THE SUCCESSFUL TRANSITION FROM AN IN-PERSON PRE-PROCEDURE EVALUATION (PPE) PROGRAM MODEL TO A PHONE PPE MODEL

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BACKGROUND INFORMATION RELATED TO PROBLEM IDENTIFICATION

- The purpose of the Pre-Procedure Evaluation (PPE) to assess and educate patients undergoing elective surgery and procedures requiring anesthesia.
- MGH Pre-Admission Testing Area (PATA) did not have the clinic capacity to meet demand for appointments. Up to 70% of the pre-procedure population did not get any evaluation.
- Patients who did not have a PPE were more likely to get cancelled on day of surgery (DOS).

OBJECTIVE OF THE PROJECT

Create a successful, yet cost effective collaborative anesthesiologist/RN PPE telephone screening program that will:
- Capture 100% of the pre-procedure population.
- Determine the patient’s current physical health status.
- Educate and prepare them in advance for surgery.
- Increase convenience and decrease stress for the patient.

EVOLUTION OF PATA/PPE PHONE PROGRAM

- 2000’s: 1 RN (if PATA staffing permitted) was rotated through phone program from PATA staff each day. Healthy ASA’s > age 60, 10-12 patients/day. Med instructions given per guidelines. Patients on med reviewed by anesthesiologist. No set appointment times.
- 2009: New pilot program ‘PATA Phone Evaluation Program’ started with 4 dedicated staff members (2-3 RNs per day).
- 2012: ASA’s 1’s to 3’s, with ASA-4 (SNF patients w/ nurse-nurse interviews) Appointments in 4 hour time frames. Usually 20-25 patients per day.
- 2015: All in-person PATA RNs transition to the phone program, increasing nursing staff to 5 with at least 4 RNs per day. Uncomplicated insulin dependent diabetics added to phone program. Patient number increased to 36-40 patients per day.
- 4/2016: EPIC comes to MGH! The PATA Encouter becomes known as the Pre-Procedure Evaluation (PPE).
- 12/2016: PPE phone program expanded to include more complex and high risk patients. Patients have specific scheduled appointment times.

STATEMENT OF SUCCESSFUL PRACTICE

Pre-Anesthesia Testing has effectively progressed to Pre-Procedure Data Collection:
- Data collecting spares excess and repeat testing.
- The success of this program has led to the transitioning of ALL elective surgery/procedural patients to the phone, improving patient satisfaction without sacrificing quality or safety.
- Currently over 90% of both adult and pediatric elective surgical patients are evaluated through the Phone PPE Program. (Goal is 100%).

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERI-ANESTHESIA NURSING

- The interdisciplinary teamwork of RNs performing telephone evaluations with staff anesthesia support is reliable and effective.
- In-person clinic visits are not needed to adequately collect data and optimize patients. There is NO measurable difference in DOS delays or cancellations in high acuity patients.
- There is also a less chance of cancellation in healthier patients because unanticipated problems are identified prior to surgery in patients who would not have had any PPE encounter previously.

PATIENTS PREFER PPE PHONE SCREENING OVER IN-PERSON PPE CLINIC VISIT*

Patient quotes:
- “The pre-admit call was very helpful, and the staff member even did some research about my concerns and called me back…”
- “Excellent experience…very convenient!”
- “I don’t live nearby, so I was glad I did not have to make an extra trip to the hospital.”
- “All my questions were answered before I arrived by the nurse who did the screening call.”