

PERFORMANCE IMPROVEMENT FOR PRE-ADMISSION ANESTHESIA RISK SCREENING OF PEDIATRIC PATIENTS

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Background Information: Our pre-admission screening process is generally performed by our pre-admission testing (PAT) registered nurses (RN's). Pre-op and recovery room nurses often assist in screening patients during times of high census. We identified inconsistencies in obtaining pertinent information depending on which area was providing the screening. We were concerned that inconsistent information was not fully addressing anesthesia risk identification. To standardize this process, and consistently assess anesthesia risk, we developed an evidence-based screening tool for the pre-admit process.

Objectives of Project: To standardize the pre-admit process with a refocus on anesthesia risk identification and escalation of care to ensure 100% pre-screening compliance without departmental variability.

Process of Implementation: We commissioned a multidisciplinary team consisting of the clinical nurse specialist, nurse manager, registered nurses, anesthesiologist, and the PAT nurse practitioner (NP). This team identified best practice for screening anesthesia risk, as well as criteria for escalation of care to the PAT NP/anesthesiologist for further evaluation. A tool was developed to guide the RN in screening patients. Standards of care for pre-admission testing were also developed. Staff were re-educated on the purpose of the PAT screening (risk identification) and the mandatory use of the tool via one-on-one in-service with skill validation. Post implementation audits were conducted to ensure screens were completed thoroughly and escalated appropriately. Individual staff members were counseled on fall-outs.

Statement of Successful Practice: Random samplings of thirty patients have been audited monthly to verify completeness and monitor for appropriate escalation of care. Significant and sustained improvement has been evident. Compliance with the process has been 96-100% since implementation. Patients are now being consistently screened by all RN's performing PAT screening and escalations for further evaluation have increased.

Implications for Advancing the Practice of Perianesthesia Nursing: Consistent evaluation of patients in the PAT process for anesthesia risk screening is necessary for patient safety. Escalating patients for further evaluation by the NP/anesthesiologist increases interdisciplinary communication. This increases the safety of patients undergoing anesthesia by allowing the development of an appropriate individualized plan of care with consideration of pre-existing risks.