NURSE-ANESTHESIA COLLABORATION IN PREADMISSION TESTING TO IMPROVE EFFICIENCY AND REDUCE COSTS

Team Leader: Diane Brackin RN CAPA
Longmont United Hospital Centura Health, Longmont, Colorado
Team Members: Ruth Gwin RN BSN, Linda Hirt RN CAPA

Background Information: An efficient, high quality preadmission testing (PAT) process is vital for ensuring positive outcomes for surgical patients. As of 2008, there was no structured PAT process at Longmont United Hospital Centura Health (LUH). Preoperative testing was determined by individual surgeon preference, rather than by surgical risk, comorbidities, or best practice, often resulting in unnecessary testing. Preoperative testing was often not done until the day of surgery, putting patients at risk for unnecessary cancellations due to lab or EKG abnormalities, which are costly, and cause patient dissatisfaction. A structured PAT process was initiated in 2008 to streamline testing and improve efficiency. The changes resulted in fewer cancellations the day of surgery and improved patient satisfaction. In 2012 the American Society of Anesthesiology (ASA) released new evidence based Preoperative Testing recommendations, and proposed a new model of care, called the "Perioperative Surgical Home", recommending a collaborative team approach. Based on these recommendations the PAT process was restructured.

Objectives of Project:
- Establish a collaborative PAT process.
- Revise preoperative testing guidelines and orders to reflect best practice.
- Increase PAT appointment participation to 100%.
- Have PAT appointments completed early to prevent unnecessary cancellations.
- Create an anesthesia assessment tool for PAT nurses to use in interviews.
- Eliminate routine preoperative medical and cardiac clearance requirements.
- Have anesthesiologists determine need for medical or cardiac clearances.
- Get agreement and adoption of the new process by surgeons.

Process of Implementation: The project involved PAT nurses, anesthesiologists, surgeons, and two multidisciplinary hospital committees, who revised guidelines, orders, and processes. Local surgeons and PCPs were notified of the changes in writing via letters and emails. The new process was rolled out in 2014.

Statement of Successful Practice: The new process established a nurse-anesthesia collaborative approach to PAT, established earlier patient interview time frames, and reduced preoperative testing requirements. Nurse-Anesthesia collaboration in this endeavor has built trust between the two disciplines, improved efficiency and patient satisfaction, decreased cancellations by 50%, and had significant cost reductions.

Implications for Advancing the Practice of Perianesthesia Nursing: It is imperative for healthcare providers to be more efficient and cost effective, while providing quality care, increasing patient satisfaction, with optimal outcomes. PAT at LUH Centura Health has demonstrated commitment to this goal.