

Timing of Postoperative Education

Primary Investigator: Samantha Brant BSN RN CPN CAPA

Children's Hospital Colorado, Aurora, Colorado

Co-Investigator: Figaro Loresto PhD RN

Introduction: Current pediatric ambulatory practice provides postoperative education to caregivers during postoperative phase II period. This period tends to be a stressful and emotional experience for both pediatric patients and their caregivers. The literature supports providing postoperative education during other phases of care such as pre-op or intra-op.

Identification of the problem: Caregivers receive postoperative education while their child is waking up from anesthesia and preparing to leave the hospital. Caregivers may miss information or not ask clarifying questions due to these distractions, and then that child may struggle during the recovery period.

QI question/Purpose of the study: In pediatric ambulatory tonsillectomy patients, how does providing postoperative education to caregiver(s) during the intraoperative phase compare to providing postoperative education only during the postoperative phase affect caregiver confidence, caregiver preparedness, caregiver satisfaction, readmissions, ED visits and ENT clinic phone calls.

Methods: Primary investigator provided postoperative education to caregivers in the quiet waiting room (intraoperative period), without distractions. There was adequate time for caregiver questions and discussions. Caregivers were not rushing to go home. Teach-back method was utilized. Unplanned clinic phone calls, ED visits, readmissions, and caregiver confidence (Likert scale 1-5) data were collected from chart reviews. Caregiver satisfaction and preparedness (Likert scale 1-10) were collected from phone call surveys. Pre/post data analysis completed.

Outcomes/Results: There were 23 patients (out of 94 eligible) that received the intervention (24%). Mean confidence rate of the pre-intervention period was 4.5 (sd = 0.52) and intervention period was 4.6 (sd=0.30). Mean satisfaction and mean preparedness during the post-intervention phase were 9.5 (sd =1.1) and 9.3 (sd = 1.1). When compared to the pre-intervention phase, there was a 9% decrease in unplanned clinic calls, 3% decrease in ED visits, and 5% decrease in readmissions during the post-intervention period.

Discussion: Providing postoperative education to caregivers of pediatric patients in the waiting room can lead to improved patient outcomes.

Conclusion: The intraoperative period may be a better time for pediatric caregivers to receive postoperative education.

Implications for perianesthesia nurses and future research: Future work should include increasing the intervention rate, including additional procedures, and trialing a staffing model to pull RN(s) from the bedside to provide postoperative education in the waiting room.