Implementing Family Updates in All Phases of Perioperative Care: Enhancing Family-Centered Care

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Background

Family-centered care recognizes the family's role in a patient's health and well-being, and its benefits are well-documented in healthcare settings (Seniwati et al., 2023; Yangjin et al., 2024). Because patients are not typically with their family members in the perioperative setting, ongoing communication between the healthcare team and family members is important. A lack of updates to the family can increase their anxiety, decrease satisfaction, and pose a barrier for family-centered care (Chen et al., 2025; Pustinger et al., 2022). Families have reported feeling disconnected and anxious, particularly during the intraoperative phase if they had no direct contact with the surgical team (Chen et al., 2025). Poor communication can lead to increased family stress and decreased patient and family satisfaction (Howe et al., 2021).

At Salinas Valley Health Medical Center, Q1 and Q2 2024 patient experience survey results indicated dissatisfaction on three questions pertaining to information about delays, treating patients with courtesy and respect, and efforts to include patients in decisions. The Perioperative Department at the medical center provides family updates during the preoperative, pre-anesthesia, and post-anesthesia phases of care. Patients' family members are made aware of the patient's status through a phone call or in-person conversation from perioperative medical and/or nursing staff. However, no communication was provided during the intraoperative phase, which posed a significant gap. Survey results may be attributed to a perceived lack of communication during the intraoperative period (Howe et al., 2021). Because families did not receive updates during the intraoperative phase, other units, like the Post Anesthesia Care Unit (PACU) and Outpatient Surgery (OPS), fielded phone calls from family members for updates about their loved one in surgery, especially during cases that ran longer than planned. We identified a need to keep families informed about their loved one's progress during the intraoperative phase to ensure that communication occurred through all perioperative phases to address this problem and align our practice with professional guideline recommendations (American Society of PeriAnesthesia Nurses, 2023; Association of Perioperative Registered Nurses, n.d.).

Purpose Statement

The purpose of this quality improvement initiative was to implement family updates during intraoperative care.

Methods

Multiple discussions in the Perioperative Clinical Practice Council (PCPC) related to a referral from 2021 led to the identification of various barriers to updating family in the intraoperative phase of care. The PCPC conducted a fishbone diagram in May 2021 to explore and categorize the barriers (see Figure 1).

Using multiple Plan-Do-Study-Act (PDSA) cycles, a process familiar to most team members, proposals for family updates during the intraoperative phase were considered from Q3 2021 to Q4 2022. The PCPC explored potential applications for updates, the functionality of the existing electronic health record, and using phone calls to family. Project stakeholders, which included clinical staff, nurse leaders, and concierge, found that these proposed processes were not feasible primarily due to resource constraints. After multiple amended project plans, by 2024, two approaches for family updates during the intraoperative phase were approved: 1) brief status updates through the medical center's existing secure messaging application to communicate with concierge who would relay the information to the waiting family members, and 2) reviving a surgery tracker in the waiting rooms.

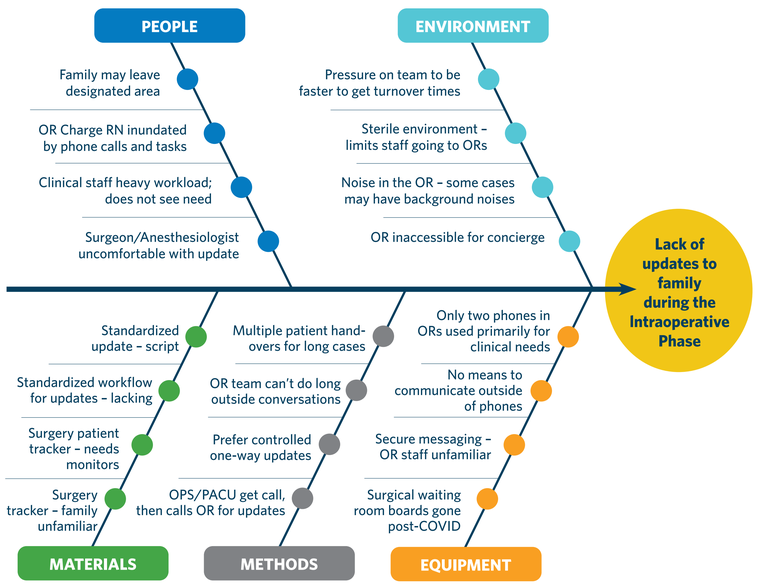
The secure messaging application allows surgical nurses to notify concierge with updates regarding surgery and pass them on to family. All surgical nurses were taught how to access the application, create boxed texts related to surgery, and best practices for using the HIPAA-compliant messaging platform. We piloted the use of the messaging application to provide brief, automated updates to designated family members at key surgical milestones (e.g., "patient is in the OR," "surgery has started," "surgery is complete"). Concierge received the message and delivered it to the family. These updates were supplemented with a commitment from the circulating nurse to provide a personal update via phone call if the surgery extended beyond the estimated time. After the PCPC revised the process for implementation, the process went live in July 2024.

The second approach was reviving the use of a surgery tracker in the waiting rooms. The PCPC facilitated using the family-facing large screen monitors in the waiting room with the surgery patient tracker. A previous version of the tracker was vetted, updated, and approved by stakeholders. The tracker was initially intended to be a stop-gap process to immediately provide family updates while the secure messaging process was being developed in 2024. By August 2024, families in both the main and surgical waiting rooms were able to see a real-time view of their loved one's location in the department.

The PCPC evaluated the impact of the new intraoperative updates by examining patient experience scores on three patient experience questions: 1) *information provided about delays (if you experienced delays)*; 2) *did the doctors and nurses treat you with courtesy and respect*; and 3) *staff effort to include you in decisions about your treatment*. These data were evaluated during implementation and for two quarters after implementation of the new process and compared with baseline data from Q1 and Q2 2024. The rationale for evaluating data during the intervention was that changes were implemented by the middle of the affected quarter, and we expected to see some improvement in scores as a result.

Figure 1

Fishbone Diagram on Lack of Family Updates Intraoperatively



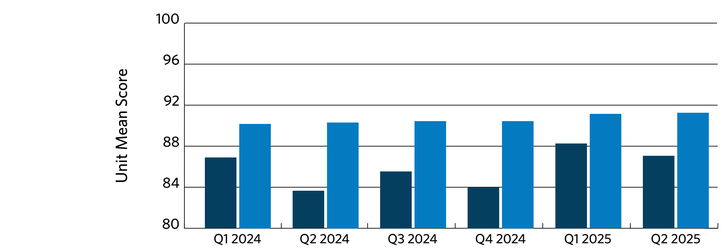
Note. Conducted by the PCPC in May 2021. Intervention period was Q3 2024. PCPC = Perioperative Clinical Practice Council; OR = operating room; OPS = Outpatient Surgery; PACU = Post Anesthesia Care Unit

Results

Patient experience scores for OPS improved overall on all three questions from the pre-implementation baseline. For the question, *information provided about delays (if you experienced delays)*, from the baseline of 86.89 and 83.65 in Q1 and Q2 2024, respectively, scores were variable during the intervention (Q3 2024, 85.54) and in the first quarter post-intervention (Q4 2024, 83.99). However, scores improved to 88.27 in Q1 2025, and 87.06 in Q2 2025 (see Figure 2). For the question, *did the doctors and nurses treat you with courtesy and respect*, scores increased from the baseline of 97.62 and 97.12 in Q1 and Q2 2024, respectively, to 99.19 in Q4 2024, 98.61 in Q1 2025, and 98.52 in Q2 2025, despite a decrease to 94.96 during the intervention in Q3 2024 (see Figure 3). Notably the three quarters post-intervention were above the national benchmark. For the question, *staff effort to include you in decisions about your treatment*, baseline scores were 90.58 and 91.39 in Q1 and Q2 2024, respectively, and did not improve during the intervention in Q3 2024 (91.67) or the first quarter post intervention in Q4 2024 (88.22). Scores did increase in Q1 and Q2 2025 to 93.44 in and 93.86, respectively (see Figure 4).

Figure 2

Patient Experience Survey Question:
Information provided about delays (if you experienced delays)
OPS

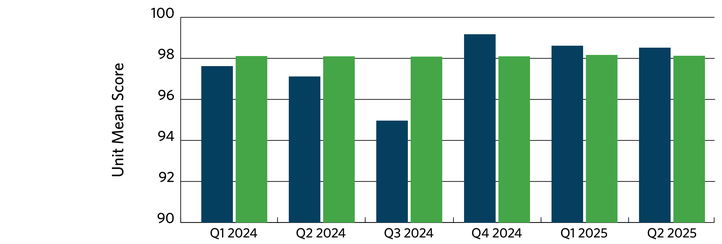


	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
OPS Mean Score	86.89	83.65	85.54	83.99	88.27	87.06
All PG Database Mean	90.18	90.31	90.43	90.44	91.14	91.25

Note. Intervention period was Q3 2024. OPS = Outpatient Surgery; PG = Press Ganey

Figure 3

Patient Experience Survey Question:
Did the doctors and nurses treat you with courtesy and respect
OPS

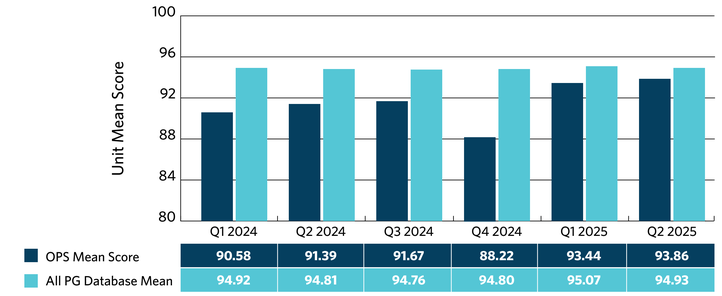


	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
OPS Mean Score	97.62	97.12	94.96	99.19	98.61	98.52
All PG Database Mean	98.11	98.10	98.09	98.10	98.17	98.13

Note. Intervention period was Q3 2024. OPS = Outpatient Surgery; PG = Press Ganey

Figure 4

Patient Experience Survey Question:
Staff effort to include you in decisions about your treatment
OPS



	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
OPS Mean Score	90.58	91.39	91.67	88.22	93.44	93.86
All PG Database Mean	94.92	94.81	94.76	94.80	95.07	94.93

Note. Intervention period was Q3 2024. OPS = Outpatient Surgery; PG = Press Ganey

Conclusions

By using a secure messaging application and an electronic tracker for updates during the intraoperative phase, we successfully addressed a communication gap and improved patient experience scores. Implementing brief, automated updates throughout the perioperative phase is a highly effective strategy for improving family-centered care (Howe et al., 2021). Nurses successfully integrated updating family members during the intraoperative phase as standard practice. This initiative provides a replicable model for other surgical departments seeking to enhance family-centered care. A limitation was that there are no questions specifically related to family updates on the patient experience survey; thus, we evaluated patient experience questions that we believed were related. Despite nurse leadership support, organization-level financial constraints limited access to resources for the project; however, the PCPC was able to select low-cost strategies. Demonstrating the impact of family updates on clinical and financial outcomes may facilitate the success of similar projects in other organizations.

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