



BACKGROUND

Nurse and physician communication can directly affect patient outcomes in surgical healthcare⁽¹⁾. Delivering quality patient care requires reliable, effective, and efficient communication between nurses and physicians. Current evidence indicates that patients are more likely to be involved in their care when communication is simple, yet effective⁽⁴⁾. With the use of standardized teach-back methods, patients are more encouraged to be involved in the discharge process after surgery. This project promotes improved communication and patient outcomes by standardizing the discharge process with the use of a checklist within surgical services.

PICO QUESTION

Does a post-operative checklist improve communication and decrease the events of missing discharge orders in surgical services?



EVALUATION

Perioperative nurses will be essential in the evaluation of the effectiveness of the standardized discharge checklist. Additionally, unit leadership will look at adverse event reporting. The following items will be used for evaluation of the project.

- Post-implementation evaluation survey after one month of use
- Monthly staff meetings with providers and nursing staff
- Unit leadership evaluation of adverse event reporting following discharge and patient readmission rates

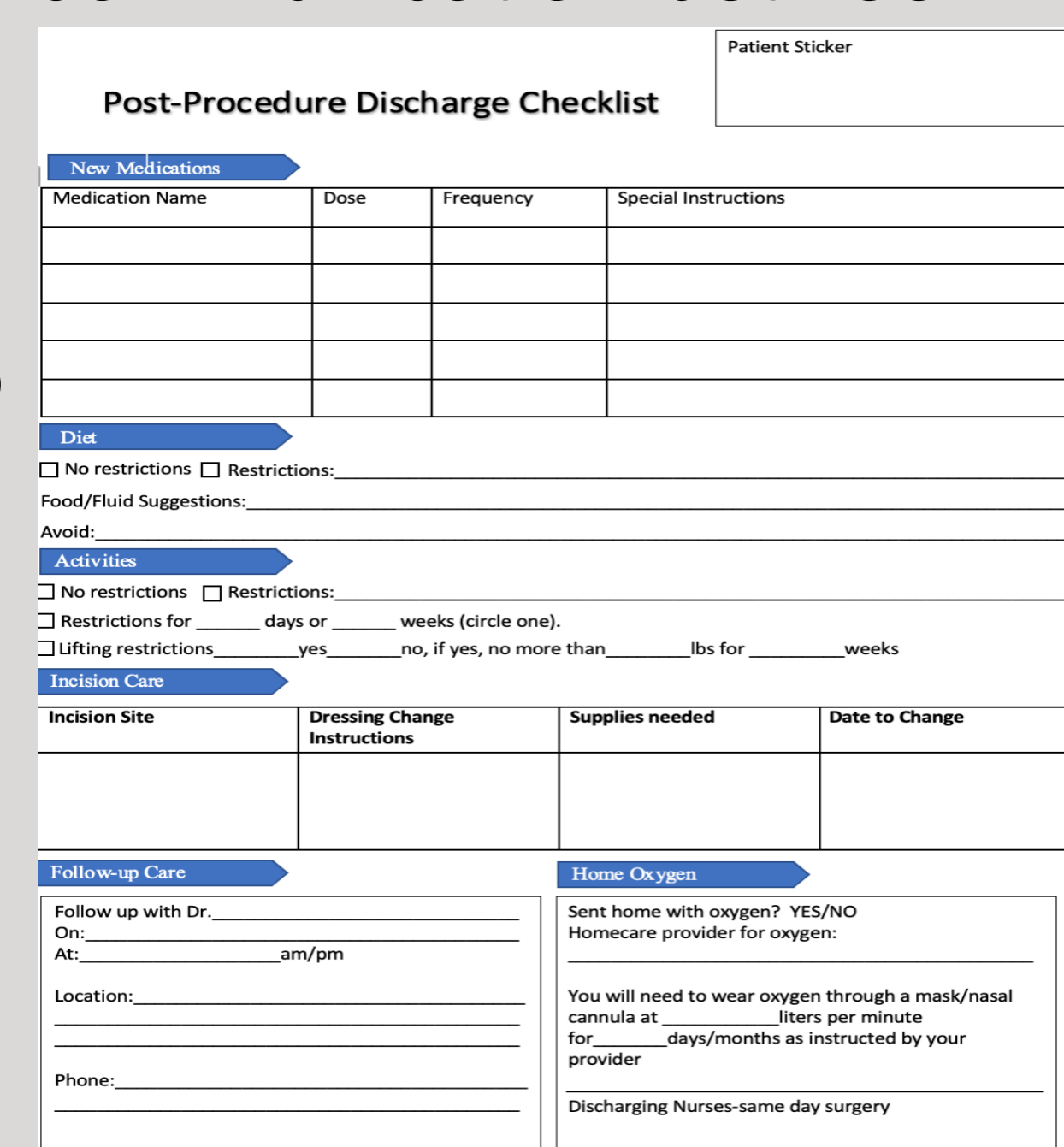


METHODS

The intended recipients include perioperative surgical nurses who will use this standardized discharge checklist to ensure that all discharge orders are communicated before patients are sent home. A structured collection of post-operative discharge instructions via a discharge checklist is necessary to improve communication between pre-operative nurses and physicians.

The Ottawa Model of Research Use

- Ensures that the process is reproducible and transparent⁽²⁾
- Reduces barriers to project implementation
- Allows for the tailoring of implementation interventions⁽³⁾
- Unidirectional, with all elements influencing one another⁽²⁾



The form is titled "Post-Procedure Discharge Checklist" and includes sections for Medication Name, Diet, Activity, Wound Care, and Home Oxygen. It contains various checkboxes and input fields for patient information and care instructions.



CONCLUSIONS

This project aims to improve poor communication between nurses and physicians with the use of a standardized discharge checklist in surgical services. An insufficient standardized discharge process is the leading cause of medical error and patient harm.

Lack of communication can lead to various adverse outcomes, including discontinuity of care, dissatisfied patients, compromise of patient safety, and economic consequences.

However, nurses in surgical services can influence patients' outcomes post-surgery by implementing a standardized discharge checklist. In addition, the quality of discharge education affects patients' participation in their care management post-discharge from the hospital.



REFERENCES

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