

Improving Patient and Family Satisfaction in PeriAnesthesia Setting

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Introduction: In patient/family-centered care, it is important to improve communication with patients' families/significant others (SO) and acknowledge our appreciation of patients.

Identification of the problem: Our annual departmental goals include maintaining high patient satisfaction scores by continually monitoring for new ways to improve patient and family satisfaction. After 2 patient complaints regarding impoliteness of staff and family complaints of inadequate information for after-hours surgery, we instituted two QI projects (QI1 & QI2).

Purpose of the study: QI1: To improve staff acknowledgement of patients' value to our staff, we initiated the "Thank-You Card" program. QI2: To improve family/SO communications of essential information while waiting for surgical patients, we initiated a Wait Room Information form.

Methods: QI1: The thank-you card thanks patients for choosing our health system & wishing them healthy recovery. Check-in staff sign the card and attach it to patient's chart. As the patient goes through every phase of the perioperative experience, staff sign the card. After discharge, the card is mailed to patients' homes. QI2: The Wait Room Information form was written based on a template of recommended information from the literature and interviews with our secretaries and liaisons who interface with family/SO. Surveys were completed after each QI project was initiated to determine effectiveness.

Outcomes/Results: QI1: Post-discharge phone surveys with 559 patients over 1 year revealed 100% satisfaction with the card. QI2: Satisfaction with Wait Information sheet was evaluated by paper survey with 64 respondents. 86.3% of families/SO rated the Information sheet as useful-very useful and 60% referred to the form 2-3 times while waiting. 54% of respondents stated they could not think of any additional information needed on the form. Satisfaction data via phone survey revealed 100% satisfaction for an additional 241 respondents.

Discussion: QI1: The thank-you card project assisted in patients feeling valued. QI2: The Wait Room information form increased knowledge among family/SO of surgical patients.

Conclusion: The thank-you card and family/SO wait room information form have improved patients' sense of being appreciated and improved communication with family/SO.

Implications for perianesthesia nurses and future research: In the fast pace world of perianesthesia nursing it is easy for patients and family/SO to feel unappreciated and lost in the shuffle. Simple measures to appreciate them are very effective.