

THE THREE (3) T's OF A NEW PREADMISSION OPTIMIZATION DEPARTMENT TIMELINE, TEAMWORK AND TRANSFORMATION

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Background Information related to the problem identification:

The Preadmission Testing Department began a journey of transformation in late 2012. Department goals included improving the readiness of surgical patients and efficiencies of the department. A taskforce was identified which included anesthesiologists, registered nurses, hospitalists, schedulers, surgeon office schedulers, secretaries and managers to redesign the process.

Objectives of project:

- Contribute to the changing healthcare environment
- Document all steps of the new processes
- Improve processes by continually evaluating the goals of the Surgical Services Division

Process of Implementation:

Scheduling procedures, chart flow, acuity sheets, and patient education were evaluated. Standardized protocols and algorithms were developed to avoid unnecessary testing. A six question pre-screening tool delineates a pretesting pathway: 1) an actual physical visit or 2) a pre-op phone call. The information needed for the anesthesia provider, nursing and surgeon was assessed and duplication of work was identified. Electronic medical records options were analyzed and upgrades are planned for March 2014.

Statement of the successful practice:

Preadmission Testing RNs were able to actively contribute throughout the redesign process. The number of patient touched by nursing has increased significantly. The revision of forms, development of work teams, and the numerous meeting commitments enhanced the professional development of the RNs involved.

Implications for advancing the practice of perianesthesia nursing:

Perianesthesia nurses must be open to all possibilities during times of change. Documentation of the process changes via poster presentation will include a **timeline of accomplishments** for all to view as transformation is ongoing.