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Quality Improvement for Surgical Patients

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Editorial

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INTRODUCTION

It is my pleasure to be an editorial board member for the Journal of Nursing and Health Sciences. This nursing journal is pleased to recognize new scientific research or improvement projects that potentiate change endeavors in nursing and health science to improve health care outcomes. Improved patient outcomes may reflect a simple process change based on a nurse's idea, advancement or continuation of further research or the development of an entire new idea. I personally believe that nursing care quality involves active participation from all health team members so that the patient is satisfied with the entire hospitalization process from assessment and admission to discharge.

The quality improvement project and area of my research interest involved completing a colored teaching pamphlet to improve discharge education comprehension and ease for patient self- assessment of an incision upon discharge^[1]. The project was completed in an acute care setting on a surgical unit. The particular population included gynecologic, oncology surgical patients that underwent an exploratory laparotomy with a midline vertical incision. The project control group involved use of the standard, printed discharge instructions on wound care with a follow-up phone survey. The intervention group received the colored pamphlet with accompanying discharge instructions on the reverse side that depicted a normal healing incision, an incision with redness, and then an incision with a surgical site infection (SSI). In addition to the pamphlet, the patients were given an inexpensive hand held 4x6 inch mirror to use for inspection. Follow up phone survey of the intervention group revealed statistical significance for patient ability to identify the signs of an SSI and ease for inspection of the surgical incision. Patient comments included how they would have looked at it anyway, without a mirror. The literature supported how illustrations enhance and improve patient understanding on discharge^[2].

Nonetheless, this simple quality improvement project prompted the health care institution to institute a practice change and now provides the gynecologic, oncology surgical patients with the pamphlet on discharge. A similar pamphlet of a lower transverse incision is utilized for the post Cesarean section patients at this acute care setting demonstrating the three pictures as above. One SSI readmission is costly and if it occurs within 30 days of discharge is not reimbursed as noted by the Center for Medicare and Medicaid services (CMS). Not only is readmission for SSI costly, but looking at methods to improve present day practice and possibly decrease readmissions is a mission and responsibility for all healthcare providers. Practice change can only happen when health team individuals complete research and quality improvement projects that aim to decrease readmission and improve patient satisfaction as possible ideas. It is an exciting opportunity to climb aboard the change ladder and plan, implement, and evaluate projects and research that improve patient outcomes, no matter the setting^[3].

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