

Breakin' Up is Hard to Do! - Standardized Pre-Operative Phone Call



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BACKGROUND INFORMATION

At University Hospitals Cleveland Medical Center (UH CMC) there are over 130 surgeons representing over 20 specialties performing over 25,000 surgeries annually. The prior practice involved the surgeon's office secretaries calling the surgical patients the day prior to their surgery to inform them of:

- Surgical time
- Arrival time
- Where to report for registration

The primary causes of patient and family confusion were identified as:

- There are two adult surgery centers located on different floors quite far from one other
- Different sets of instructions were given from each specialty with conflicting information related to:
 - NPO guidelines
 - Arrival time
 - Registration location
 - Correct surgical center
 - Personal items needed day-of-surgery

The Operative Services department received a number of patient and surgeon complaints. The perioperative nurses and surgical liaisons identified recurring concerns:

- Patient and family complaints related to pre-operative instructions
- Day-of surgery delays and cancellations
- Marketing department having difficulty creating a surgery-specific patient information folder due to the inconsistencies

OBJECTIVES

To develop pre-operative phone call ownership and a standardization process as a means to:

- Improve patient satisfaction
- Reduce day-of-surgery cancellations
- Optimize first case on-time starts
- Ensure patients and families are properly instructed for their surgical procedures

PROCESS OF IMPLEMENTATION

Urology patients were identified as the single-service pilot population, as this patient population expressed the most dissatisfaction.

The perioperative nurses called urology patients the day before their scheduled surgery to deliver instructions and answer questions.

After 4 weeks, the nurses created a pre-op call script and educated their peers and secretaries on the process.

Once the pilot was completed and the process was well-defined we shared it with each surgical specialty, to include a soft roll-out on July 1st, 2019 and hard roll-out on September 15th, 2019.

REFERENCES

Gaucher, S., Boutron, I., Marchand-Maillet, F., Baron, G., Douard, R., Béthoux, J. P., & AMBUPROG Group Investigators. (2016). Assessment of a standardized pre-operative telephone checklist designed to avoid late cancellation of ambulatory surgery: the AMBUPROG multicenter randomized controlled trial. PLoS one, 11(2), e0147194.

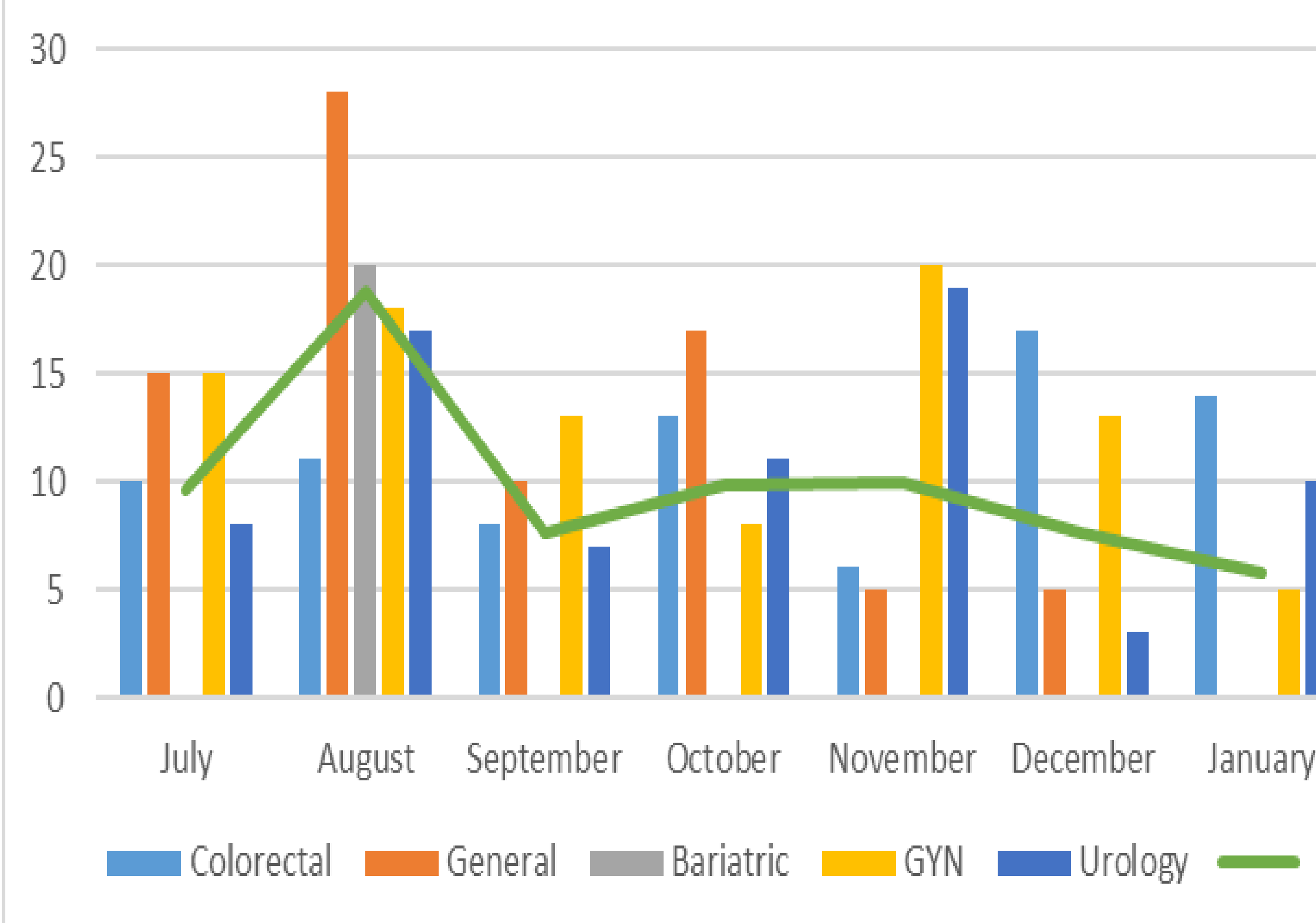
STATEMENT OF SUCCESSFUL PRACTICE

One month after the hard rollout date, the perioperative nurses and secretaries were conducting approximately 75 pre-operative phone calls to surgical patients daily.

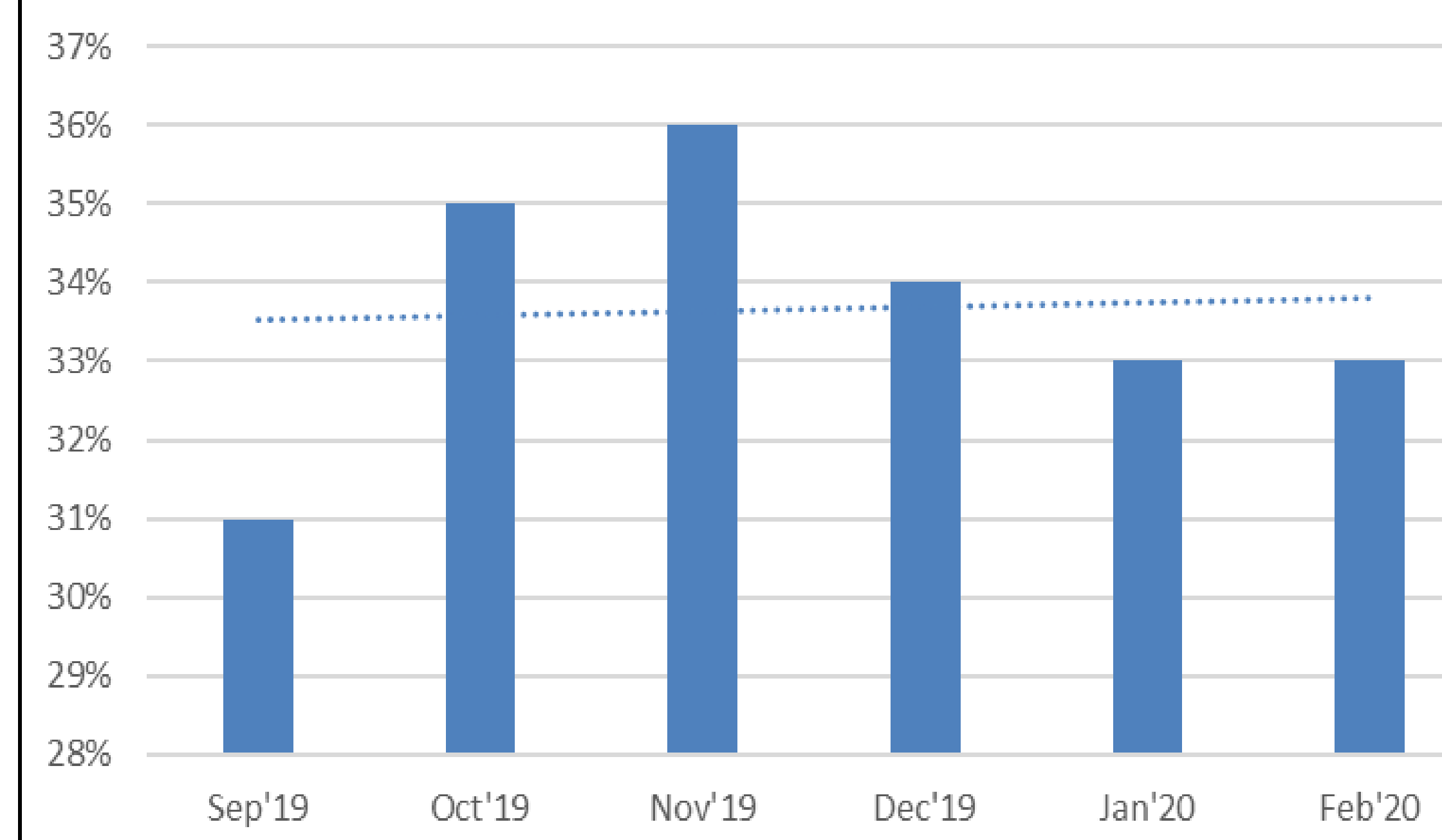
Outcomes to celebrate include:

- Improved first case on-time starts
- Decreased day-of-surgery cancellations
- Increased patient satisfaction.

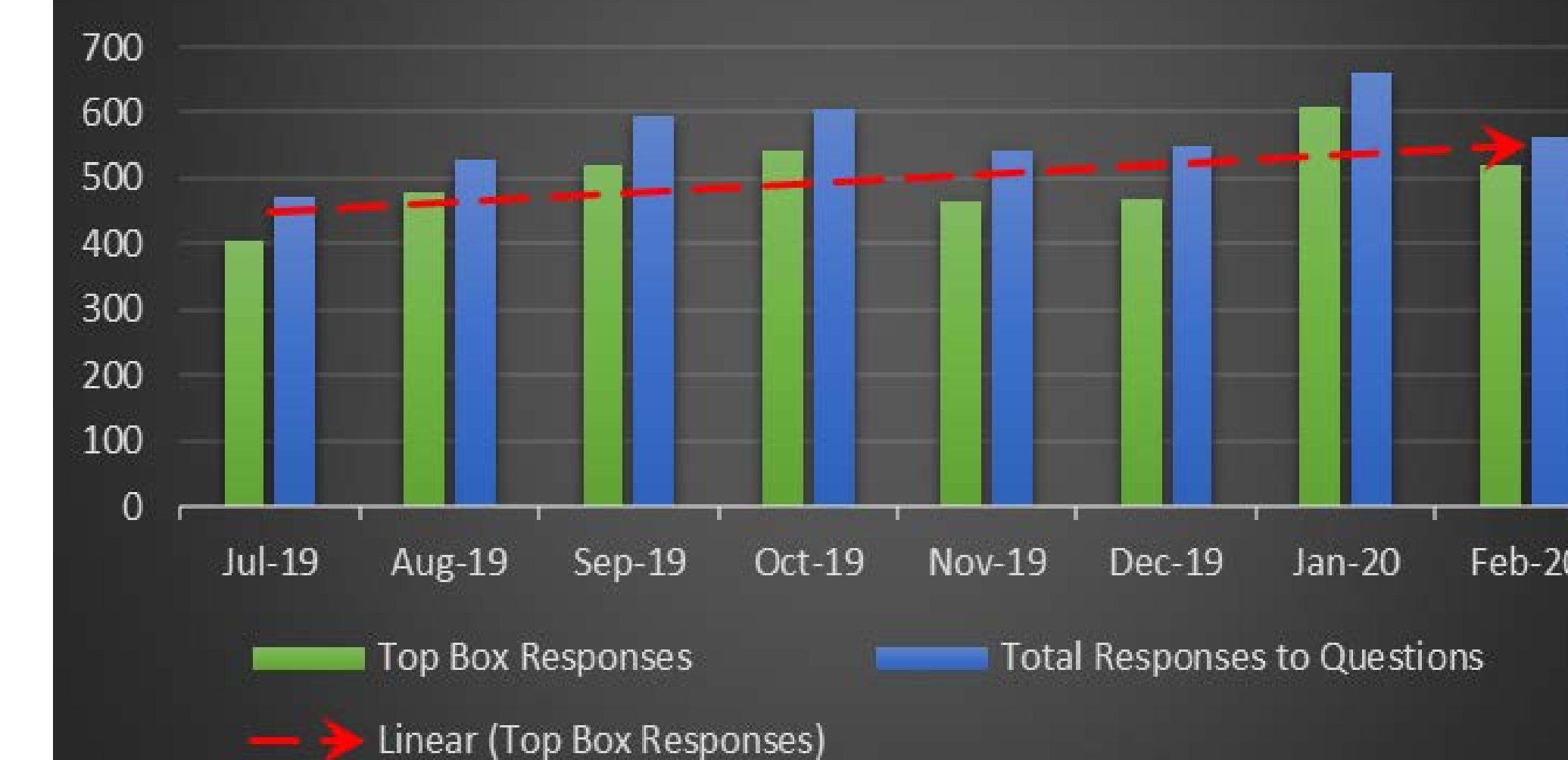
% Cancellation by Service Line/Month '19 - '20



First Case On-Time Starts



Patient Experience (OASCAHPS) Communication Domain



FINDINGS

- 28% decrease in lost patient belongings
- Cancellation data revealed gradual decrease by service line
- FCOTS improved by approximately 3%
- OASCAHPS increased in the Communication, Discharge, and Registration domains

IMPLICATIONS FOR ADVANCING PERIANESTHESIA NURSING PRACTICE

- Having one owner and a standardized process for pre-operative phone calls and communication with our patients has led to improved quality, safety, and satisfaction.
- The PACU staff are best equipped to answer questions, as well as elevate to anesthesia providers and surgeons.
- Being sensitive to the process prior to making changes was a lesson-learned, as some of the surgeon's secretaries were protective of these calls, even though there was ample time and thorough communication.
- Future state, face-to-face meetings with surgical service lines may have made the process more collaborative and better received.

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