Redesigning the Pre-Admission Testing Process in a Specialized Children's Hospital, Moving Towards a Model of Care Coordination

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Background Information: We serve a patient population which includes many complex pediatric and young adult patients, who often present for surgery with an extensive list of comorbidities. Our pre-admission testing process was deemed inefficient, task focused vs. process focused. Multiple nurses could potentially touch a chart, leading to several hand offs, with no way of determining patient acuity. Our team felt overwhelmed and understaffed.

Objectives of the Project: Our goal with our workflow redesign was to streamline our processes, thereby increasing efficiency in the department, minimizing patient/chart handoffs and assuring a safe surgical experience for our patients.

Process of Implementation: Our core PreAdmit Testing team met and mapped out our current processes. This clearly illustrated the complexity of our system and the redundancies that existed. We also identified areas within our system that worked well. Four members of our team formed a task force to redesign the workflow, moving towards a model of care coordination. A point based acuity scale was developed, classifying patients as "red", "yellow" or "green", depending on number of points. Points reflect their comorbidities, complex psychosocial situations, multiple medications or required medication weans and labs and/or imaging procedures ordered in conjunction with surgical procedures. Any patient classified as "red" is assigned to one core Pre-Admit Testing nurse, who is responsible for coordinating all aspects of pre-op preparation, thus reducing handoffs. Care for "yellow" patients is also coordinated by core Pre-Admit testing staff. Patients classified as "green" can be delegated to nurses floating to the Pre-Admit office to prepare the chart and complete the pre-op phone call with the family. We are able to monitor productivity via EMR reports.

Statement of Successful Practice: PreAdmit Testing for our most complex patients has been streamlined, thus minimizing hand offs and assuring comprehensive preparation for surgery. Staff feedback confirmed that efficiency in the PreAdmit Testing office has improved as well as team satisfaction. Anesthesia colleagues have also reported satisfaction with our processes.

Implications for Advancing the Practice of Perianesthesia Nursing: In the future, the patient's acuity score will be available in the EMR to help guide pre-op as well as post-op care. It is our belief that streamlining our processes will improve patient safety.