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Improved Peri-op and Web Site Patient Information

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Problem/Impact Statement

Information about pelvic floor conditions and care is of paramount importance to our patients. Our projects focused on updating, improving access to and personalizing general and perioperative clinical information.

Scope

This project focuses on our website and our perioperative patient information.

Goal/Objective

To rewrite the pre and post op instructions for each surgery we perform in a detailed and personal manner for each patient.
 To revise our web site to reflect up-to-date information and to have access to our pre visit clinical forms on line.

Baseline Metrics/Current State

This is a task oriented process.

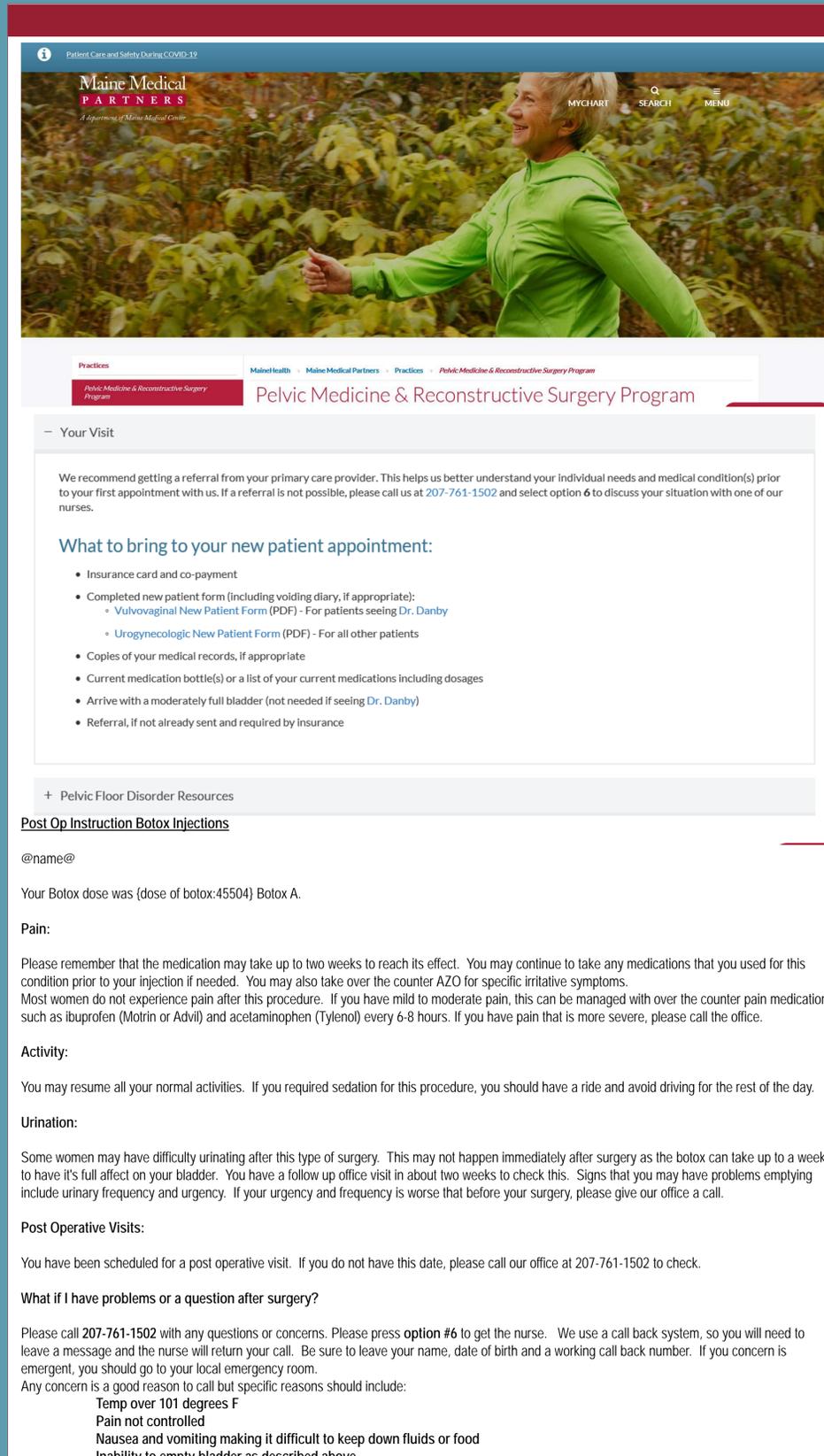
For our first goal, smart phrases were to be created to cover our major surgical categories. Preop instructions for each surgical site (MMC and SSC) were to be included in the after visit summaries. Post op instructions could be individualized for each procedure and included in the AVS when a patient was discharged. This included opioid education.

For our second goal, our web site was to be updated and simplified with clear key phrases leading to one web site. We would direct patients to this site for information. Patients would be able to download pre visit forms, particularly timely for telehealth visits and for last minute scheduling, where mailing the form would be impractical.
 Our provider list needed to be updated.

Root Cause Analysis

Prior to this project we had a single pre-op and post-op instructions for all procedures. This required much editing to fit each case. It was not personalized in any way. With many learners, misinformation was sometimes disseminated resulting in patient complaints. We also did not have a way to give this information to the patient through our AVS system.

Our web site was out of date and not easily accessed. There were two sites- one imbedded within another division. Provider info was incomplete and there was no real content. We also had no way to get pre visit information to our patients other than mail.



Countermeasures		
By When & Status*	Who	Deliverable
Do	End Q1 Yanghee Courbron Caroline Foust-Wright Mary Brandes	Reviewed web site and written information provided to our patients. Discussed information to be included on site
		Reviewed current pre and post op information. Meetings to discuss ways to update, improve and individualize.
	End Q2 Yanghee Courbron Caroline Foust-Wright Mary Brandes	Worked with IT to update bios and site information. Worked on key phrases to direct only to this site.
		Created 14 smart phrases to cover pre and post op instructions at both SSC and MMC.
End Q3 Yanghee Courbron Caroline Foust-Wright Mary Brandes	Patient access allowed and information on how to access included in our AVS information. Staff updated on utility for form access.	
	Launched the use of this tool with staff and residents. Created short cut buttons on our epic pages.	
End Q4 Yanghee Courbron Caroline Foust-Wright Mary Brandes	Anticipated measuring hits to this site, but only able to obtain informal feedback.	
		Informal feedback obtained. These instructions are in full use. (unable to do intended formal survey work.
Outcomes		
Study	We have successfully completed the upgrades that we intended. Feedback from staff, residents, nursing and patients have been positive. Our work flow has improved with the new templates and with patients ability to access forms on our web site. (see the first picture)	
	We were unable to measure "hits" to our website or develop a patient survey to get feedback on our perioperative information due to office shut down for COVID. (see second figure for an example of one of our post op instruction sheets)	
Next Steps		
Act	Our standard templates are easy to modify and adapt to new procedures or protocols. We will continue to update and build upon this solid base.	
	Our website is ready for additional content including general patient information, pod casts and office forms. We will be adding more provider bios as we need. Helpful links to urology, colorectal surgery and other respected sources of information would be possible as well.	

Plan

Study

Act