

**Objectives of Project:** Streamline the admission process thus decreasing the amount of time between patient arrival to nursing assessment completion.

**Process of Implementation:** The registration and patient admission process was modernized by removing 17 paper forms. A multidisciplinary team was created to simplify pre-procedure registration including admitting and endoscopy front line staff. A pre-registration online form was created and advertised during appointment scheduling and centralized registration was moved to the entrance of the institution. RNs worked with Information Technology department to create a pre-procedure admission note in the hospital wide EMR. This allowed for information from the pre-anesthesia evaluation record to automatically populate patient's medical and surgical history for RN review reducing input of information and increasing accuracy. Another multidisciplinary team was created, consisting of RNs, preoperative patient assistants, GI physicians, anesthesia, and pharmacy, who designated the roles and responsibilities of each Team Member. Training was provided to the expanded roles and utilization of telehealth pharmacy tech was implemented to reduce time the RN spent on assessment.

**Statement of Successful Practice:** There was a 42% decrease from the time of patient arrival time to nursing assessment completion. This reduced the average time a patient spent in the preadmission phase from 62 minutes to 36 minutes.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Streamlined registration process and the removal of paper documentation to a fully integrated EMR ensures that the patient's information is documented entirely and consistently. These technology upgrades reduced registration and nursing admission length.

#### PATIENT COMFORT MENU

Team Leaders: Samantha Sherding, BSN RN RN,  
Janet Ben-Shmuel, BSN RN, Juliana Arroyave, BSN  
RN

New York-Presbyterian Hospital/Weill Cornell Medical Center,  
New York, New York

Team Members: Kellianne Morgan, BSN RN PCCN, Kerri  
Hensler, MPA BSN RN CNOR NEA-BC



**Background Info:** New York-Presbyterian Hospital opened an outpatient ambulatory facility built with patient experience at the core. Opening the unit provided the opportunity to implement tailored patient care. Our main focus is to ensure patients feel comforted, welcomed and in control of their care. A patient comfort menu was designed and created by clinical nurses (RN) in the Pre/PACU at DHK Endoscopy. Research shows that patients can sense they are in good and competent hands if their care is effectively coordinated and there is attention to individual needs. (Delbanco, T).

**Objectives of Project:** Provide patients with a personalized experience by providing a menu with choices of their post-procedure comfort in the pre-procedure setting. The intention is to

assist patient's recovery by helping them feel welcomed and cared for thus improving their experience.

**Process of Implementation:** The menu includes the available nourishments and amenities for patients to choose during their stay. The laminated menus are placed at the bedside in each private room. Patients are asked to review and circle nourishment choices prior to their procedure. PPA's prepare the choices and bring them to the bedside upon patient return. The menu also highlights the facility's available amenities, which allows visitors to utilize while waiting for patients in the procedure room. Prior to implementation, a pre-survey was conducted during post-procedure phone calls. Using a Likert scale, questions were asked regarding patients' comfort level and needs during their stay. This will be followed by a post-survey collection using the same questions to determine the impact of comfort menu on patient's experience.

**Statement of Successful Practice:** The menu has been implemented on the unit, and post-procedure data is currently being collected. Preliminary results of post survey suggest that patients feel a higher level comfort when they receive care that is individualized to their needs.

**Implications for Advancing the Practice of Perianesthesia Nursing:** Research supports that feeling comfortable in a healthcare setting is associated with having received coordinated quality care. Our preliminary data indicates a correlation between patient comfort and perception of overall care. With a surplus of options for patients to receive care, there is increased pressure on healthcare facilities and providers to deliver quality care while maintaining an exceptional patient experience.

#### IMPROVING THE ENDOSCOPY PATIENT'S UNDERSTANDING OF RECOVERY



Team Leaders: Jill B. Cohen, BSN RN PCCN,  
Kellianne Morgan, BSN RN PCCN

New York-Presbyterian Hospital/ Weill Cornell Medical Center,  
New York, New York

Team Member: Kerri Hensler, MPA BSN RN CNOR NEA-BC

**Background:** The Division of Gastroenterology (GI) has expanded the type of outpatient procedures performed at New York Presbyterian. As evidenced by poor patient satisfaction scores in the discharge domain of the OAS-CAHPS, we identified an opportunity to improve and specialize procedure discharge instructions. Previous discharge instructions were formatted in a free text, handwritten style, resulting in a lack of clarity, details, and comprehension. Procedure specific discharge instructions can increase patients' comprehension of post procedure information, therefore increasing patient satisfaction.

**Objectives of Project:** The Endoscopy Suite aimed to create procedure specific electronic discharge instructions. The goal was to increase patient satisfaction within the OAS-CAHPS discharge domain, specifically instructions regarding recovery.

**Process of Implementation:** Post Anesthesia Care Unit and Endoscopy clinical nurses collaborated to review current paper discharge instructions, online education materials, and nursing polices. Recommendations from the American Society of PeriAnesthesia Nurses, Society of Gastroenterology Nurses and Associates, and regulatory requirements were used as a guide during

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**



Team Leader: Audrey McFadden, BSN RN CPAN  
 Virtua Health, Voorhees, New Jersey  
 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.

**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**



Primary Investigator: Jennifer Reynolds, RN CAPA  
 Providence St. Vincent Medical Center, Portland, Oregon

**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.*