

Evidence Based Pre-habilitation

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Purpose

Primary: Increase patient knowledge and satisfaction on the use of durable medical equipment required for orthopedic surgery

Secondary: Increase staff knowledge on orthopedic durable medical equipment (DME)

PICOT

In adult patients undergoing orthopedic surgery, does pre-operative durable medical equipment (DME) education rather than post-operative DME education impact patient knowledge and satisfaction?

Model

The Iowa Model of Evidence-Based Practice to Promote Quality Care was used to guide implementation strategies for this initiative (Titler et al., 2001).

Synthesis of Evidence

- According to Vergara-Merino, L., et al, (2023) in adult patients undergoing foot and ankle surgery "preoperative education decreases the length of stay of these patients... and that pre-operative education increased the knowledge of the participants.
- "When postoperative teaching is done in the preoperative period on the day of surgery before receiving any medication, the patients had higher satisfaction with their written instructions for home care and felt more prepared for their discharge home", (Hovsepian, McGAh, & O'brien, 2017).
- Preoperative education is defined as any educational intervention provided before surgery that is intended to improve knowledge, health behaviors, and health outcomes (McDonald et al., 2014).
- Surgical patients face unique challenges with discharge instructions and retention. The volume of information provided to patients, frequently combined with sedatives and opioids, leads to failure to retain this crucial information needed for home care (Tanner & Morgan, 2021).
- Providing discharge instructions in the preoperative area in addition to providing instructions immediately before discharge can improve the percentile rankings associated with OAS-CAHPS patient satisfaction survey (PSS) questions related to discharge (Tanner & Morgan, 2021).

Practice Change

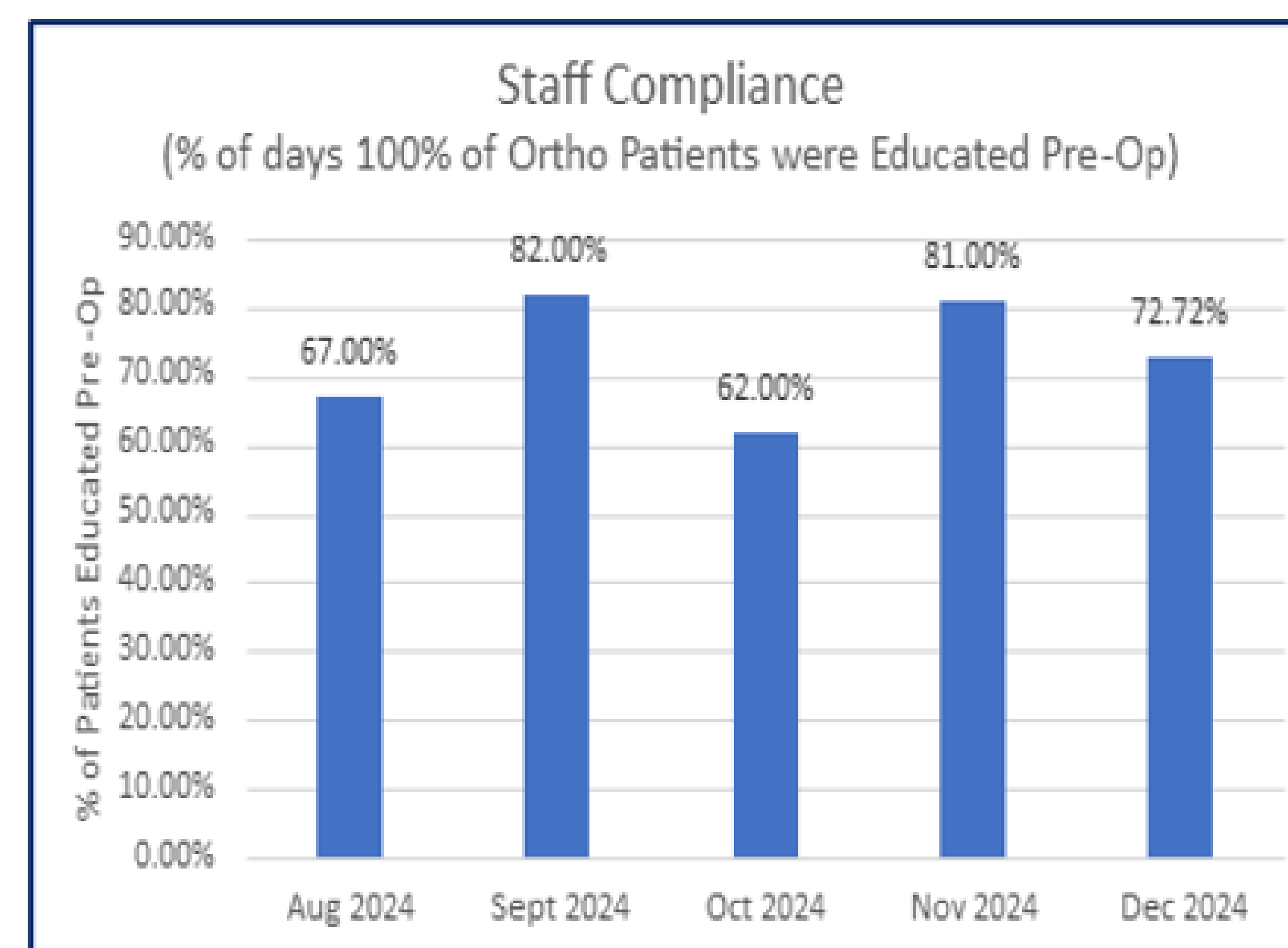
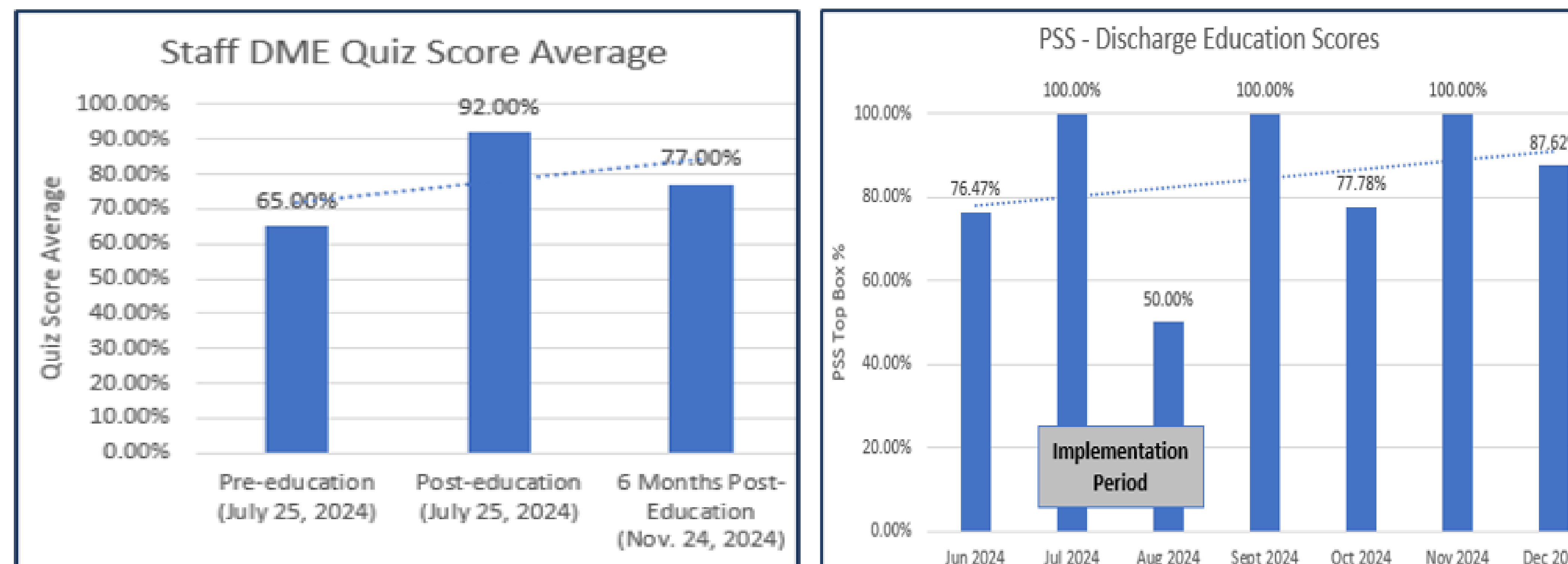
Interventions to support primary goal:

- Reviewed current practice for patient education on DME
- Educated patients on safe DME use pre-operatively
 - Sent DME education day before surgery and notified patient during arrival time call
 - Laminated handout of DME education on the day of surgery in the pre-operative phase
 - Provided face-to-face DME education day of surgery in the preoperative and postoperative phase
- Compared patient pre and post intervention PSS data

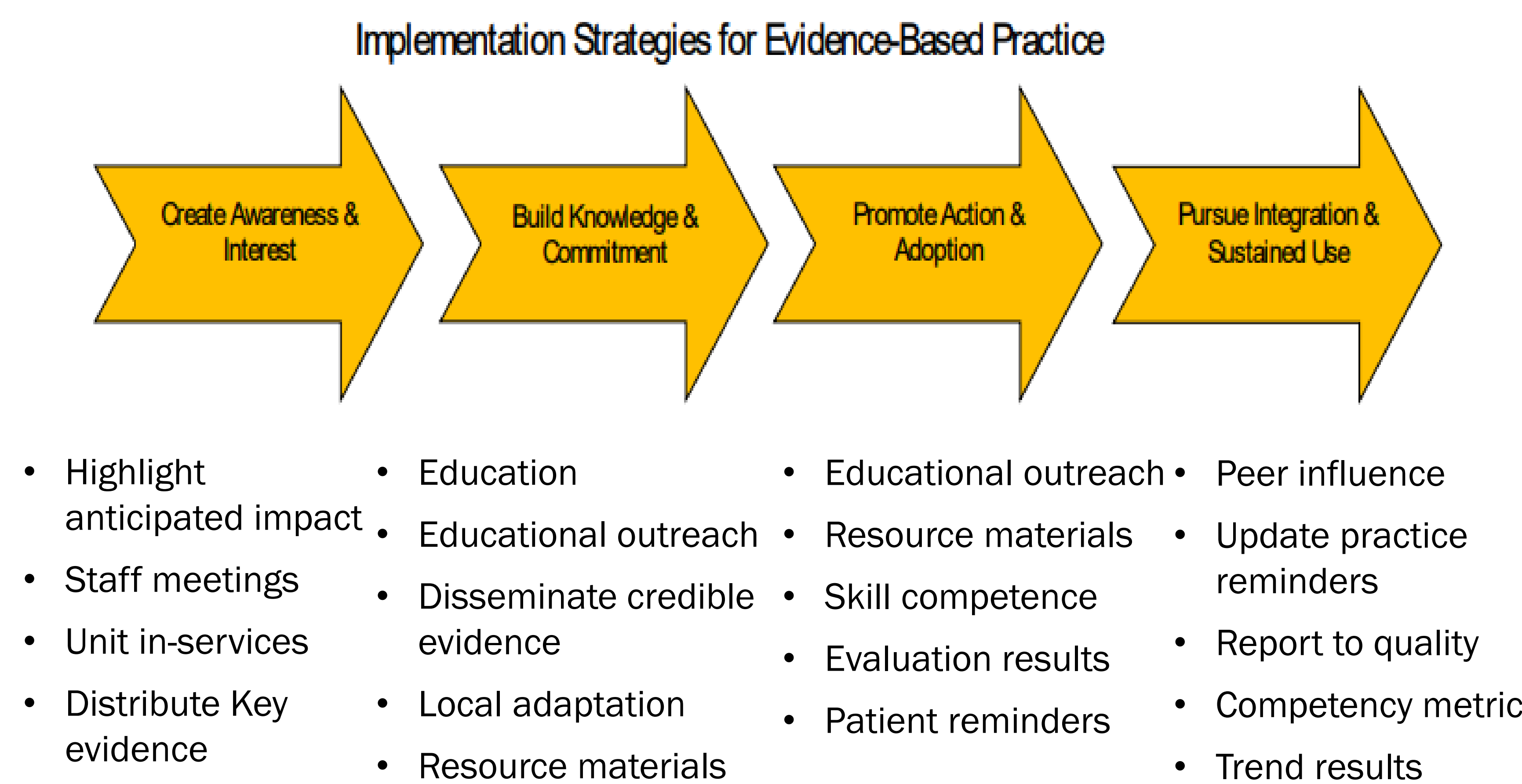
Interventions to support secondary goal:

- Reviewed current practice for staff education on DME
- Created safe DME use PowerPoint
- Educated ASC nurses on safe DME use
- Compared staff pre and post education questionnaire data

Evaluation



Implementation Strategies Used



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Conclusion

Primary Goal Results: PSS scores from the months of July-December 2024, on average showed a 12% increase in patient satisfaction pertaining to "Instructions regarding recovery". There have been no new free response comments that indicate a concern regarding what to expect during recovery and safe use of DME. In addition, patients have shown an increase in knowledge and confidence regarding safe DME use.

Secondary Goal Results: There was a 45.5% increase in DME knowledge for staff when comparing pre-and post-education data. Upon reassessing the unit's knowledge 6 months post-education, the ASC nurse's knowledge decreased by 16%, however when compared to initial scores, there was still an increase of 18.5%.

Next Steps

Next steps include:

- Create DME education for all orthopedic patients
- Browse for a way to better assess patient satisfaction regarding recovery
- Expand the discharge education material covered in the preoperative phase for all surgical patients
- Continue implementing intervention by educating newly hired perioperative nurses on safe DME use
- Expand project to the hospitals' Admission, Observation, Discharge (AOD) unit

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References

