

KEYS TO A SUCCESSFUL RECOVERY

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Purpose/Problem

Patients are discharging faster than ever before and expected to self-manage what was previously an aspect of care provided by professionals. There is limited time to educate in the fast paced same day surgery environment. It is a challenge as perioperative nurses to make sure your patient has everything they need to care for themselves at home to prevent readmission, promote optimal outcomes and positively affect the patient experience.

Study Methods

- Literature review focused on discharge teaching practices and patient experience was conducted.
- Staff survey assessing nurses' confidence in discharge teaching and understanding of current practices was completed.
- Press Ganey Scores for "Instructions regarding recovery" and overall Top Box were reviewed.
- About 35% of Americans have only basic or below basic health literacy skills. A "simplified" discharge education sheet was created.
- "Commit to sit" initiative was implemented. Nurses are expected to SIT and do uninterrupted teaching with patients and families pre-op and again post op.

Avera Keys to a Successful Recovery

Doctor _____ Phone number _____

Bleeding

- Some bleeding is normal
- Call your doctor if:**
 - Bleeding lasts longer than 15 minutes even while putting pressure on the incision
 - If you can't stop the bleeding go to your nearest Emergency Room or call 911

Nausea & Vomiting

- Avoid strong scents or smells
- Drink fluids
- Eat before taking pain medications
- Return to your normal diet slowly
- If you become sick to your stomach or vomit return to a liquid diet (water, tea, jell-o)
- Call your doctor if:**
 - Nausea and vomiting does not get better after doing the above

Pain - What to expect

- Some pain and swelling is expected after your surgery
- Pain can be worse the first 2-3 days following surgery
- You should be comfortable enough for daily activities: eating, sleeping, walking and talking
- Don't wait to treat your pain until it is severe; pain is easier to control when treated early
- Call your doctor if:**
 - You have increased pain, even after taking pain medications
 - Your pain is not controlled after taking pain medications
 - Your pain suddenly gets worse

Infection Prevention

- Wash your hands often
- Don't let friends, family, or pets touch your incision
- Eat healthy foods (fruits, vegetables and meats)
- Avoid smoking/vaping
- Use clean linens and towels

Medications

- Your doctor may prescribe medications to help control your pain.
- You may take over-the-counter medications such as Tylenol or Ibuprofen (if approved by your doctor)

Non Medications

- Ice/heat (if approved by your doctor)
- Raise up (elevate) surgical site
- Walking or changing positions
- Rest

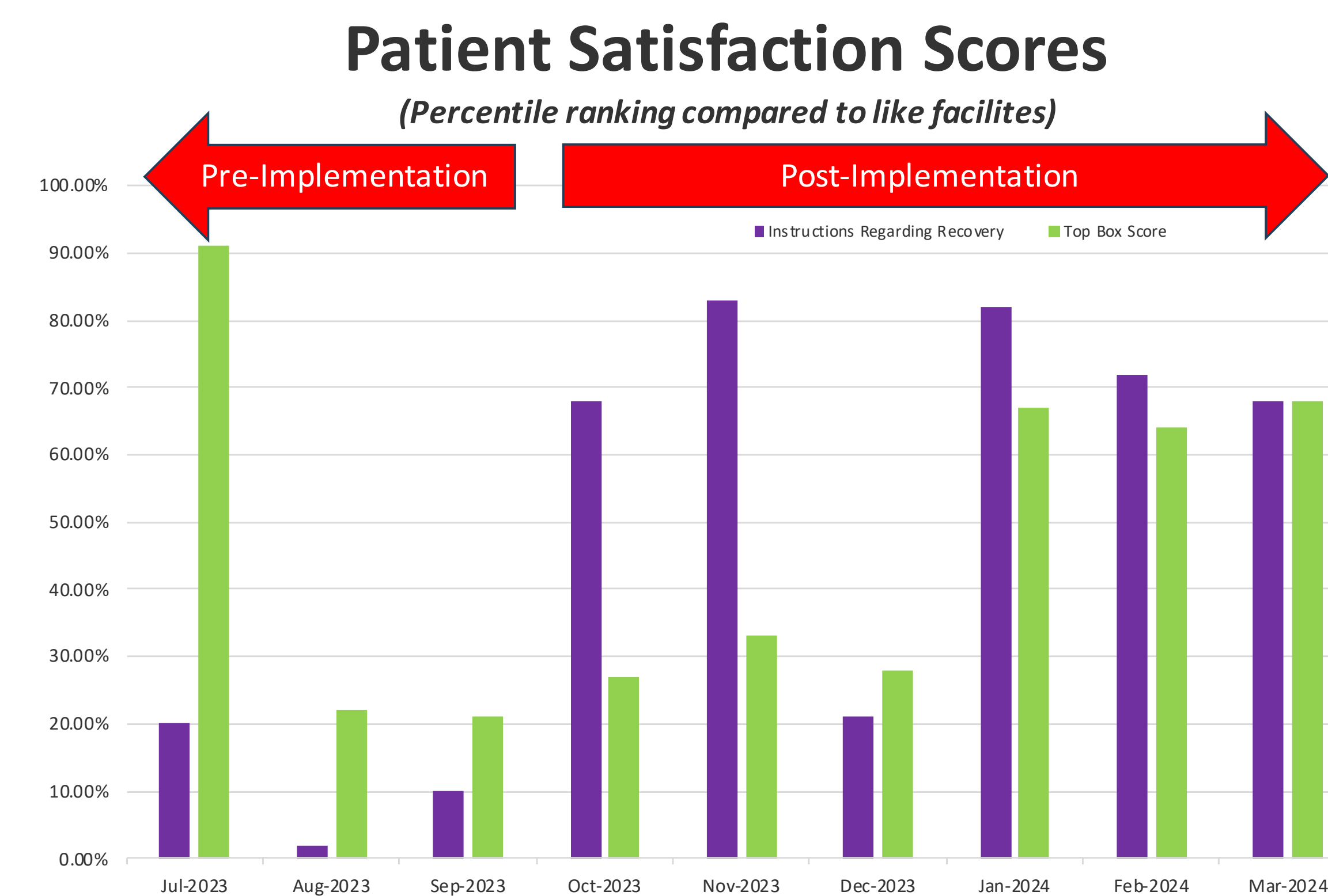
Signs and Symptoms of Infection

- Call your doctor if:**
 - Fever greater than 100.5°F
 - Chills
 - Green or yellow drainage
 - Sudden increase in pain
 - Redness, swelling, bad smell, or opening of your incision (cut)

Conclusions

The combination of developing easy to understand education and the initiative of taking the time to SIT and educate patients in multiple sessions has improved our patient experience and thus increased patient satisfaction scores. Committing to sit allows patients to feel heard. This increases patients trust in their healthcare, compliance with treatment and perception of holistic care. Patients are more satisfied with their instructions regarding recovery and are prepared to care for themselves at home successfully.

Findings/Results



Data Analysis

- Since implementing our "Keys to a Successful Recovery" initiative our Press Ganey top box scores and rankings have increased.
- Top Box is the percent of patients who rank a facility "very good" on a 5 point Likert scale.
- Percentile ranking is the comparison to like facilities.
- For the question, "instructions regarding recovery", Pre-initiative we ranked in the 2nd-20th percentile. Post-initiative our ranking increased, ranging from the 21st-83rd percentile.

Reference Literature

Lidgett, C. D. (2016). Improving the patient experience through a commit to sit service excellence initiative. *Patient Experience Journal*, 3(2):67-72. doi: 10.35680/2372-0247.1148.

Wadsworth, S. E. (2017). Sitting at the bedside can improve patient satisfaction. *The Association of Women's Health, Obstetric and Neonatal Nurses*.

Yen, P. H., Leasure, A. R. (2019). Use and effectiveness of the teach-back method in patient education and health outcomes. *Federal Practice*, 36(6):284-289. PMID: 31258322; PMCID: PMC6590951.

Blondal, K., Sveinsdottir, H. & Ingadottir, B. (2022). Patients' expectation and experiences of provided surgery-related patient education: A descriptive longitudinal study. *Nursing Open*, 9, 2495-2505.

Horstman, M., Mills, W., Herman, L., Cai, C., Shelton, G., Zdaisat, T., Berger, D., Naik, A. (2017). Patient experience with discharge instructions in post discharge recovery; a qualitative study. *BMJ Open*, 7 (2): e014842.

Shelley, K. Leveraging technology to measure, evaluate and adjust nursing interventions. (2020). *Nursing Management*, 1, 26-33.

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