

Surgical Passport: Redesign of PreAdmission Testing Optimization

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Abstract Background Information: PAT was making patient phone calls 24 to 48 hours prior to surgery resulting in inefficiency last-minute cancellations and that dissatisfaction among patients, nurses and surgeon's limited time for preoperative assessment often lead to incomplete testing communication, gaps, unprepared patient on the DOS.

Objectives of Project: To enhance the surgical readiness making the PAT phone call 7-14 days in advance to help with necessary, clearances, testing education and stopping medication such as the GLP-1; reducing last-minute consultations, improving workflow efficiency, strengthen the interdisciplinary collaboration between pre-admission testing and the surgeons offices, increase patient & provide provider satisfaction to implement a sustainable system change.

Process of Implementation: The project begun with assessment of our current pain points, and the current workflow of the unit. A task force was set up between the PAT unit, anesthesia, surgeon's office, IT and the Guidehouse group. We piloted a test of change with two Bayhealth general surgery, and orthopedic office. We also designated a chart check nurse to do the final chart reviews while the other team members did the phone interviews. Office scheduling PAT phone appt for the patients while they were in the surgeons office. This allow as to improve the patient experience by meeting the needs. We also utilize MyChart integration in EPIC for PAT questionnaire for patients to fill out ahead of their phone calls. Also using secure chat in epic to communicate with the surgeon office about required missing document.

Statement of Successful Practice: By optimizing the PAT redesign, we were able to successfully increase our PAT phone calls from 24-48hrs to 7-14days. Collaborative partnership which has led to immeasurable improvement patient outcomes, staff satisfaction, and operational excellence within the preoperative services. The utilization of Procedural Pass functionality in EPIC.

Implications for Advancing the Practice of Perianesthesia Nursing: This optimization redesigned health expand the role of the PAT nurse identified risk, address barriers to readiness, and provide patient satisfaction. Collaboration with the surgeon office reinforced the nurses position as a key liaison across the surgical continuum. This redesigned advances the Perianesthesia nursing practice by promoting evidence based workflow design collaboration and optimizing, efficiency, reducing cancellations, and improving quality outcomes, eventually contributing to high value patient centered surgical experience.