

Implementation of Video-Based Pre-Procedure Education Embedded into Patient EMR: A Quality Improvement Project

Primary Investigator: Cheryl McFague BSN RN CAPA CPAN

Co-Investigators: Lisa Hale MSN RN, Ruth Pack MS RN
Southern NH Medical, Nashua, NH

Introduction: Patient education improves readiness for interventional procedures. This project implemented evidence-based multi-modal educational resources to enhance preoperative preparedness.

Identification of the Problem: Time constraints and inconsistencies during pre-procedure visits and phone calls limit the effectiveness of pre-procedure education and increase the risk of same-day cancellations.

QI Question/Purpose of the Study: To improve patient preparedness for procedures and reduce same-day cancellations through multi-modal pre-procedure education.

Methods: Educational technologies were evaluated; video- and audio-based education were identified as unutilized resources already available in the facility's EMR. The selected educational topics included CHG Bath, Before Your Surgery: How to Prepare, and Surgical Site Infection Prevention, as well as procedure-specific content. These were embedded into the patient's EMR by pre-admissions nurses and were accessible by the patient in their portal. Patients were surveyed on their use and perception of the resources. NRC Health data were used to assess the effect of multi-modal education on patients' preparation for procedure and discharge, satisfaction with surgical site infection prevention, and overall satisfaction with pre-procedure education. Pre- and post-intervention same-day cancellation rates were compared.

Outcomes/Results: A total of 500 surveys were distributed and 416 were returned (238 endoscopy and 178 surgical). Of patients who had viewed the education (112 endoscopy and 92 surgical), 73% found it to be helpful or very helpful. NRC Health scores in the quarter after implementation improved in both departments. While patients found the education helpful, a direct effect on same-day cancellation rates was not observed.

Discussion: While nurses reported "less patient phone calls on colonoscopy prep instructions since the implementation of video-based education," some nurses found embedding content into the EMR disruptive to workflow. Staff used different processes to distribute the survey, leading to possible loss of data. Reasons for same-day cancellations were difficult to evaluate for improvement due to variations in data collection by the units.

Conclusion: Multi-modal education improves patient satisfaction and preparedness for procedures; its effect on same-day cancellations is undetermined.

Implications for parianesthesia nurses and future research: Pre-populate education links to the reference tab for the scheduled procedure to promote consistent delivery of education content to patients and increase workflow efficiency for nurses. Track and trend

NRC scores for sustained improvement. Investigate barriers to understanding reasons for same-day cancellations.