

# Implementation and Evaluation of a Clinical Improvement Initiative to Enhance Interpersonal Relationships in Perioperative Services



Indiana University Health

Nancy Vanderbilt MSN, FNP-C; Kristie Adams BSN, RN, NPD-BC; Gena Coers, BS, RN;  
Renee Twibell PhD, RN, CNE



IU Health Ball Memorial Hospital

## Background/Description of the Team

Nurses often strive to develop meaningful, caring patient relationships. However, in a large midwestern hospital, perioperative nurses expressed dissatisfaction with a lack of time to form patient relationships and a subsequent lack of shared purpose and collegiality with co-workers. A team convened to design a plan for enhancing nurses' sense of connection with patients and colleagues. The team included clinical nurses and leaders from all perioperative areas.

## Preparation and Planning

Planning priorities were to (a) design a budget-neutral, low-burden nurse-led initiative, (b) develop a quantitative outcome measure, and (c) craft an implementation plan. By modifying a similar outpatient project (Swartz, 2019), the team proposed an intervention to foster "seeing patients as persons" (Koloroutis, 2004). In a pre-operative interview, nurses learned about patients' interests, family, and hopes for life-after-surgery. Nurses communicated this "See Me" information to all peri-operative areas. On the day of surgery, nurses integrated the information into handoffs and conversations with patients. Nurses read the information aloud in the surgical suite before surgery and integrated it into follow-up cards to patients. The team planned to initiate the intervention in early 2020 with a joint replacement population.

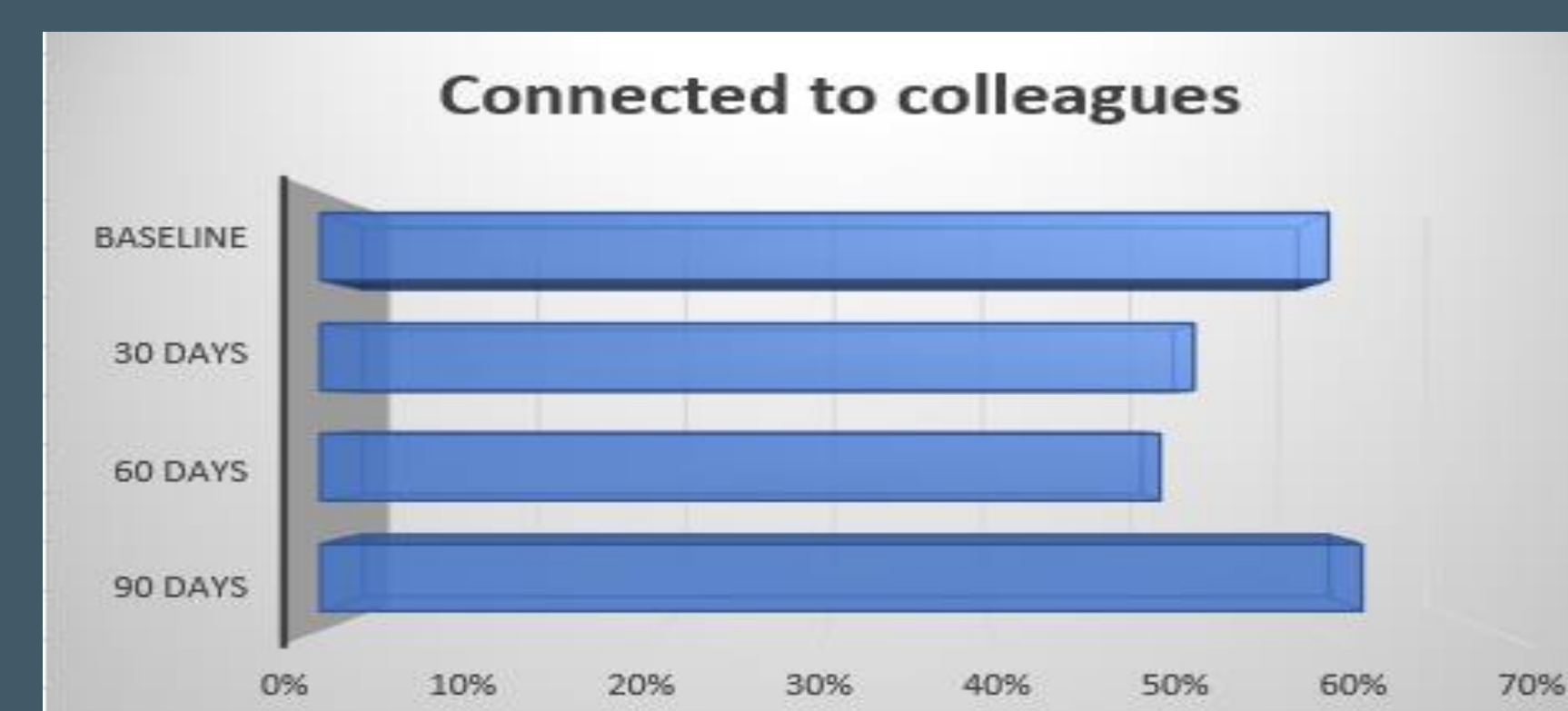
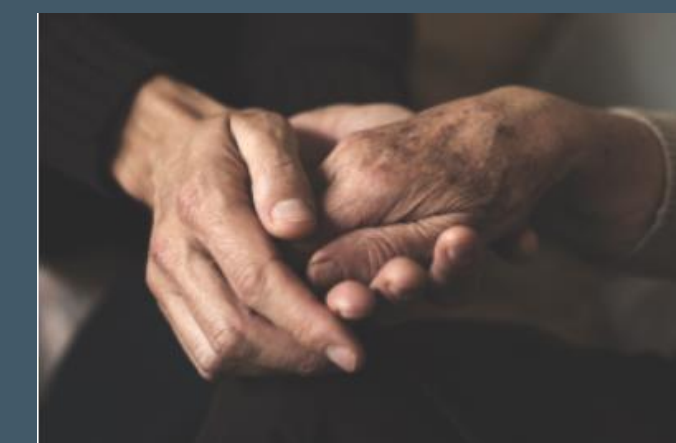
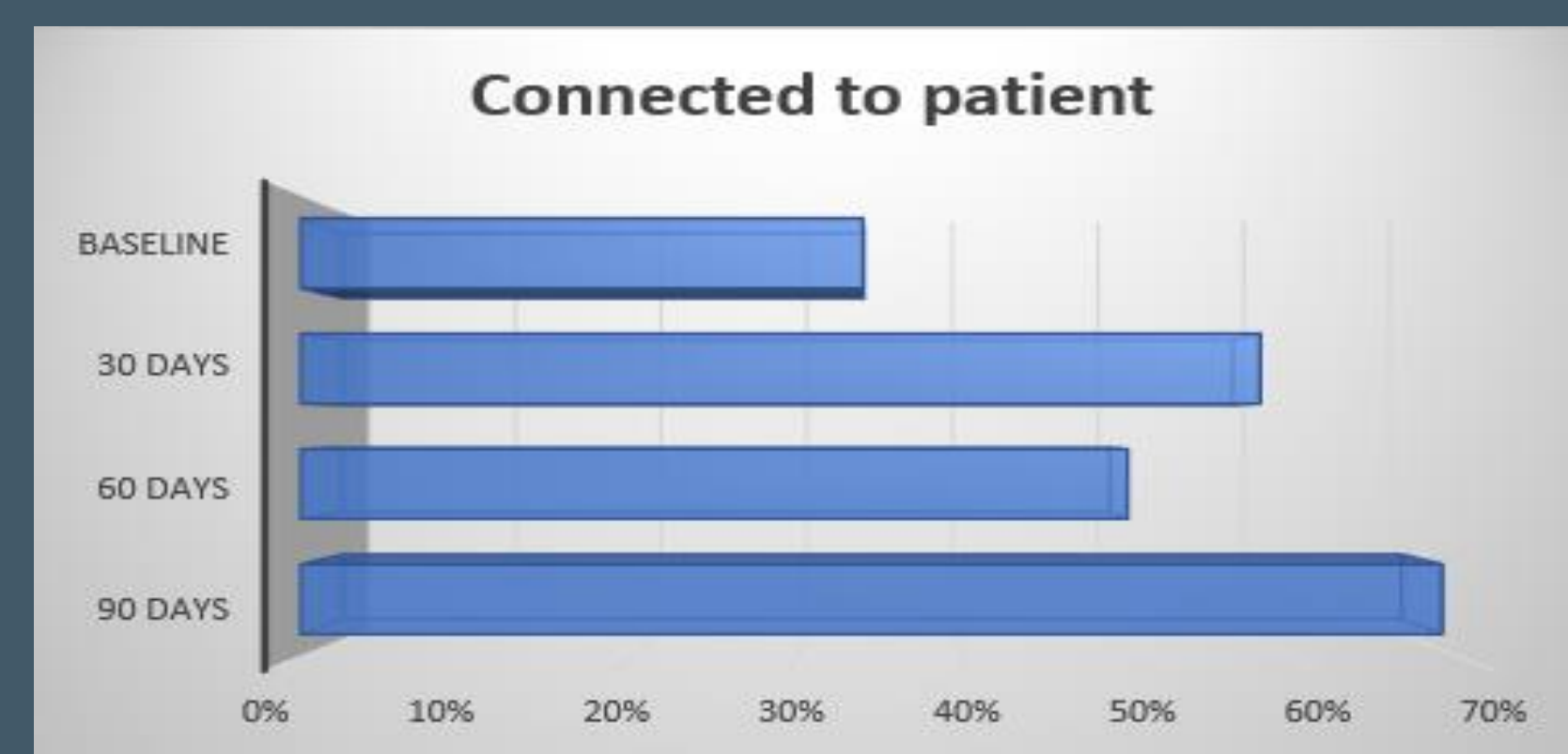
## Assessment

The team developed a 5-item survey to measure nurses' perceptions of connectedness to patients and colleagues. Nurses provided baseline data via the anonymous, electronic survey. A post-implementation survey was scheduled for first quarter, 2020. Due to the pandemic, implementation was delayed. Re-introduction and full implementation began in April 2021. Post-implementation data were collected 30, 60 and 90 days later.

## Implementation

The implementation plan featured tailored staff education, role-modeling by leaders, visual cues on communication boards, and audits. The project team modified implementation processes to reduce barriers, as needed.

## Results



### Questions for the Patient:

1. What is most important for the peri-operative team to know about you?
2. What are some of your favorite activities and people in your life?
3. What motivates you to have surgery?
4. What are your goals for post-surgery?

### Staff Survey Questions:

On a scale of 1-5 (1) Not at all (2) Slightly (3) Somewhat (4) Fairly (5) Very

1. To what extent do you feel connected to your surgical patients?
2. To what extent does your work feel automated?
3. To what extent do you feel connected to the peri-operative team?
4. How well do you perceive the team collaborates with each other regarding the sharing of patient information and handoff?

At baseline, 34% of nurses who participated (n = 78) reported feeling fairly-to-very connected to patients. Time #1 increased to 58%, Time #2 50%, and Time #3 69%. Staff expressed the "See Me" information "made the patient seem human again" and "let me see a face" beyond a diagnosis.

At baseline, 60% of nurses reported feeling fairly-to-very connected with colleagues. Times #1, #2, and #3, a similar percentage (50% - 62%) felt fairly-to-very connected to colleagues.

## Practical Implications

Key features of this project were:

1. Involvement of all disciplines and areas involved with project
2. Leadership support
3. Started with small group of patients focusing on Total Joint Replacements

## Conclusions and Future Directions

This initiative notably improved nurses' perceived connection with patients and did not change perceived connection with colleagues. The pandemic resulted in an unplanned gap between baseline data collection and implementation. In addition, the pandemic could have influenced staff's perceptions regarding the team, as staff had floated to other non-surgical units for many months, as surgeries were cancelled. Replication is warranted in inpatient and outpatient settings.

After modifications in the "See Me" approach, the initiative was adopted for all surgical patients at the target hospital. Following replication, this novel intervention may be applicable in diverse surgical locales, especially in the context of staff disenfranchisement from patients and colleagues. The project can be expanded in the future to include measurement of patient/family perceptions of staff's interest in seeing them as persons.

## Acknowledgements

We would like to give a special thank you to all disciplines who continually dedicated their work to improving relationships and making this initiative successful for both patients and staff.

