

Putting Patients First: Patient Experience in the Perioperative Setting

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Background Information

- One of our hospital's mottos: "We Put Patients First".
- Being a "patient-forward" hospital, we try to anticipate patient's needs and wants, as well as correct the inevitable road bumps that can occur during their time with us. While we maintain that this is part of our everyday practice, one way to prove it is through patient surveys.
- Dilemma: Continuing to provide high quality care during a global pandemic has left many feeling overwhelmed and underappreciated. Hospital led attempts at morale boosting displays and exercises fall short.

NYP Patient Experience Definition

At NewYork-Presbyterian, we work together as a team and partner with our patients and their families to provide **compassionate, consistent, safe and high quality care that instills confidence by creating connections and meeting our diverse patients' individual needs**



- As staff members, we are aware that patient experience is linked to staff morale. Therefore, the objective of this project is to boost patient experience in the perioperative setting while also boosting staff morale. Oftentimes, staff is encouraged to put so much focus on patients and family, and their hospital experience, that it feels more scripted, as opposed to genuine.
- This project aims to keep the care staff has for patients intrinsic.

Implementation

- Prior to any implementation, group discussions were held to identify factors that affect patients. Common patient questions and concerns were acknowledged to be sources of dissatisfaction. A three month plan was put into effect.
- All perioperative staff initiated interventions to set patient and family expectations, including reinforcement of visitation policies and regular updates of patient progress. Extensive procedural education was also provided in the preoperative unit.
- A Press Ganey (PG) eSurvey flyer was placed in every preoperative patient bay to encourage patients to provide feedback, if said survey was emailed to them.
- A "Thank an Employee" signage was also predominantly displayed in both pre- and post-operative units, as well as placed in postop discharge instruction envelopes.

Statement of Successful Practice

- Two PG data points are the focus of this project:
 - "Nurses' Response to Concerns/Questions"
 - "How Well the Staff Work Together to Care for You"
- Over a three month period, post implementation, there are noted changes. Feedback shows that they feel that nurses are more responsive (4.8 point increase).
- Unfortunately, they feel that staff doesn't work well together (1.6 point decrease). This can be attributed to continuing staff shortages.
- The number of glowing emails are also on the rise. These emails are disseminated during weekly huddles.

Implications for Advancing the Practice of Perianesthesia Nursing

Working in a hospital setting requires staff to have a combination of empathy, sympathy, and compassion. By allowing staff to be proactive and alleviate common known patient issues, these innate virtues are allowed to shine.

By giving the patients a forum to freely express themselves, their appreciation can be reflected back to the staff, improving the experience of all involved.



NewYork-Presbyterian Hospital
AMBULATORY SURGERY SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.
Please rate your experience with Practice 4 (DEPT)
For your mail or Practice 4 (DEPT)

BACKGROUND QUESTION:
Was this your first visit as a patient to our Ambulatory Surgery Center? Yes No

INSTRUCTIONS: Please rate the ambulatory surgery or procedure you received from our facility. Select the response that best describes your experience. If a question does not apply to you, please mark it as "not applicable." Responses are provided for you to comment on good or bad things that may have happened to you.

	1	2	3	4	5
NURSES					
1. Friendliness/courtesy of the nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Information nurses gave you on the day of your procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Information nurses gave your family about your surgery or procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Information the nurses gave you on the night before your surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Nurses' concern for your comfort on your recovery day (at home)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Nurses' courtesy toward family members and other hospital staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Involvement nurses gave you about things to do at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience)					
	1	2	3	4	5
CARE PROVIDER					
During your visit, your care was provided primarily by a doctor, physician assistant (PA), nurse practitioner or other health care provider. Please answer the following questions about the care provider.					
1. Care provider's explanation about what the procedure would be like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How the procedure was explained to your family or other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How the procedure was explained to you (if you are not the patient)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Care provider's explanation about why this procedure was important to your health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience)					
	1	2	3	4	5

ANESTHESIOLOGIST

	1	2	3	4	5
1. Anesthesiologist's explanation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Courtesy and friendliness of the anesthesiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience)					
	1	2	3	4	5

PERSONAL ISSUES

	1	2	3	4	5
1. Information provided about delays (if you experienced delays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Our concern for your privacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Degree to which your pain was controlled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Response to concerns/complaints made during your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience)					
	1	2	3	4	5

OVERALL ASSESSMENT

	1	2	3	4	5
1. How well staff at the surgery center worked together to care for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Cleanliness of the Surgery Center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience)					
	1	2	3	4	5

Patient's Name (optional): _____
Telephone Number (optional): _____