Start Early – Improving Quality of Care with Standardized Pre-Operative Discharge Education

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Introduction

The United States is experiencing a sharp increase in outpatient surgeries. About 75% of all surgeries in the US are performed in these settings. Patients are discharged within hours of surgery and rely heavily on health care professionals to provide comprehensive pre- and post-operative education to keep them safe at home. However, individual teaching styles impact the quality of education patients receive. In addition, discharge education is often provided with written materials, but the Learning Pyramid shows that audiovisual materials double retention rates provided with written materials, but the Learning Pyramid shows that audiovisual materials double retention rates.

An analysis of popular YouTube videos and management feedback suggested an appropriate video length of four minutes. A script was developed and recorded at SASC and edited for content. The final product was approved by unit management (Table 1).

Materials and Methods (Cont.)

The video was integrated into the SASC registration process. Following registration, patients were asked to sit in a semi-private booth and watch the video on a provided laptop with any accompanying family or friends. Pre-printed materials were made available to patients to use in their own devices if they preferred (Figure 1).

Results

Press Ganey pre-intervention and post-intervention (June 13 through December 19, 2017) data were gathered and analyzed. Data are measured by seventeen indicators that are divided into three quality categories – Communication, Facility/Personal Treatment, and Discharge.

Seven of ten targeted quality indicators showed improved scores post-intervention (Table 2). Two of the targeted indicators not showing an improvement were procedure-specific. Five non-targeted indicators also showed improvement, suggesting the video could impact less tangible quality indicators as well.

Conclusion

The standardized video education tool shown to patients pre-operatively has proven statistically significant in improving both intervention-targeted and non-targeted Press Ganey quality indicators over six months. The next steps include integrating the video into pre-surgical office visits and replicating the study in other Sibley perianesthesia areas.

Table 1 – Still Shots from the Intervention Video

The standardized pre-operative education video was created and implemented at SASC to increase quality of care.

Objectives

Increase quality of care delivered to patients in SASC through the development and implementation of a standardized pre-operative education tool.

Table 2 — Avg. Percentile Score by Press Ganey Quality Indicator

F i v e  o f  t h e  1 7 indicators remained in the fiftieth percentile or lower post-intervention; however, four of those showed improvement. The three quality categories all showed notably increased scores.

Table 2 – Targeted Indicator Average Scores, Pre- and Post-Intervention

Using an α level of 0.05, the results indicate that the intervention is statistically significant (p=0.03) for targeted quality outcomes. When all Press Ganey quality indicators are considered, the intervention is again statistically significant (p=0.005).

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