A Pilot Study of CRNA Disruptions during Anesthesia Induction
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PROBLEM
Distractions and interruptions can lead to loss of focus during medication administration (Pape, 2006). As a result, medication errors occur when a CRNA swaps syringes (Abeysekera et al., 2005). Usually, the circulating RN assists with anesthesia induction. Other personnel interrupt the process to ask questions that are unrelated to the induction process.

EVIDENCE
In a recent study, 43% (n=186) of 433 hospital CEOs were distressed over patient safety and quality issues (American College of Healthcare Executives [ACHE], 2009).

STRATEGY
A total of 8 cycles of CRNA anesthesia induction were observed, and disruptions counted. Participants were male and female English speaking CRNAs. The study took place over a 2-week period in a mid-sized non-profit acute care hospital in a North Central Texas city.

PRACTICE CHANGE
There was no practice change. This was a descriptive study.

EVALUATION
The sample of 5 females and 3 males were from 40 to 50 years (µ = 46) in age. Experience as a CRNA was 6 to 20 years (µ = 14). The average observation time was 9 minutes. Most of the disruptions were by personnel (µ = 3) and conversation (µ = 3). Unlike some OR settings, the staff in this OR setting were long time employees who demonstrated a great deal of respect for one another.

RESULTS
With an average of 6 interruptions per 9 minutes, the results indicate that CRNAs experience an average of 39 disruptions per hour. In a different setting, this number is likely to be much higher.

RECOMMENDATIONS
The results demonstrate that surgical settings should maintain a standard of no disruptions during anesthesia induction. Another would be to utilize this anesthesia assistant model in other ORs to deter disruptions. Recruit and retain OR nurses and other staff by establishing a culture of mutual respect. Replicate the study with a larger sample size in a larger hospital.
LESSONS LEARNED
Unknown to the researcher, this hospital used an anesthesia assistant to help with each intubation. The presence of this person prevented many disruptions. After the study, he said that he demands quiet during anesthesia induction. Staff members in this OR setting were long time employees, and had a culture of mutual respect, making it less disruptive.

BIBLIOGRAPHY