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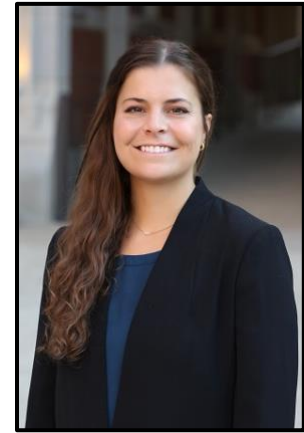
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Perioperative Education for Veterans Undergoing Surgery: A NAVA General Surgery Quality Improvement Initiative



Introduction: The Veterans Administration (VA) performs over 600,000 operations annually. Standardized peri-operative education has been shown to improve pre-operative anxiety, length of stay (LOS), return to activities of daily living, patient knowledge and satisfaction of their treatment. Multidisciplinary review and improvement of peri-operative education processes on the VA General Surgery Service is hypothesized to improve patient experience.

Methods: Current peri-operative educational/instructional processes, documentation, and outcomes were reviewed. Veterans were interviewed regarding receipt of information pre- and post-operatively. The Plan-Do-Study-Act cycle will be used to create and implement standardized preoperative patient information sheets and electronic medical record (EMR) templates with detailed discharge instructions. Pre- and post-intervention data will measure patient outcomes, implementation adoption, and Veteran satisfaction.

Results: Pre-intervention data: 124 Veteran's charts were reviewed, and a randomly selected sample of 20 Veterans participated in interviews. Average LOS in the 20 Veterans interviewed was 1.1 days (± 1.7). Based on chart review, 18.6% called the help line after surgery with a concern and 14.5% returned to an ED, though only 3.2% required readmission. The majority of concerns were regarding surgical incisions. In an evaluation of EMR-documented discharge instructions, 85% of patients had at least one part missing or inadequate. Prior to surgery, average satisfaction was 8.95/10 for information provided about medical issue/surgery and 9.3/10 on preparing for surgery. The biggest areas for improvement within post-operative instructions were pain medication regimen (rated 7.7/10), diet (8.1/10), and surgical incision care (8.3/10). 60% of Veterans stated they would like to receive written information. Post-intervention data to be included in the future.

Conclusions: Based on audit of current processes, satisfaction, and outcomes, updated pre-operative patient information sheets and standardized post-operative discharge instruction will be distributed. Outcomes will be re-evaluated post-intervention. By streamlining standardized patient education processes, improvement in local outcomes and patient experience is anticipated.