Improving Patient Discharge Experience From The Outpatient Perioperative unit By providing Timely and

UCLA Health

Appropriate Discharge Education

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Clinical Issue/Current Practice

The results from the Outpatient and **Ambulatory Surgery Consumer Assessment of** Healthcare Providers and Systems (OAS CAHPS) survey indicated that patient satisfaction with discharge teaching is below the benchmark of the 50th percentile. The goal was to reach the 75th percentile or higher in each of the following categories: pain management, nausea management, bleeding management, and signs and symptoms of infection. Currently, discharge instructions will be provided in the recovery room once anesthesia and the procedure have been completed. These instructions will be included in a folder, with key points outlined on the back cover. In addition, a post-operative follow-up will be conducted with the patient via phone. The purpose of this project was to implement evidence-based patient education strategies to improve patient satisfaction on discharge instruction.

Literature Review

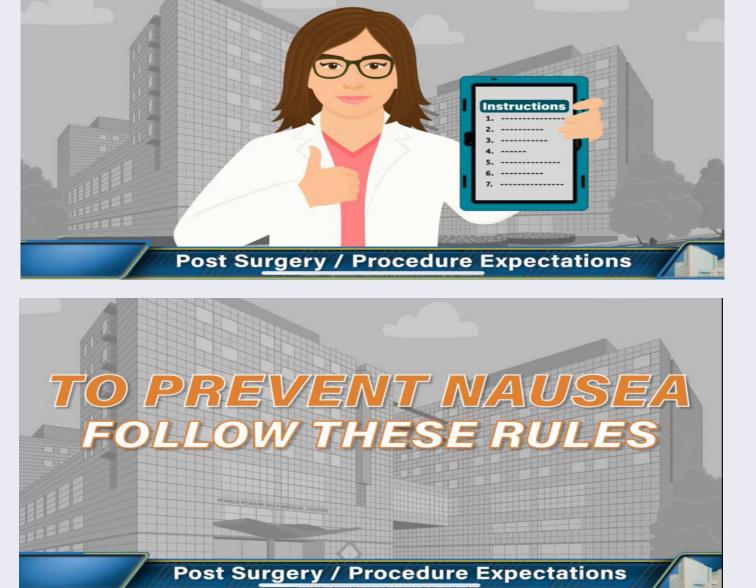
- Wray, et al., (2021) found that providing patients with multimedia format (written, verbal, and video instructions) improved the understanding and retention of the discharge instructions
- Kalkan & Digin (2024) recommends video information be provided to patients in different phases of care, their study showed video education resulted in positive patient outcomes
- Witherspoon, et al., (2021) discovered video educational tools provide a consistent approach for education and maintains higher levels of patient satisfaction rates.

PICOT Question

In ambulatory surgery patients, how does video or other multimedia patient education materials, compared to current practice, impact patient satisfaction?

Interventions

The project was implemented from June To December 2024. A customized discharge instruction video that was created by the subject matter experts and vendor was showed in the pre-operative area. Patients could view this video on a tablet before meeting with the Anesthesiologist and Surgeon. This approach allows patients to ask any questions or express concerns before they receive medication. This video reviews post procedure expectations, such as pain, management of pain and bleeding, prevention of nausea, and signs and symptoms of infection. Additionally, the video could be accesses via a mobile device by scanning a QR code that was available in each bay. The QR code was also included in the discharge instructions that are reviewed with the patient prior to discharge.





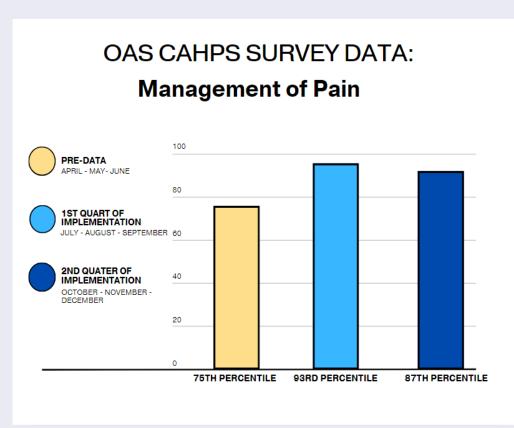


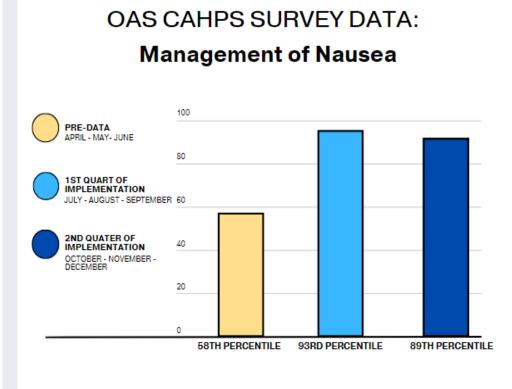
Measured Outcomes

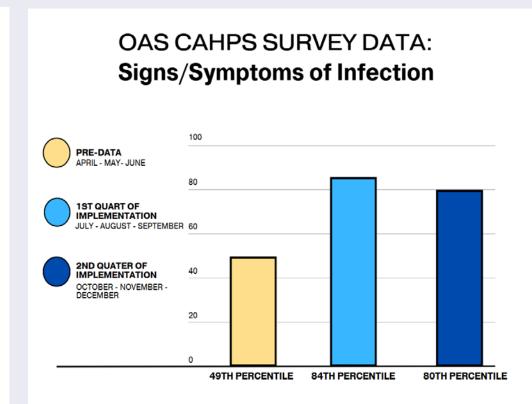
OAS CAHPS patient satisfaction was collected and measured quarterly pre-and-post implementation to determine the effectiveness of the intervention. Patient understanding of the discharge instructions was also evaluated using the end of video survey. The survey asked if patients know what to do when they experience pain, nausea or vomiting, and an infection/bleeding at home.

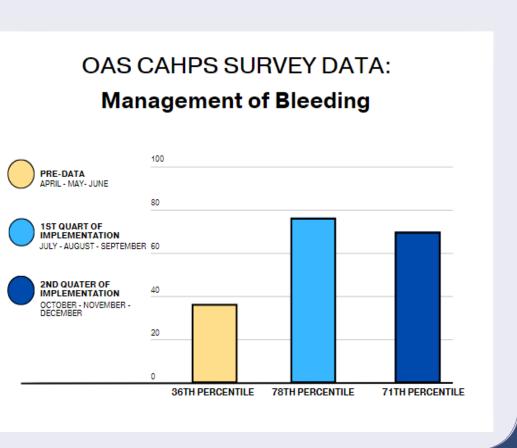
Results

- Pre-intervention (April to June 2024): the results of the OAS CAHPS survey that measured patient satisfaction in four categories: pain, nausea, infection, and bleeding indicated that two categories exceeded the 50th percentile benchmark, while two fell below it; signs/symptoms of infection at the 49th percentile and bleeding at the 36th percentile
- During and post-intervention (July to December 2024): the results during the first three months of implementation showed a notable improvement, with all four categories surpassing both the benchmark (50th percentile) and the target goal (75th percentile). However, the percentiles slightly declined across all four categories from October to December 2024. Despite this, three categories still reached or exceeded the 80th percentile.



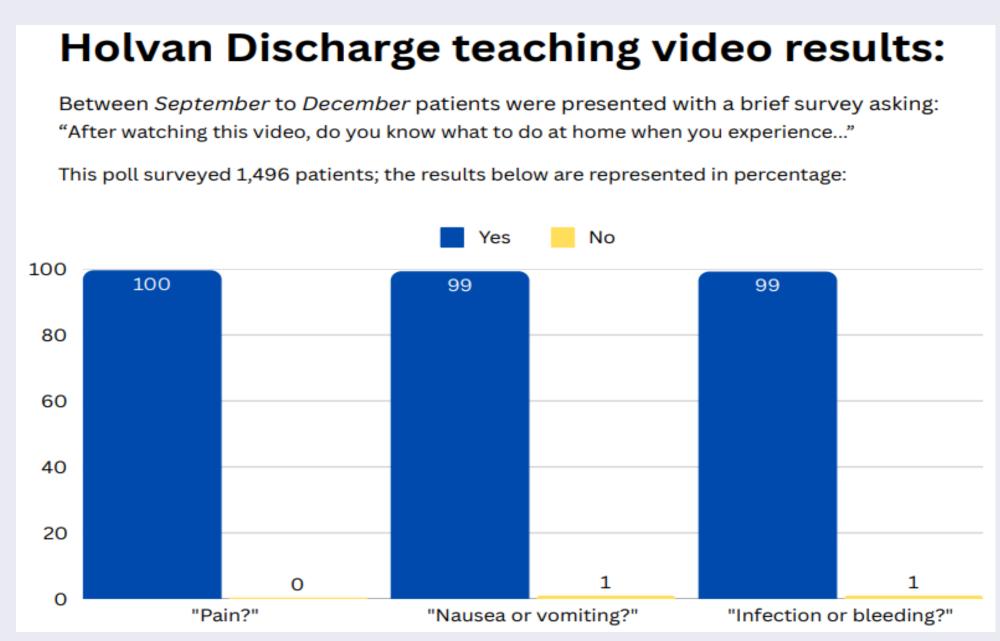






Results

A total of 1,496 patients completed the end of video survey. The results showed that 100% patients know what to do when they experience pain at home, and 99% know what to do when they have nausea, vomiting, infection, or bleeding at home.



Conclusion

Having patients watch the teaching video in the pre-operative area before meeting with the anesthesiologist, the surgeon, and receiving sedative medication has improved information retention and led to higher patient satisfaction scores. Continued implementation is needed to determine the long-term impact.

References

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Acknowledgement

My sincere gratitude to the PTU/PACU staff at UCLA SM Surgery Center for helping me make this project a success.