


Back to Basics: Patient and Family Engagement 0.8 www.aorn.org/CE

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Purpose/Goal

To provide the learner with knowledge of best practices related to engaging patients and their family members in health care.

Objectives

1. Discuss common areas of concern that relate to perioperative best practices.
2. Discuss best practices that could enhance safety in the perioperative area.
3. Describe implementation of evidence-based practice in relation to perioperative nursing care.

Accreditation

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Dr Spruce has no declared affiliation that could be perceived as posing a potential conflict of interest in the publication of this article.

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ABSTRACT

Patient and family engagement is an active involvement in health care between patients, families, and their caregivers. Perioperative nurses should be active proponents of implementing patient engagement activities in the perioperative setting. This article introduces basic patient engagement concepts and how they can be implemented in the perioperative setting. *AORN J* 102 (July 2015) 34-37.

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Key words: *patient engagement, patients, families, perioperative nurses, providers.*

Patient safety is in the forefront of efforts by caregivers to prevent mishaps that increase suffering and cost for patients. One way to help prevent these events is for care providers to more fully engage with patients in the planning and execution of their care. The following composite case study illustrates the consequences of failing to engage patients and family members in care decisions and outcomes.

Ms J is a 35-year-old woman scheduled to undergo exploratory laparoscopic surgery for abdominal pain. When she arrives at the facility and personnel begin preparing her for surgery, the nurse asks routine questions about her history, including medications. Ms J reports the medications that she routinely takes, which includes occasional use of a narcotic pain medication, but she fails to mention that she also takes ibuprofen for less intense recurrent abdominal pain or that her last dose was two days ago. The nurse fails to ask about over-the-counter medications or alternative medications, and the patient does not mention the ibuprofen and the multivitamin she takes that includes vitamin E, believing they are not important enough to mention.

During the preoperative assessment, the nurse does not question the patient about social or religious constraints on the use of blood and other products that come from animal or human sources, and Ms J does not think to mention her beliefs about a vegan lifestyle and not using animal products of any kind. During the surgery, the patient experiences more

than normal bleeding, and because of the difficulty seeing the field, the surgeon accidentally nicks a vessel. As a consequence, the surgery is converted to an open procedure, and the surgeon uses hemostatic products that are porcine in origin. Throughout the process, no one reports the turn of events to the family members, who could have provided information about the religious constraints against blood and other products and prevented their use.

Afterward, when Ms J learns about the surgical outcome and is upset, personnel at the facility refuse to talk to Ms J or her family members about what happened or the breakdown in communication. Ms J feels intimidated, fearful, and powerless when trying to question them. She feels responsible for not mentioning the medications and her beliefs to the staff and is quite distressed about the use of the animal product. Because they are anxious that the patient and her family might sue, staff members fail to reassure her that they should have questioned her more thoroughly or sought counseling from a family member.

Ms J loses confidence in the health care professionals caring for her. Members of the health care system where she was treated appear to be unable to see the event from the patient's and family members' perspectives; they feel that they did what was necessary to save the patient's life.

This can happen when personnel at a facility, including surgeons, are afraid to discuss mistakes with patients or their

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