

## **From Outpatients to All Patients: APRN Expansion in Pre-Anesthesia Testing Reduces Same-Day Cancellations**

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**Abstract Background Information:** Same-day surgical cancellations negatively impact patient satisfaction, contribute to operating room inefficiencies, and waste valuable hospital resources. At our academic medical center, data from fiscal year 2024 revealed an increase in same-day cancellations, particularly among inpatients. The pre-anesthesia testing (PAT) department, staffed by registered nurses, schedulers, and an APRN, traditionally focused on outpatient optimization. As a result, inpatients were not consistently reviewed and rounded on preoperatively, leading to unanticipated medical issues identified on the day of surgery.

**Objectives of Project:** The objective of this quality improvement project was to reduce same-day surgical cancellations by refocusing the existing advanced practice registered nurse (APRN) role in PAT to include both outpatient and inpatient surgical optimization, thereby enhancing communication and coordination with the anesthesia department.

**Process of Implementation:** The PAT APRN role, established in 2022, initially concentrated on outpatient readiness and served as a liaison between PAT and anesthesia. Beginning in calendar year 2025, the APRN's scope was broadened to proactively review inpatient surgical cases. Interventions included daily review of inpatient surgical schedules, identification of patients requiring optimization, collaboration with anesthesia and surgical teams to resolve issues early, and coordination of preoperative testing. Additionally, perioperative nursing leadership and surgical schedulers worked with the APRN to analyze trends and address barriers contributing to cancellations. Monthly data on same-day cancellations were collected and compared with baseline rates.

**Statement of Successful Practice:** Following the refocused effort, a 25% reduction in 24-hour cancellations was maintained, and early outcomes demonstrated a downward trend in same-day cancellations. The APRN's expanded scope led to earlier identification of medical readiness issues, improved communication between departments, and enhanced coordination of care. Surgeons and perioperative staff reported smoother case flow and fewer day-of-surgery disruptions.

**Implications for Advancing the Practice of Perianesthesia Nursing:** This initiative underscores the essential role of perianesthesia nurses and APRNs in promoting patient readiness and surgical efficiency. Expanding the APRN's focus to include both inpatient and outpatient populations fosters collaboration, strengthens continuity of care, and supports patient safety. Future initiatives should evaluate the long-term sustainability of this model, its cost-effectiveness, and potential replication across other service lines can advance the practice of perianesthesia nursing.