

# OVERCOMING COMMUNICATION BARRIERS DURING THE PRE-PROCEDURE EVALUATION

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## BACKGROUND

- Pre-Procedure Evaluation (PPE) phone program interviews 100% of patients scheduled for elective surgery or procedures requiring anesthesia
- There is no PPE clinic, all interviews are completed over the phone
- The PPE nurse obtains the patient's medical and surgical history, list of medications and completes the nursing assessment
- This information is reviewed by the anesthesia team within 30 days of the procedure
- Initiate plan of care to ensure a safe and positive anesthetic outcomes

## COMMUNICATION CHALLENGES

- Non English speaking patient
- Patient with illiteracy or low literacy
- Patient residing in skilled nursing facility or group home
- Patient that require home health services and visiting nurse
- Patient with special needs including: cognitive disability, autism, speech, hearing impaired and vision impaired

## SUCCESSFUL PRACTICE OUTCOMES

- The anesthesia team has the medical information needed for review
- PPE nurse provides the anesthesia team with contact information to obtain testing results and/or most recent history and physical from outside specialist
- Anesthesia team is reviewing outside records and any testing
- The preoperative nurse is able to access the PPE documentation which facilitates patient flow on the day of surgery or procedure
- Patient is prepared for the day of procedure and aware of their plan of care
- Each patient's needs are individual but met with the same quality of care

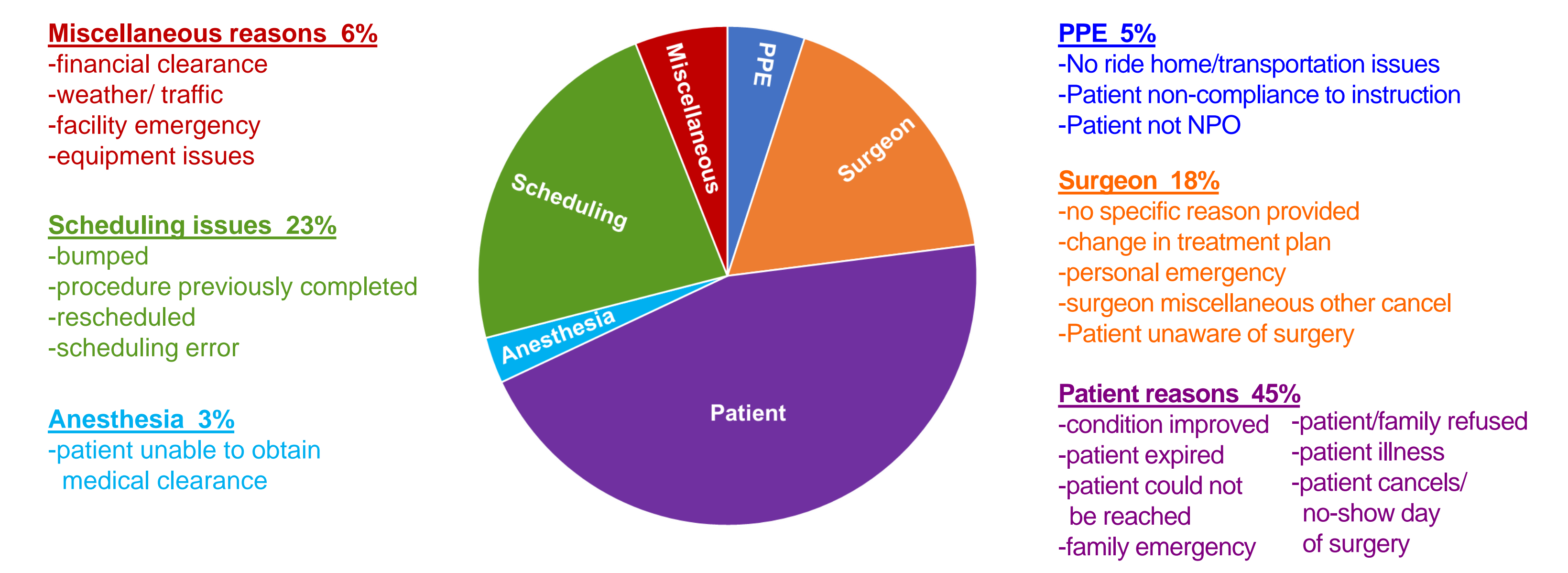
## PRE-PROCEDURE EVALUATION OBJECTIVES

- The goal is to complete the PPE on all scheduled patients requiring anesthesia
- Collaborate patient care with the perioperative and anesthesia team
- Provide medication and NPO instructions for day of surgery per anesthesia guidelines
- Obtain a comprehensive medical history for each patient
- Inform the patient on what to expect on day of surgery
- Initiate consults to specialized groups within the MGH community to ensure adequate follow up

## ADAPTING TO PATIENT'S ABILITY

- Assess patient's ability to conduct the medical interview
  - give list of medication
  - answer questions regarding health history
  - answer questions regarding activity level
  - provide specialist's information
- If unable to obtain the answers to questions alternate members of patient's network are utilized for the interview such as:
  - family member
  - visiting nurse provider
  - local pharmacy

2018 Operating Room Cancellation Rate



CALENDAR YEAR 2018 PPE NURSING CALL DATA													
TYPE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	GRAND TOTAL
Adult	1,985	1,617	1,965	1,819	2,038	1,759	1,814	1,912	1,744	2,063	1,930	1,641	22,287
Pedi	108	105	120	113	107	131	132	114	59	127	116	75	1,307
Facility	14	16	15	17	24	16	32	23	17	26	25	20	245
Pedi GI	0	0	0	0	0	11	78	140	93	66	116	147	651
Language*	x	x	x	x	x	x	21	31	25	39	36	28	180
Monthly Total	2,107	1,738	2,100	1,949	2,169	1,917	2,077	2,220	1,938	2,321	2,223	1,911	24,670
Daily Volume	100	91	95	93	99	91	99	97	102	106	106	101	98

\*Jan-June language not calculated

## INTERPRETER USE

- **MGH Interpreters**
  - Trained and nationally certified professionals who help providers communicate with patient and family who are limited English proficient
  - Communication Access Real-time Translation (CART) is a communication tool used to communicate with the hearing impaired patient
- **Outside vendor – Cyracom**
  - Utilized if MGH interpreter services are not available
  - Also follow professional standards of practice

## FACILITY PROTOCOL

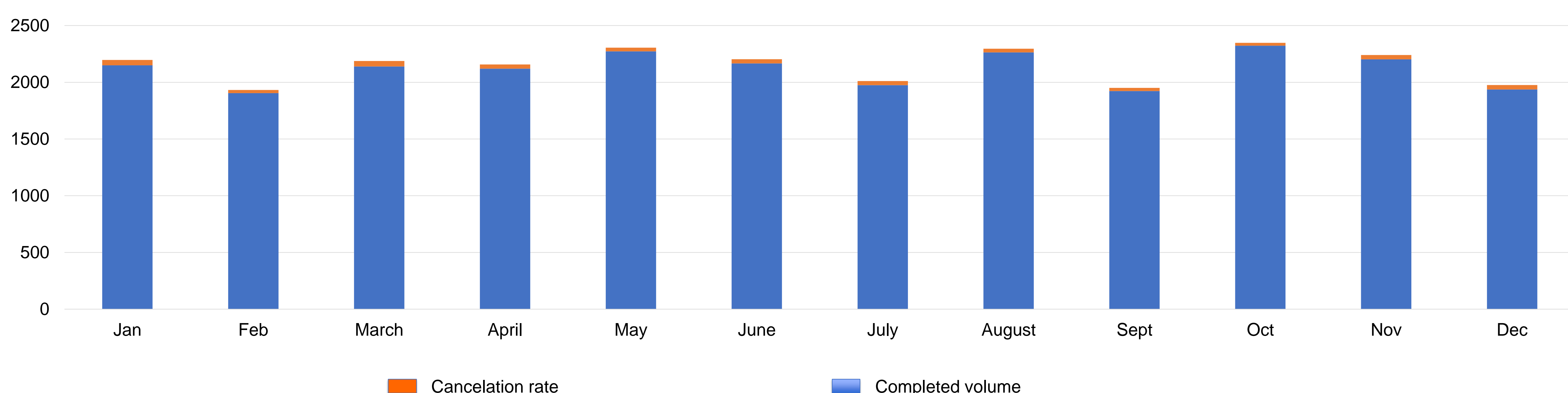
- Questionnaire is faxed to skilled nursing facility or rehab
- Facility returns the completed questionnaire and the patient's current medication list
- Contact nurse is called to establish communication link, address additional questions and verify information
- Assess for guardianship, physical and cognitive impairments
- PPE nurse faxes the medication instructions with NPO guidelines back to the contact nurse at the facility

## CANCELLED OR CASES

Statistics exhibit low OR case cancellation due to PPE factors:

- Patient not understanding pre op instructions
- Unanticipated comorbidities
- Low rate of inability to contact patient
- Cancellation rate remains unchanged with an all phone program compared with in patient clinic

2018 Monthly Completed PPE Volume with day of Surgery Cancellation Rate



MASSACHUSETTS GENERAL HOSPITAL

Facility Nurse -> MGH PPE Worksheet

Please complete, sign and fax this form back to MGH (1st) prior to the scheduled consultation to facilitate the safe transfer of care. Fax number is 617-724-4468.

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Mental status: \_\_\_\_\_

Language? \_\_\_\_\_

Interpreter required? Yes \_\_\_ No \_\_\_

How will patient transfer from facility and who will accompany? \_\_\_\_\_

Family involved in care? Yes \_\_\_ No \_\_\_

Allergies? Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

HT: \_\_\_ WT: \_\_\_

Recent vital signs: \_\_\_\_\_

O2 Saturation Requires O2? Yes \_\_\_ No \_\_\_

OSA? Yes \_\_\_ No \_\_\_

If yes, CPAP? Yes \_\_\_ No \_\_\_

If yes, patient should bring DOO? \_\_\_\_\_

Pain? Yes \_\_\_ No \_\_\_

If yes, most recent location/rate & rating on 0-10 pain scale: \_\_\_\_\_

How treated? \_\_\_\_\_

Social habits history: Alcohol \_\_\_ Smoking \_\_\_

Drug hr: \_\_\_\_\_

Is patient a diabetic? Yes \_\_\_ No \_\_\_

If yes, most recent fasting F3 glucose: \_\_\_\_\_ or fasting glucose range: \_\_\_\_\_

Anesthetizes independently? Yes \_\_\_ No \_\_\_

If no, what assistive device is used? \_\_\_\_\_

If unable to ambulate, are Bariatric equipment/Lifts required? Yes \_\_\_ No \_\_\_

Skin condition: Wound or pressure sore? Yes \_\_\_ No \_\_\_

If yes, Location & type: \_\_\_\_\_

Incontinence: Urine \_\_\_ Stool \_\_\_

Problems with swallowing? Yes \_\_\_ No \_\_\_

Does patient require medications to be crushed or given with anything other than water? Yes \_\_\_ No \_\_\_

If yes, what? \_\_\_\_\_

Lines: (check all that apply): Central or PICC line \_\_\_ Dribby \_\_\_ Foley catheter \_\_\_ Other \_\_\_

Risks/precautions (check all that apply): Falls \_\_\_ Aspiration \_\_\_ Seizures \_\_\_ Restraints \_\_\_ TB \_\_\_ MRSA \_\_\_ VRE \_\_\_ C. Diff \_\_\_

Any recent changes in health status or LFT, UPT or other infection not related to surgery? Yes \_\_\_ No \_\_\_

Anesthesia airway questions: Adequate neck ROM? Yes \_\_\_ No \_\_\_

Can open mouth wide? Yes \_\_\_ No \_\_\_

Loose or broken teeth? Yes \_\_\_ No \_\_\_

Does the patient require any of the following to transfer? If yes, a clinical escort is required by the sending facility: Cardiac monitor? Yes \_\_\_ No \_\_\_

Artificial airway (endotracheal or tracheostomy tube) Yes \_\_\_ No \_\_\_

Requires mechanical ventilation Yes \_\_\_ No \_\_\_

Requires >50% O2 to maintain SpO2 above 90% Yes \_\_\_ No \_\_\_

Requires continuous infusions Yes \_\_\_ No \_\_\_

Unable to communicate, disoriented, or combative Yes \_\_\_ No \_\_\_

Nurse signature \_\_\_\_\_

## IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERI-ANESTHESIA NURSING

When patient communication barriers are addressed prior to day of surgery, individual patient needs are met

- Resulting in better interdisciplinary teamwork
- Enhanced quality of care for the patient across the peri-operative continuum
- Accommodations have been made to meet all patient's needs resulting in a successful phone program