the events, the frequency thereof, and intra-operative anesthesia-related factors. Based on the analytical models for adverse events,⁶ additional considerations such as communication, training, workload, *inter alia*, are also relevant.⁷⁻¹⁰

Although the anesthesiologist is responsible for the patient in the PACU, the professional and LPNs staff is in charge of managing and caring for the patient. In the case of complex patients or patients with multiple comorbidities, the role of professional caregivers is even more crucial. However, we are not aware of the perception professional nurses have about the unit in this setting. The objective of the research was to explore the perceptions of the professional nursing staff about the operation of the PACU and portray some functional aspects.

Materials and methods

A mixed approach, with sequential implementation study was undertaken, including a cross sectional observational, descriptive and quantitative phase and a descriptive, interpretative qualitative phase.

Professional nurses from around the country from the FEPASDE (Special Fund for Solidary Assistance in Claims) database were included. These nurses are currently working or worked for at least two years at a PACU in level 2–4 institutions; however, nurses working in surgery but not making shifts in the PACU were excluded. For the qualitative phase, nurses who were involved in an adverse event (AE) in the PACU during the past year were included. The final number of nurses and their distribution was based on a theoretical sampling, excluding nurses with less than three months of work experience in the unit or that had participated in opinion studies over the last six months.

Structured e-mail surveys were conducted among all nurses in the FEPASDE database and the surveys were completed on line. An initial literature review allowed for the identification of issues regarding the occurrence of adverse events in the PACU and this information was the basis for the design of the survey, including the most frequent complications in the PACU, critical structural aspects, human resources, processes, and documentation in the medical

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