Background: Day of Surgery inpatient and outpatient surgical cases were being cancelled for multiple reasons on the day of the patient surgery. These cancellations caused disruption in the surgery schedule, in addition to undue stress for the patient and the family. The various reasons for these cancellations were calculated and evaluated by developing a tool. In a retrospective study of each canceled patient’s chart the focus was centered on all the cases if in any of these cases were the patients medically cleared and/or optimized by their surgeon, primary MD, or the hospital’s optimization MD?

The objective was to see if patients who were medically cleared and/or optimized were being cancelled at the same rate of those who had not been medically cleared/optimized in both inpatient and outpatient populations.

In a one year study, there were a total of 6,410 patients of which 1,914 were inpatients and 4,496 outpatients. Data showed that 2% of inpatient cases (35) were cancelled and of these only 0.1% (2) of optimized patients was cancelled. In the outpatients cases 0.9% (43 patients) were cancelled but of optimized patients only 0.02% (1 patient) was cancelled.

The implication of this study showed that the practice of optimization of patients is effective in preventing most cancellations of surgery thus decreasing disruptions in surgery schedules and stress on patient and family.