

**Evaluating the Impact of Structured Preoperative Communication on Patient and Family
Satisfaction in Ambulatory Surgery Centers**

Ciara T. Pope

College of Nursing, East Carolina University

Doctor of Nursing Practice

Executive Summary: Structured Preoperative Communication in Ambulatory Surgery Centers (ASCs)

Key Points

- Structured preoperative communication improved patient and family perceptions of attentiveness, reassurance, and overall satisfaction.
- Patients and families reported feeling more informed, supported, and prepared for surgery when receiving consistent updates.
- Checklist completion (intervention fidelity) varied throughout implementation, reflecting workflow challenges in a fast-paced ASC environment.
- Patient survey response rate was 5.8%, and family survey response rate was 4.3%, indicating significant attrition in voluntary participation.
- Even with inconsistent adherence, structured communication demonstrated meaningful improvements in perceived patient and family experience.
- The intervention is a low-cost, feasible, and scalable nursing-led strategy that aligns with organizational quality improvement goals.
- Findings support structured communication as an evidence-based approach to enhancing patient-centered care in ambulatory surgical settings.

Background and Purpose

Patient satisfaction is a key indicator of healthcare quality, particularly in ambulatory surgical settings where efficiency and patient experience must be balanced (Howe et al., 2021). Evaluating both patient and family perspectives provides valuable insight into care delivery and opportunities for improvement (Fetene et al., 2022). Satisfaction is influenced not only by clinical outcomes but also by communication, support, and preparedness—factors that are

especially important during the preoperative period when anxiety and uncertainty are heightened. Consistent, structured communication has been shown to reduce anxiety and improve overall patient experience (Howe et al., 2021).

Ambulatory surgery centers (ASCs) play a critical role in delivering efficient, same-day surgical care; however, their fast-paced environment can contribute to inconsistent communication. Patients frequently report uncertainty about surgical expectations and postoperative care, which may negatively affect satisfaction (Ataro et al., 2024). Structured communication approaches, such as standardized education, scheduled updates, and checklist-guided interactions, have been shown to improve communication consistency and patient engagement (Albright et al., 2022). Despite this evidence, adoption in ambulatory surgery settings remains inconsistent, and research in outpatient environments is limited.

This quality improvement project evaluated the impact of a structured preoperative communication intervention on patient and family satisfaction in an ambulatory surgery center. The primary objective was to improve satisfaction through structured communication rounds, while secondary objectives included assessing feasibility, staff adherence, and implementation barriers. These aims supported the evaluation of both the intervention's effectiveness and its practicality in a real-world clinical setting.

Methodology

This quality improvement project evaluated the impact of a structured preoperative communication process on patient and family satisfaction in an ambulatory surgery center. Implementation was guided by the Plan–Do–Study–Act (PDSA) framework, allowing for iterative testing, evaluation, and refinement of the intervention in a dynamic clinical setting (Kennedy & Jackson, 2022). The project was conducted in a hospital-affiliated ambulatory

surgery center in Eastern North Carolina and implemented as a unit-wide practice change. All patients in the preoperative setting, along with their accompanying family members or support persons, were eligible to participate. Consistent with quality improvement methodology, no formal sampling or power analysis was performed.

The intervention consisted of structured, nurse-led communication rounds every 30 minutes using a standardized checklist. This process ensured consistent updates, reinforcement of education, opportunities for questions, and assessment of patient and family needs. Checklist completion was used to measure adherence to the intervention. Data collection included both process and outcome measures. Intervention fidelity was evaluated through checklist completion rates, while outcome data were obtained via brief, voluntary patient and family satisfaction surveys administered postoperatively. Data were collected over a 12-week period and analyzed using descriptive statistics to identify trends in adherence and perceived communication effectiveness. Ongoing data review through biweekly meetings and PDSA cycles supported continuous evaluation and workflow refinement.

Results

Over 2,200 patients and family members were eligible to participate during the 12-week implementation period. Survey response rates were low, with 129 patient surveys (5.8%) and 90 family surveys (4.3%) completed. Checklist completion, used to assess intervention fidelity, varied throughout the implementation period. Adherence was highest during the initial weeks, declined during the mid-phase, and showed modest improvement toward project completion, reflecting challenges in sustaining consistency within a fast-paced clinical environment.

Despite variability in adherence and low response rates, survey findings demonstrated positive trends. Patients and families reported improved clarity of communication, increased

feelings of support and attentiveness, and greater preparedness for surgery and postoperative care. Respondents also described reduced uncertainty during the preoperative waiting period. Although limited participation restricts generalizability, consistent positive feedback suggests that the structured communication intervention contributed to meaningful improvements in the patient and family experience. Notably, these improvements were observed even with partial implementation, indicating that incremental enhancements in communication may positively influence patient-centered outcomes.

Strengths and Limitations

This project was supported by strong leadership engagement and alignment with organizational priorities, which facilitated implementation. The intervention was low-cost, simple, and easily integrated into existing workflows, supporting feasibility and sustainability. Additionally, the use of the PDSA framework enabled ongoing evaluation and adaptation within a real-world clinical setting.

Limitations included low survey response rates, which reduced the strength and representativeness of outcome data. Inconsistent adherence to the communication protocol, influenced by competing clinical demands, impacted intervention fidelity. The lack of baseline data limited pre–post comparison, and voluntary participation may have introduced response bias.

Implications and Conclusion

Findings from this project suggest that structured preoperative communication can meaningfully enhance patient- and family-centered care by improving understanding, reducing uncertainty, and increasing overall satisfaction. For clinical practice, implementing standardized

communication processes promotes consistency, supports patient engagement, and reinforces communication as an intentional component of care delivery rather than an added task.

At the organizational level, this low-cost and scalable intervention has the potential to improve patient experience metrics and align with broader quality improvement priorities. Integration of structured communication into routine workflows or electronic health record prompts may further strengthen adherence and sustainability.

This project also highlights the important role of nursing-led quality improvement initiatives in addressing care gaps and improving patient outcomes. By emphasizing communication as a core clinical intervention, nurses can directly influence the patient experience and contribute to high-quality, patient-centered care.

In conclusion, structured preoperative communication represents a feasible and impactful strategy for improving patient and family satisfaction in ambulatory surgery centers. While implementation challenges were identified, the overall findings support continued refinement and broader application of this approach to enhance perioperative care delivery.

References

- Albright, K., Navarro, E. I., Jarad, I., Boyd, M. R., Powell, B. J., & Lewis, C. C. (2022, February 16). *Communication strategies to facilitate the implementation of new clinical practices: A qualitative study of Community Mental Health Therapists*. Translational behavioral medicine. <https://pmc.ncbi.nlm.nih.gov/articles/PMC9127548/>
- Ataro, B. A., Geta, T., Endirias, E. E., Gadabo, C. K., & Bolado, G. N. (2024). Patient satisfaction with preoperative nursing care and its associated factors in surgical procedures, 2023: A cross-sectional study. *BMC Nursing*, 23(1). <https://doi.org/10.1186/s12912-024-01881-5>
- Fetene, M. B., Bayable, S. D., Wendimu, E. S., Belehu, K. D., Almaw, A. A., Dula, P. K., & Bejiga, B. Z. (2022). Perioperative patient satisfaction and its predictors following surgery and anesthesia services in North Shewa, Ethiopia. A multicenter prospective cross-sectional study. *Annals of Medicine & Surgery*, 76. <https://doi.org/10.1016/j.amsu.2022.103478>
- Howe, L. S., Wigmore, D., Nelms, N., Schottel, P., Bartlett, C., Halsey, D., Krag, M., Lunardini, D., Monsey, R., Beynnon, B., & Blankstein, M. (2021, April 19). Perioperative family updates reduce anxiety and improve satisfaction: A randomized controlled trial. *Journal of patient-centered research and reviews*. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8060044/#:~:text=DISCUSSION,between%20intervention%20and%20control%20groups.>
- Kennedy, S., & Jackson, K. R. (2022b, October 15). *PDSA Cycles: Improvement and Implementation*. National Implementation Research Network. <https://nirn.fpg.unc.edu/blog/pdsa-cycles-improvement-and-implementation/>

What is an ASC? Ambulatory Surgery Center Association (ASCA). (2026).

<https://www.ascassociation.org/asca/about-ascs/surgery-centers>