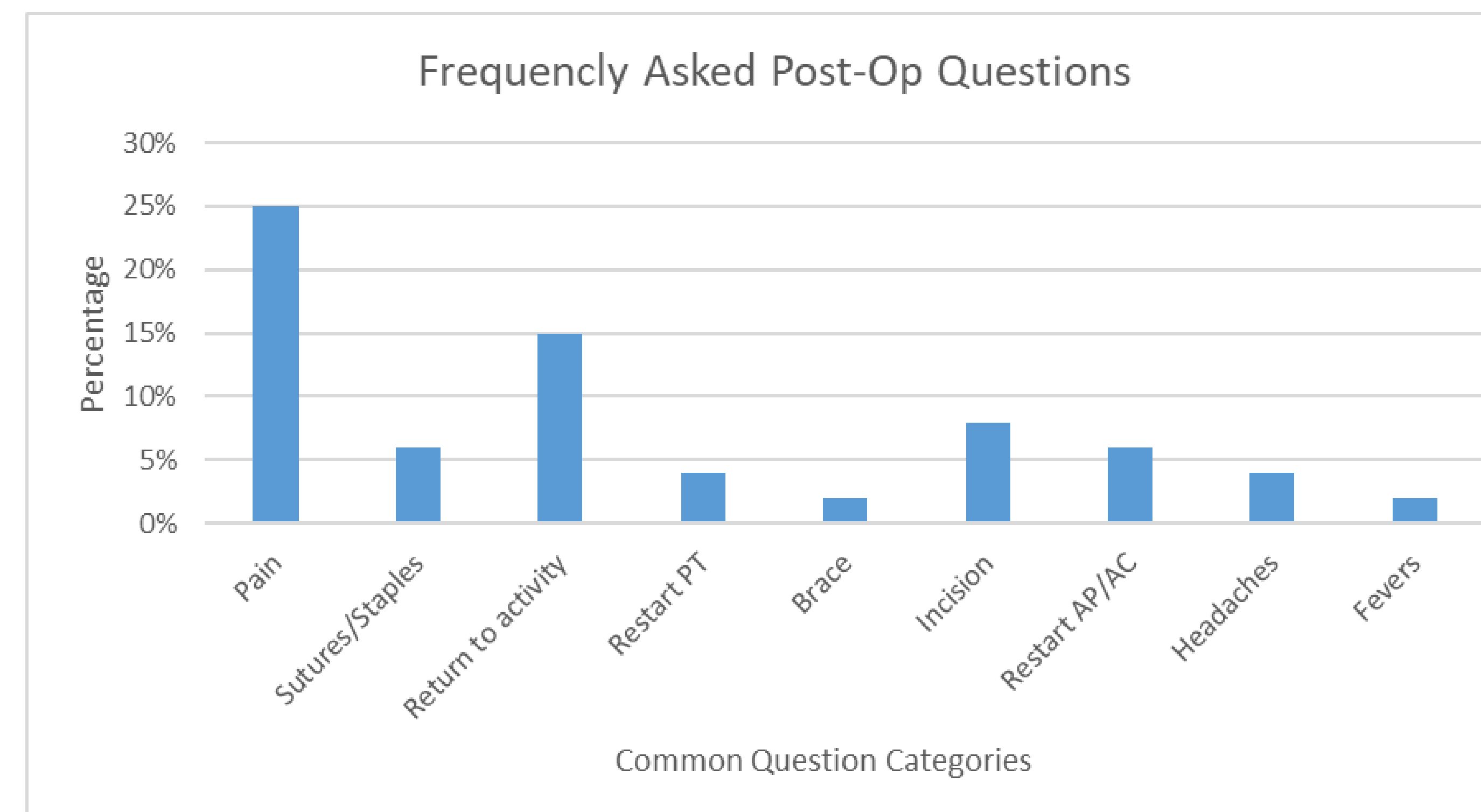


## Background

- **Problem Statement:** After spine surgery, patients are given take home instructions which are outdated and provide limited answers to frequently asked questions. This leads to increased office calls and overnight calls to on-call physician.
- **Project AIM:**
  - Improving educational handouts given to patients after spine surgery
  - Aim is to analyze current handouts given to patients after spine surgery
  - Identify frequently asked questions by patients after surgery

## Results



## Outcome Measure

- Measure number of phone calls or messages sent to outpatient office or on-call resident
- Analyze change in number of calls before and after handouts given to patients

## Future Directions

- Create handouts in different languages
- Reassess questions being asked to outpatient office after handouts are given to identify educational gaps

## Data Collection

- Collected all the chart messages that surgeon, nursing, and office staff receives after a spinal surgery operation for 1 month
- We categorized these questions into major themes (i.e. questions about incision quality, bathing, bleeding/drainage from incision, questions about sutures)

## Interventions

- Create handouts with answers to frequently asked questions
- Handouts specific for different types of spine surgery (i.e. cervical, thoracic, lumbar)
- Provide patients these handouts before surgery and at the time of discharge from the hospital

## Linkage to Healthcare Disparities

- Disparities in health literacy are increasingly cited as a barrier to patient involvement in their own care
- Poor postop instructions or discharge summaries leads higher readmission rates, poor medication adherence, and increased frequency of calls
- Patient from disadvantaged communities or those with lower health literacy have increased rates of readmission/calls due to poor readability of discharge instructions
  - I.e. written at a substantially greater readability level than the 6th grade level