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Communication within the Perioperative Department

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by

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CHAPTER I

Introduction

In the healthcare setting communication is imperative; most importantly is the communication between healthcare workers, their patients, and the patient's support system. The breakdown in communication is not a new problem facing the healthcare field. The Joint Commission found in 1995-2005 that 66% of sentinel events occurred due to lack of communication and in 2010-2013 three of the top 10 causes for medical errors also due to a breakdown in communication (Garrett, 2016). Communication impacts all facets of healthcare at multiple levels (Garrett, 2016). As healthcare is progressively changing so should the types of communications offered. The COVID-19 pandemic has changed the healthcare infrastructure bringing with it new barriers to providing optimal holistic care. COVID-19 has affected all healthcare settings by limiting the care received in the outpatient setting, decreasing the amount of patient populations coming into the hospital, and limiting the number of visitors in healthcare facilities. Due to COVID-19 visitors are either not allowed into the facilities or only allowed for short periods of time. Visitors are asked a handful of standardized questions to assess if they have COVID-19, and masks are required at all times in healthcare facilities when individuals are visiting their loved ones. These restrictions make patients feel alone and scared. Support persons are finding it hard to communicate with healthcare workers and their loved ones.

Poor communication may lead to negative outcomes for patients who are in the perioperative department (Garrett, 2016). These negative outcomes may include no transport at discharge, patients are unable to get their outpatient medication filled in a

timely manner, decrease in patient compliance with discharge orders, decrease in the number of individuals making follow up appointments appropriately, etc. The support person who is responsible for the patient is greatly relied upon by the perioperative staff. Lack of communication in any phase of care may cause a support person to become disgruntle (Garrett, 2016). These individuals play a huge role for inpatient and outpatient procedures. On the outpatient side the support person ensures the patient arrives to their procedure appointment, initially this individual is who the provider speaks with post procedure, education for after care is provided to the support person and the patient, and these individuals provide a ride for the patient at discharge. On the inpatient side the caregiver is still the initial person the provider speaks with after surgery, provides emotional support once the patient is back to their inpatient room, and ensures the patient receives the care needed after their procedure.

The current practice starts with the preoperative nurse communicating with the support person at the time the patient arrives for their procedure. The preoperative nurse will validate the best phone number to reach the support person and give them an idea of the schedule for this patient's procedure. The nurses in the preoperative phase of care are to call with any issues that may affect the plan of care for the patient. Once the patient moves into the Operating Room (OR) that nurse is responsible for updating the family at the time the incision is made, and every 2 hours from the initial call the family is updated depending on how long the surgical case is. At the completion of the procedure the surgeon responsible for the patient is expected to call the support person to inform them on how the procedure went. After the OR the patient arrives into Post Anesthesia Care Unit (PACU). At this point the patient's support person only has to be called at the 1-

hour mark after their procedure, for discharge purposes, or if patient has a significant change in status. For most occasions the patient's support person is called with an update when they are going to their inpatient room or if they are going home. If the patient has an outpatient procedure they are transferred back to the preoperative phase until 1800 and then discharged from there, but after 1800 the staff of PACU discharges patients until the next morning at 0700. Successful communication between all phases of care is imperative for the patient and support to receive safe quality care. Miscommunication is inevitable at times within the hospital setting but it should never be an acceptable practice.

Since COVID-19 there has been an increase in miscommunication between the phases of the perioperative department. This has led to a decrease in the amount of communication provided to support persons from the healthcare staff. The Perioperative Department protocol for communicating with patient's support person should aim to provide the patients with safe quality care by keeping in direct contact through all phases of care. The process of communication should flow between the phases of care so that the support person knows the plan of care for their loved one. It should be efficient and thorough leaving minimal room for patient and their support person dissatisfaction. There is a lack of communication between the staff in each phase of care and poor documentation of communication throughout the patient's stay in the perioperative department.

A standardized way of communication is needed for each phase of care in the perioperative department (Garrett, 2016). Validation and documentation are needed to ensure that the appropriate communication has been provided not only between the staff

but also the support person. A communication tool or system that is brief, concise, and to the point should be added to the patient's documentation. It would make communicating between phases of care more efficient and save time. Education would be provided in the preoperative phase and in the waiting room by the volunteers. The goal is to increase communication between departments, decreasing the dissatisfaction of patients and their support system, and ensuring the support person is part of each phase of care. The communication tool or system would need to be used by all three phases of care, and documentation at each phase of care would be needed as proof that the support person was contacted throughout the patient's care in the perioperative department. Good communication will increase the patient and their support system satisfaction with the care they received (Garrett, 2016).

The tool would allow for each healthcare team member caring for a specific patient to know when to call a family and how to document it. When possible, the perioperative department staff should talk directly to the support person and not use the volunteers. Volunteers should be utilized as needed but not as the first line of contact. The support person will have the contact number for the volunteer desk as all phases of care in the perioperative departments are considered closed units and direct phone calls are not allowed. Education would be provided on when to expect communication and what to do if communication has not been made. It should be made clear who will be calling them throughout the procedure and when to expect a phone call from the physician to talk about how the procedure went. Transparency is needed when communicating with the patient's support person (Garrett, 2016). This will allow for

continuity of care throughout all phases of care while the patient is in the perioperative department (Garrett, 2016).

Many communication systems have been designed to increase reliable and standardize communication between healthcare staff and the patient's support system (Wieck et al., 2017). It is not meant to replace the physically speaking with the patient's support system support but be in addition to those phone calls. This will permit the support person to have real time updates on the care of the patient. These systems provide essential perioperative communication that decreases anxiousness on those who are impatiently waiting of news of their loved one (Wieck et al., 2017). These systems may include a paging network or an app through the cell phone. Standard messages such as "Patient arrived to OR" or "The first incision has been made" would be sent to the patient's support person. Free text would be allowed for the healthcare staff to use when appropriate. Using this kind of system would allow families to leave the hospital if needed and ensure they would still be contacted with updates on their loved one (Wieck et al., 2017).

Providing the patient and their support system with reliable methods of communication should be the top priority of all healthcare settings. The perioperative department is in need of standardizing the way communication is made between staff so that all personnel is aware the patient's support system is updated appropriately. Lack of communication between the healthcare team leads to the support person calling redundantly and may cause them to become disgruntle. It is imperative that an acceptable tool or system is in place to ensure all methods of communication is completed.

CHAPTER II

Review of Literature

Communication has been a priority in health care for years. The struggle with communication between coworkers (nurses, doctors, physical therapy, etc.), patients, and family members. The perioperative department has breakdown throughout the phases of the department. The patient starts in preoperative area, travels through the operating room, and recovers in the post anesthesia department. Research and multiple studies have been performed over the years to find how to effectively communicate through the perioperative department.

Effective Communication

Effective communication is key when speaking with patients and their support system. This starts with having effective communication with coworkers through the perioperative department. Smith and Jones focus on the legal, moral, and human factor in communication (Smith & Jones, 2018). This journal indicates miscommunication happens in all phases of the perioperative department leading to ineffective communication with patients and their support system (Smith & Jones, 2018). When communicating it is important to have a sender, receiver, clear message, and productive feedback (Smith & Jones, 2018). Focusing on the staff in the perioperative department is key when providing effective communication to patients and their support system (Smith & Jones, 2018). Smith and Jones explain that every message made by the sender should be clear and that the receiver should provide feedback indicating understanding of the message received (Smith & Jones, 2018). The strengths of this journal include communication comes in verbal, nonverbal, and written (Smith & Jones, 2018).

Standardizing the way communication is sent and received is imperative and will lead to better outcomes for patient care (Smith & Jones, 2018). However, standardizing communication may not always work when dealing with trauma or emergency cases. Not all care provided in the perioperative department is routine.

Linguistics is another aspect that allows for effective communication in the perioperative department (Udvardi, 2018). This study of linguistics is not empirical but uses a theoretical framework (Udvardi, 2018). This study focused on prior research in communication in the healthcare leading to a deeper understanding of linguistics (Udvardi, 2018). Multiple studies have been performed on linguistics that support the method of closed loop communication (Udvardi, 2018). Closed loop communication focuses on the message being received and then feedback being given about the message sent (Udvardi, 2018). This type of communication ensures that the message is clear and precise (Udvardi, 2018). As this study assess linguistics it indicates that closed loop communication supports patient care and patient centered communication skills (Udvardi, 2018).

Telehealth

Technology has made massive advances over the years and it is time to use those advances to improve communication in the healthcare field (Croke, 2018). Patients and their support system have an increase in satisfaction when using technology to communicate in the perioperative department (Croke, 2018). This article focuses on the type of technology being used in the perioperative department and the compliance of staff to reach out to patient's support system when their loved ones are undergoing surgery (Croke, 2018). The method of communication specifically used in this article is an EMR

paging system (Croke, 2018). These paging systems standardizes communication and increasing the RNs time providing patient care (Croke, 2018). This article also analyzes the use of web-based communication that allows for RNs to send messages directly to a cell phone or email address set up with the patient's support system (Croke, 2018). This article discovered a 30% increase in patient satisfaction using the EMR paging system and a 90% of staff and family members agreed the experience using an EMR paging system was enjoyable (Croke, 2018). The overall satisfaction with communication had a 17% increase (Croke, 2018). Using technology makes it possible for staff to communicate directly with the support person (Croke, 2018). Lisa Croke points out in her article the main weakness of this system is breaking a patient's privacy (Croke, 2018). Health Insurance Portability and Accountability Act (HIPAA) is a main concern for using technological advances (Croke, 2018). Another issue is that routine standardized information may not always be appropriate and by decreasing verbal communication some patient information may not be conveyed to a patient's support person (Croke, 2018).

"Utilizing technology to improve intraoperative family communication" is another article that assesses the use of and EMR paging system (Wieck et al., 2017). This study focuses on the development of the EMR paging system (Wieck et al., 2017). This research study is collected over a 6-month time period (Wieck et al., 2017). Press Ganey and internal surveys were used during this time period to assess the effectiveness of the EMR paging system (Wieck et al., 2017). The research found greater than 90% indicated the pagers is easy to use and that the system as a whole is easy to use (Wieck et al., 2017). The nursing staff felt that the EMR added value to the communication they

provided to patient's support system (Wieck et al., 2017). Again, this study points out that not every situation in the perioperative department can be standardized (Wieck et al., 2017). A few responses from the surveys and Press Ganey found an increase in anxiety by holding the pager set up with the EMR paging system (Wieck et al., 2017). Overall the EMR paging system has more positive response than negative. It also has room to improve as technology improves. The change factor is the health care team who is using the system to communicate with patient's support system.

Teamwork

The healthcare team plays a pivotal role in providing effective communication. It is imperative that proper education is given to the perioperative department employees (Garrett, 2016). This journal possesses the question "How does education or an increase in knowledge effect communication in the perioperative department?" (Garrett, 2016). Identifying effective communication techniques allow for the staff in the perioperative department to increase patient satisfaction and their support system (Garrett, 2016). Once education is acquired identification of barriers to effective communication can be accomplished (Garrett, 2016). Identification of barriers can explain the changes that need to be made within the perioperative department (Garrett, 2016). Another aspect the article "Effective perioperative communication to enhance patient care" identifies is that the leaders within the perioperative department can be the change they want to see (Garrett, 2016). Leading by example allows for the staff to be encouraged. Miscommunication can lead to errors within the perioperative department (Garrett, 2016). These errors include procedure delays, poor patient outcomes, disgruntle family members, and a decrease in patient education (Garrett, 2016). Between the years 2010-2013, one third of the top 10

causes of errors were due to ineffective communication, and during the time period of 1995-2005 66% reported sentinel events were due to ineffective communication (Garrett, 2016).

The Theory of Caring

Jean Watson is a celebrated theorist who developed the Theory of Human Caring (Norman et al., 2016). Human Caring Theory that encompasses compassion, generosity, holistic care, and charity (Norman et al., 2016). During the development of the Human Caring Theory, Jean Watson established 10 Caritas Processes (Norman et al., 2016). These processes incorporate practicing kindness, being present during patient care, developing one's spirit, be trusting, use of self-awareness, being genuine, educating patients to feel whole and give them an optimal level of comfort, intentionally caring, and being open to all possibilities (Norman et al., 2016). Creating a healing environment through genuine care is how this theory is applicable to all healthcare settings. Watson knew that nurses who truly are aware of self and focus on their own spirit will be able to reach patients during their time of need (Norman et al., 2016). This article identifies that creating a trusting environment will lead to an increase in overall care of patients in the surgical department (Norman et al., 2016). Staff are not always able to find time to connect independently with patients who are within the surgical department. It is essential that a caring environment is provided for guests (Norman et al., 2016).

Handoff in the Surgical Departments

Communication tools or checklists within the surgical departments hold patients and staff members accountable for the care provided in the perioperative department (Robins & Dai, 2015). Important information that should be relayed during handoff

consists of medical history, allergies, medications, intraoperative events and plan of care postoperatively (Robins & Dai, 2015). Over 80% of medical errors occur due to failed communication during handoff (Robins & Dai, 2015). Medical errors that should never happen are occurring due to a break down in communication. Failed communication in the perioperative area can lead to a decrease in patient satisfaction (Robins & Dai, 2015). Effective communication must be documented by RNs in every phase of care throughout the perioperative department (Robins & Dai, 2015). Recording handoffs appropriately allows for an increase in patient satisfaction and a decrease in medical errors (Robins & Dai, 2015). Limiting the number of handoffs associated with one patient will increase the amount of effective communication and provide continuity of care for the patient (Robins & Dai, 2015). Each phase of care within the perioperative department is considered busy and at times rushed leading to handoffs that are half given (Robins & Dai, 2015). Research found that handoffs given properly with checklists allowed the RN to immediate care of the patient without having to delve through the patient's chart (Robins & Dai, 2015). Accuracy in report has improved by using a checklist and the exchange of information is more effective ensuring there is a decrease in information loss (Robins & Dai, 2015).

Communication Tools

Multiple studies have found that the implementation of a handoff tool improves effective communication during report between coworkers in the healthcare field (Leonardsen et al., 2019). Patients may have complications at any time during their stay in the perioperative department (Leonardsen et al., 2019). Handoff is where pertinent information is given about the patient to ensure safe care is provided to the patient

(Leonardsen et al., 2019). Postoperative handoff is one of the fastest paced units within the perioperative department. This can lead to miscommunication due to multiple interruptions and time frame for giving report (Leonardsen et al., 2019). Verbal handoff when given without a communication tool leaves room for error (Leonardsen et al., 2019). When a communication tool is used coworkers have a uniform structured way to give handoff. There is little room for error. Communication tools not only improve handoff but it leaves a positive impact on patient care (Leonardsen et al., 2019). Coworkers who use a standardized communication tool find it easier to give report and have a more positive outlook as a team member when caring for patients (Leonardsen et al., 2019).

CHAPTER III

Needs Assessment

Target Population and Setting

Effective communication is important in all aspects of healthcare. It effects how multidisciplinary teams work together and the care given to patients. Patients and their support system need to feel confident in those who are caring for them but when there is a lack of communication quality care is affected. For this project the population of the perioperative department within an inpatient facility is being evaluated. Most perioperative departments consist of three phases of care: preoperative phase, operational phase, and recovery phase. The patient passes through each phase of care with the goal being to provide continuous care. Breakdown in communication will affect patient care and may cause their support system to become disgruntled (Garrett, 2016). When a patient requires surgery, they are already scared and unsure of what will happen. They need their support person to be with them and know that they will be kept informed during the process. It gives the patient peace of mind to know someone will be there for them as they are placed under anesthesia.

An inpatient acute care hospital is chosen for this project proposal. It is a level one trauma center who can perform surgeries 24 hours, 7 days a week. It is limited only by the number of pediatric cases performed. The facility in which this study will be conducted prides itself on following Jean Watson's Theory of Caring (Norman et al., 2016). Jean Watson's theory focuses on providing generous care to others through compassion and generosity (Norman et al., 2016). Her research found that nurses who are genuine provide the best quality care to patients (Norman et al., 2016). Watson also

found that nurses should be flexible at all times and serve others with a positive attitude (Norman et al., 2016). Providing patients with a pleasant space and creating an environment that is inviting allows patients to heal in a timely manner (Norman et al., 2016). Watson's caring theory consists of 10 points that all include practicing with kindness, providing quality safe care, teaching, and being genuine with patients (Norman et al., 2016). Providing communication to patients and their support system gives them a feeling of safety and allows them to make decisions about their care. Empowering patients and their support system are a key point of Watson's Caring Theory. Nurses who practice using Jean Watson's theory do not look at their role as a job but as a divine path in life (Norman et al., 2016). Nurses who work in the perioperative department must be quick and have skills in communication that keeps their support system informed. These nurses can only do this by having communication within the different phases of the perioperative department.

Sponsors, Stakeholders, and Team Members

Nursing Administration for this project includes the Nurse Manager of the preoperative phase, operative phase, and recovery phase. Another sponsor that may help with this initiative is the Clinical Educators. Increasing communication between phases is step one of the initiatives to increase patient satisfaction by providing more updates during a patient's procedure. As communication between phases increases the goal is to increase the amount of updates patient's support system receive during procedures. Overall it is important to increase the amount of communication with the patient's support person to ensure a better outcome for both parties.

This project will entice Nurse Managers by increasing the satisfaction of staff but more importantly patients. Patients who have a disgruntled support system may not have the best overall experience inevitably decreasing their satisfaction with the perioperative department. Clinical Educators are imperative in supporting this study. They will be able to educate staff members on why using the tools developed to increase communication is important to the department. Increasing communication will give the patients and their support person a better experience and allow them to feel cared for during their procedure. Patients who are undergoing procedures generally have anesthesia involved and are unable to remember every aspect of their procedure so keeping their support person involved guarantees meeting the patient's needs.

Another change agent that will be used for this study is Patient Representatives who manage the surgical waiting area in this hospital. These are the people who are face to face with the public every day and have to provide information to patient's support persons on a routine basis. Often times this is the first line of communication when the nurse is wanting to convey information to the support person of their patient. Here is where some information is lost as it is being told second hand. Educating these volunteers on the new tool will guarantee information is getting passed to the support person.

SWOT Analysis

Figure 1

SWOT Analysis

STRENGTHS	WEAKNESSES
• RELATING RESEARCH TO THEORY • SUPPORT OF MANAGEMENT AND CLINICAL EDUCATORS • EDUCATION IN EFFECTIVE COMMUNICATION SKILLS	• INVOLVEMENT OF VOLUNTEERS MAY LEAD TO SECOND HAND MISINFORMATION • HIGH STRESS LEVEL WHEN PATIENT'S ARE UNDERGOING A PROCEDURE
OPPORTUNITIES	**THREATS**
• INCREASE TEAMWORK BETWEEN PHASES TO INCREASE SATISFACTION OF STAFF AND PATIENT'S • BEING OPEN TO CHANGE TO PROVIDE QUALITY CARE TO PATIENTS	• INVOLVING MULTIPLE PHASES WITHIN THE PERIOPERATIVE DEPARTMENT • LOOSING DRIVE • NEGATIVE ATTITUDE ABOUT EXTRA WORK • BEING COMPLACENT

Desired Outcomes

The end goal of this study is to increase communication with patient's support person. This will allow for the patient and their support system to feel valued and cared for throughout the whole experience. Making a difference in patient's lives and their support system should be at the forefront of providing holistic care (Norman et al., 2016). Establishing a healing and welcoming environment will give the patient and their support a feeling of safety (Norman et al., 2016). This in turn will encourage them to know they are going to receive optimal healthcare in the perioperative department.

Outcomes for this project will include:

- Education on effective communication
- Increase communication between nurses in every phase of care throughout the perioperative department
- Increase in communication with patient's support person
- Implementation of an effective communication tool
- Involvement of a multidisciplinary team
- Increase in patient overall satisfaction with care

CHAPTER IV

Project Design

Goal and Overall Purpose of Project

The goal of this project is to standardize communication throughout the perioperative department. Within each phase of care the patient should receive a thorough explanation of their care which will only happen if the effective communication is achieved. The only way this can be achieved is if the staff from each phase of care communication with one another effectively. This at times can be hard in the perioperative department due to many distractions and the fast pace of this area of health care.

The purpose of this goal is to increase satisfaction scores from patients and their support system. This will be done by practicing effective communication between departments and including the patient in every phase of care. The patient may be unable to be included throughout every phase of care during their stay in the perioperative department so it is imperative to include their designated support person. Effective communication leaves a lasting impression on patients and their support systems (Garrett, 2016). Standardizing communication throughout the perioperative department will lead to an increase in satisfaction scores by patients.

Another goal for this purpose is to increase the amount of effective communication between coworkeers throughout the perioperative department. Patient safety and care will be significantly impacted if a standardized communication tool is used during handoff in each phase of care. This will also allow for the nurses involved in a patient's care to provide important information to the support person which will help

deliver optimal holistic care to each patient. Patients who receive optimal holistic care will have an increase in their satisfaction scores.

Objectives

1. Registered nurses within the perioperative department will effectively communicate with patients and their support person during each phase of care to ensure holistic care is provided.
2. The multidisciplinary team within the perioperative department will use the communication tool during each report to standardized communication for patient care.
3. The registered nurse will be able to use the communication tool to provide brief concise handoffs in each phase of care to ensure safe patient care is provided throughout their perioperative stay.

The objectives for this project focus on improving communication throughout the perioperative department in phase one. Phase two consists of providing effective communication to patients and their support system. The overall goal is standardized communication between the multidisciplinary team of the perioperative department in hopes that communication with patients will increase. This will increase patients and their support persons overall satisfaction with their experience within the perioperative department. Effective communication throughout each phase of care will also allow staff members to work as a team and improve the flow of patient care. Providing patient care is the most important goal in healthcare.

Implementation of Effective Communication

Standardization of communication will help expedite the flow of care and increase the amount of effective communication provided during each handoff between nurses within the perioperative department. Communication tools make handoffs brief, concise, and clear (Garrett, 2016). The project will be nurse driven and include multiple phases. Phase one of implementation of effective communication entails developing a committee that consists of nurses from each perioperative phase of care. There will be a total of six perioperative nurses, six intraoperative nurses, and six postoperative nurses. Four Certified Nurse Anesthetist will be included in the committee as part of the multidisciplinary team that provides handoff on patient care. The committee will also include a nurse educator from each perioperative department. During the end of the project, once phase one and two are completed, managers from each phase of care will be consulted for their input.

Once the committee is established data will be collected from each department on barriers of communication within the multidisciplinary team, how those barriers effect patient communication, and patient satisfaction scores. There are multiple barriers to communication in the perioperative department when giving report. This is mostly due to the number of surgeries performed on any given day and the turnover rate of each case. Another aspect of communication that will be assessed by the committee is documentation performed by each nurse throughout a random sample of cases. Handoff documentation will be looked at to assess the communication given between each phase of care within the perioperative department. Then documentation of each communication

with the designated support person is assessed. This information will help the committee members move into Phase Two.

Phase Two will consist of the development of a two separate communication tools applicable for the perioperative department. These tools will be on paper and not within the electronic chart for the patient. The first communication tool will standardize the handoff between nurses for each perioperative phase of care. This tool will be devised to ensure that the same information is provided for each patient. Standardization of communication will lead to effective communication. The tool will incorporate each phase of care and the appropriate personal who care for the patient throughout their preop phase, intraoperative phase, and recovery phase. Once the communication tool is developed a checklist will be used to assess if the RN/CRNA providing handoff answered all the necessary information on the communication tool.

Perioperative Handoff Communication Tool

Each phase of care will assess the readiness of the nurse who is receiving handoff. The nurse or CRNA will start the handoff with patient name, date of birth, allergies, procedure, labs, vital signs, intravenous lines, medications given, and pertinent past medical history (Leonardsen et al., 2019). Preoperative phase handoff will include consent for procedure, consent for blood, surgical markings, type of anesthesia, and designated support person contact information (Leonardsen et al., 2019). The intraoperative phase handoff will include surgical sites, drains, airway management, antibiotics, surgical events, intake/output, blood products, neuromuscular blocks, analgesics, and antiemetics (Leonardsen et al., 2019). The postoperative phase handoff will include stability of patient, oxygenation status, analgesic plans, and disposition. The

Perioperative Communication Tool (Appendix A) will be utilized by staff and changed as time progresses based on feedback from staff. Appendix A will standardize not only communication but the care of patients within the perioperative department.

The Validation Checklist (Appendix B) will be provided to each registered nurse receiving report. This ensures the contact person is being provided adequate updates throughout each phase of care during the patient's procedure. This process holds each nurse of the perioperative department accountable. Standardizing communication is an essential part of this tool development. Effective communication data will be collected by the committee to assess if the tool is effective in practice.

The implementation process of Appendix A and B will allow the nurses to have a better understanding of what is expected from them during each handoff. Utilizing both effective communication tools will ensure the patient and their support person are given regular updates throughout their stay in the perioperative department. Documentation is the key to making this new process work. Nurses should be documenting each handoff in their computer system, filling out the appropriate section of the communication tool, and using the validation tool. The goal of standardizing care between departments is to improve communication with patients and their support person. Too many times information is eliminated or not provided at all leaving patient's support system feeling worried and scared. It is imperative nurses are communicating with the patient and their support person. Providing care for not only the patient but their support person will increase their satisfaction rate and entail leave the patient with a positive outcome (Garrett, 2016).

Communication with Patient's Support System

Phase three begins with the satisfaction of the patient and their support person. Guidelines will be given to each nurse established by the committee that will keep a current check of when family is being called. Documentation of each encounter is imperative. The committee will be accessing the electronic charts and collecting data on who is communicating effectively with the support system of the patients. Communication with the patient's support person will be provided during each phase of the perioperative department. Each phase of care has specific information they are responsible for reporting. Perioperative nurses are responsible for obtaining the support persons information, initial communication with that support person, answering all questions, and any education regarding the procedure. Intraoperative nurses are responsible for calling the support person with updates. The new standard of effective communication will incorporate the first call be made by the intraoperative nurse when the surgeon starts the procedure. After the initial call the intraoperative nurse is responsible for calling every hour with updates and at the end of the case.

The postoperative nurse is required to call once the patient has been in PACU for an hour or at discharge from PACU if that proceeds the hour mark. If the patient is going to be in the postoperative setting more than one hour the nurse is responsible for calling with hourly updates. After two hours in PACU the nurse may assess if it is appropriate to let one support person visit for 10 minutes max. This is up to the discretion of the nurse and as PACU is considered a locked unit at any time the nurse may ask the support person to leave.

Data Collection

Data will be collected in phase four. In a 1-week period 60 cases will randomly be selected for a chart audit. The committee members will be assigned a number of charts to do a week. During the chart audit the nurse will look if Appendix A and Appendix B is used, documentation at handoff, documentation of communication with support persons, time of each documentation, and if standard communication was used for this patient's stay throughout the perioperative department. The committee will be responsible for calling each patient who has been randomly selected and asking them a series of questions to assess if their experience was satisfying.

Timeline

This project will start on completion of the graduate school at Gardner Webb Hunt School of Nursing. Phase one will include developing a committee consisting of nurses from each phase of care (preoperative, operative, and post-operative). Initially this will be done on a volunteer basis. This will allow the design, education, and implementation of a communication tool to be more effective because it is developed by those who care. These individuals will be change leaders and will incorporate feedback that allows the tool to be most applicable. Educators from each phase of care will be included within the committee for their input on how best to roll out the educational portions of these tools. At least one CRNA will be recruited for the committee because these individuals are responsible for giving handoff in the PACU phase of care. Their view point will be different than the OR nurse and give the committee another look into where breakdown may occur.

After the committee is formed a collection process will begin. Data collected during this time will allow the committee to asses where the breakdown in communication occur. Breakdown in communication may include the handoff between each department, charting performed by each department, and any issues that may arise at the point of transferring patient through each phase of care. Other data collected will include the satisfaction scores of the patient and their support person. Evaluation of how communication is currently being used in the perioperative department will allow the committee to assess the weaknesses within each phase of care. This collection of data will also include the number of times handoffs are being charted appropriately and the number of times communication with patient's support person is documented. This will give insight to the amount of charting and the number of times nurses are reaching out the support person. During this time of data collection, the committee will call 60 patients each week and ask them a series of questions to indicate the level of satisfaction each member. This will allow give a baseline for how efficiently patients are being communicating with before implementing the communication tool.

Phase two will consist of the development of Appendix A, Appendix B, and Appendix C. Once this is completed the implementation process into each area of perioperative department will begin. The next part of phase two will be for the committee to present Appendix A and Appendix B. During this time education will be devised to intergrade Appendix A and Appendix B into each area of the perioperative department. It is imperative to implement these tools in each department to have continuity in the education being provided throughout the perioperative department. Understanding the communication tool, the category designed for each nurse, the implementation method,

and the reason these tools are being used is imperative for the success of this project. Nurses in each phase of care will be expected to use both Appendix A and B in during every handoff. At this point it is time for support system.

Over the next 17 months, data will be collected to assess if the implementation of standardize communication between phases of care in the perioperative department increases the amount of communication patient's support system receive. Over the course of this project, 60 charts will be picked at random and audited. The audit will include: for if the communication tools and validated checklist is used, documentation at handoff, documentation of communication with support persons, time of each documentation, and if standard communication was used for this patient's stay throughout the perioperative department. Alongside the collection of this data the patient will be called to assess the level of satisfaction they had during their stay in the perioperative department. Based on the data being collected, the committee will know if the communication tool is effective for increasing the amount of communication patient's support person receives.

Evaluation

After the collection process, evaluation of the data will begin. Appendix B will ensure that the perioperative communication tool is being used at each handoff. It will appropriately check off all the standardize information given in the perioperative communication tool. If the validation checklist isn't used on a case further information will need to be obtain to assess if the perioperative communication tool was used for that specific case. If it was not then there it will need to be noted in the data collection. Chart audits will allow the committee to assess what issues nurses are having with communicating with patient's support system. Further education may be needed to

explain the importance of documenting all communication points. This may give more insight into barriers in communication with patients and their support system. Chart audit data collectively show if the nurses are communicating more with the patient support system than before the implementation of standardized communication between each phase of care within the perioperative department.

Patient satisfaction scores will indicate if the standardization of communication is effectively changing the amount of responsiveness patients and their support system receive from the perioperative staff. Each call performed will ask the same yes or no questions that will lead the committee to assess if communication is improving, staying the same, or decreasing due to the implementation of the communication tool, validation checklist, and chart audits.

CHAPTER V

Dissemination

Dissemination Activity

This project will be pursued at the completion of a Master's in Education at Gardner-Webb University. During the dissemination process this project will be outlined to the Chief Nursing Officer over the perioperative department. Each phase of the project will be explained thoroughly as well as the impact it will make across the perioperative department. The purpose of the project includes standardizing communication throughout the perioperative department which will increase patient care. The goal is for nurses from each phase of care (preoperative, operative, and postoperative areas) communicate with each other effectively so patients will receive above average care. Using appendix A will allow the nurses to perform a thorough handoff that is standard for each patient. Appendix B is then used to check behind each nurse's handoff to assess if the Appendix A is used correctly. Data will be collected to assess if Appendix A and B are effective in improving handoffs between each phase in the perioperative department. Standardizing communication through handoffs will increase the amount of communication provided to patients and their support system. This will be reflected in the patient satisfaction scores and the committee will use Appendix C to assess the level of satisfaction with their experience through their stay in the perioperative department.

This project will increase effective communication throughout the department and satisfaction of the patient population of the perioperative department. Once the Chief Nursing Officer over the perioperative department has signed off on the project it will be time to meet with the managers of preoperative, operative, and postoperative

departments. During this meeting each phase of the project will be explained and a thorough review of goals and purposes will be explained. All questions and concerns will be addressed. Any input, opinions, or constructive feedback will be welcomed at this time. After the approval and feedback is achieved from the managers of perioperative, operative, and postoperative departments the next step would be to include the educators and charge nurses of each phase in the perioperative department. An example of this would be a meeting involving nurses who serve as the main charge nurses for each phase of care and all educators within the perioperative department. Targeting leadership approval will allow a smooth transition for all parties involved when this project starts. Leadership is the driving force in all healthcare settings. These are the nurses who give it their all to encourage fellow nurses, play a vital role in team building, and take change with stride. These nurses are change leaders and will be vital in this project succeeding. Nurse educators within the perioperative department will be part of the team who develops how to implement this project with the least resistance. They will be key leaders in developing the education plan that will be used throughout the implementation process.

Limitations

Limitations may skew the results of a project and must be taken into consideration when collecting data. Standardizing communication between each phase of care in the perioperative department will not work for every surgical case. Emergency surgical cases may not meet all of the perioperative handoff requirements. These cases tend to be more involved and the standard reply may not incorporate this patient population full story. Effective communication in these cases may not always be attainable. Patients who come

into the facility as an emergency may not have a support person or contact person of any kind. This will limit the data collected on patient satisfaction. Other limitations may include time frame, number of cases, variances in nurses, effective use of the Appendix A and B, and the wording of the questions from Appendix C.

The time frame has yet to be set for this project. Once the dates are decided upon it may determine how much of limitation it causes the outcome of this project. The time frame may dictate the number of cases collected for this project. The number of cases may affect the data collection process and show limitations for this project. The time frame and number of cases may also have implications to the data collected on patient satisfaction. There may be discrepancies within the data collection process based on the nurses used in this project. Communication may not be provided in the same manner during each and every handoff in the perioperative department. Each phase of care within the perioperative department is busy and there are multiple moving factors. Patients may transition through multiple nurses, anesthesiologists, CRNAs, etc all of which have different ways of communicating and personalities that effect the way communication is provided.

The amount of charting the nurse does in every phase of care may impact the data collection. Appendix A, B, and C are used to standardize communication however there is room to limit data collection. Appendix A and B may not be followed completely may lead to miscommunication and a decrease in effective communication impacting the data collected. Appendix C data collection may be impacted based on who is asking the questions and the tone in which the questions are asked.

Implication of Nursing

Effective communication within the perioperative department is a problem that nurses can use to their change attitudes to make an impact on. An increase in communication can decrease the number of errors, provide optimal care to each individual patient, and increase patient satisfaction. Standardizing communication and decreasing the number of nurses who work with the patient will allow for a smoother transition through each phase of care within the perioperative department (Robins & Dai, 2015). Clear concise communication will improve the satisfactoriness of handoffs between departments (Robins & Dai, 2015). Effective communication will decrease misinformation, clarifications, and time spent during handoffs (Robins & Dai, 2015). Using Appendix A and B will standardize communication allowing nurses to spend more time providing optimal care to their patients. Recording each handoff is imperative for holding peers accountable and ensuring proper handoff is taking place (Robins & Dai, 2015). Providing effective communication may also impact patient satisfaction scores. Multiple studies have found that miscommunications can decrease patient satisfaction and impact the care they receive during their stay within a facility (Robin & Dai, 2015).

Communication that is effective may also impact the patient's support system. Providing standardize communication decreases a patient's support person's worry and anxiety (Wieck et al., 2017). Most surgical patients feel they are not seen as an individual but as a procedure (Wieck et al., 2017). They fear that nurses get so involved with checking off what is needed for their procedure that optimal care is not being provided to them through each phase of care in the perioperative department (Wieck et al., 2017). Providing high quality care and communication leaves a lasting impression on patients

and their support system (Smith & Jones, 2018). It is up to the nurse to ensure that communication with the patient and family is standardized and clear.

Nurses are change leaders within their field. This project will be nurse driven as they are the front line of care for patients and providing information to their support system. Increasing effective communication by standardizing it will allow for a decrease in medical errors, ensure smooth transitional care, and increase patient satisfaction. It will impact their support system by decreasing the amount of worry they experience while their loved one is in surgery (Robin & Dai, 2015).

Recommendations

Standardizing the way nurses communicate with others will not be easy. Nurses within the perioperative department may be reluctant to change and argue that their way of communicating works for them. Everyone who is a part of the development and implementation of this project must have a good attitude and believe in this project. This will be the only way to change the way communication and handoff is provided within the perioperative department. Implementing this project will take time and the data collected over the first-time frame may not reflect the goals set by this project but that is the case of most projects. The nurses who use Appendix C should be the same group of nurses throughout the whole project if possible. This way the questions will be asked in the same manner every time. Some variance will be taken into consideration but this way the data collected on patient satisfaction is not skewed due to the tone/manner in which these questions are presented to patients.

Conclusion

Communication between healthcare workers is imperative. Breakdown in communication may lead to medical errors and sentinel events (Garrett, 2016). Providing communication to the patient and their support system allows for a better outcome. When the patient and their support person experience a breakdown in communication, they may become aggravated (Garrett, 2016). COVID-19 has impacted the way patients receive care within the perioperative department. Visitors are limited and the patients feel alone. They worry about if their support system will be contacted and when they will get to see them again. A decrease in communication has occurred since the pandemic started. It has impacted the care these patients receive when they transition to go home. Nurses are having a hard time setting up transport, providing follow up care, miscommunication with medication prescriptions and orders, and discharge care orders. This effects the overall outcome of the patient's safety and care.

Standardizing communication throughout the perioperative department will lead to an increase in patient care (Garrett, 2016). Using Appendix A will allow nurses to provide brief and concise communication during handoff between each phase of care within the perioperative department. This tool makes communication efficient and helps the nurse stay on target during the business of the perioperative department. Appendix B checks that the nurses are using Appendix A during handoff. It is imperative that Appendix A is used correctly and at every handoff. This will give the best results during the data collection phase. Appendix C focuses on the patient and their satisfaction with their stay in the perioperative department. It includes their support system and assess if everyone was communicated with appropriately.

This project will allow for nurses to communicate with one another effectively increasing communication with each patient and their support system. Patient care is the goal in every nursing profession. Patient care is significantly impacted based on the amount of communication between coworkers in the perioperative department. It is imperative that communication be standardized to allow nurses to provide optimal care for each patient. Patients should feel like they are being cared for individually and not just another surgical case. Communicating with them and their support system allows for them to feel included in their care. Patients feel vulnerable after surgery and want their support system to be included in their care generally. Providing this standardized communication will increase patient satisfaction.

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Appendix A

Perioperative Communication Tool Sample

All Perioperative Phases will start report with the following

- ☐ Patient Name
- ☐ Date of Birth
- ☐ Allergies
- ☐ Procedure
- ☐ Labs
- ☐ Vital Signs
- ☐ Intravenous Access/Vascular Lines
- ☐ Medications
- ☐ Pertinent Past Medical History
- ☐ Contact information for support person

Perioperative Phase Handoff

- ☐ Consent for procedure
- ☐ Blood consent
- ☐ Surgical markings
- ☐ Plan for Anesthesia

Intraoperative Phase Handoff

- ☐ Surgical site
- ☐ Drains

- Airway management
- Analgesics
- Antiemetics
- Neuromuscular blocks
- Anesthesia events

Postoperative Phase Handoff

- Stability of patient
- Oxygenation status
- Pain management/Analgesic Plan
- Disposition

Appendix B

Validation Checklist

To be completed by the RN receiving report

1. Patient Identified: **YES/NO**
2. Allergies Identified: **YES/NO**
3. Medications Given: **YES/NO**
4. INTAKE/OUTPUT: **YES/NO**
5. Anesthesia Plan Provided: **YES/NO**
6. Is the communication tool being used during handoff? **YES/NO**
7. Did clarification need to be given? **YES/NO**
8. Was the handoff appropriate? **YES/NO**
9. When was the last time the support person was contacted? **YES/NO**

Appendix C

Patient Satisfaction Phone Survey

1. Did the nurse introduce themselves at each point of contact: YES/NO
2. Did the nurse from the preoperative phase of care contact your support person: YES/NO
3. Did the nurse from the operative phase of care contact your support person: YES/NO
4. Did the nurse from the recovery (PACU) phase of care contact your support person: YES/NO
5. Did you feel that each nurse communicated with you effectively throughout the whole process of your procedure: YES/NO
6. Did your support system feel they were updated appropriately: YES/NO
7. Did all of your questions and your support system questions get answered: YES/NO