

Optimizing Surgery Patients in a Perioperative Care Clinic

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Introduction: Traditionally, IAH surgeons refer patients to their primary care provider (PCP) who conduct a history and physical and orders any tests deemed necessary by the team, to prepare patients for the safe administration of anesthesia and surgery.

Identification of the problem: Inadequate preoperative patient preparation can lead to day of surgery (DOS) cancellation.

EBP Question: Are there less surgery cancellations on the DOS if a patient scheduled for surgery is evaluated in a preoperative clinic compared to their PCP providing the preoperative preparation?

Purposes:

1. To determine if patients prepared for surgery in a preoperative clinic result in fewer DOS cancellations than those evaluated by private physicians/providers.
2. To demonstrate how to optimally prepare patients for surgery and avoid cancellations.
3. To improve patient care quality, patient experience, and prevent loss of revenue by optimally preparing patients for surgery.

Method/Evidence: Literature review indicated the optimal method for preoperative patient evaluation was utilization of clinical pathways developed for specific comorbidities. Through nurse observation, the comorbidities at IAH that most often cause surgery cancellations are diabetes, cardiovascular disease, hypertension, and alteration in skin integrity. Pathways were developed and used to evaluate patients presenting to the clinic with these comorbidities. The pathways were also used to determine if surgery cancellations that occurred in June/July 2018 could have been prevented.

Significance of Findings/Outcomes: In June/July 2018, 1299 surgeries were performed at IAH resulting in 23 cancellations, 4 of which may have been prevented had the patients been evaluated in the preoperative clinic. Sixty-nine of these surgery patients were evaluated in the preoperative clinic, none of which were cancelled. Two additional cancellations were averted due to the detection of the patients' poor state of health when they were examined in the clinic.

Preoperative clinic patient preparation results in less surgery cancellations. A decrease in DOS cancellations improves the patient experience and reduces lost revenue. At \$8.53 per minute the 2 averted cancellations saved IAH well over \$2,000 in Operating Room time alone.

Implications for perianesthesia nurses and future research: Recommend surgeons utilize preoperative clinic for surgical patient preparation. Collaborate with clinic practitioners in the creation of additional pathways that target current and specific needs for best patient outcomes.