

A PDSA project to improve Patient Perception in Same day surgery patients

Colleen St. John BSN, RN; Darlene Berghaier BSN, RN; Precy D'Souza MSN, PCCN, RN *Voorhees Division*



Introduction

Overview:

Innovative surgical techniques along with advances in anesthesia facilitates early discharge from hospital to home for recovery. Patients can feel rushed which is a big patient-family dissatisfier.

Significance of the problem:

- Patient satisfaction scores revealed patients felt they were discharged too soon.
- Patients felt they were rushed to go home.

Purpose of the project:. The SPU shared governance team undertook this project:

- to improve patient and family satisfaction.
- To improve the patient satisfaction scores of the patients in SDS from 92% to 95% in 3 months.

$\boldsymbol{\varsigma}$	CRI	PT	FX	DΕ	CT	ΔΤΙ	M	US

PRE-OP-

"I'm part of a project we are doing to improve your surgical experience. Would you mind if we called you in about 2-3 days after your surgery to ask you a few questions regarding your experience. What would be the best time and phone number?"

"Today your surgery is (______). The surgery will take about (time). After surgery you will go to phase I recovery for about one hour. In this area, the nurse will check to be sure you are safe and comfortable. Your pain will be at a tolerable level. Then you will go to phase II recovery for a short visit for about 10-15 minutes. We will give you your clothes and go over your discharge instructions. We will them remove your IV and you will be ready to go home."

PHASE I

"Is your pain tolerable? Your vital signs are stable. You are at the end of phase I recovery. Would you like something to drink? (put head up) Are you ready to go to phase II recovery?"

Explain to patient what is going to happen in phase II recovery.

PHASE II

"Hi, welcome to phase II. We are going to help you get into the recliner.
We have your belongings in the chair. Are you having any pain or nausea? "

Call for family. Review instructions.

"I don't want you to feel rushed. You look great, your vital signs are stable, and you are tolerating PO. Do you feel you are ready to go home?"

Methods

Theoretical framework: The Plan Do Study Act model was used.

❖ Plan:

- Developed script expectations to be discussed with patients and families about every phase of their surgery.
- Consent for phone call
- Follow-up with a 24 hour post op phone call to find out if they felt rushed in any phase of their recovery or they were discharged too soon.
- 15 SDS patients were to be randomly selected over a period of 3 weeks
- **Do**: Plan implemented.
- ❖ Study: Week 1-5 patients were selected.

 Only 1 patient returned the 24 hour post op-phone call, hence the timing of the phone call was changed to late evening of the day of surgery.
- Act: All the 10 patients selected in week 2 and 3 responded.

	CHECKLIST						
	CHECKLIST						
PRE-OP							
Was it initiated?	Yes	No					
Consent for phone call?	Yes	No					
Best time to call							
Phone number							
Comments:							
PHASEI							
"Do you remember the explanation given to you regarding the two							
phases of recovery?"							
•	Yes	No					
"Do you feel you are ready for phase II?"							
	Yes	No					
Comments:							
PHASE II							
"Do you feel that you are ready to go home?" Yes No							
"Is there anything you need before you leave?" Yes No							
"You will receive a follow-up courtesy call tomorrow from our secretary. In							
addition to that, you will receive a phone call from us in about 2-3 days							
regarding your experience. Thank you for your participation."							
Comments:							
PHONE CALL							
"Did someone discuss with you your overall day of surgery, and how							
much time for each area? Was there any concern that you were discharged home too soon?" Yes No							
	NO						
Comments:							

Results

- 11 out of 15 patients responded to the post op phone calls.
- All the 11 patients stated they did not feel rushed in any phase of their recovery.
- They felt they were not discharged too soon.
- All the perioperative staff were given education about communicating to the patients and families about the expected length of stay in each phase so the patients would feel that they were not rushed.



• Improvement in the Press Ganey Scores to 96.3% in 3 months.



Conclusions

Implications for Practice and future research:

- The perceptions of the Patients and their families is an important factor to be considered for a positive surgical experience.
- Clear brief concise Communication is vital at every phase of their surgical experience ,even as early as their first visit to the doctors office.
- This therapeutic patient family centered communication enhances their quick transition from a hospital setting smoothly to their home

Bibliography

Berg, K. (2016). Provision of preoperative and post operative information increases the likelihood a person will be fully prepared for home recovery [Abstract]. *Evidence Based Nursing*, 19. doi:10.1136/eb-2015-102097.

Nagpal, K., Arora., S., Vats, A., Wong, H., Sevdalis, N., Vincent, C., & Moorthy, K. (n.d.). Failure in communication and information transfer across the surgical care Pathway: Interview study. [Abstract]. *BMJ Quality and Safety*. doi:10.1136/bmjqs-2012-000886