

Implementation of a Limited English Proficiency (LEP) Postanesthesia Care Unit (PACU) Discharge Checklist: A Quality Improvement (QI) Project

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Introduction

An evidence-based practice (EBP) search revealed that language barriers are correlated with adverse health events (DeMiossac & Bowen, 2019; Divi, Koss, Schmaltz, 2007). Language influences and impacts health literacy, affecting same-day surgery (SDS) patients' ability to adequately convey and comprehend post-surgical discharge instructions, such as when to follow up with the surgeon and how to administer medications, especially the timing of prescribed eye drops, once home.

Background

An eye surgery center performs over 600 surgeries per month; of those, 60-75 patients/families have limited English proficiencies (LEP). Nurses reported that 30-35 SDS LEP patients missed their next-day appointment over a six month period and frequently called back to clarify when to administer eye drops. LEP patients/families encountered problems understanding/complying with discharge instructions.

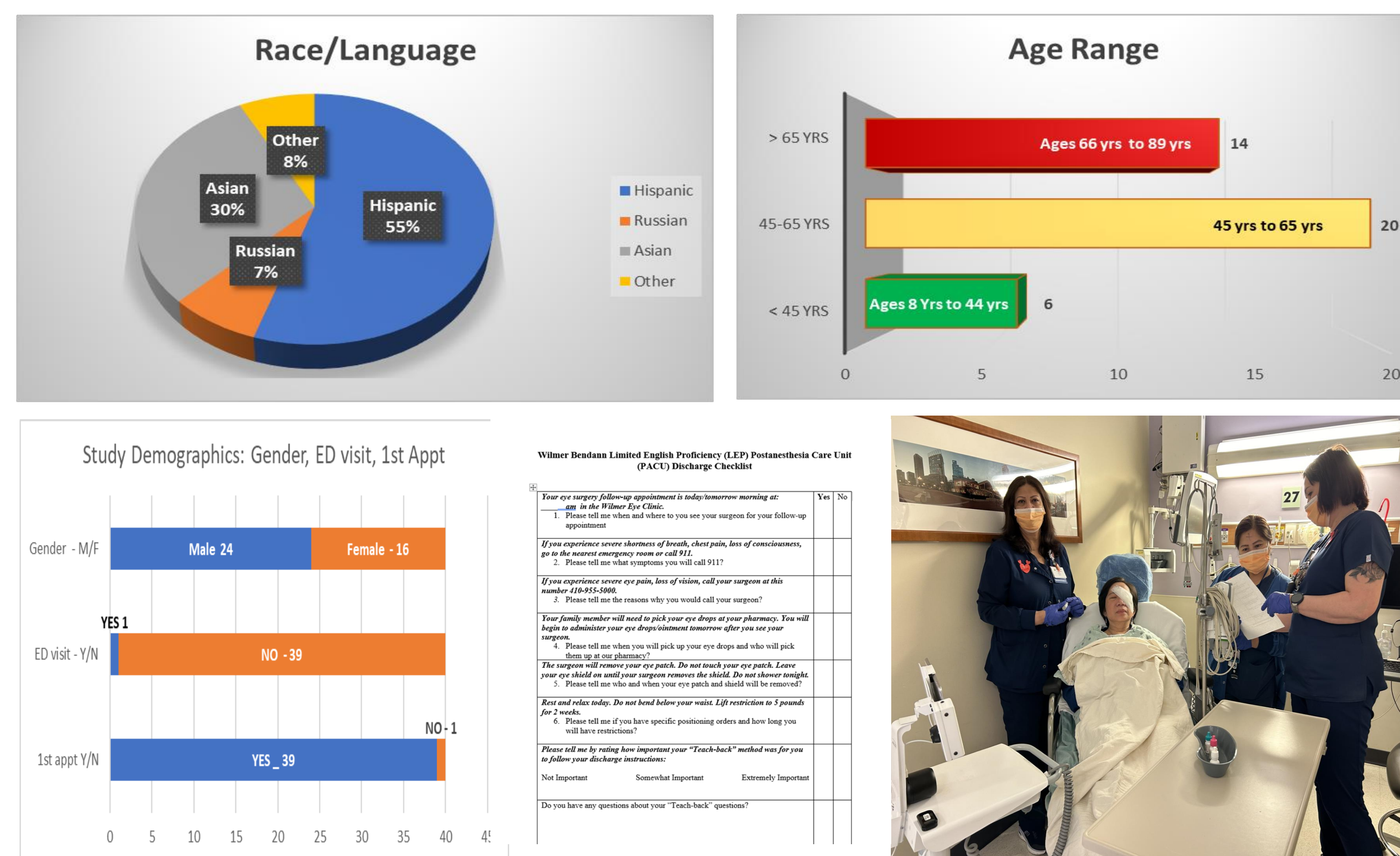
Aim of the Project

By implementing this quality improvement (QI) limited English proficiency (LEP) postanesthesia care unit (PACU) Discharge Checklist with "Teach-back" method with the patient's preferred language interpreter, there would be a 75% improvement rating to validate LEP patients' perceptions of the importance of using the LEP "Teach-back" method for receiving discharge instructions for post operative compliance during a six-month period.

Description of Intervention

QI project's Plan, Do, Study, Act (PDSA) began with first, collecting baseline data focused on the current teaching method and important discharge compliance next-day follow-up appointment; and when and how to administer specific eye drops to the operative eye. Then, 15 SDS nurses completed a 30 minute educational PowerPoint program on "Implementing the New LEP PACU Discharge Checklist." Staff also received instructions on documenting on the "LEP Teach-back" data collection sheet for the 40 LEP patients participating in the study.

Description of Data Collection and Analysis



Implications for Practice

The strength of evidence revealed over five years of emergency department research studies recommending the "Teach-back" method for LEP patients and their families .. In fast-paced surgery centers, it is important to use the LEP Discharge Checklist "Teach-back" method with preferred language translator to ensure patients understand and demonstrate back via "Teach-back" their understanding and compliance with follow-up and medication reconciliation like the 40 patients and their families demonstrated during six-month period.

Lessons Learned

- Initiating the QI project was relatively straight forward.
- Same day surgery nurses who provided perianesthesia nursing care in the free standing ophthalmology surgery center worked collaboratively with families and translators during the implementation of the QI project.
- The activity did not pose greater risks than those presented by the current routine post-op clinical care.

References

Davis A. H., Rosenberg J., Nguyen J., Jimenez M., Lion C., Jenicek G., et al. (2019). Hosp Pediatr. 9(10): 779-787.
De Moissac D., Bowen S. (2019) Impact of language barriers on quality of care and patient safety for official language minority francophones in Canada. J Patient Exp. 6(1): 24-32.
Divi C., Koss R. G., Schmaltz S. P., Loeb J.M. (2007). Language proficiency and adverse events in the US hospitals: a pilot study. Int J Qual Health Care. 19(2): 60-67.
Guntman C. K., Cousins L., Gritton J, et al. (2018). Professional interpreter use and discharge communication in the pediatric emergency department. Acad Pediatr. 18(8): 935-943.
Harris L. M., Dreyer B. P., Mendelsohn A. L. (2018). Liquid medication dosing errors by Hispanic parents: role of health literacy and English proficiency. Acad Pediatr. 17(4): 403-410.

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Using the PDSA process, all 15 PACU nurses completed the LEP PACU Discharge Checklist with "Teach-back" via interpreter to educate patients and families. Then, the nurses asked patients how important (Likert Scale) the "Teach-back" method was. The nurses then recorded the Likert scores of 40 patients/caregivers with comments on the LEP "Teach-back" data collection sheet. The data collection sheet included demographic characteristics and completion of patients' perceptions on a Likert scale of importance with the LEP "Teach-back" Checklist. Using Excel data analysis, the results were analyzed by percentage and number of LEP patients.

Outcome Measures/ Results

The study revealed that all N = 40 (100%) LEP patients reported for their follow-up appointment the next day. Only one patient with a vitrectomy was reported to go to the emergency department for increased intraocular pressure complications on the second post-op day. 100% of the 40 LEP patients complied with their medication administrations/treatments and rated it "extremely important" to use the LEP PACU Discharge Checklist with "Teach-back" method to aid in understanding and complying with discharge follow-up instructions.