

Surgical Admissions Testing Center: Chart Preparation Process

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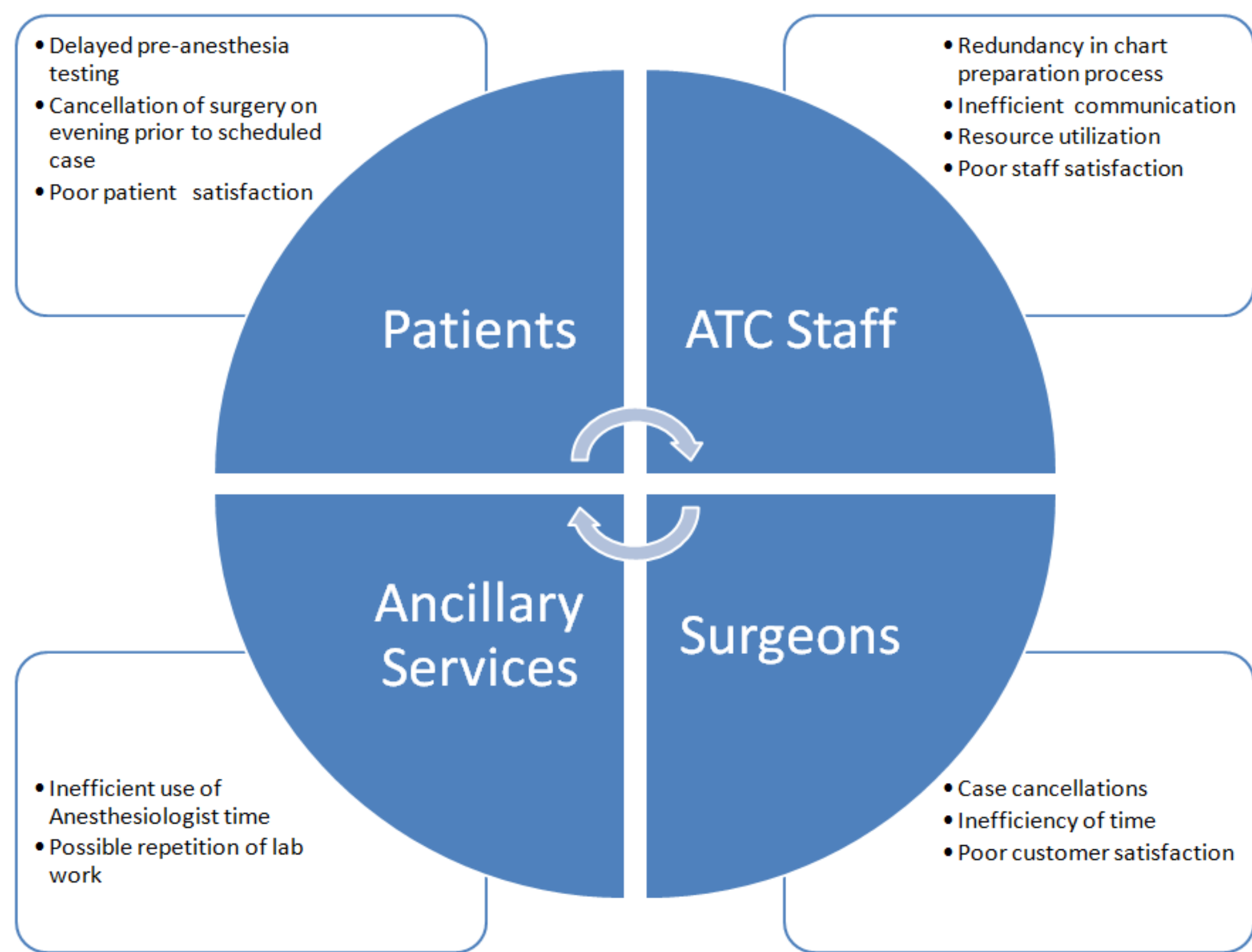
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Introduction

- Repetition of work and unclear roles amongst staff
- Surgical charts for outpatients and same day admit patients were not being prepared more than three days prior to scheduled surgery even when surgery was posted several weeks in advance
- Delayed patient evaluations resulted in cancellation of surgeries on evening prior to scheduled surgery date

Who does it impact?



- Implemented standard patient contact protocol to reduce repetitive patient contacts by limiting calls to two times using all available contact information to reach patient
- Set up automated mass email and text messaging function to reach patients day after the surgery date is posted, asking them to contact ATC to schedule their pre-anesthesia testing / evaluation appointment
- Automation of reports and elimination of manual collection of statistics

Standard Work Changes: Documentation and Communication

Nurse Worklist

Before

After

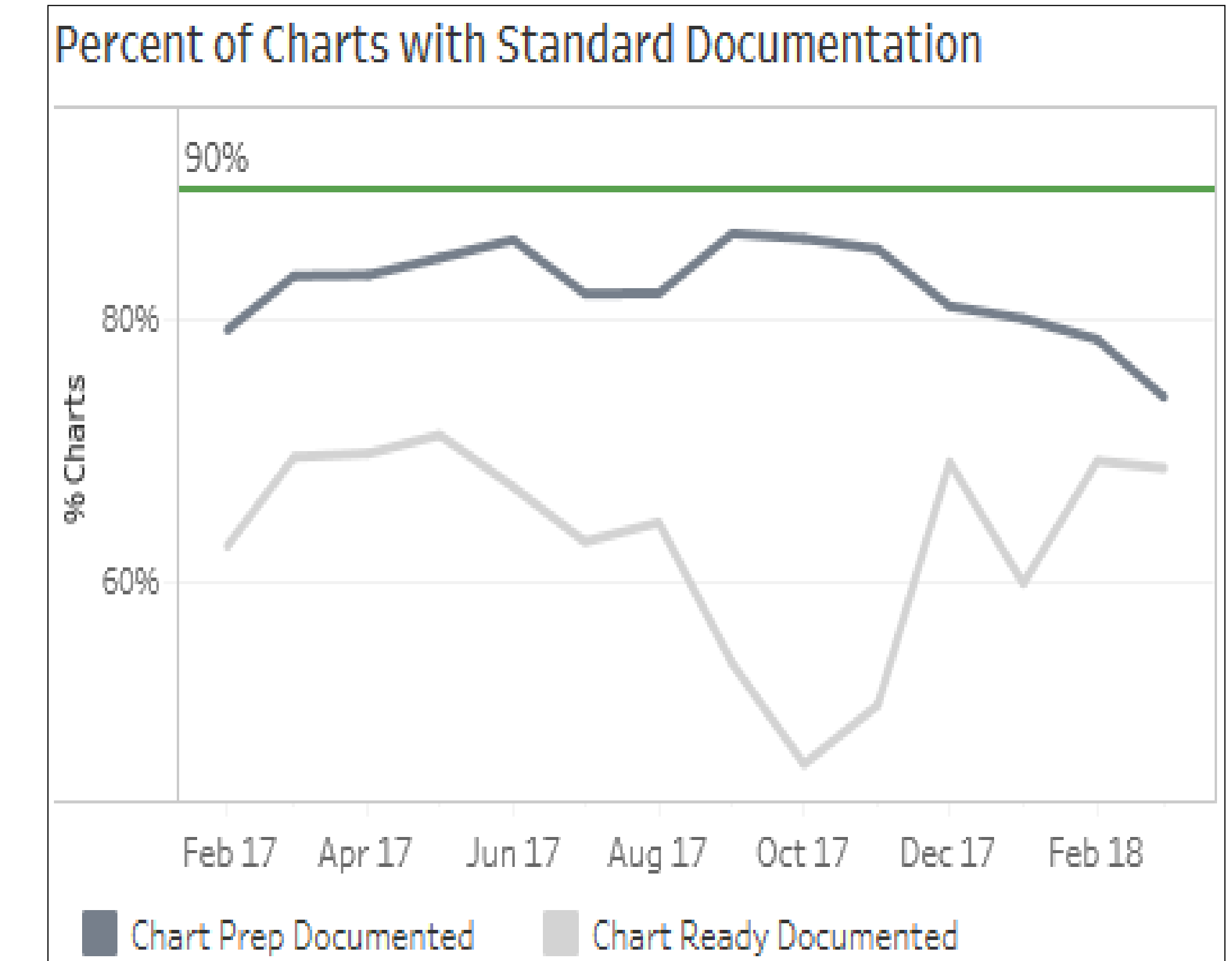
Statement of Successful Practice

- ❖ The redesigned standard work process has saved approximately 3.5 hours each day on administrative and redundant tasks (20 wastes)
- ❖ Able to reach patients earlier to screen and schedule pre-anesthesia testing and evaluation appointments
- ❖ Improved staff engagement and satisfaction

Results – Wastes Eliminated

Sort charts. Create electronic & paper charts. Place patient stickers on chart, checklist, chart tracking tool, parking log. **Check for add-ons.** Pull charts, pull charts, file charts, file charts. Print schedule, print schedule, print schedule. *** **Create my schedule.** Write date of ATC visit on schedule. **Highlight first cases on schedule.** Check files for charts; Chart not in file, search MC for ATC visit and anesthesia. Write any information from yesterday's schedules to today's schedule. **Check status of each chart.** Gather results. Look/search notes to see what is missing. Call offices, call offices, call offices, call offices. Check fax machines, check fax machines, check fax machines. **Look up patient phone number.** Call patient, call patient, call patient, call patient... **Complete stats.** Follow up on any issues identified during interview or review room. E-mail surgeons for missing pre-ops. *** **Check MedConnect for orders.** **Check MedConnect for consents** Assess and assign follow up to MOA for future cases. Check insurance type and write it on schedule. Look in **centricity**, MMF, Amalga***, MedConnect and LabCorp. Make surgeon aware of missing chart items. *** Opportunities for future elimination or automation

Results – ATC Standard work Documentation February 2017 – February 2018



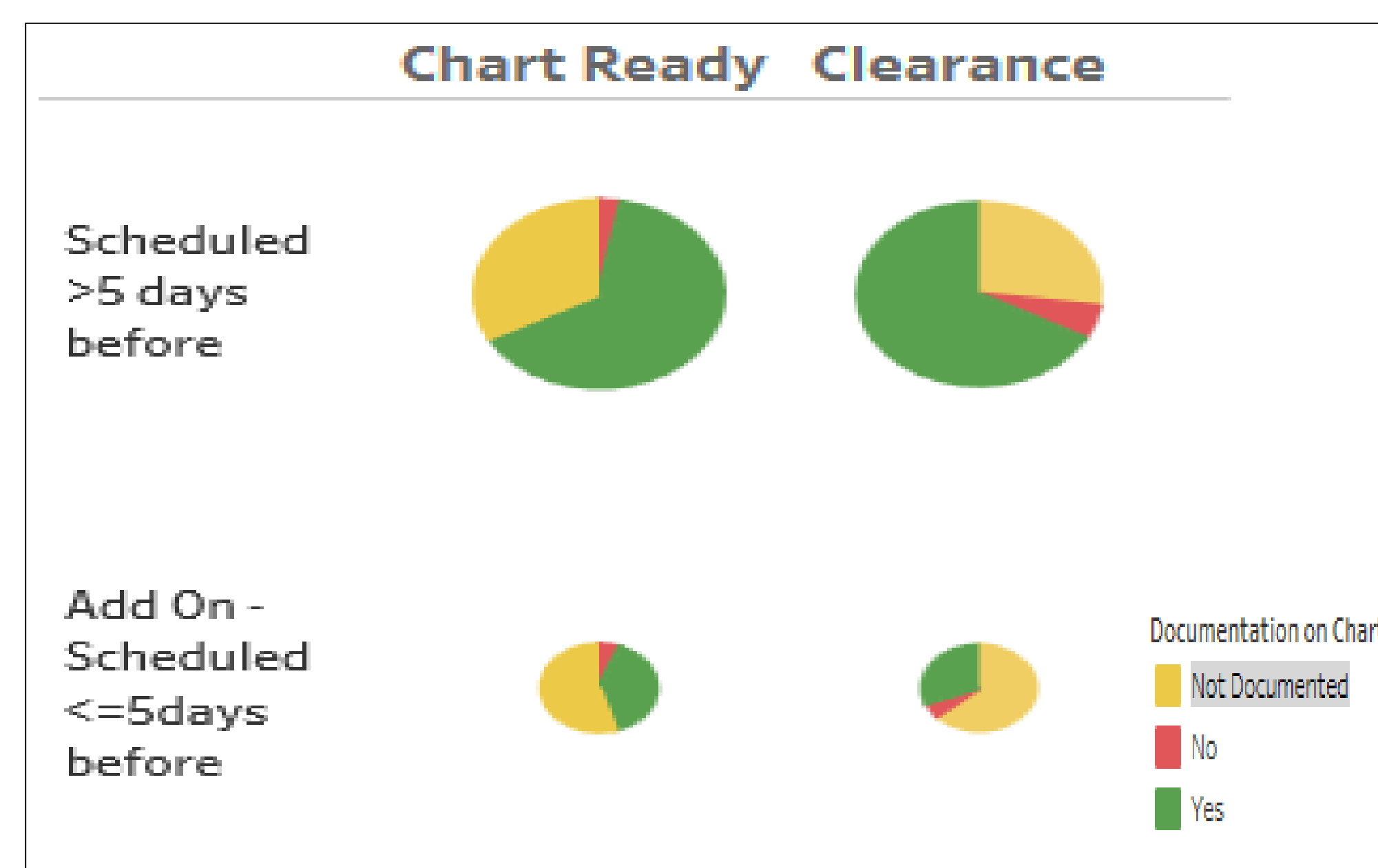
Objectives

1. Redesign work process to facilitate reaching patients as soon as surgery is scheduled
2. Utilize consistent standard process for chart preparation, documentation and communication
3. Reduce wastes by eliminating redundant work
4. Increase percentage of completed charts

Process of Implementation

- The Lean method of process improvement was used with focus on reduction of waste
- Team of nurses and Medical Office Assistants (MOA) established to define roles, identify wastes and barriers, and to standardize chart preparation and communication process
- Designed work list for nurses and MOAs to replace OR schedules that were printed twice a day

Results --ATC Standard Work



Clinical Implications

Standardized work process:

- Reduces errors and redundancy
- Enhances work efficiency and patient safety
- Promotes staff accountability
- Fosters collaborative problem-solving

Limitations

- Process involved changing only variables controlled by ATC nurses and MOAs
- Variables such as surgeon offices scheduling practices and patient preparation could not be changed.
- Department leadership change immediately after standard work process change implementation.

Acknowledgements

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