

the creation of the discharge note. The new instructions were reviewed, edited, and approved by attending GI physicians and the department of anesthesiology. Frontline clinical nurses collaborated with the Allscripts team to build the new electronic discharge instructions note. Using PDSA method, three physicians piloted the new discharge instructions to provide feedback. Their critical feedback was used to edit and improve instructions prior to full introduction to all GI physicians. During the full implementation period, in-service and onsite IT support was provided to the clinical nurses and physicians. The OAS-CAHPS scores were used to determine the effectiveness of the new document.

**Statement of Successful Practice:** The OAS-CAHPS survey captures patients' feedback in the Discharge Domain by asking patients their understanding of information regarding recovery. Three months prior to introduction of the electronic instructions, an average of 81% of patients reported adequate understanding of information. Since implementation in April 2018, an average of 96% of patients report adequate understanding of information.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Research support that discharge instructions comprehension is linked to patient satisfaction. Developing these procedure specific discharge instructions within our specialty has resulted in improved patient satisfaction.

**SURGICAL SERVICE PAMPHLET FOR SAME DAY SURGERY PATIENTS: A HELPFUL TOOL TO DIMINISH ANXIETY FOR PATIENTS AND THEIR FAMILIES**



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**Background Information:** Patients arriving for surgery experience anxiety related to their impending procedure and the lack of understanding in navigating their surgical pathway. Expectations of patients and their families were found to be very different from the reality of the routine flow for Same Day Surgery (SDS). Staff noted that patient and family anxiety increased when expected timeframes were misunderstood or there was a lack of knowledge in navigating the day of surgery. Press Ganey results also revealed patient dissatisfaction regarding information provided. A patient education tool in the form of a Surgical Service Pamphlet was developed to explain to patients what to expect during their experience in surgical services. This pamphlet was provided for all SDS patients during their pre-admission testing visit or on admission to SDS.

**Objectives of Project:** With a strong desire to enhance patient satisfaction, a tool was created that describes the navigation of the SDS experience and explains what the patient can expect during each phase of the surgical experience. This tool was created in the form of a pamphlet to be given to all SDS patients.

**Process of Implementation:** Input was sought from within surgical services to describe the patient journey through individual phases of care such as preoperative, intra-operative, post-anesthesia care unit (PACU), and Phase 2 recovery. After the final revision, the pamphlet was implemented. Random audits of patients were conducted post operatively to analyze the usefulness of the pamphlet.

**Statement of Successful Practice:** As a result of our intervention, our patient satisfaction scores related to information given to patient and family improved from 94.3 to 97.4 over four months.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Having a communication tool to dispense to pre-operative patients enhanced their understanding and expectations of their surgical journey, thus diminishing some of their anxiety.

**HOME CARE INSTRUCTION FOR EYE SURGERY – USING HEALTH LITERACY BEST PRACTICES**



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**Background Information:** Health literacy is a well-established best practice that nurses can use to provide home care instructions post hospital stay. It is an excellent place to start, especially given the intensity of care, complexity of medications and importance of patient adherence. Nurses provide extensive information in a condensed period of time about how to take care at home. With the anxiety of surgery, potential side effects of anesthesia and the time limitations of an outpatient setting, there is greater risk for patients being unprepared when they leave our care. Patients report this as an overwhelming experience, sometimes with little retention of the information given. Multiple methods of education using health literacy best practices work to achieve that goal to improve patient outcomes.

**Objectives of Project:** Provide clear, concise, easily navigated home care information using health literacy best practice for patients undergoing eye surgery in a hospital-based ambulatory setting.

**Process of Implementation:** The patient information previously provided was a lengthy, bulleted, paragraph-style text written at an 11<sup>th</sup> grade reading level, included in a lengthy discharge summary. Health literacy best practices were used to create documents for each of the surgeries our unit performs. Home care information was then categorized using icons and simple sentences written at a 5<sup>th</sup> grade reading level. Each of these new documents is one page and is given separately from the hospital after visit summary. Staff training occurred to validate and verify how to use these new tools with our patients and their families. The unit successfully adopted this practice over a two month trial period.

**Statement of Successful Practice:** Staff chose to continue the new teaching materials and reliably using health literacy best practices. Furthermore, staff reported the value to the interaction with the patient or family and described the simplicity of education materials. Patients reported satisfaction with fewer papers given to them and how easily they could find information they needed to be successful at home in regard to recovery.

*Note: All abstracts are printed as received from the authors.*