

The Rolling Refresher Cart (RRC): Improving the Level of Preparedness in PACU Nurses in Caring for Patients and their Specialized Surgical Drains

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Introduction: Patients with specialized surgical drains can be a high-risk occurrence in the post anesthesia care unit (PACU) if PACU nurses (RNs) mishandle these drains. Disproportionate opportunities to care for particular patient drains have contributed to RNs feeling unprepared. Research studies have shown that frequent education has a positive impact on RN's performance and preparedness level.

Identification of the problem: Absence of frequent education sessions have negatively impacted PACU RNs' level of preparedness to care for patients and their specialized drains.

QI Question/Purpose of Study: Will using a mobile teaching cart (aka RRC) that provides monthly in situ "refresher" sessions increase the level of preparedness in PACU RNs by 15% after each session?

Methods: PACU RNs were selected to participate in monthly 20-minute RRC sessions in their unit for 11 months. A needs assessment questionnaire was used to identify the 3 surgical drains for this project. One drain was reviewed per month and repeated quarterly. The hospital's policies and subject matter experts were consulted for the teaching points. A re-purposed utility cart was used during RRC sessions to store, transport, and display teaching materials. During each session, participants were provided a quick lecture and hands-on practice. Pre and post data for the nurses' preparedness level were collected immediately before and after each session via questionnaires.

Outcomes/Results: The goal was met. Self-reported data from PACU nurses show that monthly RRC sessions have increased the RNs' preparedness level to manage specialized surgical drains by at least 15%. 98% of the participants agreed to participate in future RRC sessions.

Discussion: Monthly RRC sessions were successful in improving the level of preparedness in PACU RNs. Buy-in from these RNs ensured future opportunities to use the RRC again for in-situ training.

Conclusion: Results from this project highlight the promising role of RRC in improving and maintaining knowledge, preparedness level, and skills set in PACU nurses. The absence of a control group in this project limits the generalizations that can be made.

Implications for perianesthesia nurses and future research: The RRC is optimal for in-situ training because it is easily accessible, readily available, uses minimal space, and can be used for just-in-time training. The RRC should be considered for use in other departments for RN training.