

The Role of the Nurse and the Preoperative Assessment in Patient Transitions



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ABSTRACT

Transitions in care in the perioperative environment are numerous and should be considered high-risk endeavors. The preoperative area is the first transition in care for a surgical patient and should be considered a critical dimension of care transition. The purposes of this study were to identify nursing's contributions to transitions in care in the perioperative environment and to identify the role of the preoperative assessment in this transition. Qualitative descriptive design was used. Focus groups were conducted with 24 nurses in a 975-bed medical center. The themes that arose in the focus groups were: (1) understanding patient vulnerabilities, (2) multidimensional communication, (3) managing patients' expectations, and (4) nursing's role in compensating for gaps. We conclude that the nurse's role in the preoperative assessment during the transition of preoperative care is that of advocate who identifies the patient's needs and risk factors that may be affected by the surgical experience. This study suggests that the nursing preoperative assessment can be useful in identifying and defining patients' risk factors not just for surgery, but for the entire perioperative care trajectory. *AORN J* 102 (August 2015) 181.e1–181.e9. © AORN, Inc, 2015. <http://dx.doi.org/10.1016/j.aorn.2015.06.004>

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Historically, the goal of preoperative assessment has been to determine patient factors that significantly increase the risk for perioperative complications.¹ Overall, the perioperative complication rate has declined during the past 30 years because of improved anesthetic and surgical techniques.² However, surgical complications are common and often preventable.³ Analyzing surgical complication data is challenging because of inconsistencies in classifying and reporting events.⁴ A recent study by Haynes et al³ demonstrated that the risk of perioperative death from noncardiac surgery was 1.5%, but declined to 0.8% after the use of a surgical safety checklist.

The complexity of the perioperative environment is growing because of an increased use of technology in the setting of institutional production pressures.⁵ The perioperative environment is “information intensive and relying heavily on how well information flows between phases, locations and providers.”^{5(p169)} Wide variation exists in the type of information that is lost in the perioperative environment. “Notably, handoffs or transitions in care [are] particularly prone to information loss.”^{5(p165)} Communication breakdown, information loss, and increased workload and competing tasks pose the greatest threats to perioperative patient safety.⁵ We believe the preoperative assessment is a

critical point of the care trajectory as the patient transitions through the perioperative environment.

RESEARCH PURPOSE AND QUESTIONS

This qualitative descriptive study proposed to identify nursing's contributions to transitions in care as patients move between care settings in the perioperative environment. We asked

1. What are nurses' contributions to transitions in care in the perioperative environment?
2. What is the role of the nursing preoperative assessment in the perioperative environment and does it assist with patients' transitions in care that occur throughout the perioperative environment?

The nursing preoperative assessment assists with defining patients' vulnerabilities or risk factors for poor surgical outcomes. If patients' vulnerabilities cannot be lessened, they need to at least be identified so they can be managed in the complexity of the perioperative environment. The preoperative assessment, created and used by perioperative RNs, is a critical dimension of care transition and coordination in the perioperative environment. The consequences of ineffective transitions in care from acute care environments is well documented in the literature⁶⁻¹⁴; however, there is a paucity of data related to the consequences of ineffective transitions on admission to the acute care environment, specifically the perioperative environment. The salient dimensions of transition on discharge may be similar to those present on admission. Research can guide evidence-based perioperative nursing interventions to ensure effective transitions in the perioperative environment.

LITERATURE REVIEW

More than 234 million surgical procedures are performed globally each year.¹⁵ The complexities introduced by a growing elderly population and advances in surgical technology create challenges in providing safe perioperative care. Nearly 50% of adults older than 65 years have three or more chronic illnesses, and more than 20% of adults live with more than five chronic conditions.¹⁶ Historically, the focus of a preoperative assessment has been to evaluate a patient and identify problems that may put the patient at high risk for poor surgical and anesthesia outcomes.² Additional goals of the preoperative assessment are to improve quality of care and restore the patient to the desired level of function.¹⁷ When patients transition into the perioperative environment of care, their needs change drastically. The surgical patient is more vulnerable to

transition-in-care errors or communication lapses because of the number of times the patient travels across sites of care through the preadmission, intraoperative, and postoperative phases.¹⁸ For elective procedures, the first transition in care in the perioperative environment commonly occurs as patients transfer from the care of the community-based primary care physician to the surgeon.

Initial preoperative patient meetings with the perioperative care team that include the surgeon, anesthesia professional, and nurse among other care team members are ideal for preparing surgical patients and coordinating care.¹⁹ Patients view the preoperative visit as beneficial in that it provides necessary information and clarifies expectations related to their perioperative course of care early in the care trajectory.¹⁹ The need for surgical intervention is determined during the initial surgical evaluation. The anesthesia evaluation establishes an anesthesia assessment and risk stratification for care across the perioperative environment.²⁰

After the surgical procedure, the intraoperative care team commonly provides the postanesthesia care team with a report of the processes that occurred during the surgical procedure. The postanesthesia nursing care team initiates the transition of care to the postsurgical nursing team who typically cares for patients on surgical care units and ultimately prepares patients for the transition to home (with or without home care services) or to another care facility.

The preoperative assessment is one of the critical points of care for patients transitioning into the perioperative environment. Much of the perioperative safety literature generally speaks to communication failures in the OR and in the postoperative hand over.¹⁸ In contrast, one study by Nagpal et al¹⁸ points to susceptibilities in the preoperative phase and determined that OR team members had varying amounts of knowledge of the patient and only 27% of the total patient medical information was known to all the primary team members in the OR (ie, surgeon, anesthesiologist, surgical assistants, scrub person, RN circulator).²¹

Transitions in care in the perioperative area are numerous and should be viewed as high-risk endeavors. It is well documented that defective transitions play a role in a majority of serious medical errors; however, few studies address why this happens.²² In contrast to much of the literature regarding hand overs that define and acknowledge the safety risks inherent in transitions in care, Smith et al considered the issue of transfer of professional responsibility for the patient in the context of a hand over or transition, revealing how

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