



Study on discharge information for surgical patients

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Abstract

The objective of this study is to determine the satisfaction level with regard to the discharge information in post operative patients. It includes self care, wound care and pain and various aspects of discharge information with demographic variables. A questionnaire was administered in post operative setting after instructions by the professionals on the satisfactory levels taken on Likert scale and reviewed a week later to confirm with the satisfactory levels in the outpatient department. The study was done at Post operative general surgical wards in a private Hospital in Padur, Kelambakkam at Chennai in India. A sample of 102 post operative non complicated general surgical patients was chosen. It is concluded that proper post operative discharge information in turn may reduce incidence of readmissions; the satisfactory levels may be greater when the operating surgeon himself administers discharge information and it helps reduce complications due to lack of self care, wound care and pain care.

Keywords: Post operative discharge information, Surgical patients, Health care.

Introduction

With the increasing rationalization of health funding and the current trend for 'key hole' surgery, patients are being discharged almost immediately following surgery or soon after they are able to mobilize. Consequently health professionals have a much shorter period of time to inform patients on how to care for themselves after discharge. While there has been considerable evidence suggesting cost benefits of discharge information, the changing health care environment brought about through contemporary issues such as patient participation in health care, increased use of technology, reduction in healthcare expenditure, and consumer rights necessitate inquiry into whether patients perceive present discharge information as adequate and satisfactory. One of the key functions of discharge information is to ensure that patients have the necessary knowledge to perform self-care. Extensive research into teaching methods, patients' learning needs, and other influences on the acquisition of knowledge confirms that education can make a positive contribution towards patients' health outcomes. Of particular significance is the observation that appropriate information has implications for surgical patients as unmet home care needs may contribute to poor patient outcomes and re-admission. The effectiveness of discharge information is questionable for a number of reasons.

These include the limited time that the information has to be imparted, instructions poorly understood in the haste to leave hospital, lack of recognition by health care professionals as to its importance in facilitating effective discharge because it may not be relevant to the patients' particular needs rather than focus on the 'Satisfaction' of information that is actually imparted to patients.

As the length of hospital stay continues to reduce for post operative cases due to early discharge aimed at early return to home and cost constraints, it is imperative

that patients are self caring in the domiciliary setting. Knowledge of usual postoperative outcomes and management is essential for patients' self-care and ability to recognize when professional intervention and/or advice is required. Healthcare professionals have a much shorter period of time to inform patients how to take care of themselves after discharge. There has been considerable benefits of discharge information, the changing health care environment brought out by issues such as patients participation in health care, increased use of technology, reduction in health care expenditure and consumer rights which necessitates inquiry in to whether patients perceive present discharge information as adequate.

Computerised searches from 1994 to 2004 medline-Findings about the provision of information in important areas for surgical patients are inconsistent. Some studies identify unmet patient informational needs (Maloney & Weiss, 2008). Others patients needed more or different information, or should have been encouraged to ask more questions about unclear issues (Anne McMurray *et al.*, 2006). Although the importance of health education, for example, in acute patient care was acknowledged, the degree to which health education featured in nurses' practice has been found to be minimal. Patient relationships with nursing personnel appeared to be the major determinant of patient satisfaction with the amount of information. Missed opportunities for giving information have been explained by staff being too busy, the associated lack of time, minimal nurse contacts and the lack of individualized information and care (Barbara Pieper *et al.*, 2006). When problems are identified and an overall assessment of patients' needs made, relevant information can be provided. In some studies surgical patients were satisfied with the information about their operation, its possible complications, and the results of surgical procedures and techniques (Michele Klein-



Fedyshin, 2005). Patients have also been found to be well informed about pain management. However, there were conflicting findings. It was found there was a lack of information given about the operation, recuperation and minor treatment options (Barbara Pieper *et al.*, 2006), and a lack of information about the drawbacks of anaesthesia and alternative forms of treatment, pain, wound care and side-effects after surgery. Conversely, it has been reported that health care professionals must be careful not to increase preoperative anxiety by inappropriate information (Michele Klein-Fedyshin, 2005). Anne McMurray *et al.* (2006) found that less than one in three professionals had received information from health professionals about wound care. The information that was received was not consistent. In addition, there was no evidence that patients who believed they were well found specific informational needs during the peri operative period.

Patient's perception of hospital discharge informational content describes QDTS-quality of discharge teaching scale to measure patient's perception of hospital discharge informational content they needed and received. Most patients in this study received more teaching than they felt they needed. One interpretation of this finding is that the nurses were skilled at assessment of need and targeted the discharge teaching to ensure that the individual needs of patients were met or exceeded. Another interpretation could be that patients under assess their real need level, and nurses recognize the actual amount of teaching needed to prepare patients for caring for their own needs at home. In their study sample, scores for perceived content needed were relatively low (mean of 26 in a possible score of 60) and below the midpoint on the scale's scoring of *none* to *a great deal*. Received scores were higher than the midpoint. Patients with previous hospitalizations received more informational content, perhaps reflecting the nurses' awareness of readmission risk and emphasis on education as anticipatory risk reduction for patients who had experienced multiple hospitalizations (Maloney & Weiss, 2008).

The following study therefore sought to assess the suitability of the information provided to patients about the management of wound care and pain to satisfactorily meet their needs on their return home. Henceforth as a health care professional it becomes inevitable to provide by decentralizing the care to both health care team members and consumers that is the patient.

The objectives of the study were: 1. To find out the satisfaction level of the surgical patient with regard to the discharge information. 2. To investigate medical assistance sought by the surgical patients from other medical professional. 3. To associate the level of satisfaction of the client in regard to pain and various aspects of discharge information with demographic variable. The limitations are reliance on patients perceptions, dependence on understanding capacity of

the patients and difficulty in identifying a measure of possible inadequacy of information.

Materials and method

This was a prospective study carried out between February 2011 to February 2012. All patients included in the study were admitted in the wards of General surgical department of Chettinad Hospital and Research Institute, Padur, Kanchipuram District, who underwent uncomplicated surgical operations.

A sample of 102 surgical patients who underwent surgery was selected for the study, purposive sampling method adopted, a suitable questionnaire designed and administrated for data collection. Patients discharged within a week of their operation participated in the study. Written questionnaire was distributed prior to discharge and response obtained on satisfactory level on a rating scale. Data collected by Questionnaire on satisfaction level on post operative Discharge information on Demographic, type of Surgery, Information on taking care of oneself, perception of wound care, Dressing, checking for problems, and perception of pain on Visual analogue scale.

Review was conducted after a week from discharge and Appropriate descriptive and inferential statistical tool used for data analysis.

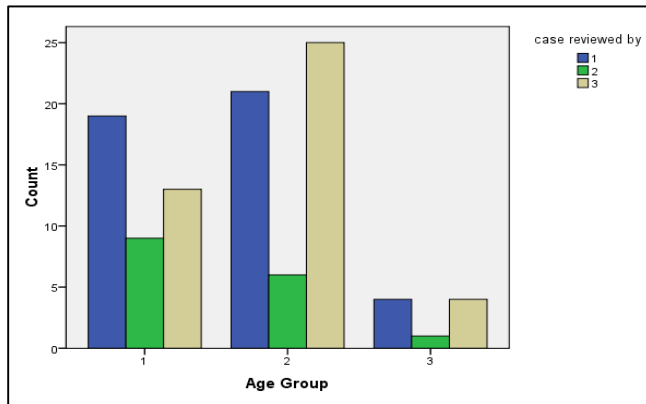
This data is statistically analyzed, All univariate analysis with respect to gender and age group was analyzed. For discrete variable chi-square test and for continuous variable two sample 't' test and one way Analysis of Variance (one way ANOVA- more than 2 groups.) was used.

Observations

102 Patients participated in this study. Patients were selected by purposive sampling from General surgical wards, all the participants got admitted for a day to 7 days in hospital. Average age of patients was 35.5 yrs, with no statistical significance with respect to age reviewed by CRRI, Non operating surgeon and Operating surgeon. No significance was found with respect to gender reviewed by CRRI, Non operating surgeon and Operating surgeon. No significance was found with respect to elective/emergency surgery and the cases reviewed by CRRI, Non operating surgeon and Operating surgeon. On taking care of oneself there was no significance in the Satisfactory level of information provided by CRRI, Non operating surgeon and Operating Surgeon. For Information on wound care there was no significance in satisfactory level provided by CRRI, Non operating surgeon and Operating surgeon. For Information on pain care there was no significant difference in satisfactory level provided by CRRI, Non operating surgeon and Operating surgeon. On follow up review of the patients there was statistical significance where the patients reviewed and followed up by the Operating surgeon were fully satisfied than being followed up by Non operating surgeon (n =1) and CRRI (N=8). Chi square value = 8.986. P = 0.011. There was also significance in patients

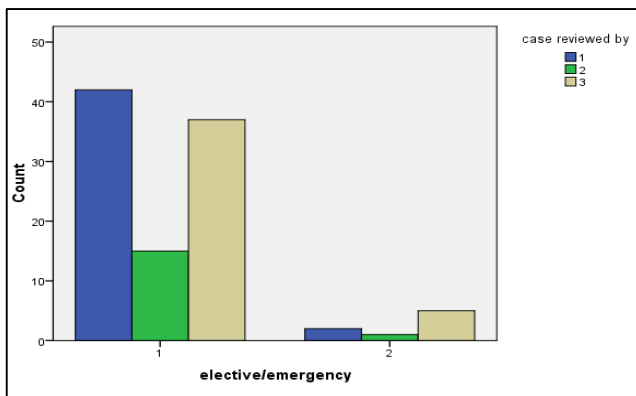


Fig. 1. Age group versus case reviewed by CRRI, NOS, OS.



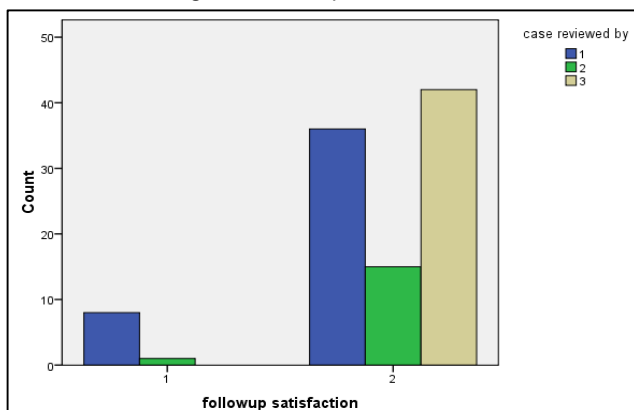
1-CRRI, 2-Non operating surgeon and 3-Operating surgeon
 X-axis- 1-Age<29, 2-Age 30 to 60, 3-Age>60
 Chi square =3.426 P= 0.489

Fig. 2. Elective/Emergency versus case reviewed by CRRI, NOS, OS.



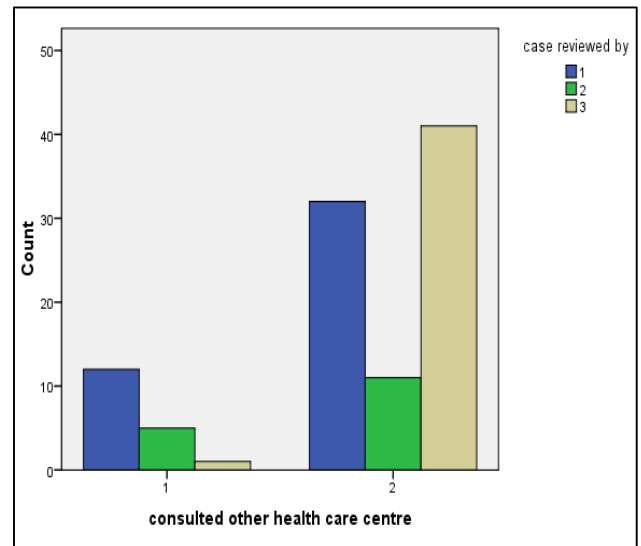
1-CRRI, 2-Non operating surgeon and 3-Operating surgeon
 X-Axis-1-Elective surgery, 2-Emergency surgery
 Chi square: 1.677 P: 0.432.

Fig. 3. Follow up satisfaction.



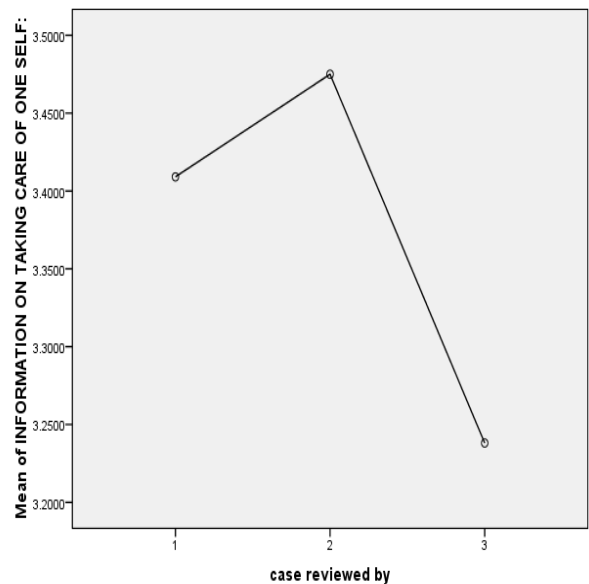
1-CRRI, 2-Non operating surgeon and 3-Operating surgeon
 X-Axis-1-unsatisfied, 2- satisfied
 Chi square value = 8.986 Cal. Value > tabulated value (3.84.) P value = 0.011

Fig. 4. Consulted other health care centre versus case reviewed by CRRI, NOS, OS



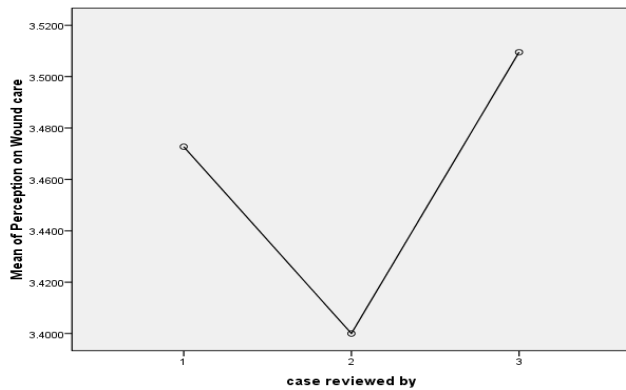
X-Axis-1-consulted other health care centre, 2-Not consulted other health care centre
 Chi square value: 11.578 > chi square tabulated value 5.99. Double tail test. P value: 0.003
 1-CRRI, 2-Non operating surgeon and 3-Operating surgeon

Fig. 5. Information on taking care of self



1-CRRI, 2-Non operating surgeon and 3-Operating surgeon
 Y-Axis- values as per Likert scale 0 to 5
 F = 2.229 P = 0.113

Fig.6. Perception on wound care

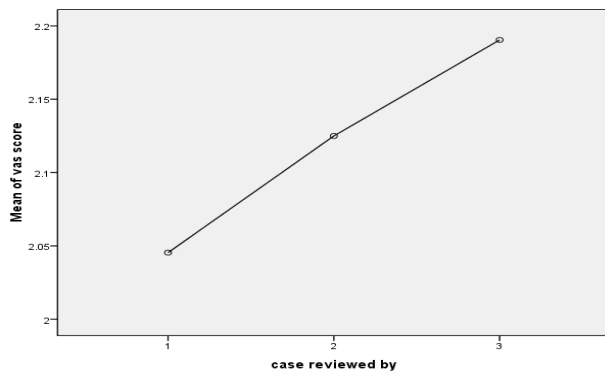


F = 0.278 P = 0.758

1-CRRI, 2-Non operating surgeon and 3-Operating surgeon

Y-Axis- values as per Likert scale 0 to 5

Fig.7. vas score



1-CRRI, 2-Non operating surgeon and 3-Operating surgeon F=0.228. P = 0.796

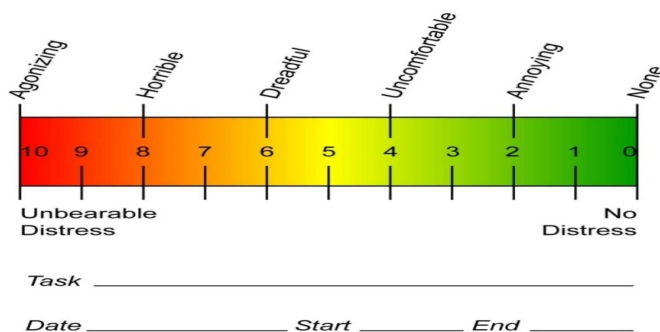
Y-Axis- values as per visual analogue pain scale values.

having consulted other health care centre with cases reviewed by CRRI (n = 12), Non operating surgeon (n =5) and Operating surgeon (n =1). With statistical significance of chi square test = 11.578, p test =0.003 (Fig.1-8).

Conclusions

There was significant difference in the follow up satisfaction of the information provided by the Operating surgeon than by other Health care professional. There is a need for more structured discharge information. This study highlights the continued importance of Health care professionals providing discharge advice even though more

Fig.8. Visual analogue pain scale (VAS)



information about surgical procedures is readily available to the lay population, and surgery is becoming less invasive. Health care professionals need to be aware that patients who leave the hospital with little or no discharge information are more likely to develop concerns or problems that require them to access a health facility. Health care professionals can make a significant contribution through the provision of discharge information to patients prior to their discharge home. In particular, this study has identified through follow-up by Operating surgeon himself which may be difficult, but are of considerable concern to the patient. Even though the information is seemingly routine it has been demonstrated that addressing these relatively 'simple' concerns can impact on patients' health during the recovery phase and the utilization of health services. These findings emphasize the importance of the Health care professional's role in assessing patients' situations appropriately and providing explicit and relevant discharge information. There could be a psychological advantage the surgeon possesses than with other health care professionals. Hence more time should be spent on imparting post operative care information to the patients.

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