



# Standardizing the Inpatient Pre-Op Process

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Phoenix Children's Hospital: Main Pre-Op and PACU

## BACKGROUND

- Absence of a consistent role or admission process for the Periop RN.
- Lack of RN to RN report results in the patient being brought to Inpatient Pre-Op without a designated RN to accept care.
- Additional issues resulting from inconsistent practice are: No HCG test, >4 hour old vital signs, missing transfer of care documents, unknown NPO status, no CHG bath, no LAR to sign consents, and no code sheet.
- **No verbal report has the potential for increased patient errors, delays in surgery, and incomplete patient preparation prior to surgery.**

## OBJECTIVES

- Increase the percentage of verbal report prior to surgery by 50%.
- **Provide a consistent practice for all patients going to the Main OR.**
- Effectively collaborate with Acute Care RN to address pre-surgery concerns, in order to improve continuity of patient care and outcomes.
- Increase the patient and family experience by decreasing potential errors and improving patient safety.
- Primary outcome is to improve patient readiness for surgery and prevent delays.

## METRICS

- An 18 month internal audit was performed to identify missing elements in preparing the patient prior to surgery in the Main OR.
- Progress was measured by comparing the pre-standardization audits of issues with patient preparedness, to those obtained once all interventions were implemented.

## INTERVENTION

All Main Pre/PACU staff received comprehensive orientation to the designated Inpatient Pre-Op role. Go-live January 2018!

Acute Care RN received online learning module to review changes with the new process. Education included: Vocera Alert System, Surgery Prep protocol, VS within 1 hour, and documentation requirements. Go-Live June 2018!

OR Notifies Inpatient Pre-Op when ready for patient and confirms method of Transport.

Acute Care RN receives Vocera Alert that the patient has been scheduled, and for changes within 1 hour of procedure time.

Inpatient Pre-Op RN reviews SCM for Transfer of Care form and Pre-Op Checklist.

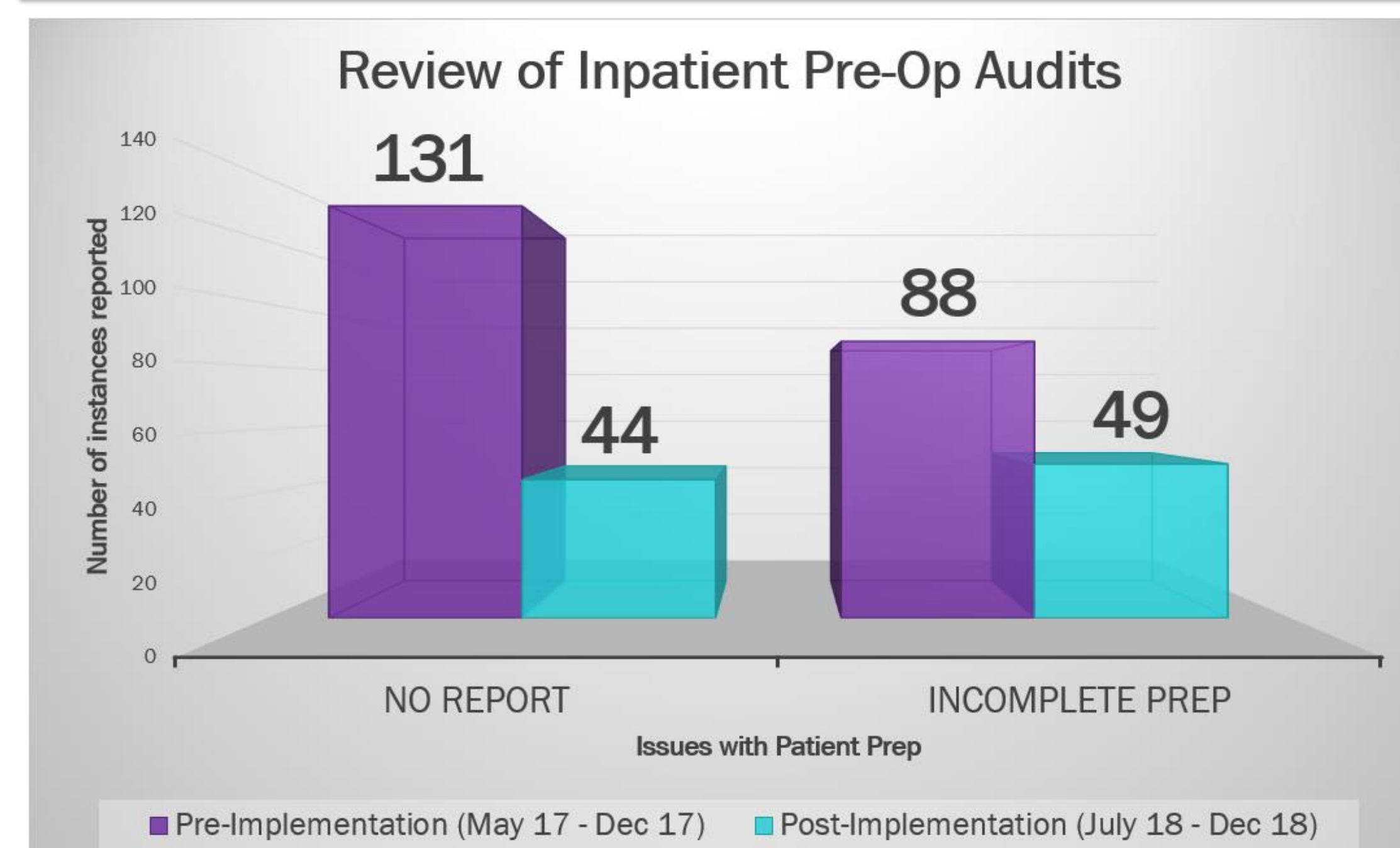
Acute Care RN completes Transfer Documentation, obtains VS within 1 hour of procedure time, verifies HCG (if applicable), and CHG is complete within 24 hours.

Inpatient Pre-Op RN calls Acute Care and uses a unit-specific SBAR to obtain thorough and consistent report.

Acute Care RN verbalizes patient condition/status, and reviews any other important information not found in the EMR.

Inpatient Pre-Op RN places order for Transport. Patient arrives to the unit and Inpatient Pre-Op RN checks in the patient, obtains consents, and verifies a set of vitals within 1 hour of procedure.

## RESULTS



After implementation of all process improvements, **issues of patients not being prepped properly had decreased by 42%**; **issues of no RN to RN report decreased by 66%**.

## INITIAL LIMITATIONS

- Bedside RN not logged into Room on Vocera.
- Bedside RN "too busy" to give report.
- Transport may be delayed, as they respond to calls housewide.
- Vocera updates only occur if there is consistent management of the OR Schedule.
- Inpatient RN does not report all process issues.
- Inpatient RN does not have separate landline for report.



## SUCCESSFUL PRACTICE

- All Pre/PACU staff rotate through the Inpatient Pre-Op role to stay adaptable to current practice.
- Pre/PACU staff communicates with Acute Care CS for assistance if issues arise.
- **Consistent oversight by Periop management to address any issues and flex staff to meet patient volumes, has promoted sustainability of this practice.**
- Inpatient RN now has a separate landline for better communication with OR and Acute Care.
- Supports the PCH high reliability philosophy to complete verbal handoff.