How Tuned in Are You to the Patient Experience?

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"AMBULATORY SURGERY": The term can conjure up images of a straightforward uncomplicated procedure where all goes well; in fact so well that the patient ambulates home with ease. However, perianesthesia nurses are well aware that ambulatory surgery is not always so uneventful in nature. The perioperative specialty categorizes some surgeries as "minimally invasive" or "minor"; yet, this may not align to the patient's perception of the event. Studies have shown that the needs and expectations of patients during a perioperative experience can be quite different from what nurses' perceive as important.[1] The patient may have the same trepidation before undergoing minor surgery that they would have for a more invasive and complex surgery. With the advances in minimal invasive approaches to surgery and shorter acting anesthetics, many surgeries are done on an outpatient or ambulatory basis. The seasoned nurse may recall when a patient having gallbladder surgery would remain in hospital for a few days to recover from an open surgical approach; times have certainly changed. However, in our efforts to be innovative, efficient, and raise the bar, we must not lose sight of the emotional element of going through the journey from diagnosis to surgery and recovery.

Whether you are a layperson or have worked many years in health care, it can be a daunting experience to move into the role of "patient" and hand over control of the situation and trust into the hands of others. This article invites the reader to take pause and reflect on the emotional element of the patient experience, a challenge when we are also tasked with high volumes, acuity, and stretched resources.

A Holistic Assessment of the Patient—Beyond the Checklist

While for the nurse it may feel like "another day at the office" going through preoperative checklists, verifying laboratory value results, and completing consent forms, the patient has a different perspective. They are in unfamiliar territory faced with new experiences, images, sounds, terminology, instructions, directions, and information overload. The experience can be compared with a journey into a foreign land, particularly if health teaching materials do not prove to be helpful in navigating on this journey. Being aware of the patient's anxiety, the perianesthesia nurse can identify when a signature on a consent form by a bewildered patient may indicate that informed consent has actually not taken place. Our keen assessment skills and critical thinking assist us to identify changes in patient status after surgery and anesthesia, as well as assessing the patient's emotional well-being and readiness for surgery. The perianesthesia nurse acts as the patient advocate and confirms if their suspicions are correct. "You seem to have some concerns and questions about the procedure, do you want me to have the surgeon speak to you?" Although the hierarchy of the medical profession is less looming than years ago, there are still some patients who are intimidated to ask their surgeon questions for fear of being bothersome or looking foolish. The perianesthesia nurse has a key role in ensuring that the patient has any concerns addressed and that their consent is indeed informed in nature.

The nurse can facilitate a better experience by identifying opportunities to optimize communication between the patient, family, and members of the health care team. Furthermore, through a holistic approach (and avoidance of a task-focused

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approach to care), the nurse truly assesses the patient's physical, medical, surgical, and emotional well-being.

Postoperative complications such as bleeding and infection drive readmissions after surgery.[2] The postoperative instructions that the perianesthesia nurse provides to the patient and family are invaluable. Such health teaching is empowering and can facilitate a smooth recovery while avoiding some angst. The perianesthesia nurse's interactions with the patients and family can have a significant impact in enhancing the patient's experience.

The Patient Experience

There is an increased focus in health care to consider the emotional component of the patient experience and the value of communication in optimizing patient satisfaction and safety.[3] Viewing the patient experience as a discipline or entity in itself is receiving more attention by leaders within health care.[3]

A common thread in studying the patient experience is around the importance patients place on communication by the health care team in regards to helping them feel prepared for their surgery.[1,4] Being treated as an individual respects the patient's dignity, they are much more than a patient number on a human assembly line. Receiving clear instructions on what to expect, how their pain would be managed and that their privacy would be respected, was noted to be common concerns.[1] By identifying the importance of clear communication and respecting the patient's unique experience, the health care industry acknowledges the patient as a member of the health care team and makes efforts to truly engage the patient and family in the processes and protocols linked to their care. The benefits of good communication include deceased anxiety, improved comfort levels, and an improved ability to manage stress and perceived threats regarding surgery.[3]

Tuning into the Patient's Experience

In the fast-paced environment we work in, it is all too easy to focus on processes and tasks and lose sight of the patient's perspective. Can you imagine awakening in a critical care environment with monitors alarming, strangers talking and patients around you being attached to ventilator equipment? Yet, this can be the case, even for a

Table 1. Tips to Improve the Patient Experience

Taking small steps can make a significant impact in improving the patient's experience

- □ When providing a verbal report or discussing details of the patient with other staff, include the patient in the conversation. "Mr. S, I'm going to give the nurse an update on your recovery." This will help facilitate a partnered approach and avoid the patient feeling like an object or number on the assembly line.
- □ Include the patient in verbal report as appropriate to enhance the patient experience and safety. "Mr. S is allergic to penicillin and has a latex sensitivity; isn't that correct Mr. S?"
- □ When you respond to alarming monitoring equipment (eg, artifact), reassure the patient that all is well and sometimes the monitors sound with movement or other interference.
- □ Be mindful of conversations in front of patients who *appear* unconscious; a patient with closed eyes may have excellent hearing and awareness of their surroundings.
- □ Assess the patient's emotional comfort and presence of anxiety along with your assessment of pain, nausea, vital signs, and other parameters. Anxiety can interfere with the nurse's efforts to manage pain and nausea and so must be identified in the assessment.
- □ Consider any environmental factors that may be exacerbating heightened stress levels, such as noise, lack of privacy, bad odors, chaos, and cold. Address these factors as much as possible.
- □ Take a pause from multitasking when communicating with the patient and family, providing eye contact is one way to demonstrate respect and dignity for others.
- □ Have the patient repeat back to you key instructions to demonstrate an individualized approach to health teaching; "so tell me Mr. H, when are you to resume your cardiac medications?"

patient having a minor procedure. The patient may wonder: "why am I waking up in an intensive care unit (ICU)?" The ICU overflow to postanesthesia care units (PACUs) continues to be a challenge for many PACUs.[5] The patient can be quickly reassured that all is well, orientated to their surroundings, and informed of next steps. "You're waking up in the recovery room, your surgery is done. We will take you to back to the day surgery area soon where your family can sit with you before you get ready to go home." Surveys of patient's indicate that it is vitally important to receive clear communication by their health care team.[1] Taking that extra moment to review where the patient is at within the many steps of their surgical journey can reassure the patient and reduce unnecessary worry. Treating the patient as a member of the team also gives them a sense of control and acknowledges them as being included in the process, not a passive recipient of care.[1]

Applying the Principles to Practice

So what can we do to ensure that we keep the patient's perspective at the forefront of our busy care processes? There are many easy ways to apply a truly patient-centered approach. See Table 1 for a few examples.

We all Have a Role in Patient Relations

Some organizations have patient advisors and patient relations departments to help optimize the patient experience. However, the perianesthesia nurse is in a key position to act as a patient ambassador and optimize the patient's experience in real time. Although there will be days where it feels mundane repeating basic instructions for care of the surgical incision or postoperative diet regimens, we must not forget that it is the first time the patient is hearing this information. The information you provide to the patient and how you provide it is invaluable in empowering the patient and reducing complications and readmissions. For example, after tonsillectomy, an expected 11.6% of patients will have postdischarge concerns that require them to return to the hospital.[6] Such data reinforce the importance of health teaching for the patient and family to provide them with knowledge, reduce anxiety, and direct them on how to seek medical assistance if concerns arise.

Take a moment to be proud of the work you do and consider where there are opportunities to excel in optimizing the patient experience. Over your career, you can be sure that you will have positively impacted countless numbers of people during their journey through ambulatory surgery.

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Erratum

In the original article, "Effects of P6 Stimulation on Postoperative Nausea and Vomiting in Laparoscopic Cholecystectomy Patients," by Karen L. Carr, Faith E. Johnson, Charbel A. Kenaan, and John M. Welton (30;2:143-150), the wrong expansion for MAC was given in the footnote of Tables 2 and 4. The expansion should be "minimum alveolar concentration". The authors apologize for this error. The corrections mentioned in this erratum have already been made to the article online.