PRE-ANESTHESIA SCREENING: WHAT'S THE VALUE?

Primary Investigators: Leslie Barkley RN MSN CNS-BC CMSRN CAPA,
Elizabeth Latoure RN BSN, Vella Lagao-ybarra RN BSN, Jeanne Palomo RN BSN
Sharp Memorial Hospital, San Diego, California
Co-Investigators: Marie Bermudez Reyes RN BSN BA, Rebecca Crane RN BSN ONC,
Susan Londerholm RN, Angelica Orona, Heather Vogelhuber RN BSN,
Veronica Cortez Whiting RN MSN ONC

Identification of the Problem - Overview: Sharp Memorial Pre-Anesthesia Evaluation Services (PAES) provides coordination of care to surgical patients at three hospitals within an integrated health care delivery system. PAES screens nearly 17,000 patients annually. Great progress has been made toward standardizing work in the PAES department using the foundational question of "What's the value?"

EP Question/Purpose: The pre-operative component of surgical care demands an integrated approach based on lean principles with the goal of providing timely, coordinated, and effective pre-operative care. Lean six-sigma uses Define-Measure- Analyze-Improve –Control (DMAIC) a five step approach to process improvement. It focuses on eliminating defects and standardizing workflow to improve patient safety. The pre-operative lean team made significant enhancements to streamline pre-operative processes for the nearly 17,000 patients screened annually by the PAES department.

Methods/Evidence: Patient contact went from an automated dialer message 2 days prior to surgery instructing patients to call the PAES department to personalized calls to patients to schedule a convenient phone appointment with a nurse. Liberalized NPO guidelines and evidence-based pre-operative testing plans were created to replace testing based on extensive lists of major/minor surgeries. This was in response to baseline data showing 70% of pre-operative tests were unnecessary.

Significance of Findings/Outcomes: After implementing improvements the team exceeded the goal of contacting patients at least 7 days prior to surgery and has increased the average PAES screening and education to 14 days prior to surgery. Similarly, the number of patients who were contacted by PAES the day before their procedure date began at 52% and as of April 2016 declined to 12.1%.

Implications for perianestheisa nurses and future research: The future of the pre-anesthesia team will be to design and implement a patient portal to improve functionality and become more interactive by allowing patients and PAES staff to communicate securely through the portal.