

IMPROVING SURGICAL INPATIENT READINESS

Team Leader: Seema Hussain, MS, RN, CAPA

Medstar Washington Hospital Center, Washington, D.C.

Team Members: Marie Turner, BSN, RN, Regina Clavelli-Morales, BSN, RN, Rashida McDonald, MHA, BSN, RN, Virginia Brown-Gray, MSN, RN, Ariam Yitbarek, MS, RN, Jane McGee, MSN, RN, CMSRN, Shabnam Hafiz, MD, MPH, John Ricotta, MD, Bridget Olson-Wright, MS

BACKGROUND INFORMATION:

Inpatients not adequately ready for surgery (140 cases per month) resulted in operating room (OR) delays or cancellations (16-20%). The impact was significant in terms of inefficient use of OR time and money – costing around \$60 per minute. In addition, this negatively impacted patient care, poor patient satisfaction, and inefficient use of medical resources and personnel. Interdisciplinary team members from nursing, medical staff, pharmacy, registration, laboratory, and process improvement departments collaborated to identify barriers and resolve inefficiencies.

OBJECTIVES OF PROJECT:

- Define patient readiness for OR
- Identify barriers to inpatient OR readiness and create standardized process
- Reduce number of OR delays or cancellations for inpatient surgeries to less than 60 cases a month.

PROCESS OF IMPLEMENTATION:

Process improvement program DMAIC: Define, Measure, Analyze, Improve, and Control was used to reduce delays or cancellations to less than 60 cases per month.

- Interdisciplinary team approach was established to define patient readiness, identify barriers and standardize process
- Pre and Post intervention audits initiated and measurements collected for targeted delays
- Analyzed barriers to inpatient readiness and improvement strategies implemented.
- Nursing and Medical staff educated on inpatient OR readiness utilizing job aids and reference tools
- Monitor sustainability of standardized process.

STATEMENT OF SUCCESSFUL PRACTICE:

Inpatient OR readiness improved significantly and surpassed set target. OR delays or cancellations have been maintained below 40 cases per month. One of the inpatient surgical units went from 11% to 0% of cases not being ready for surgery.

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

DMAIC methodology can be used to systematically approach problems impacting patient care and work efficiencies in perianesthesia setting. Standardized process reduces errors, promotes staff accountability and collaborative problem-solving to enhance patient safety and work efficiency.