

# Reducing Day of Surgery Cancellations via Electronic Prescreening Tool

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## Background

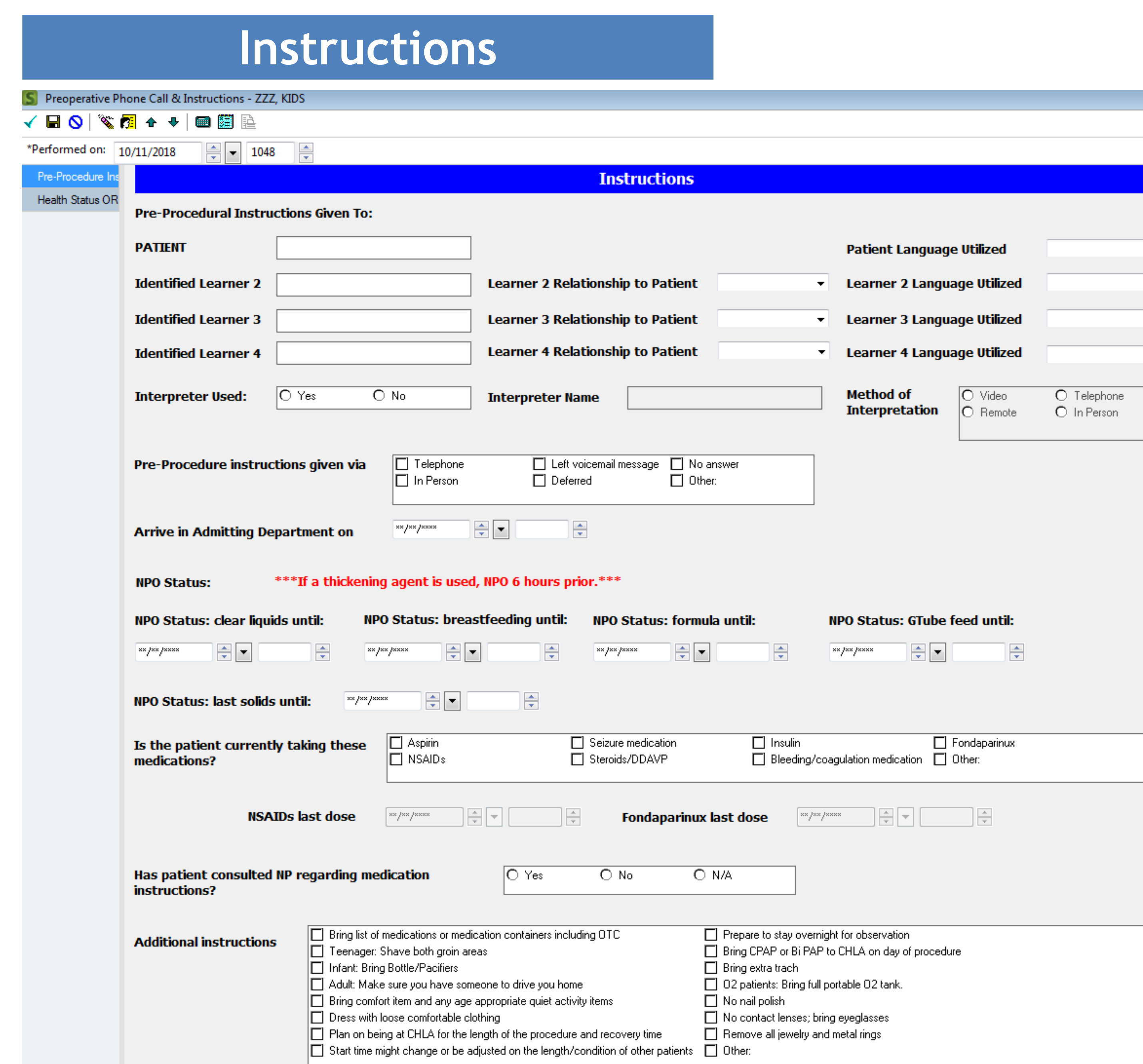
A large percentage of scheduled surgical cases were cancelled on the day of surgery (DOS). Most commonly, DOS cancellations were due to preventable reasons such as upper respiratory illness, NPO violations, legal issues/missing documentation, or miscommunicated preoperative instructions. Cases cancelled on the DOS attributed to patient dissatisfaction, decreased accesses to surgical intervention for other patients, underutilized OR schedule blocks, and loss in revenue to the hospital. In order to address these issues an electronic prescreening tool was created and utilized for all preoperative patients.

## Objectives

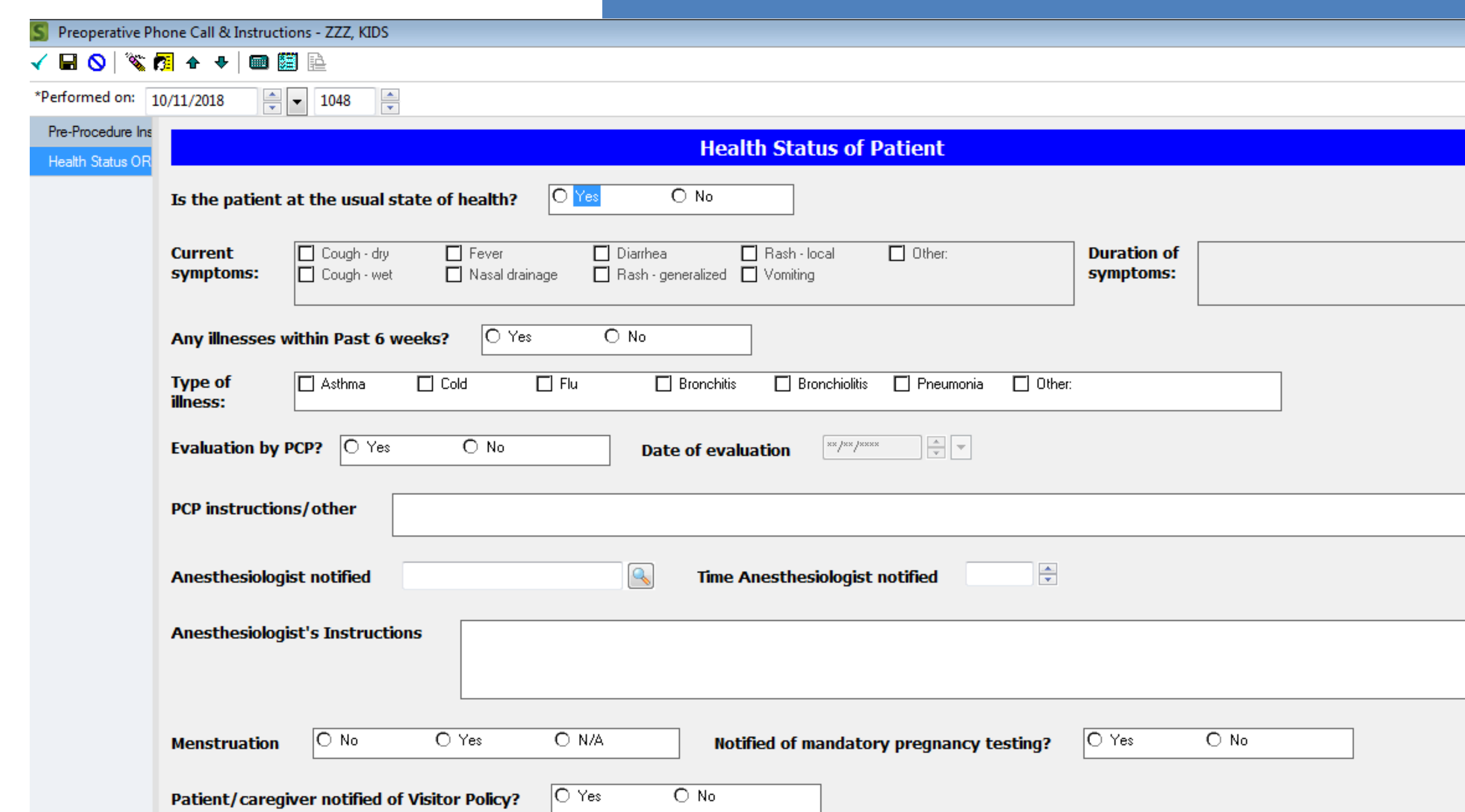
Standardized prescreening of all patients prior to the DOS in order to:

- Identify cases that need to be cancelled prior to the DOS
- Educate patients and caregivers
- Increase compliance with preoperative instructions
- Increase staff satisfaction with preoperative workflow
- Reduce preventable causes of cancellation

## Preoperative Phone Call and Instructions Tool



## Health Status of Patient



## Implementation

An electronic “Preoperative Phone Call & Instructions” tool was developed with the input of Surgical Admitting nurses to address common preventable reasons for cancellation. All preoperative patients were screened utilizing the tool, which serves as a standardized script and guides the nurse through preoperative screening, education, and identification of potential reasons for cancellation.

## Results

- Significant reduction in DOS cancellations
- Increased caregiver understanding
- Increased compliance with preoperative instructions
- Increased staff satisfaction with preoperative workflow

## Implications

- Increased access to surgical intervention for patients waiting for surgery
- Increased patient satisfaction
- Decreased revenue loss to the hospital

## References

Lee, C. M., Rodgers, C., Oh, A. K., & Muckler, V. C. (2017). Reducing surgery cancellations at a pediatric ambulatory surgery center. *AORN Journal*, 105(4), 384-391.