BACKGROUND

- An opportunity to improve communication accuracy, clarify policies and procedures, address the consent process and pre-procedure checklist designed for the adult population to provide support for compliance with pre-procedure checklist documentation by bedside nurses was identified.
- Baseline data revealed that 74.2% of patients were arriving to the Pediatric OR Holding area with all critical elements necessary for a surgical/diagnostic procedure requiring anesthesia.

SETTING

- Level I Pediatric Trauma Center with a 278 pediatric bed capacity and 24 specialty care areas at Children’s Memorial Hermann Hospital, affiliated with the University of Texas Health McGovern Medical School in Houston, Texas.

PURPOSE

1. To develop a standardized process for preprocedure verification that is initiated at the time the patient is scheduled for surgical or diagnostic procedure using a pediatric-specific checklist.
2. To improve staff and family engagement in the preprocedure verification process.

METHODS/DESIGN

- A quality Improvement project was conducted.

OUTCOME MEASURES

- Primary outcome measure was the percentage of compliance with the pre-procedure verification checklist by the bedside nurses.
- The quality measure is the percentage of patient readiness upon arrival to the Pediatric Holding Area.

INTERVENTION

Preprocedure Verification Checklist

- Day Charge RN reviews OR Tracker/Surgery Schedule day before surgery.
- Bedside nurse reviews patient chart, starts pre-procedure verification checklist.
- At 0430 on day of surgery, call is made to floor to verify patient readiness.
- Holding nurse and bedside nurse develop a plan to resolve issues prior to arrival to OR/ Holding.
- Consults were conducted prior to surgery to engage the patient and families in the pre-procedure process, minimize anxiety, and provide education at their level of understanding.
- A pediatric-specific preprocedure checklist was piloted as a paper form in the surgical floor in March of 2015.
- The Boarding Pass process was rolled out to other units in June of 2015.
- Results were presented to the physician partners as well as the Boarding Pass team comprised of nurses from the preop/holding area, pediatric floors, PICU and NICU.
- In August 2016 the electronic checklist was revised to include pediatric-specific information; format changed so multiple nurses working on the checklist within the 24-hour period were able to view, modify, and verify the information in a single document.

REFERENCES

- Compliance with documentation of pre-procedure checklist increased from 4% (Jan-May 2015) to 94% (July-Dec. 2015).
- Patient readiness improved from 74.2% (May 4014-March 2015) to 77.7% (March-May 2016).
- Child Life consultations for preop patients supported patient/family satisfaction (allayed anxiety).

PRACTICE IMPLICATIONS

- A standard pre-procedure verification process using a pediatric-specific checklist assisted in driving compliance and documentation of preoperative preparation.
- Patient safety is enhanced when all the critical elements required prior to surgery are addressed.
- Patient readiness upon the 0430 boarding pass call and upon holding call are currently identified as areas for improvement.
- Continuous PDSA cycles are being done to drive quality improvement.

RECORD OF BUSINESS
