NK1-17

**PROCESS IMPROVEMENT TEAM**

**PROGRESS REPORT**

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| **F** | Find A Process To Improve |
|  | *Patients scheduled for hysterectomy receive little preoperative information about what to expect post-operatively. Therefore, they have unrealistic expectations of pain, voiding and activity which impacts length of stay, post-operative complications and patient satisfaction scores.* To improve unrealistic expectations of post- operative hysterectomy patients regarding their pain and discharge criteria to be met prior to discharge through development of a preoperative hysterectomy class. This will directly improve patient satisfaction scores, reduce length of stay, and decrease post-operative complications. |
| **O** | Organize A Team |
|  | The preoperative hysterectomy class development team will consist of:  Penny Bernard- RN, *Charge Nurse, 5 Surgical*, Pam Mitzner-*RN, BSN,* Case Manager, Fern Cuneio-RN, *Staff Nurse, 5 Surgical,*Cheryl McKinney- RN, *Staff Nurse*, Womens Center, Jessica Miller-RN, *Staff Nurse, 5 Surgical*, Rochelle Salmore- *MSN, RN*, *Research Advisor*, Stefanie Quirk- *MSN*, RN Educator, Dr. Covalt-OB/GYN, Ann Kjosa- , *MSN, RN*,VP Nursing SFMC |
| **C** | Clarify Knowledge of the Current Process |
|  | Currently the hysterectomy patients see the physician in the office *up to 4 weeks pre-operatively*, and the *surgical* procedure is explained to them. They are registered through the registration at SFMC for the procedure*.(do they go to PAT?)* They report to preop the day of surgery, and they are prepped. There is very little time for any type of education pre-operatively. They have the determined procedure and go to PACU for recovery. They are transferred to 5N when stable and stay as little as 2 hours or as long as 23 hours unless there are complications. Once discharge criteria is met they can be discharged home and follow up with the surgeon in 4-6weeks. There is little time for education in this process and little education is remembered *due to the lingering effects of the anesthesia.* They are given written discharge instructions and have *a physician's* phone number as a reference if problems arise. This *can be* a very volatile (*emotionally labile??)* population of patients and the movement through the system is so fast they are ill prepared to go home. |
| **U** | Understand Variation (I think this means what happens when the variation occurs??do you have a different definition?) |
|  | *Patients are not informed of the criteria for discharge therefore become dissatisfied when they think they can stay longer or their pain is much more than they expected.*  *Patients may not understand the implication of post op signs and symptoms, causing more serious complications.*  Maintain optimal patient outcomes in regard to complications *(??don't quite understand this statement)*  Maintain consistency with administering the telephone questionnaires |
| **S** | Select An Improvement Strategy |
|  | *A structured preoperative class will be developed by the team. Staff nurses will teach the class once a month initially. If there is increased demand, additional classes will be held. Instructors will be given instructions on how to teach the class as well as scripted answers to the most common questions encountered.*  There will be scripted telephone questionnaires given to hysterectomy patients 2-3 days after discharge to measure satisfaction with hospital stay, satisfaction with pre-operative hysterectomy class, pain control, and possible signs/symptoms of complications. The patients called will have signed a consent and agreed to participate in the study prior to discharge. We will be utilizing a purposive sampling for this study. This will show the strengths and weaknesses of the class structure so the class can be modified to improve results. It will also prove the validity of the study and improve patient satisfaction. |
| **P** | Plan The Pilot Improvement And The Data Collection |
|  | We will administer questionnaires to patients who did not attend the class and the same questionnaires to those who did attend, *then* measure the differences using conventional statistical analysis for qualitative and quantitative methodologies.  Inclusion criteria: ages 18-65, have *approval of* admitting *physician* for admission @ SFMC, must be able to read and understand English.  Exclusion criteria: non-English speaking, unable to read and understand English, younger than 18 or older than 65. Any additional surgical procedure, or patients with unusual complications from hysterectomy procedures.  The questionnaires will consist of a series of questions *(this sentence is not necessary)* |
| **D** | Do The Pilot Improvement And Collect The Data |
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| **C** | Check The Results Of The Implementation |
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| **A** | Act To Hold The Gain And Continue Improvement |
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