

Enhancing Surgical Patient Outcomes Through Multimodal Discharge Education

Primary Investigator: Bonita Conner DNP RN CPHQ CPAN CAPA NE-BC

Co-Investigators: Amy Holloway MBA BSN CNOR NE-BC, Christina Anderson BSN RN
Atlantic General Hospital, Berlin, MD

Introduction: Implementing best practices related to patient discharge education and instructions prior to surgery and in multiple formats increases patients' comprehension and retention. Patient education that is poor quality results in postoperative readmissions to acute care and preventable emergency room visits.

Identification of Problem: In CY23, the observed number of total joint replacement patients returning to the ED or inpatient care was above expected. A decrease in patient experience scores related to outpatient surgery was recognized.

QI question/Purpose of Study: In outpatient elective hip and knee total joint replacement patients, does the implementation of multimodal discharge education, compared to the current outpatient surgery discharge process, affect the 30-day return visit rate and patient experience scores during a 1-year time frame?

Methods: A preoperative video was developed that included high-priority postoperative education elements including instruction related to SSI prevention, pain management, anesthesia side effects, and identification of the need for immediate care. Rapid-cycle change was initiated to expand the intervention to all same-day surgery patients. Additional multimodal means of education including duplicate information on all PACU phase 2 TV monitors, informational booklets given to all patients preoperatively, and discharge folders were implemented.

Outcomes/Results: Readmissions decreased from 3.06% to 2.27% and ED returns from 17.35% to 11.36% in Q2 2024 from Q2 2023. An average of a 1.5% improvement in the discharge related patient experience scores.

Discussion: A decrease in unplanned returns was recognized when comparing data quarter-to-quarter. Patient experience results increased in elements related to discharge and recovery. This PI project proved to be a success in the implementation of current evidence-based practice related to postoperative discharge education.

Conclusion: Implementing multimodal discharge education is crucial to decrease preventable readmissions and ED returns postoperatively and improve patient engagement and experience. Continued work towards preventing postoperative readmissions and returns is key to decreasing poor outcomes and financial sustainability.

Implications for perianesthesia nurses and future research: Commitment by nurses and nursing leadership to the development of comprehensive and retainable discharge education is imperative to achieve positive patient outcomes. Identifying post-discharge risk factors for noncompliance is also an essential piece in preparing patients for surgery. Repetition of the key elements of postoperative care is vital in improving patient outcomes and experience.