

Reducing Surgical Schedule Disruptions by Improving Preoperative Education and Communication

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Introduction: Preoperative fasting is an important safety measure for patients preparing for surgery. Fasting violations on the day of surgery cause surgical cancellations, underutilized operating room time, and dissatisfied providers and patients.

Identification of the Problem: An increase in preoperative fasting violations was observed by the chief investigator and department stakeholders. A review of department data confirmed an increase in surgical cancellations for this cause.

QI Question/Purpose of the Study: The project sought to learn if patient education on the rationale for fasting and the validation of the information exchanged would improve adherence to fasting instructions.

Methods: A needs assessment was conducted to clarify the problem. A search of peer-reviewed evidence identified two evidence-based interventions to address the problem: educating patients on the rationale for fasting and using the teach-back technique to identify any misunderstandings about the instructions. A call guide template was developed to structure the calls and guide the information exchange. Data was collected and evaluated on fasting-related surgical cancellations and delays.

Outcomes/Results: The project was conducted over a 9-week period, beginning on August 1, 2024, and ending on October 1, 2024. It was successful in reducing fasting-related surgical cancellations by 50%. Surgical delays were reduced by 38%.

Discussion: The results demonstrated that educating patients on the rationale for perioperative fasting and validating their understanding of instructions were effective ways of reducing fasting-related cancellations. Using a call template was important for guiding the information exchange between nurses and patients. Call evaluation and documentation auditing were effective in identifying limitations in the call process.

Conclusion: The preoperative instructional call is an excellent time to educate patients about the importance of fasting. Understanding the risk of perioperative aspiration may improve adherence to instructions. The teach-back technique was effective at identifying misunderstandings and led to a meaningful dialog between the nurse and patient.

Implications for perianesthesia nurses and future research: This project demonstrates how nursing-led education influences patient behaviors, leading to greater adherence to instructions, improving health literacy, and reducing disruptive and costly surgical cancellations. The success of this project may guide future investigators to study ways to improve perioperative education.