Improving Communication in the Perioperative Waiting Area

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Abstract

One area of concern identified at HMWB is the lack of communication given to families or loved ones in the waiting area as evidenced by the OAS CAHPS scores. The operating room and PACU are not providing sufficient updates to the families due to lack of time and they often ask the receptionist for updates, who are not able to provide them. This leads to stress and anxiety for the family and ultimately a low satisfaction score. The OAS CAHPS scores, specifically in the area of communication were suffering. As patient satisfaction scores affect reimbursement, it is imperative to improve the scores. A recent switch from Press Ganey to NRC combined nurses and physicians together in regards to communication (and other questions) and scores have suffered since then. Surgical Services needed to finds new ways to improve communication. A literature search was done for peer-reviewed, evidence based research to improve communication in the way of updates and the technology of secure text message programs was found. The plan was derived for the implementation of PatientTrak, a technology to use text messages to send secure communication to the families in the waiting area. It is a relatively new idea, with limited evidence based research, and is considered an innovation. PatientTrak is a cloud-based system and texts can be sent from any computer to any text-ready mobile phone. There is no software to install. The messages are pre-determined canned texts, and the system is HIPPA compliant. The implementation plan was created to be over a five week period. An interprofessional team decided on the canned texts and the OR was expected to send an update at the beginning of the surgery and every hour thereafter, whereas the PACU was expected to send an update within 15 minutes of arrival to the PACU and every hour thereafter. The OR nurses can send updates such as “your loved one remains in surgery and everything is proceeding as expected,” and PACU can send a message such as “your loved one remains in PACU and is resting comfortably.” It provides freedom to the family members waiting in the lobby as they are able to step away to go to the cafeteria or Starbucks without missing an update. The message can be sent in three simple “clicks,” and in much less time than it would take to phone a family member to update them, hence, alleviating the problem of time. These messages will increase communication, alleviate anxiety, and increase satisfaction. Research has shown that families are less stressed when updates are provided throughout the stay. All OR and PACU nurses were educated on the process, expectations, and were provided hands-on training. Most were educated over three days but there were a few outliers who worked evenings, weekends, or were off during the training and had to be taught during one-on one sessions. A Physician, OR and PACU Champion were assigned and helped throughout the go-live, which was smooth and relatively uneventful. There were a few changes to the original implementation plan as we originally wanted a participant from the Patient and Family Advisory Council and were not able to secure them. Also, the education took two weeks to complete due to the outliers, therefore the project took six weeks instead of five. Some barriers with implementation were time for education due to the busy OR schedule and availability, and staff remembering their passwords on go-live day, as it is unique with special characters. Others were getting buy-in from the surgeons, and figuring out the inpatient process for putting patients in PatientTrak. The barriers were overcome several ways. The barrier of education was overcome by offering multiple classes, at different times, on different days. The issue with the staff’s passwords was helped by the creation of a “cheat sheet” for the OR and PACU with password hints. For the surgeon buy-in, a Physician Champion was secured and she helped with the implementation. Pre-op secured a process for inpatients to be entered into PatientTrak by letting families know when they go to the waiting area to check in with the receptionist. Many people helped develop and facilitate the implementation of PatientTrak including a PACU staff nurse champion, OR staff nurse champion, Perioperative Educator, OR Manager, and Chief Executive Officer. Additional interdisciplinary professionals who helped with the implementation were a surgeon, who became the Physician Champion, and the Director of Perioperative Services, who is the writer’s preceptor. Other members of the team who helped with implementation included a member of the Legal Department, a
member of the marketing team, and the CEO of PatientTrak. The interprofessional team will continue to meet to discuss any concerns and determine if patient satisfaction scores improve due to the implementation.

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**Abstract Summary:**

A lack of communication to families in the perioperative waiting area was identified, as evidenced by the OAS CAHPS scores. Implementing the PatientTrak technology proved to be an innovative solution.
Families are sent secure text messages from the OR and PACU nurses to update them on their loved ones status.

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**Author Summary**: Jennifer has a strong focus on patient and family satisfaction. She is always searching for new, evidence based, and innovative ways to increase a patient's experience. PatientTrak is a newer technology that she was able to successfully implement and has increased her satisfaction scores significantly.