

Purpose

- There was a need for increased G.I. patient experience and reduction in cancellations.
- An additional G.I. physician was joining the practice which added to the volume of our already high-volume service line.
- The G.I. population is about 30% of our case load daily.

Background

- G.I. Patient population is routed through the main operating room.
- Patients would receive multiple methods of communication from multiple different offices and areas of the system. This led to patient confusion and miscommunication.
- The patients are assessed, prepped and recovered by the perianesthesia staff.
- Lack of communication between the G.I. office, surgery schedulers and the perianesthesia department led to patients not showing up for procedures, cancelling last minute or having poor colonoscopy prep.
- Cancellations led to underutilized procedure rooms and fiscal impacts.
- Lack of communication resulted in poor patient experience.

Successful Practice Statement

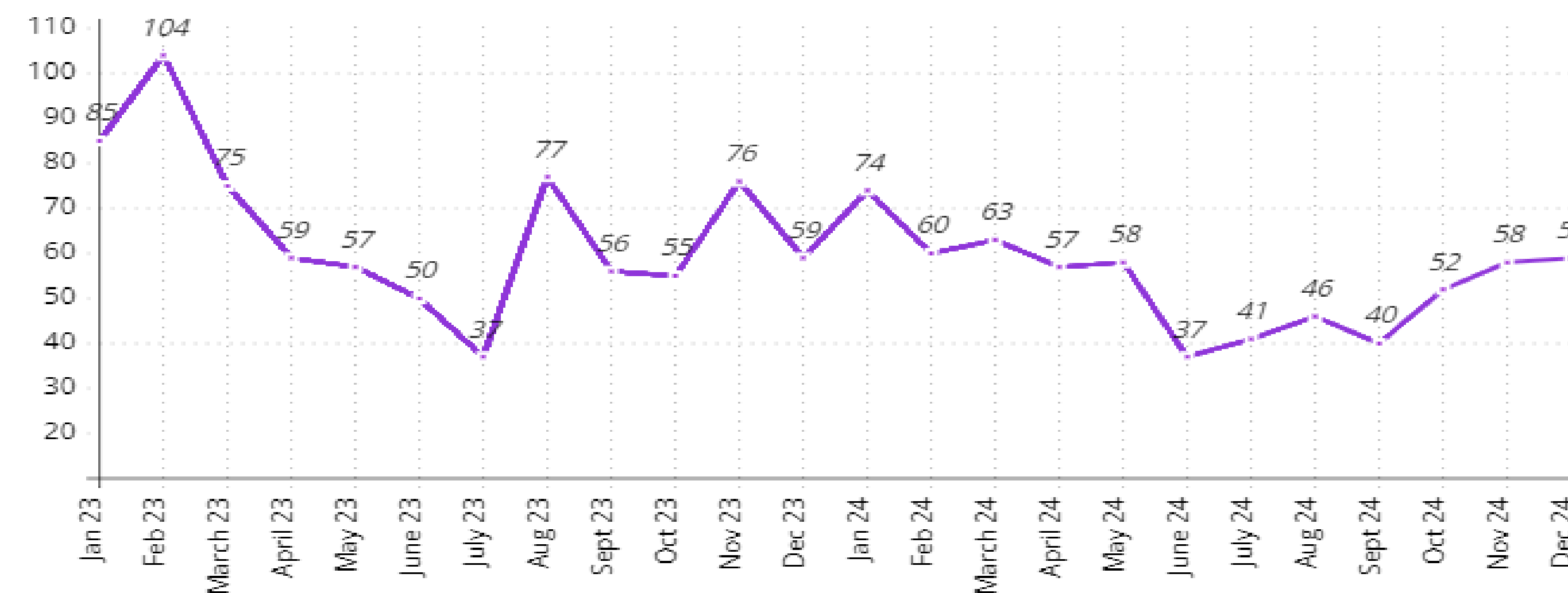
- After implementation, < 3-day cancellations are down 17.1%.
- Because cancellations decreased, OR utilization increased by adding 18% to this population's case load.
- Patient experience scores have increased in this population.
- Staff satisfaction has increased surrounding this population because they are well prepped and prepared for their procedures.

Increasing Outcomes with a Hybrid Preoperative Center

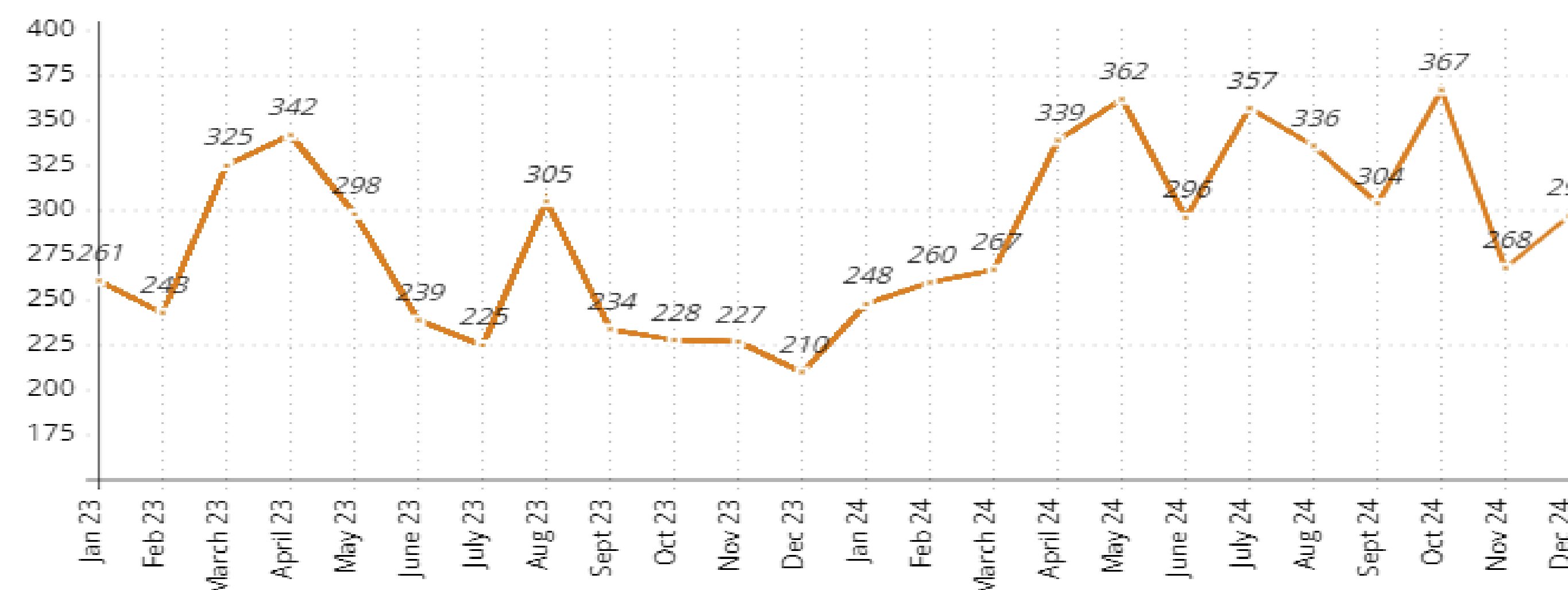
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	LESS THAN 3 DAY CANCELLATIONS	TOTAL CASE VOLUME
2023 TOTAL	790	3137
2024 TOTAL	655	3701
CHANGE	↻ 17.1%	↗ 18.0%

Less than 3 Day Cancellations



Total GI Case Volume



Implementation

- 1 FTE was split between two RNs in the perianesthesia department for the nurses to work in a hybrid role.
- These two nurses work 2 days remotely making phone calls to assess the G.I. patients, ensure they are up to date on their prep information, have the time and instructions of their procedure and answer any other questions they may have. The other 2 days they work in the perianesthesia department taking care of the G.I. population.
- Weekly meetings were conducted between perianesthesia leaders, the G.I. office, surgery schedulers and the hybrid RNs.
- A teams page was created to promote real time communication between the team.
- Our RNs worked to get patients contacted and assessed 7 days prior to surgery. This also allowed time to catch any GLP1 restrictions that may lead to a cancellation.
- Any cancellations or more in-depth questions were directed back to the G.I. office to be addressed that day.

Implications for Advancing PeriAnesthesia Nursing Practice

- A well-run preoperative assessment center is the first step in creating quality and safety for patients. The center can establish trust, give patients confidence in the system and team, provide information, clear up any questions and catch any issues that may have been missed. By creating a hybrid position to focus on a population needing improvement, we have increased patient experiences, OR procedure room utilization, case load and nursing satisfaction.

