Streamlining the Same Day Surgery work flow for Total Joints from a preoperative perspective

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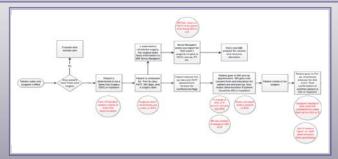
BACKGROUND

Background:

Over the past several months, there have been incidents where Total Joint patients show up for their surgery initially scheduled to be same day surgery (SDS) but end up having to stay as inpatient, and vice versa. These last minute changes can lead to delays in care, wasted/misused resources, patient/staff dissatisfaction, and/or errors. Even if the error never reaches the patient, it can create waste for the staff because of how resources and staffing differ between same day and inpatient surgeries.

Current Condition:

As of early 2018, only 60-70% of Total Joint SDS cases were being posted correctly. Multiple patients that are not ideal candidates are being labeled as SDS and after surgery, it is being determined that they should have been inpatient from the beginning causing multiple avenues of disruption.



PROBLEM ANALYSIS

- Lack of standard criteria for determining which Total Joint patients are eligible candidates for SDS
- 2. Lack of importance by surgeon's office and by posting/schedulers to identify surgical status when scheduling surgeries correctly.
- 3. PATT cannot locate scheduling information in EPIC
- 4. Patients not educated that SDS is a goal, not a guarantee
- 5. Provider not communicating to staff regarding SDS status
- 6. Lack of clear/open communication between PATT/anesthesia
- 7. Lack of clear communication in surgical area (nursing)

CONTACT

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PURPOSE

The purpose was to create a smooth and consistent work flow for scheduling and prepping the correct patients for Total Joint Same Day Surgeries.

TARGET/GOAL

- 1. Have 100% of charts labeled correctly at posting when case is scheduled.
- 2. Have 100% of correctly identified candidates for SDS
- Increase the amount of SDS for the Total Joint Program , as consistency is developed.
- Decrease the amount of cases that reach pre op that are changed from inpatient to SDS or need clarification (exception: pt changed due to medical condition after surgery that was not anticipated).

TEAM

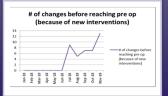
This was a large collaboration from various departments and offices. Without everyone working together, there is no way for this process to have worked....

Paula Gibbs RN, Kimberly Reed RN, Ann Hanshaw RN, Ruthie Rivera RN, Keisha Franks RN, Marquita Justice RN, Margie Whelchel RN, Terri Moore RN, Jessica Alger RN, Amy Daniel NP, Anil Adiag, Dr. Mark Diehl, Dr. Matthew Grabowski, Dr. Margaret Holtz, Janie Mixon NP, Dr. Stephen Kim, Dr. Stanley Dysart, Vanessa Ellington NP, Carol Schmekel RN, Pinnacle Staff: Lu Hill RN, Janie McClure RN, Brittany Comerford, Jenei Hallman, Resurgens Staff: Andrea Neel RN, Nohemi Infante, Jenna Reinhart, Savannah Williamson, Ashley Mitcham, Amanda Terrell, Janie Cash, Kelli Giosson, Lynn Espiritu, Ashley Pettyman, The staff of the following departments: Pre op, PACU, Phase Il/Discharge, Kennestone Hospital Posting staff... and everyone who impacts our total joint patients on a daily basis.

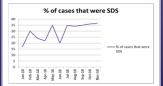
IMPROVEMENT PROCESS

| Problem/Issue | Action/ Solutions | Owner | Due Date |
|--|--|---|--|
| Lack of urgency of knowing if patient is SDS or not | Offices educated to ask if patient is SDS when scheduling surgery | Offices/ Posting/ Amanda | Complete |
| Patient not educated on SDS and it being a goal. | Scripting change for PATT and pre op nurses | PATT/ Pre op | Complete |
| Lack of communication to PATT in EPIC on SDS status | -EPIC view for PATT changed -Posting will document SDS status in "Special Needs" comments | IT/ Posting/ PATT | Complete |
| Lack of standard criteria for SDS eligibility | Develop and approve standard criteria | Anesthesia/ surgery | Complete |
| No standard pre op order set, that included if pt is SDS or not | Develop and approve one standard pre op order set for to be used by every provider. Includes SDS question | Surgery/ PATT | Complete |
| Improve communication | 1.Add SDS question to Resurgens' work flow. 2.Edit MA template at pinnacle to include if patient is SDS. 3 Education in offices | PATT/ Offices | Complete Removed Due to computer program barriers Complete |
| Lack of consistency through program | "Checkpoints" created to verify consistency through process | PATT/ Total Joint Navigator/ Offices | Complete |

RESULTS







Monetary Savings

Predicted annual savings:

Perioperative nursing: \$17,500+ Patients' savings: \$82,500+