

Reducing Day of Surgery Cancellations via Electronic Prescreening Tool

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Background Information: A large percentage of scheduled surgical cases were cancelled on the day of surgery (DOS). Most commonly, DOS cancellations were due to preventable reasons such as upper respiratory illness, NPO violations, legal issues/ missing documentation, or miscommunicated preoperative instructions. Cases cancelled on the DOS attributed to patient dissatisfaction, decreased accesses to surgical intervention for other patients, underutilized OR schedule blocks, and loss in revenue to the hospital. In order to address these issues an electronic prescreening tool was created and utilized for all preoperative patients.

Objectives of Project:

Standardized prescreening of all patients prior to the DOS in order to:

- Identify cases that need to be cancelled prior to the DOS
- Educate patients and caregivers
- Increase compliance with preoperative instructions
- Increase staff satisfaction with preoperative workflow
- Reduce preventable causes of cancellation

Process of Implementation: An electronic "Preoperative Phone call & Instructions" tool was created to address common preventable reasons for cancellation. Staff nurses were surveyed and provided vital feedback related to tool development. Effective on April 2, 2018 all preoperative patients were screened utilizing the electronic tool. This tool serves as a standardized script and guides the nurse through the preoperative screening, education, and identification of potential reasons for cancellation. Prior to the roll out, training on effective preoperative evaluation and use of this tool was provide to all Surgical Admitting nurses. After the initial implementation, staff feedback was utilized to further refine the tool.

Statement of Successful Practice: By standardizing preoperative screening, the goals of increasing in caregiver understanding, increasing compliance with preoperative instructions, increasing staff satisfaction with preoperative workflow, and ultimately reducing DOS cancellation were reached. Based on DOS cancellation data prior to and after implementation of the electronic prescreening tool, a 36% reduction in DOS cancellations was achieved.

Implications for Advancing the Practice of Perianesthesia Nursing: By reducing DOS cancellation, access to surgical intervention for patients waiting for surgery and patient satisfaction were increased. A decrease in revenue loss, to the hospital, was also attained.