

# Timing of Postoperative Education

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## BACKGROUND/PROBLEM

- Current pediatric ambulatory practice provides postoperative education to caregivers during the postoperative phase II period.
- This period tends to be a stressful and emotional experience for both pediatric patients and their caregivers.
- Caregivers may miss information or not ask clarifying questions due to these distractions.
- The literature supports providing postop education during other phases of care such as pre-op or intra-op.

## PICO QUESTION

In pediatric ambulatory tonsillectomy patients, how does providing postop education to caregiver(s) during the intraoperative phase compare to providing postop education only during the postoperative phase affect caregiver confidence, caregiver preparedness, caregiver satisfaction, readmissions, ED visits and ENT clinic phone calls?

## REFERENCES

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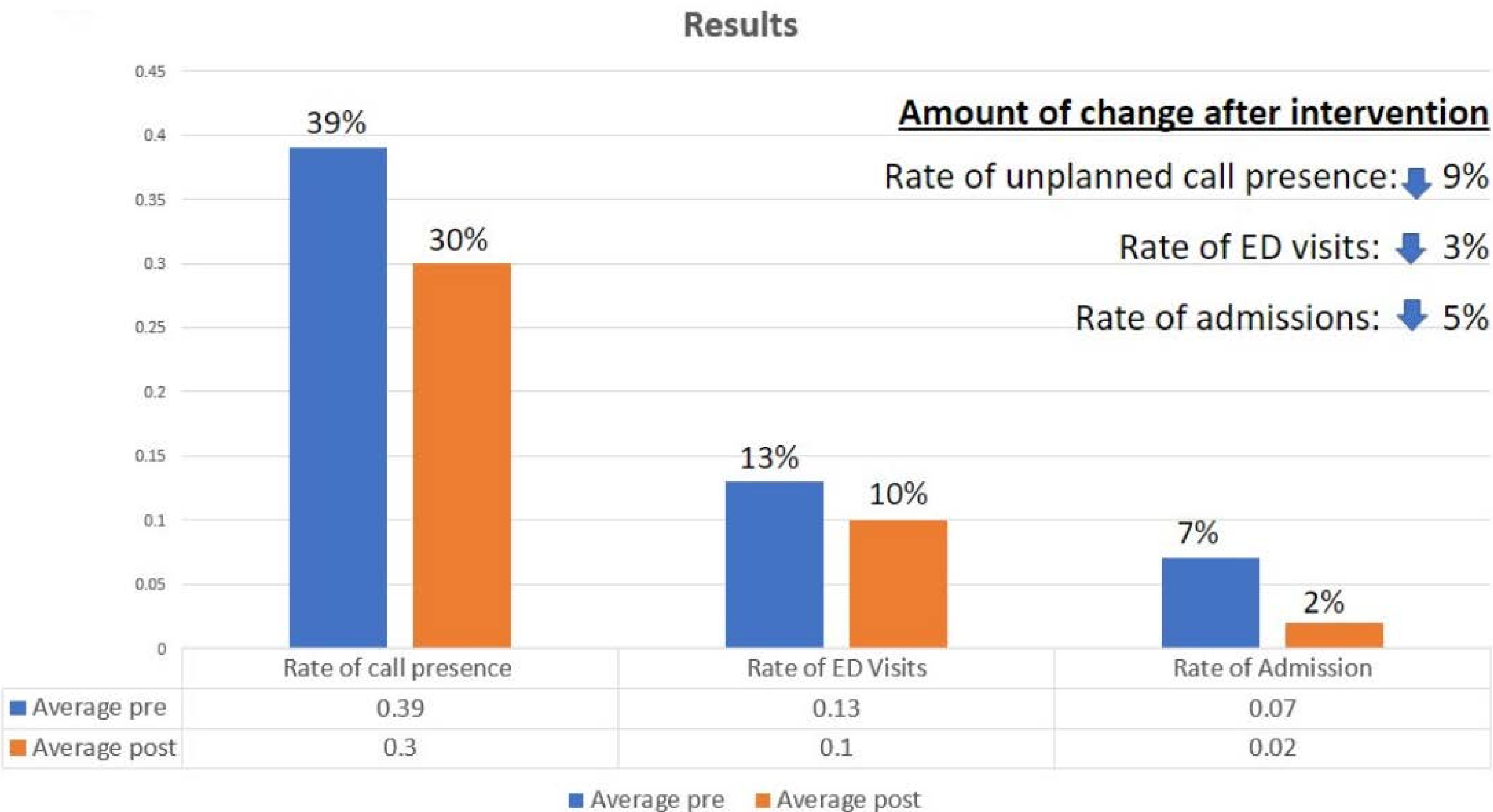
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## METHODS

- During the intraoperative period, phase II RN provided postop education to caregivers in the quiet waiting room, without distractions. There was adequate time for caregiver questions and discussions. Caregivers were not rushing to go home.
- Teach-back method utilized.
- This education was briefly reviewed during phase II before going home.
- Unplanned clinic phone calls, ED visits, readmissions, and caregiver confidence (Likert scale 1-5) data were collected from chart reviews within two weeks of the procedure.
- Phone call surveys were completed two weeks after the procedure to ask caregiver satisfaction and preparedness levels at the time of discharge (Likert scale 1-10).
- Pre/post data analysis completed.

## RESULTS

- 23 patients (out of 94 eligible) 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.
- The intraoperative period may be a better time for pediatric caregivers to receive postoperative education.
- 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.