IMPLEMENTATION OF A PRE-ANESTHESIA CLINIC AT A CANCER INSTITUTION

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Background Information:

Efficient use of operating room time is critical to surgical management. Unexpected case delays and cancellations create ineffective utilization of operating room time and lead to patient, staff, and physician dissatisfaction. Establishing a preanesthesia clinic for early identification of the perioperative needs of complex oncologic surgical patients demonstrated an efficient, individualized, and cost-effective perioperative patient management system.

Objectives:

Establish an ambulatory clinic to evaluate patients preoperatively.

Perioperative risk reduction for oncology patients with cardiac disease undergoing non- cardiac surgery.

Minimize surgical delays or cancellations by early identification of barriers and medical comorbidities inherent to complex oncology patients.

Initiate complex post surgical teaching and care coordination.

Method:

Nursing Administration and the Department of Anesthesia hired a team of three Nurse Practitioners, three Registered Nurses, and a Clinic Scheduler. This collaborative team identified a physical clinic space, defined roles, and established guidelines to evaluate surgical patients. Evidence-based preoperative guidelines were established and implemented within the clinic. A standard format was developed for collection and evaluation of data. Seamless interdepartmental care coordination was developed for oncology patients with multiple co-morbidities by proactive initiation of consultations and follow-up by Nurse Practitioners.

Statement of successful practice and nursing implications:

Significant decreases in day of surgery delays and cancellations were achieved.

Seamless care coordination and increased interdepartmental communication contributed to increased surgeon, anesthesiologist, nurse, and patient satisfaction.

Press-Ganey scores for patient satisfaction were the highest in the Ambulatory setting. Redistribution of work in the Perioperative Department increased efficient use of nursing resources.