Surgical liaisons: The bridge between the OR and family members

Surgery is a stressful time not only for patients but also for their families. Using a surgical liaison to communicate the status of an operation to those in the waiting area has boosted the satisfaction of patients, families, and surgeons, say perioperative directors whose hospitals have these positions.

The liaison provides ongoing communication with family members, offering support, answering questions, and providing updates on the patient’s progress. Qualifications and ways of obtaining information vary by facility, but hospitals that use surgical liaisons uniformly consider them a valuable resource.

Creating the position

St Mary’s Medical Center in Hobart, Indiana, created a surgical liaison position in fiscal year (FY) 2012 in an effort to raise its ambulatory surgery patient satisfaction scores, says Karen Gerke, BS, RN, director of emergency and surgical services.

St Mary’s, which is part of the 3-hospital Community Healthcare System, has 200 beds, 7 ORs, 1 cysto room, and 3 minor rooms. The OR typically has 20 to 30 procedures scheduled each day.

Ambulatory surgery patient satisfaction scores were low in all 3 hospitals. After the director of surgery at 1 of the hospitals started using a liaison, patient satisfaction scores started to rise, notes Gerke.

At the time, Gerke didn’t have a vacant full-time equivalent (FTE) position, so the patient satisfaction committee began focusing on other ways to bring up the scores. Every month the focus changed.

They looked for ways to make IV starts less painful for the patients. They tried a policy whereby the circulating nurse would call out to the waiting room to talk to the families for any procedure that was longer than an hour. They installed an automated board in the waiting room to show when the patient was moved into the OR and into the postanesthesia care unit (PACU).

“We were making incremental progress in increasing our scores,” says Gerke, “but it was nothing to write home about.”

Finally, during a patient satisfaction committee meeting, 2 nurses offered to do literature searches and investigate the possibility of a surgical liaison position that would be used for both outpatients and inpatients. They brought the information to the committee and recommended a nurse liaison.

Developing the role

All FTE positions in the OR and PACU were full, so 1 of those FTEs had to become a liaison position. An OR FTE was used because a nurse who had been in the OR for 40 years was interested in the position, says Gerke.

The nurse helped write the job description, and then she began developing the role.

Preoperatively, the nurse liaison visits the families in the waiting area, and intraoperatively she gives them updates every hour. She makes rounds in the ORs to see what’s going on with each patient, talks to the circulating nurses, and asks the surgeon for information if need be. Postoperatively, she sees patients in the PACU so
she can update families on their progress. Surgeons often ask her to come to the pri-

vacy room when they talk to families postoperatively.

In addition, the nurse liaison makes sure there are snacks and drinks available for
the families. She prints an OR schedule that lists the patient’s name and time for sur-
gery, but not the procedure, for a volunteer who sits in the family waiting area. She
also makes sure the volunteer knows where everyone is sitting.

She carries a cordless phone provided by the hospital and gives all the families her
number so they can call if they start getting nervous or worrying about something.

“She is continually making rounds and seeing patients and families; she stays
very busy,” says Gerke.

Covering all shifts
Gerke transferred the position from an OR FTE to a PACU FTE when a non-RN FTE
position opened in the PACU.

The nurse liaison is working 4 10-hour days (6:30 am to 5 pm), and a PACU nurse
is the liaison on the fifth day.

“We decided on 10-hour days because we wanted a liaison there for the late after-
noon cases,” notes Gerke.

Families of returning patients who were used to having the liaison update them
during morning cases started complaining on the patient satisfaction surveys if the
liaison wasn’t there for cases scheduled in the late afternoon.

To keep continuity, Gerke is considering coverage by a part-time nurse after the
liaison leaves for the day.

Raising satisfaction
Satisfaction scores went from the 50th and 60th percentiles to routinely over the 95th
percentile with the addition of the nurse liaison. In FY 2013 to date, scores are over
the 96th percentile.

“Families just rave about this position,” says Gerke. The right personality is im-
portant. The person needs to be a self-starter who is comfortable and confident when
talking to families and surgeons. The liaison also should be empathetic toward the
families. Sometimes all the liaison needs to do is tell the family, “I was in the room
and everything is going well.” Other times, families need more information.

The liaison will retire soon, which will prompt a look at whether an RN should
continue to be used in this position. “As long as I am able to afford an RN in this po-
sition, I will keep an RN,” says Gerke. “If the only way you can afford a liaison is to
have a non-RN, I would say do it,” she says.

Using non-RN liaisons
The liaisons at Childrens Hospital Los Angeles who are responsible for ongoing
communication with family members of surgical patients are called guest services
representatives. This position does not require an RN, but the person must be fami-
lar with medical terminology and customer service or hospital experience, says Sil-
via Hernandez, BSN, RN, operations manager for the PACU. The representative also
needs to be an assertive person with excellent communication skills, she says.

Childrens has 2 surgery areas. The main OR has 15 rooms. The ambulatory sur-
gery center is in-house but in a separate building. It has 3 ORs and 1 procedure
room.

Childrens has had liaisons since the 1990s, and currently there are 3 FTEs in this
position in the main OR and 1 FTE in the ambulatory surgery department.

The representatives do not go into the OR. They call into the OR for updates, and
they either ask the circulating nurse to speak to the parents or they relay the mes-
sage. Sometimes the surgeon tells parents preoperatively that the procedure will be lengthy and they will be notified at the halfway mark. There is no set time for updates unless a parent specifically requests it, notes Hernandez.

**Ensuring liaison coverage**

The main OR has 2 daytime representatives and 1 evening representative. The first representative arrives at 5 am. She begins in the surgical admitting area, helping admit patients and then taking them, their charts, and their families to the preoperative holding area. The representative gives the chart to the preoperative nurse and repeats this until all the first cases are in preoperative holding.

The second representative arrives at 6:30 am. The third arrives at noon and stays until 8:30 pm.

Hernandez added the evening representative when she became manager in 2005. She noticed that parents in the waiting area after 4 pm were unhappy because there was no one to help them with their questions. She reclassified half of an RN position into that representative position.

The representatives stay in the waiting area with the families. They have a desk, computer, and telephone. The parents are given a case number so they can follow the patient on a screen and see when they move into and out of the OR.

Near the end of a case, the representative takes family members to 1 of 2 consultation rooms where the surgeon talks with them.

The representative takes a form with the patient’s name, OR number, and consultation number to the PACU. When the child arrives in the PACU, the nurses know the parents are in a consultation room. When the surgeon is done talking with the family, a PACU staff member takes them to see the patient.

“Families really like having a resource person available from the beginning to end of their surgical experience,” says Hernandez. “When we don’t have that liaison person, we hear about it.”

**Using presurgery nurses**

The surgical nurse liaison position was started at Exempla Good Samaritan Medical Center in Lafayette, Colorado, when the hospital opened in December 2004.

“I wanted to have a liaison for patients’ families because they are so stressed when their family member is in the OR,” says Kim Stefan, RN, director of perioperative services.

At the time, Stefan thought the liaison should be an RN who was experienced in the OR. An OR nurse with 20 years of experience and a back injury filled the liaison position for about 6 months. When her injury improved, however, she wanted to return to the OR.

“I struggled to find another nurse who wanted to fill the position,” says Stefan. A certified nursing assistant (CAN) who tried the position didn’t have the technical knowledge and the ability to talk to the surgeons and circulating nurse. Finally, a nurse from the presurgery area became interested in the position, and she worked out very well, says Stefan.

Since then, the position has changed from 1 FTE to 2 per-diem presurgery nurses who share Monday through Friday, 7 am to 7 pm.

**Meeting needs**

A CNA and volunteer man the desk in the waiting area before the liaison arrives. Though most patients and families arrive about 6 am, the liaison doesn’t come in until 7 am because she is needed more on the later end, notes Robin Reen, RN, clinical manager.
The first cases don’t start until 7:30 am, so the liaison has ample time to introduce herself to the families and show them the surgery status board, which lets them know when the patient has entered surgery and when the surgery is complete, says Reen.

The liaison also orients the families to the hospital so they know where to find restrooms, food, computer stations, telephones, and shopping.

The block schedule goes until 5 pm, but there are always procedures still in progress after that time. Sometimes the liaison stays after 7 pm if it is not a good time for her to leave a family. When she does leave, she hands off her duties to the recovery charge nurse, who checks on the families frequently.

Instead of going into the OR to check on patients, the liaison calls the circulating nurses or the circulators call them. “The OR nurses are now trained to call the liaison frequently and give her updates,” says Reen.

When a surgery is almost finished, the circulating nurse calls the liaison and lets her know the surgeon will be out to see the family. The liaison takes the family to a consultation room to talk with the surgeon. The liaison does not stay in the room unless the family asks her to.

The liaison is working with all the families, about 50 patients a day and 14 ORs. “It is a busy job,” says Reen.

Prompt feedback is obtained from patients and families about the liaisons through an opinion survey that is given to them in the waiting area. “We receive these daily, telling us how much they appreciated the liaison and how they felt cared for and supported,” says Reen.

The liaison is a very important position, and OR managers should try to have this in place, says Stefan. “Satisfied patients and satisfied families give you good word of mouth, and they will come back to your hospital for their services. The surgeons are very happy with the liaisons because they feel like their patients’ families are being taken care of,” she says. “Everyone wins.”

—Judith M. Mathias, MA, RN