



Service Priorities and Programmes Electronic Presentations

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3 stepping stones to improve the awake surgical experience

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Introduction

Operating theatre design and function has traditionally associated with the care of the unconscious patient (Essex-Lopresti, 1999). With the medical advancement, the amount of surgeries undertaken on the conscious patients is increasing. We have 899 patients under local anaesthesia, in PWH main theatre, in 2012. Nurses always take the role to deliver education; however, many patients are still anxious and resistant to cooperate during surgery. Very often, it results in prolonging operation and even reschedule of the operations.

Objectives

The aim of this study is to uncover 3 keys of communications, which are leading a successful education program. It reduces patients' anxiety whilst undergoing local anaesthesia surgery, and gain their cooperation.

Methodology

With the aid of literature review and survey, a structural perioperative education program was created. Its effectiveness was verified by a month trial-run. The program included pre-assessment, structured education checklist, and post-assessment, all are processed in the operating theatre area. Modified State Trait Anxiety Inventory was used preoperatively and postoperatively. The program was commenced in PWH, from October 1 to October 30. Communication skills were verified for the effectiveness of the patient education program.

Result

16 patients attended the program, 90% stated that the introduction of OT environment and operation process help to decrease their anxiety. More than 95% agree that the education tool can help to relieve their anxiety. After literature review and post-program staff interview, three keys are identified as: Social (presence of

healthcare personnel); Structured (interviewing, teaching); Therapeutic (patient focused, purposeful, time limited). In this program, the nurses introduce the program verbally by themselves; the information of the operation was delivered in well-planned sequences and wording; the appropriate education tool and music therapy were introduced in the program. Nurse comes to know the patient as a unique individual. Patient comes to trust nurse. The context set for nurse to provide care and to help patient identify and resolve to anxiety from surgery. Being awake, feeling and experiencing pain in the operation, are increasing anxiety of the patient. The potential for insufficient information provision is also a concern. With 3 effective communication aspects, the structural education program helps in improving the quality services and perioperative patient safety.