

THE SUCCESSFUL TRANSITION FROM AN IN-PERSON PPE PROGRAM MODEL TO A PHONE PPE MODEL

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Background Information related to problem identification: The purpose of a Pre-Procedure Evaluation (PPE) is to assess and educate patients undergoing elective surgery and procedures requiring anesthesia. Previously, patients at MGH with complex health problems required an in-person consultation with an RN and an anesthesiologist, or a nurse practitioner to gather a patient history, develop a plan of care and provide patient-specific instructions. Often, this resulted in long appointment times that created backup in the waiting area, and resulted in patient dissatisfaction. Only the most acute patients were evaluated, missing up to 70% of the PPE population, which frequently caused delays and cancellations on day of surgery.

Objective of project: To create a successful collaborative anesthesiologist/RN telephone screening program that captures 100% of the pre-procedure population in order to determine all patients overall physical health status and prepare them in advance, making the pre-admission process cost effective, convenient and less stressful for patients.

Process of implementation: An anesthesia-screening tool was developed to augment the nursing assessment. Staff anesthesiologists then review the screening evaluation and medication instructions.

Initially only ASA I or II patients under 60 years were piloted, and one PPE nurse was assigned to the phone program each day. The program has expanded to interviewing ASA III and IV patients that include high risk and complex facility patients, and PPE testing is now done prior to the call.

Since 2015, all in-person PPE RNs have transitioned to the phone program, and are usually assigned 10 patients per day. Several pre-op nurses volunteered to cross-train to supplement staffing. In 2016 MGH transitioned to EPIC documentation, with the phone nurses initiating the Anesthesia Pre-Eval.

Statement of successful practice: Over 80% of both the adult and pediatric pre-op populations are currently being evaluated through the Phone PPE Program. 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.

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. There is less chance of cancellation for high acuity patients, and unanticipated problems are identified prior to surgery in patients who would not have had any PPE encounter.