

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

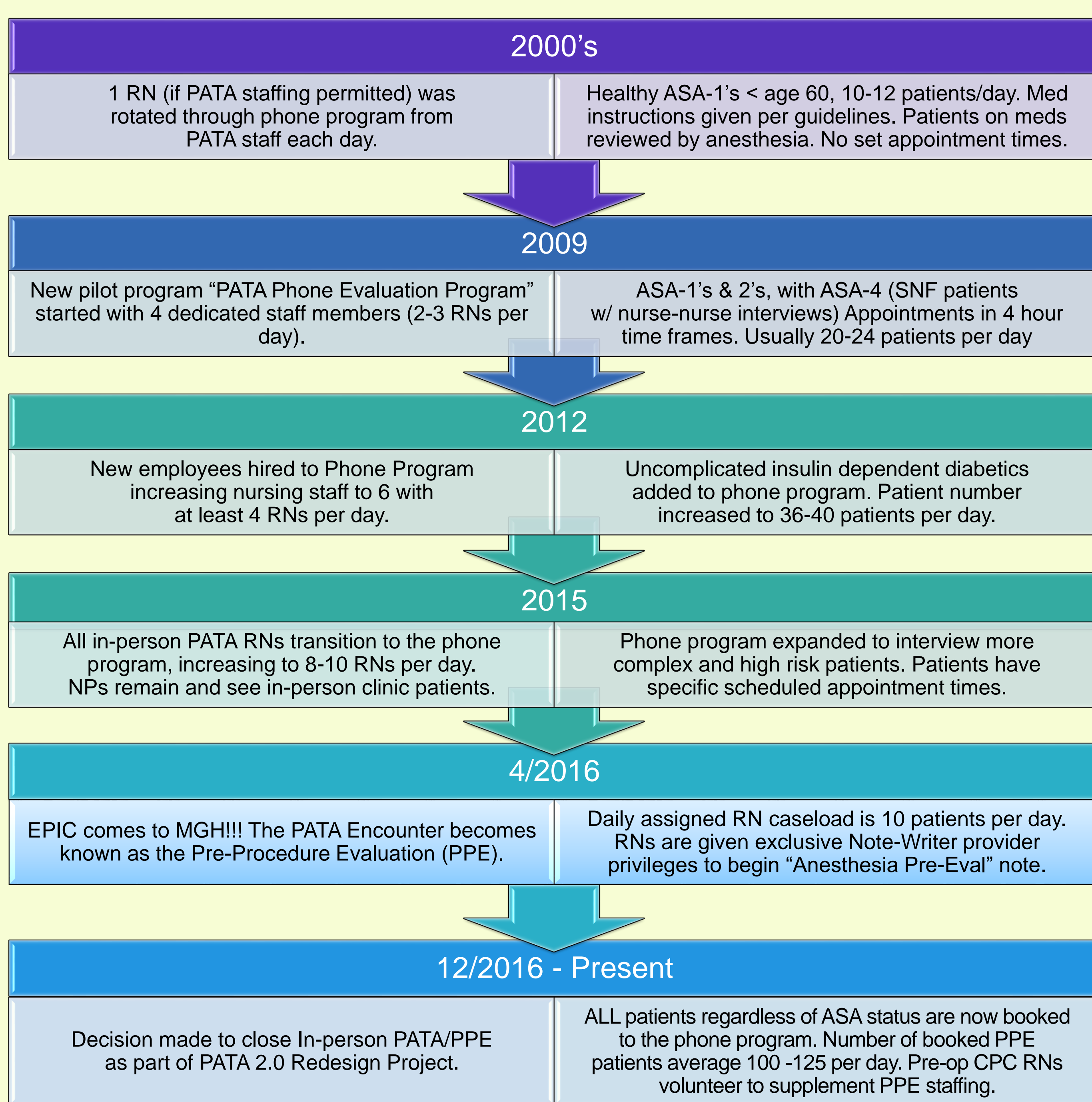
- The purpose of the Pre-Procedure Evaluation (PPE) to assess and educate patients undergoing elective surgery and procedures requiring anesthesia.
- MGH Pre-Admission Testing Area (PATA) did not have the clinic capacity to meet demand for appointments. Up to 70% of the pre-procedure population did not 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:

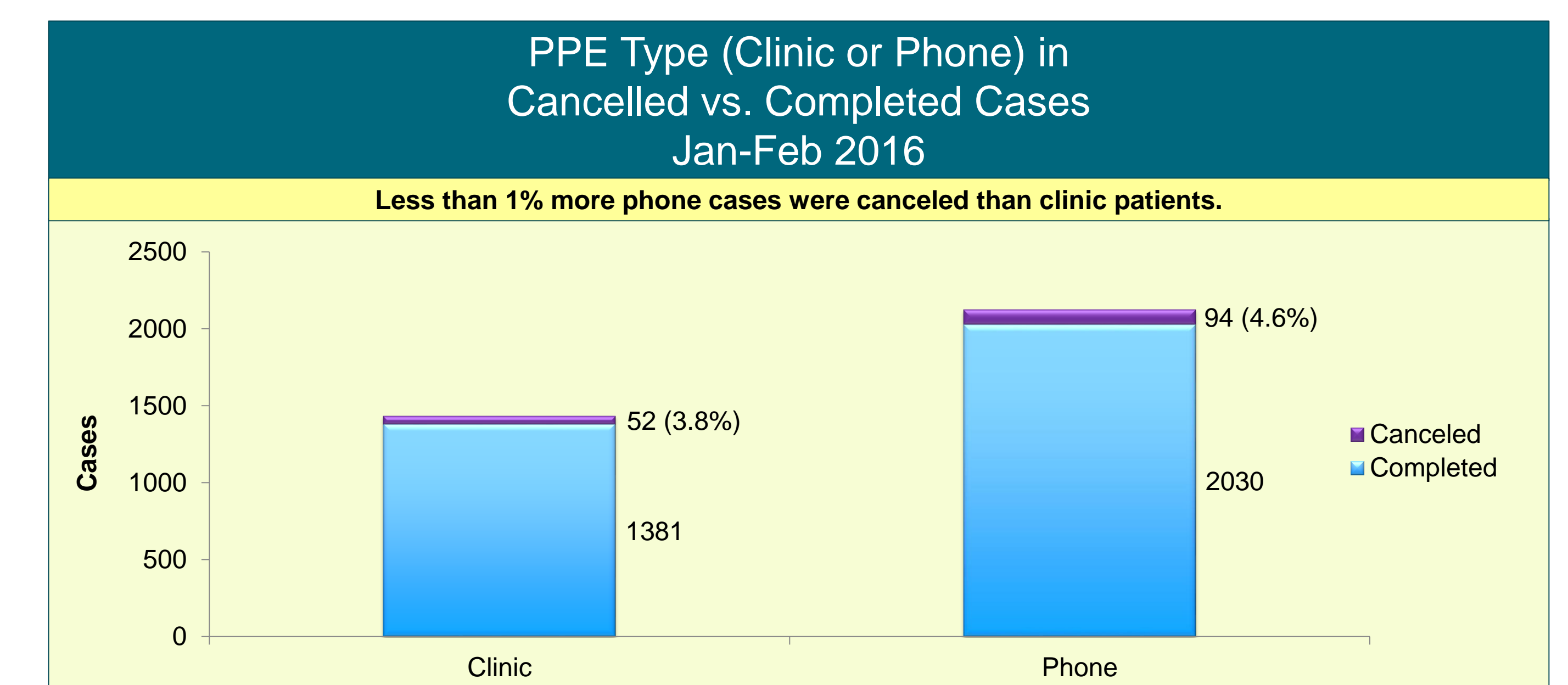
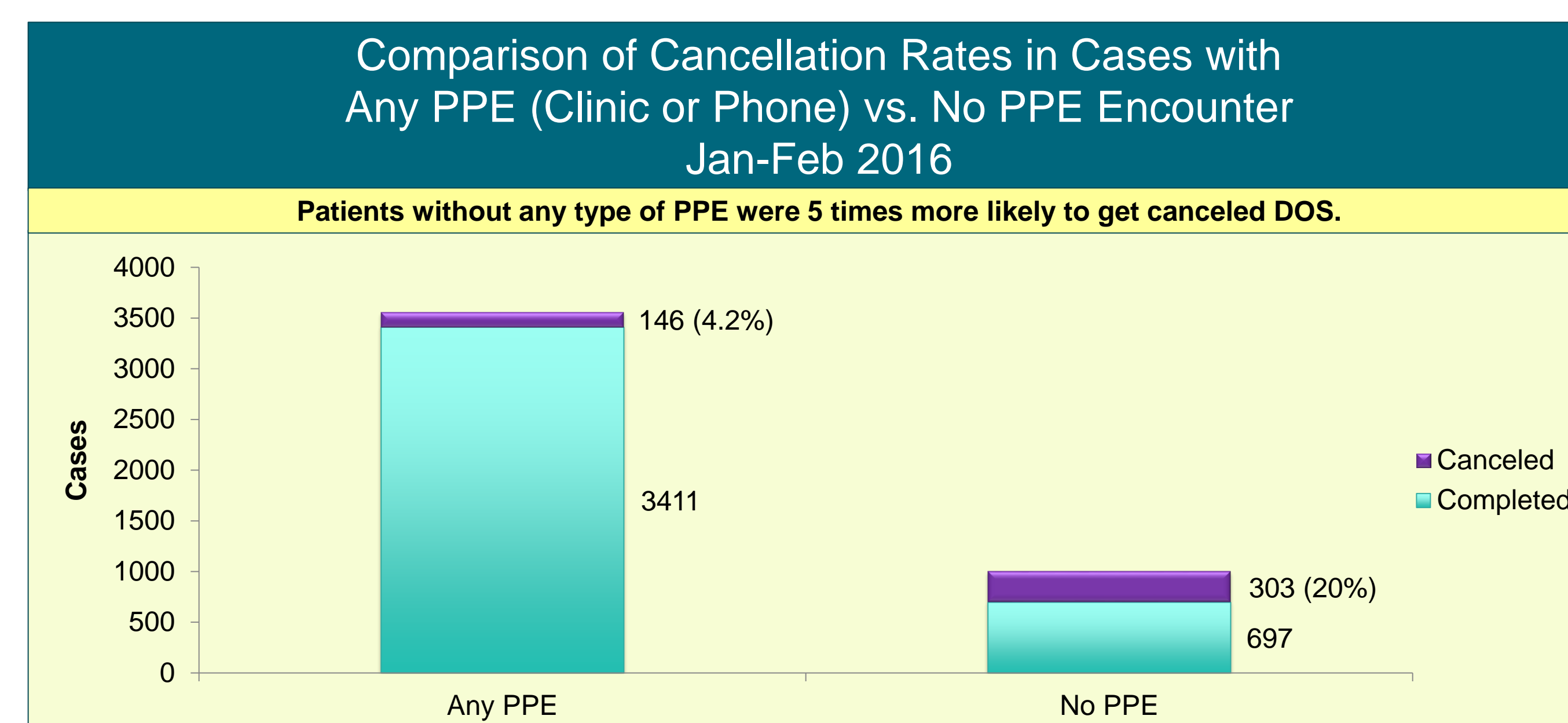
- capture 100% of the pre-procedure population.
- determine the patient's current physical health status.
- educate and prepare them in advance for surgery.
- increase convenience and decrease stress for the patient.

EVOLUTION OF PATA/PPE PHONE PROGRAM



This project was undertaken as a Quality Improvement Initiative at Massachusetts General Hospital, and as such was not formally supervised by the Institutional Review Board per their policies.

SAMPLING OF CASE CANCELLATION RATES



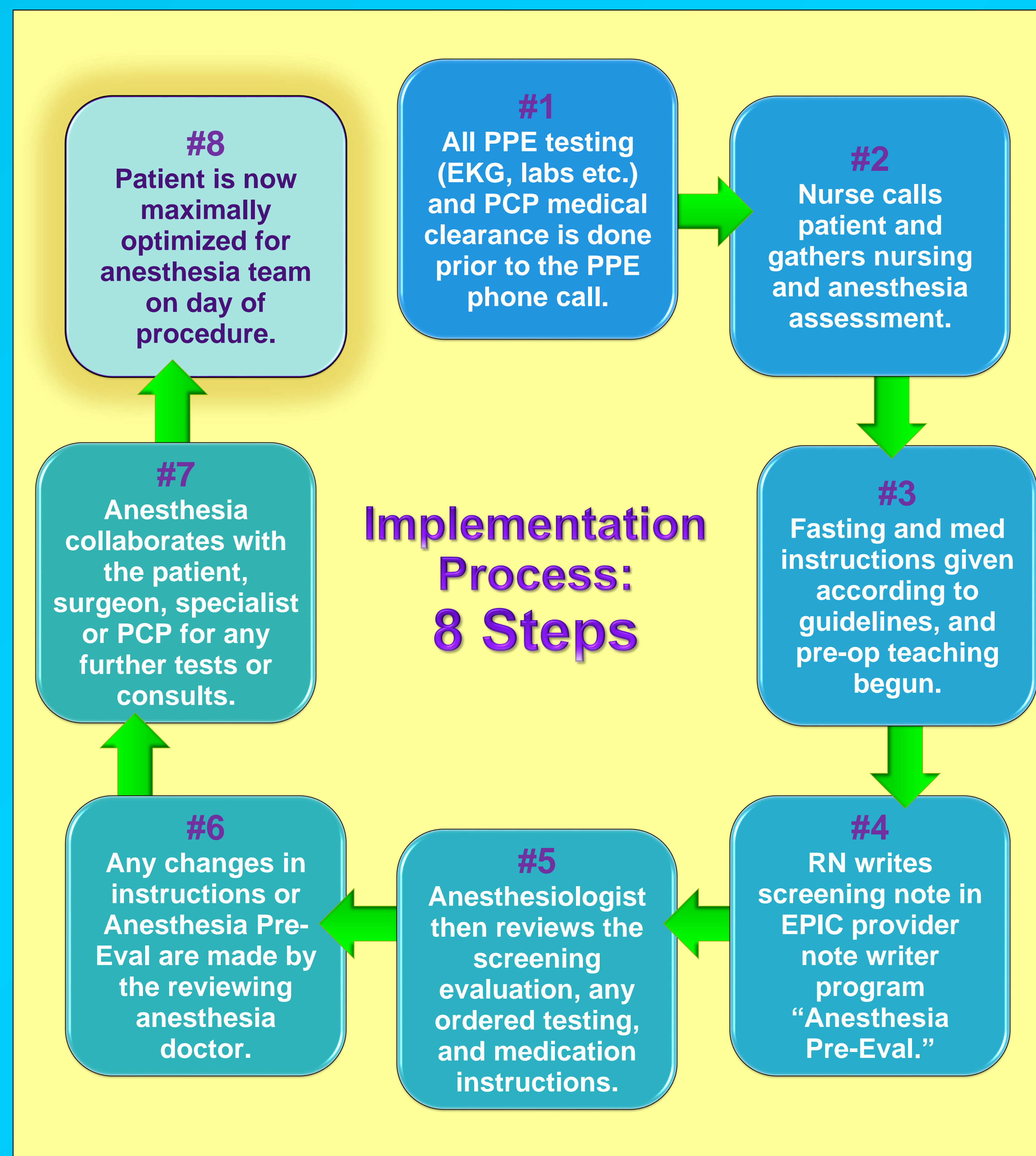
STATEMENT OF SUCCESSFUL PRACTICE

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."

*Press-Ganey Survey (2016-2017)

PPE PHONE RN CORE STAFF



(L-R) Peter Hayes, Karen Miller, Cheryl Walsh-Stevenson, Mary Carney Zingg, Susan Croteau, Shellie Varano, Diana Darby, Donna Van Kleck
Michelle McDonald
(L-R) Mary Herald, Karen Parmenter, Diana Darby, Doreen McPherson, Joan Braccio
L-R: Jane Howley, Barbara Crowley, Sharon Kelly-Sammon
(L-R) Mary Canney-Zingg, Patty Zelano
*Not pictured: Regis MacDonald

Center for Peri-Operative Care (CPC) RN Support Staff:
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