

Triaging Referrals for Preoperative Evaluation and Management (POEM) Center Appointments

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Background

The Perioperative Evaluation & Management (POEM) center is a clinic where patients are assessed and screened for past medical, surgical, and anesthetic history prior to arrival for a planned procedure requiring anesthesia services. It provides a place for patients to discuss their upcoming anesthetic and have their questions about the process answered. The Perioperative Evaluation and Management (POEM) center serves as entire institution's PAT (Pre-Admission Testing) hub.

The POEM center offers in-person visits as well as telehealth visits by phone or video. Patients with complex medical histories and those scheduled for complex multi-surgeon cases benefit from in-person assessments by Advance Practice Providers (APPs) and physicians. These patients often require additional workup and extensive care coordination to develop a preprocedural plan. Patients scheduled for procedures outside of the OR and patients scheduled for straightforward single-surgeon cases who do not have complex medical histories can be accommodated with telephone assessments with a Registered nurse (RN). Video assessments are intended for patients with multiple comorbidities, or complex medical histories managed by the APP team.

These criteria can be subjective, which resulted in patients being scheduled for suboptimal appointment types.

Objectives

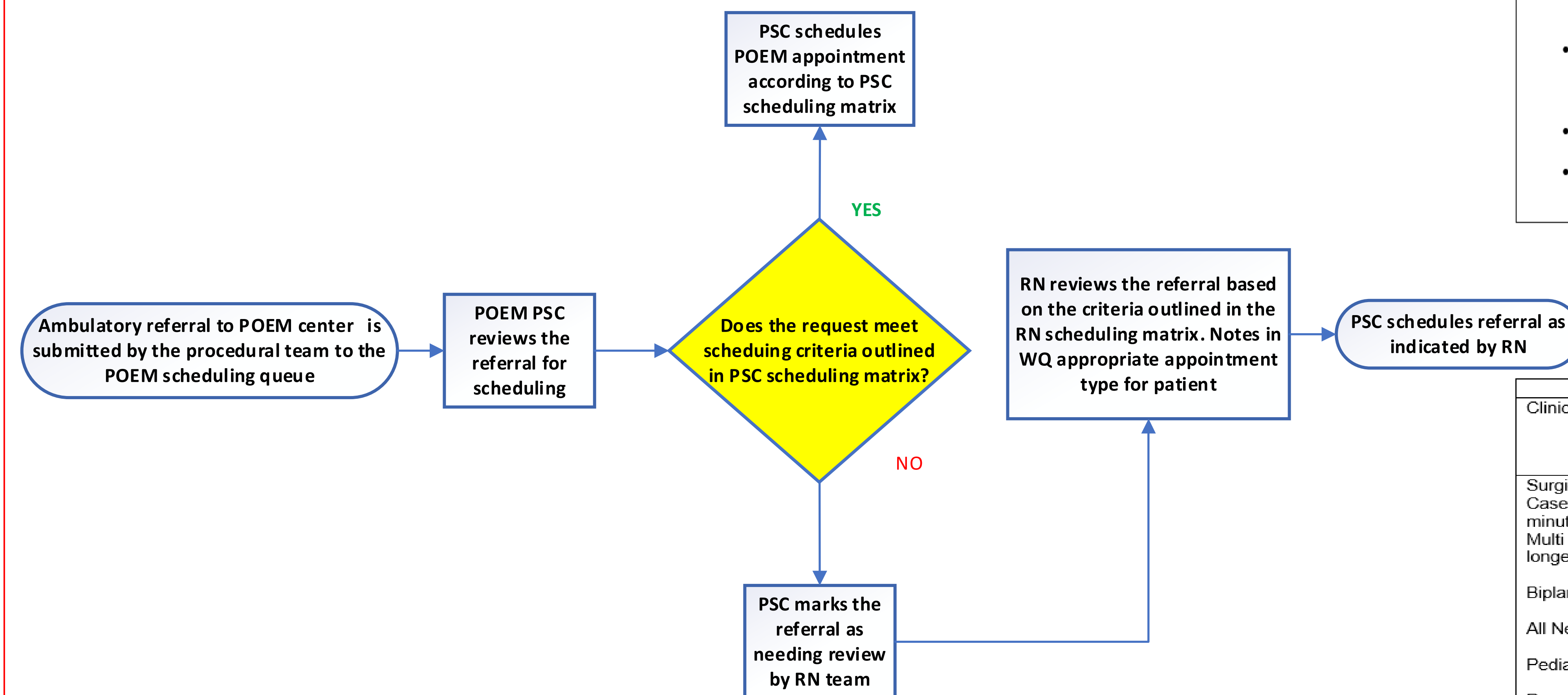
To create a standardized process for determining the POEM appointment type that will add the most value to the patient's perioperative experience.

Implementation Process

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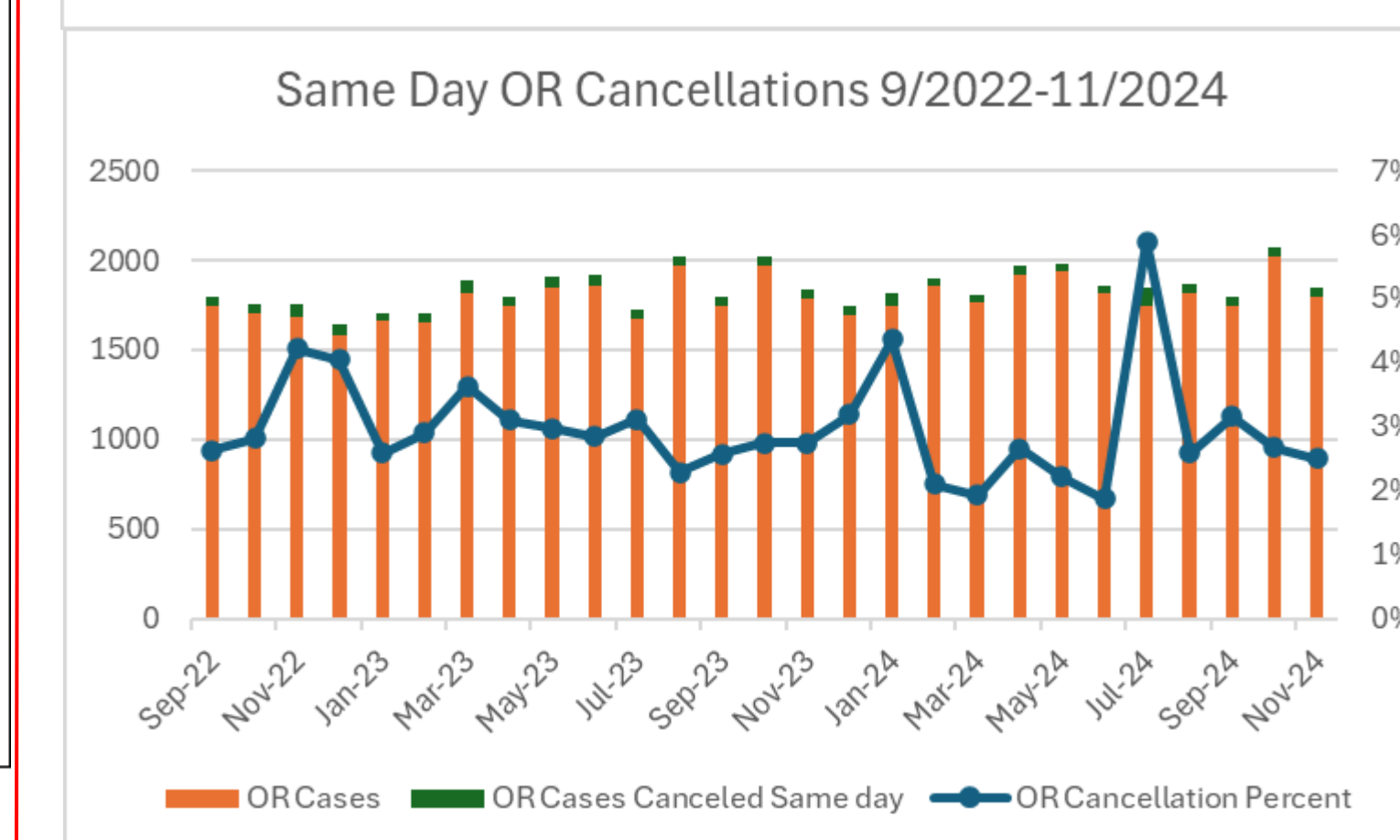
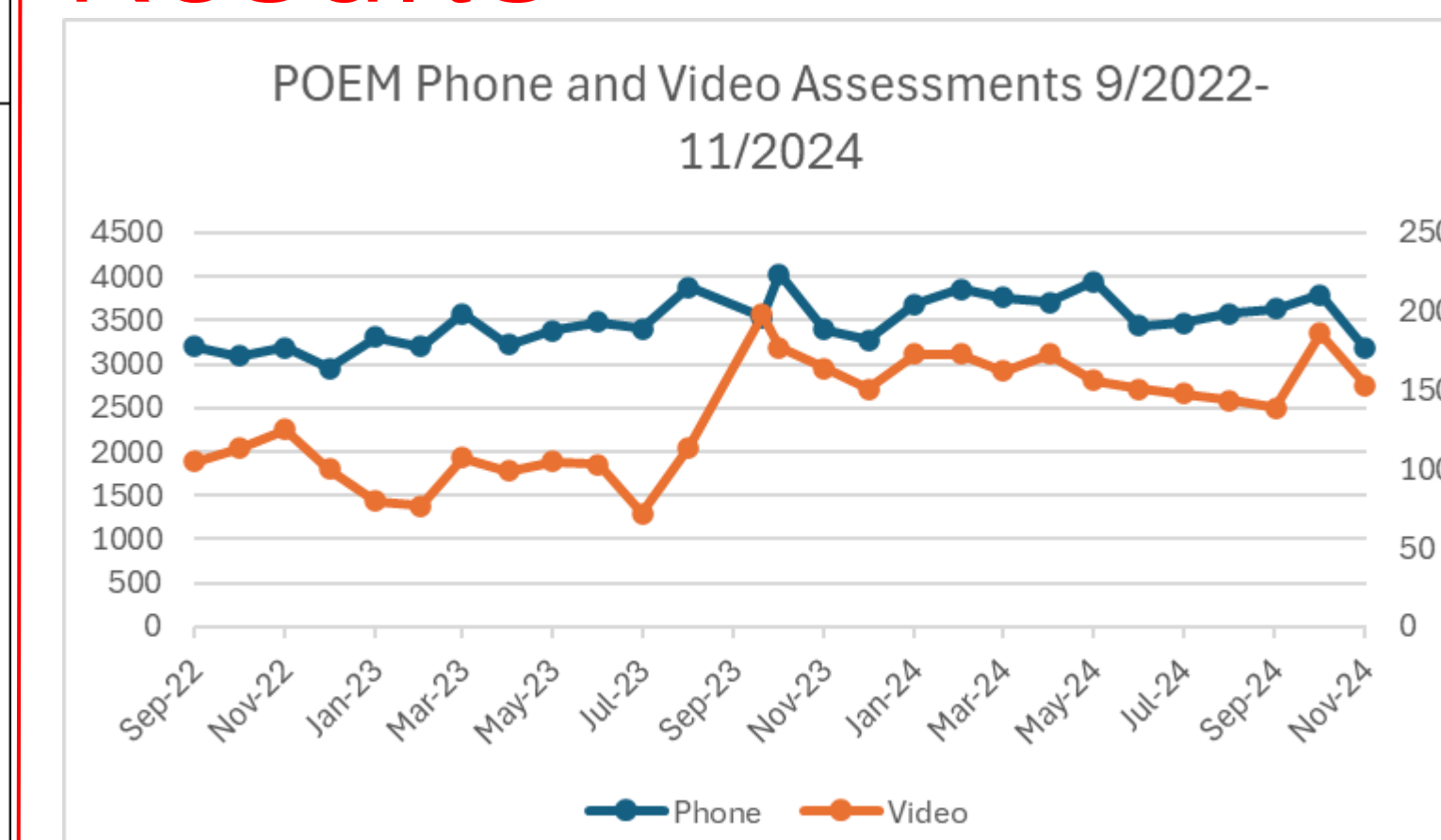
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Registered Nurse Scheduling Triage Matrix				
Clinic Appointment	Phone Appointment	Geriatric Internal Medicine Appointment	Internal Medicine Appointment	Video Appointment
Medical History <ul style="list-style-type: none">Congestive heart failure (CHF)Heart failurePulmonary hypertensionNew difficult airwayValvular disease (Aortic, mitral, mod-severe)New heart murmurMI/ cardiac stent/ PCI within 6 monthsCVA/ TIA within 6 monthsNew anticoagulant use within 6 monthsMyasthenia GravisHistory	Stable patients with no comorbidities Stable patients with managed/ treated comorbidities	Age greater than 75yrs with planned surgical admission Age greater than 65 yrs with diagnosis/ medications suggestive of cognitive impairment Criteria outlined for internal medicine appointment in patients age 75yrs or older	Suboptimal diabetes <ul style="list-style-type: none">Known Type 2 DM or steroid-induced: A1c 8-9 % or random glucose 180-299 mg/dLNo hx of Type 2 DM: A1c 6.5-9.9 % or random glucose 180-299 mg/dL Suboptimal hypertension <ul style="list-style-type: none">BP > 150 or DBP > 90 Kidney dysfunction- <ul style="list-style-type: none">creatinine > 1.5 mg/dL Hypothyroidism <ul style="list-style-type: none">TSH 10-29 m unit/mLAsymptomatic hyponatremia-sodium 126-130 mmol/L New LBBB or if LBBB was not previously evaluated Hx of cardiac issue (e.g., CAD, CHF, atrial fibrillation) if cardiology referral is not indicated Hx of CVA/TIA if neurology referral is not indicated Long term anticoagulation/ antiplatelet therapy HX osteoradionecrosis for head and neck procedures Multiple comorbidities	Known stable difficult airway Multi surgeon case with stable medical history Port a Cath placement with complex medical history

Patient Service Coordinator Scheduling Matrix				
Clinic Appointment	Phone Appointment	Geriatric Internal Medicine Appointment	Internal Medicine Appointment	Video Appointment
Surgical team request Cases longer than 500 minutes Multi surgeon cases longer than 250 mins Biplane IR/OR cases All Neurosurgery cases Pediatric OR cases Pregnant patients Endocrine <ul style="list-style-type: none">Adrenalectomy Gynecology <ul style="list-style-type: none">Hysterectomy Thoracic <ul style="list-style-type: none">EsophagectomyThymectomy	Port a Cath placement Breast <ul style="list-style-type: none">Segmental MastectomyTissue expander/ implant Urology <ul style="list-style-type: none">Prostate biopsyTURP (Transurethral Resection Prostate)Cystourethroscopy Gynecology <ul style="list-style-type: none">HysteroscopyD&C (Dilation and Curettage) Cases outside of the OR <ul style="list-style-type: none">BronchoscopyImaging (MRI, CT)EndoscopyInterventional Radiology procedures (With the exception of biplane)	Whipple age 75 yrs or greater Cystectomy age 75yrs or greater Head and Neck procedure with flap age 75yrs or older Age 90 yrs or greater regardless of surgery	Whipple age 75 yrs or younger Cystectomy age 74 yrs or younger	Urology <ul style="list-style-type: none">Nephrectomy age 65yrs or youngerProstatectomy age 65 yrs or younger Gastrointestinal (GI) <ul style="list-style-type: none">Ileostomy take downLaparoscopic cholecystectomy Breast <ul style="list-style-type: none">Total Mastectomy

Results



Implications for Peri-Anesthesia Nursing Practice

This initiative has facilitated the increased use of telehealth to provide pre-procedure care for patients scheduled with procedures requiring anesthesia services.

Statement of Successful Practice

Implementation of the referral triaging process has led to a 2.5% increase in telephone assessments and 1.2% increase in video assessments over last year while maintaining a same-day OR cancellation rate below 4%.