Pre-surgical Education Program Considerations

MICHIGAN SPINE SURGERY IMPROVEMENT COLLABORATIVE

"Appropriate and sufficient patient education and assessment prior to surgery can reduce avoidable costs to the patient and to the hospital…" (Pritchard, 2012)

Background Summary

- A pre-surgical education program will promote patient knowledge and reduce patient fears, therefore, improving patient satisfaction and outcomes.
- Quality pre-surgical patient education reduces postsurgical complication rates and reduces cost to the hospital.

One Patient Education Model: Patient Education dependent on the surgeon practice

- Written materials provided: pamphlets, packets, education materials possibly higher than the patient's literacy level
- Some surgeons are better at educating their patients than others.
- Flaws:
  - Varied education based on surgeon
  - Disabilities impact the patient receiving the information provided: poor literacy, physical and mental barriers.
  - Timeframe restrictions: scheduled office visits 15-30 minutes.

"Education and preparing the patient for their surgery in advance of the surgical day will help to reduce fear, stress, and anxiety that can often be accompanied with surgical procedures…" (Guo, 2015)

"82% of people that have undergone surgical procedures had expressed that they would have wanted more information prior to surgery…" (Gonzales, et.al, 2014)

Proposal

- In order for pre surgical education to be effective, a standardized, well-structured, and comprehensive program must be implemented. All members of the healthcare team must be involved, and the reinforcement of the program must be ongoing.

Improve preoperative literacy for surgical patients

- Make it understandable to patients: reading level as low as 4^{th}-6^{th} grade if possible with lots of pictures with the text.

Successful Class (live or virtual) dynamics

- Pre-surgical education prior to surgery
- Class or video modules no longer than 1 hour
- Hand out literature
- Videos
- Anatomical models
- Interactive demonstrations
- Teach back
- Ample time for questions

Example topics to focus on: What is to be expected?

- Preparations- body, mind, home environment
- What to do days before surgery
- What to do the day before and morning of surgery
- Arrival to hospital (practical directions/maps)
- ERAS components explained:
    - Pre-op
    - Intra-op
    - Post-op
- Where will I recover?
- Multi-modal Pain management
- Importance of Early Ambulation and PT/OT
- Wound care
- Follow up appointments
- Discharge instructions
- What to do if I have a problem?
    - When to call surgeon's office?
    - When to go to the ED?
- General Activity restriction information and keys to a successful recovery

Things to consider if you are implementing a live class:

- Who are the education team members? Nursing, PT/OT, etc.
- Start-up costs
- Support and substitute staff to cover if educator is off
- Education and training for that staff
- Technology requirements (audio/visual support)
- Materials and goodies for distribution… CHG wash/wipes, carbohydrate drink, new toothbrush, toothpaste, mouthwash, antibacterial soap, etc.
- Meeting room

Management/Leadership/Surgeons

- Surgeons- emphasize importance of education to patients
- Facilitate needs of staff
- Advocate for staff
- Staff motivation
- Professional opportunities
- Evaluate feedback about the class from patients
- Evaluate outcome and complication data post class implementation

Resistance Encountered?

- Emphasis of Importance on Outcomes and Patient Satisfaction- show the data
- Projected positive effect on revenue
- Cost vs. Savings
    - Adequate and thorough education leads to compliance and patient preparedness
        - Patients who are prepared and know what to expect have a higher satisfaction rate and lower complication rate (Ellrich & Yu, 2015)
        - Decreased readmission rates
        - More revenue for the hospital

References

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