

OPTIMIZING HIGH-RISK PATIENTS PRE-OPERATIVELY

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Background Information: High risk patients (ASA 3 and greater) were not consistently being evaluated and optimized prior to surgery.

Objectives of Project: To decrease day-of-surgery cancellations; decrease first-case of the day start time delays; and decrease mortality and morbidity for high risk patients.

Process of Implementation:

- Educated surgeons' office staff members to the American Society of Anesthesiologists (ASA) classification system.
- Modified Surgery Scheduling Form to include the ASA classification system and provided disease-specific examples to facilitate accurate identification of high risk patients.
- Utilized nursing resources to initiate telephone nursing assessments for early identification of high-risk patients.
- Required high-risk patients to be evaluation and optimized by Primary Care Physician and/or specialist as indicated.
- Provided evaluation and optimization in newly established, on-site Pre-Operative Evaluation Center (a.k.a. "Clinic").
- Improved communication between the Pre-Admission Testing / Screening Department and the Department of Anesthesia.

Statement of Successful Practice: A comparison of six-months prior to initiative to six-months after initiative demonstrated:

- Decrease in post-op occurrences (a.k.a. morbidity) for elective, general surgery cases.
- Decrease in day-of-surgery cancellations.
- Decrease in the number of first-case of the day start time delays.
- An Increase in Anesthesia Consults pre-operatively.

Implications for Advancing the Practice of Perianesthesia Nursing: Using the ASA classification system to identify high-risk patients as early as possible facilitates adequate time for nursing and medical staff to evaluate and optimize the patient prior to the day of surgery. Patient outcomes and efficiency are improved when elective, high-risk for surgery and/or anesthesia patients are in the best possible condition before the day of surgery. Revenue enhancements resulting from decreased post-op morbidity occurrences; decreased day-of-surgery cancellations; and decreased first-case of the day start time delays exceed the expenses incurred when providing the required resources.