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 PDCA 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.

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

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**Team Members:** Sallie Williams, PSA, Karen Nunn, PSA, Judith Conner, PSA, Debbie LaRosa, BSN RN, Precy D’Souza, MSN RN PCCN

**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.

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

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**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.

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

**Primary Investigator:** Jennifer Reynolds, RN CAPA
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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 11th grade reading level. 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.
Implications for Advancing the Practice of Peri-anesthesia Nursing:
- Clear, concise information provided in a simple format
- Promoting healthy behaviors at home
- Patient satisfaction with home care information

 IMPROVING CARE OF CHILDREN AND YOUNG ADULTS AFTER ACL SURGERY: IMPLEMENTATION OF BEST PRACTICE
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Team Members: Nicole Taylor, BSN RN CPN, Shannon Frick, BSN RN, Samantha Killilea, MSN RN CPN, Patricia A. Dwyer, PhD RN, Jean C. Solodiuk, PhD RN CPNP

Background Information: Opioid overprescribing after surgery and lack of knowledge about proper disposal of excess opioids may contribute to opioid misuse and overdose through medication availability. A recent study of adolescents and young adults (AYA) following anterior cruciate ligament (ACL) reconstruction (Taylor, Killilea, Dugan-Frost, & Solodiuk, 2017) reported that patients (N=100) used only 36% of prescribed oxycodone and 30 tablets of 5mg oxycodone would be adequate for most. Alarmingly, 65% of patients/families reported not knowing what to do with the remaining oxycodone tablets.

Objectives of Project:
- Objective #1: To improve safety and the quality of pain management through quality improvement efforts to increase multimodal pain management and decrease opioid prescribing.
- Objective #2: To improve discharge education regarding the use and proper disposal of opioids.

Process of Implementation: Study findings were presented to nursing and physician leadership then further disseminated to pertinent staff members. A Family Education Sheet: Opioid Pain Management after Surgery was developed on opioid use, safe disposal of prescription opioids, nonopioid analgesics, and alternative pain management techniques. Patients and families discharged with an opioid prescription are given this sheet and alternative pain management techniques. Patients and families at the Ambulatory Surgery Centers helps create a positive experience while maintaining a patient/family centered environment. With ongoing questions regarding the flow of the surgical day from these families, one of our Ambulatory Surgery Center committee’s realized the need for a tool to convey this information at the most opportune time.

Objectives of Project: Create a standardized welcome letter for all Ambulatory Surgery Centers to give to families at check-in. In doing this, patients’ families will be made aware of the flow of the day, how to understand the tracking board, and what area(s) they will be able to visit.

Process of Implementation: One of the Ambulatory Surgery Center's had a handout specific for that center that was given to family members. Our committee reviewed this original letter, collected information from all sites, and standardized the letter to meet the needs of all the Ambulatory Surgery Centers. Our patient tracking board was also explained in this letter.

Statement of Successful Practice: Describing the flow of the day, different areas that the patient will travel through, and when visitation is allowed has decreased the amount of questions asked of our front desk staff. Patient family members have an increased awareness of what to expect of the day. The letter helps to communicate the importance of pediatric patients’ having one legal guardian remain present in the waiting area while the patient is in the operating/procedure room. The front desk has had more family members making them aware if they must step away and providing them with a phone number where they can be reached. Patients have expressed appreciation of having written in the letter to not take photos or videos of them during their time at the Ambulatory Surgery Center to maintain patient privacy.

Implications for Advancing the Practice of Peri-anesthesia Nursing: Promoting strong patient/family centered care into everyday practice helps to engage families in their loved ones progress. The welcome letter helps the family or responsible person to understand the timeframe, flow of the day, and how much we value their opinions and concerns.

USE OF A DISCHARGE INFORMATION SHEET TO IMPROVE THE PATIENT EXPERIENCE LEADING TO INCREASED OAS CAHPS SCORES IN AN AMBULATORY SURGERY CENTER
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