Standardizing the Inpatient Pre-Op Process
Tracy Herbert, MSN, RN, CPN and Amber Senetza, MSN, RN, CPN
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.

**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.

**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%.

![Review of Inpatient Pre-Op Audits](chart.png)