Evaluating Enhancements to a Perioperative Nurse Liaison Program

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ABSTRACT

The impetus for the perioperative nurse liaison (PNL) program at our cancer center was to reduce anxiety for family members of patients undergoing surgery by improving communication between the family and the perioperative team. The purpose of our quality improvement project was to increase contact with family members during the patient's surgery and to support families and surgeons during the postoperative family consult when findings were unexpected. After implementing process changes, the PNLs evaluated the program using a short survey given to families after the postoperative consult. Families reported a reduction in stress and anxiety when intraoperative updates were received either in person or by telephone. In addition, when the PNL accompanied family members to the postoperative consult, the family felt supported when receiving unexpected findings. Further, family contact with the PNL increased from 77% to 98%, and the number of consults with surgeons that included the PNL rose from an average of 254 to 500 per year. *AORN J* 103 *(April 2016) 414-420. © AORN, Inc, 2016. http://dx.doi.org/10.1016/j.aorn.2016.01.017*

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A diagnosis of cancer or its recurrence is life altering for patients and families. Personnel at Memorial Sloan Kettering Cancer Center (MSKCC) developed a perioperative nurse liaison (PNL) program to assist families with the anxiety they may feel while their loved one is undergoing surgery. During the surgical procedure, family members are able to share their anxiety and fears with the PNL while waiting for the surgeon to discuss the surgical outcome. The PNL program at MSKCC consists of three master's-prepared nurses who maintain specialty certification, including two nurses with clinical nurse specialist licenses and one medical-surgical RN.

The construction and relocation of 21 new ORs at MSKCC created an opportunity for the PNLs to reevaluate their clinical practice of intraoperative and postoperative communication. Personnel in our facility's nursing education department facilitated formation of a task force that included representatives from every perioperative department and was led by the OR nursing and surgical directors. In preparation for the new ORs and family waiting rooms, the nursing education department administered a survey to families in the surgical waiting area, asking them to express and prioritize their needs on the day of the patient's surgery. The findings of this assessment suggested that the most important service

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was the personal touch of the PNL. Families also identified having private areas to speak to surgeons postoperatively and visiting their family member in the postanesthesia care unit (PACU) as high priorities.[1] The PNLs carefully examined the results of this survey and focused on the areas identified by families as the most important, including improving the gap in intraoperative communication when families are not present at the facility and fostering support for those families receiving untoward news without the liaison present.

DESCRIPTION OF THE PROBLEM

In the past, the PNLs at our facility reached out only to family members who were present at the facility on the day of surgery. Telephone updates were provided only when specified caregivers were identified by the physician's office or the presurgical center (PSC) nurse. No updates were provided for relatives who were not present at the facility. The PNLs kept yearly statistics on all families who received updates on surgery status, which comprised an average of 77% of our total surgical patients' families.

Postoperative communication was fragmented and presented another challenge for the PNLs. Some surgeons called the surgical waiting area to speak with families over the telephone, whereas others met with families in the waiting area; neither method respected the need of the family for privacy. Some surgeons collaborated with the PNLs to arrange for a private area to speak with the family and arranged for the PNL to be present during the discussion when the expected outcome of the surgery had not been met, but this practice was inconsistent. If the PNL was not present, personnel at the information desk would call the PNLs if families were visibly upset after speaking with the surgeon either in person or over the telephone. After discussions with the surgeons, families often needed further clarification and emotional support.

Before the improvements in the PNL project were implemented, multiple practices occurred that could potentially cause stress and anxiety for patients' family members. Families may have missed the postoperative report from the surgeon, either in person or via the telephone. When a telephone report was given to only one family member, other family members complained that they did not have an opportunity to discuss the surgical outcome. In addition, when the surgeon gave a family untoward news in the waiting area, the lack of privacy for families meant they grieved openly, which added to their distress and that of others in the waiting area.

LITERATURE REVIEW

Several published articles describe PNL programs (also called *surgical nurse liaison programs*). Studies completed by Leske[2,3] in 1993 and 1996 remain the only studies that use a validated anxiety scale known as the State-Trait Anxiety Inventory (STAI) to evaluate the effects of surgical waiting on family members.[4] In her replicated study in 1996, Leske examined how the intervention of an in-person intraoperative progress report affected the STAI scores of families waiting during surgery. The results showed that families who were updated in person during surgery reported significantly lower anxiety levels than those who received telephone updates or no updates at all.[3]

The evaluation of several surgical nurse liaison programs highlights that sharing information with family members who are waiting reduces anxiety and increases family satisfaction.[5-10] Stephens-Woods[5] noted that the PNL may, if requested, accompany the physician who is speaking with family members about a procedure, diagnosis, or surgical outcome. Cunningham et al[6] showed that surgeons feel supported by PNLs during family consults. In 2014, Herd and Rieban[7] reported that PNLs who are present during family and physician interactions may help provide further clarification or answer questions after the surgeon leaves the consult. PNLs at Boston Children's Hospital inform the surgeon of any particular family concerns before the surgeon meets with the family for a consult.[8] When surgeons do not allow the PNL to reveal important surgical information, such as diagnoses, changes in the procedure, or unexpected news to the families, the lack of sharing key information can be a major frustration to both the nurse and family.[9]

QUALITY IMPROVEMENT PROJECT

To improve the support structure for patients' families at our facility, the PNLs began a quality improvement (QI) project, the goal of which was to individualize a plan of care to increase the percentage of families seen in person or contacted by telephone by the PNL to 95% from an average of 77%. The PNLs conducted the project in a 473-bed, comprehensive cancer center in New York City, where surgery length can be as short as one hour or as long as 16 hours, depending on the complexity of the procedure. The number of OR procedures covered by PNLs increased from 10,075 in 2006 to 13,000 in 2012.

Process Improvements

The objective of our QI project was to address the inconsistency in the delivery of information by both the PNLs and

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