

Decreasing Preoperative Anxiety: Implementing Assessment and Management Guidelines

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Clinical Problem and Background

Preoperative Anxiety (PA) occurs in about **60 – 80% adult surgical patients**

- PA contributes to:
 - Increased postoperative pain
 - Increased morbidity and mortality
 - Delay healing
 - Prolong hospital stay
 - Procedure postponed or canceled
 - Decreased patient satisfaction.
- Evidence-based recommendations advocates for the use of an objective measure to routinely monitor and manage PA
- PA assessment and management guidelines exist, but are not being used by the nursing staff of a level II trauma urban hospital

Clinical Question and Objectives

Clinical Question: Why is preoperative anxiety level not routinely monitored and managed in the preoperative unit at an urban hospital despite recommendations for the routine screening and management of preoperative anxiety?

Purpose: This Quality Improvement project aimed to implement evidence-based preoperative anxiety assessment and management guidelines in adult surgical patients scheduled for elective surgery.

Process Goal:

- The nursing staff in the preoperative unit will **assess and manage 100%** of preoperative anxiety in all adult surgical patients scheduled for elective surgery.

Outcome Goal:

- All adult surgical patients scheduled for elective surgery in the preoperative unit with positive anxiety screen will achieve **100% well managed** preoperative anxiety

Evidence-based Protocol

Setting: Preoperative unit of a Level II Trauma Urban Hospital

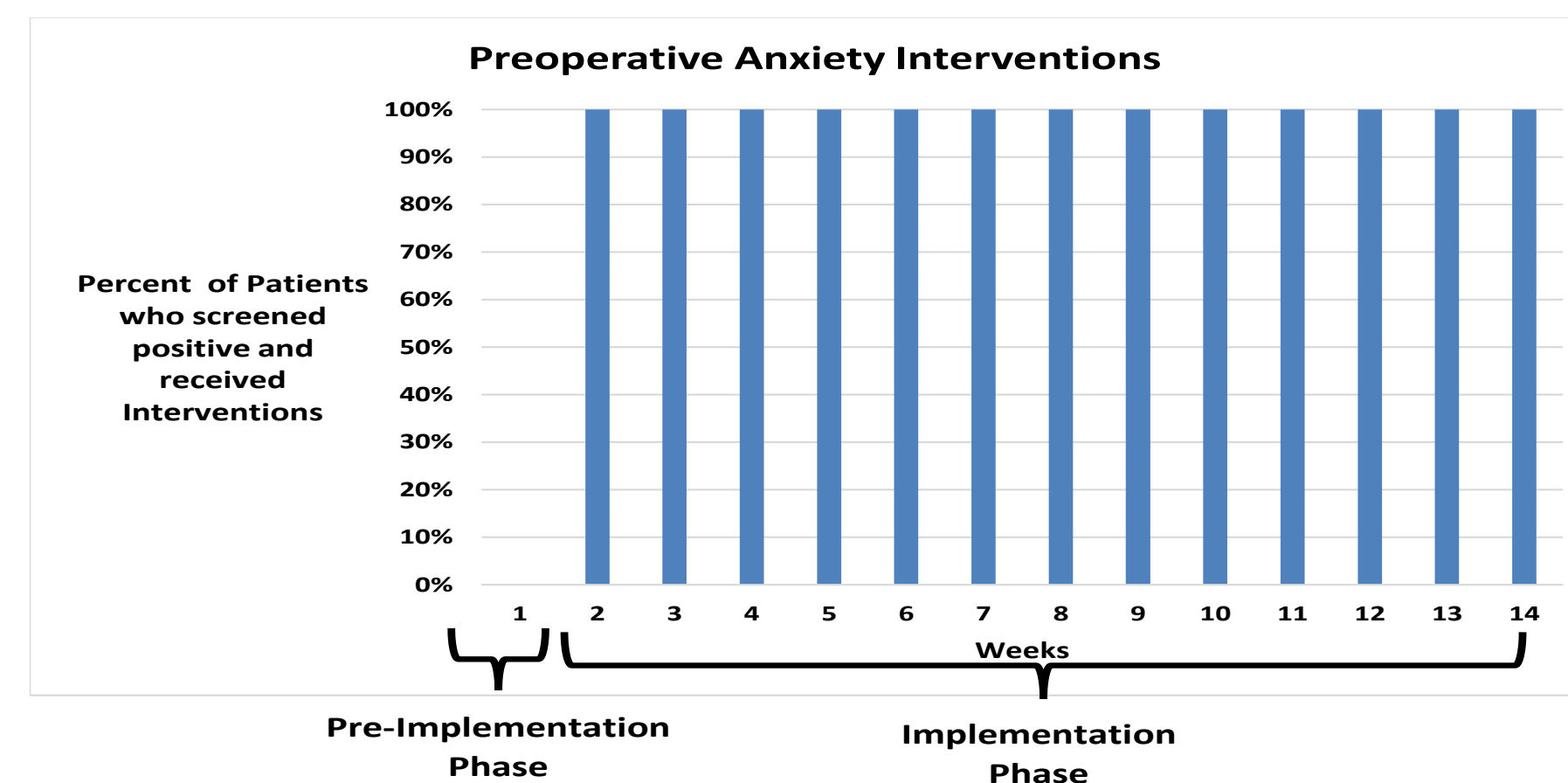
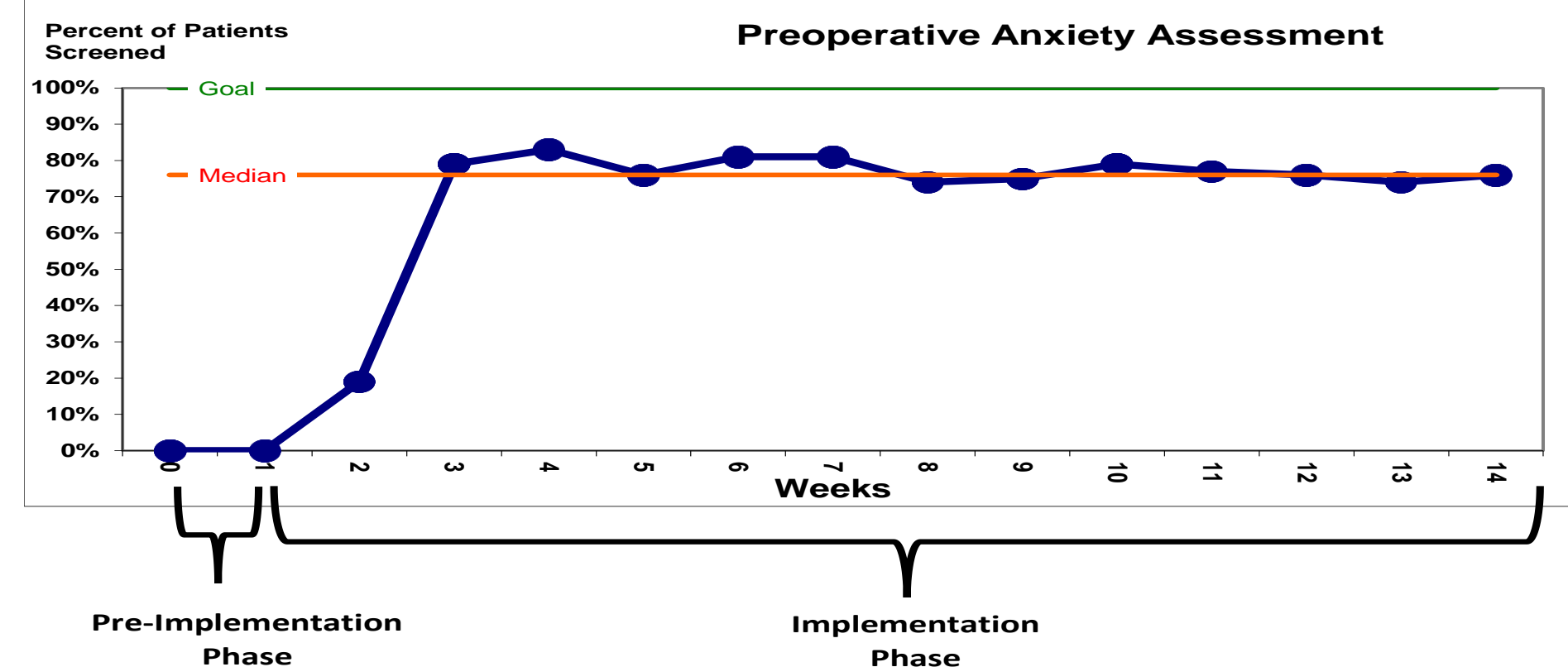
Population: All adult patients scheduled for elective surgery

- Initiative was implemented over 14 weeks
- The Amsterdam Preoperative Anxiety and Information Scale (APAIS), a well validated and reliable tool, was used by trained staff nurses to assess preoperative anxiety before implementing evidence-based interventions and making appropriate referrals.
- Assessment done within a week prior to the surgery date during routine Pre-Anesthesia Testing follow-up call with patients by staff nurses
- Interventions provided for patients with positive anxiety screening include:
 - Providing educational materials or answers to frequently asked questions (FAQs) about surgery or anesthesia
 - Procedure-specific information and links
 - Surgery suite virtual tour video
 - Listening to music on the day of surgery.
- Referrals were made to the surgery or anesthesia team based on the need for more information from the screening results.

Results

- 100%** of staff nurses (8/8) were trained on the use of PA assessment and management guidelines
- Compliance with the use of the APAIS tool to assess preoperative anxiety was **73% (276/380)**
- Overall prevalence of preoperative anxiety was **58%**
- 100% (161/161)** of patients with positive anxiety screening received at least one of the interventions provided before or on the day of surgery.
- 96.9%** of patients with positive anxiety found interventions received prior to the day of surgery very useful
- 94.2%** of patients who requested music intervention received it on the day of surgery
- All patients (100%)** that required referrals were appropriately referred to either surgery or anesthesia team.

Figures



Music Tablet and Earbud



Clinical Implications

- Prevalence of PA in adult surgical patients is **high**
- Staff nurses need to be trained on PA assessment and management guidelines
- An objective tool like the APAIS should be used to screen patients for PA
- Evaluation of preoperative anxiety should be considered a routine element of preoperative care prior to planning and implementing necessary interventions
- Strategies for successful implementation included:
 - Incorporating the practice change into EHR
 - Staff education and training
 - Providing ongoing support
 - Routine auditing and feedback

Conclusion

- Implementation of preoperative assessment and management guidelines is feasible
- Routine implementation helps ensure timely interventions to prevent adverse surgical outcomes
- An adequate number and availability of staff nurses is key to implementing these guidelines.
- Spread and Sustainability:
 - Engagement of senior administration leaders
 - Inclusion of mentors and champions
 - Integration of practice change into the EHR
 - Insertion of newly developed processes as part of new staff orientation and/or organizational policies
 - Establishment of an ongoing sustainability measurement plan for collection of outcomes and quality improvement activity data

References

