

BOARDING PASS: IMPROVING STAFF AND PATIENT ENGAGEMENT IN THE PRE-PROCEDURE VERIFICATION PROCESS

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BACKGROUND

- An opportunity to improve communication accuracy, clarify policies and procedures, address the consent process and preprocedure checklist designed for the adult population to provide support for compliance with pre-procedure checklist documentation by bedside nurses was identified.
- Baseline data revealed that 74.2% of patients were arriving to the Pediatric OR Holding area with all critical elements necessary for a surgical/diagnostic procedure requiring anesthesia.

SETTING

Level I Pediatric Trauma Center with a 278 pediatric bed capacity and 24 specialty care areas at Children's Memorial Hermann Hospital, affiliated with the University of Texas Health McGovern Medical School in Houston, Texas.

PURPOSE

- 1. To develop a standardized process for preprocedure verification that is initiated at the time the patient is scheduled for surgical or diagnostic procedure using a pediatric-specific checklist.
- 2. To improve staff and family engagement in the preprocedure verification process

METHODS/DESIGN





OUTCOME MEASURES

- Primary outcome measure was the percentage of compliance with the pre-procedure verification checklist by the bedside nurses.
- The quality measure is the percentage of patient readiness upon arrival to the Pediatric Holding Area.

A quality Improvement project was conducted.

PROCESS MAP

INTERVENTION

Preprocedure Verification Checklist

- Day Charge RN reviews OR Tracker/Surgery Schedule day before surgery.
- Bedside nurse reviews patient chart, starts preprocedure verification checklist.
- At 0430 on day of surgery call is made to floor to verify patient readiness.
- Holding nurse and bedside nurse develop a plan to resolve issues prior to arrival to OR Holding.



- Consults were conducted prior to surgery to engage the patient and families in the pre-procedure process, minimize anxiety, and provide education at their level of understanding.
- A pediatric-specific pre-procedure checklist was piloted as a paper form in the surgical floor in March of 2015.
- The Boarding Pass process was rolled out to other units in June of 2015.
- Results were presented to the physician partners as well as the Boarding Pass team comprised of nurses from the preop/holding area, pediatric floors, PICU and NICU.
- In August 2016 the electronic checklist was revised to include pediatric-specific information; format changed so multiple nurses working on the checklist within the 24-hour period were able to view, modify, and verify the information in a single document.







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- Compliance with documentation of preprocedure checklist increased from 4% (Jan-May 2015) to 94% (July-Dec. 2015).
- Patient readiness improved from 74.2% (May) 4014-March 2015) to 77.7% (March-May 2016).





Child Life consultations for preop patients supported patient/family satisfaction (allayed anxiety).

PRACTICE IMPLICATIONS

- A standard pre-procedure verification process using a pediatric-specific checklist assisted in driving compliance and documentation of preoperative preparation.
- Patient safety is enhanced when all the critical elements required prior to surgery are addressed.
- Patient readiness upon the 0430 boarding pass call and upon holding call are currently identified as areas for improvement.
- Continuous PDSA cycles are being done to drive quality improvement.

REFERENCE

Health Research & Educational Trust and Joint Commission Center for Transforming Healthcare. (2014, August). Reducing the risks of wrong-site surgery: Safety practices from The Joint Commission Center for Transforming Healthcare project. Chicago, IL: Health Research & Educational Trust. Accessed at www.hpoe.org.

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