Title: Pre-Admission Competency & Quality Improvement

Project Team: Susan O'Day BS RN CPAN
              Sue Cacibauda BS RN CAPA
              Denise Snell ADN RN

Background Information: Competencies for Pre-admission RN's can be a challenge since nurses do not perform the same skills as other perianesthesia nurses. During a needs assessment, we identified policies upon which to reflect to facilitate pre-admission practice. In addition, this team was open to seeing practices of other pre-admission clinics to ascertain ways to improve. They also identified the need for the electronic medical record, EPIC, workflow to be utilized by nurses floating to the pre-admission office.

Objectives:
I. Review and discuss articles, celebrate successes, identify opportunities for improvement/research
II. Review and discuss policies, celebrate successes, identify opportunities for improvement/research
III. Create a guideline for Pre-admission RN workflow for nurses who float to pre-admission office (attached)

Process of Implementation:
The project leader performed a literature search for peer reviewed journal articles about pre-admission and each RN chose two articles to review and discuss based on their interest. Staff chose the critical results policy based on 2009 NPSG 02.03.01 and the abuse-elder, child, domestic policy to review together and discuss. Staff formulated a “help” sheet for pre-admissions EPIC workflow.

Statement of the Successful Practice:
I. Celebrate our successes after reviewing articles and policies:
   - Question patients’ alcohol habits despite discomfort in doing so
   - Intervene for patients at risk with referral for additional medications or further workup
   - Individualize our patient education based on patient needs, level of knowledge and coping styles
   - Review and discuss verbal and written patient instructions with patients
   - Had face to face therapeutic communication with 97.6% of surgical patients
   - Continue with this script for domestic violence, “Are you safe to go home?” and document the patient's response in electronic medical record (EMR)
   - Call and fax critical diagnostic test results to the surgeon’s office
   - Maintain excellent collaboration with diagnostic testing departments

II. Developed improvement action plan
   - Assess for alcohol abuse
   - Refer for spiritual requests
   - Project welcoming personal, caring attitude and adjust computer screen to allow for eye contact.
Address patient expectation of perioperative process
Identify staff's need for education to detect signs and symptoms of abuse-child, elder, domestic
Assessment, responses, documentation and resources for the domestic violence patient
Reporting critical lab results to primary care physician

III. Developed workflow tool for nurses floating to pre-admission

Implications for advancing the practice of Perianesthesia nursing:
Innovative way to combine education, competence and quality improvement projects in the pre-admission office.