

Pre-Surgery Center: Optimizing Surgical Experiences

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Introduction: Woman's Hospital in conjunction with HSI have been working on improving the Pre-surgical assessment of our patients. This will lessen the likelihood of day of surgery cancellations and or surgical delays. The goal is to improve quality of care by gaining a more detailed medical history to minimize surgical delays, same day cancellations, improve first case on-time starts, and completing an anesthesia plan prior to day of surgery to optimize the quality of care delivered.

Identification of the problem: Same day surgery cancellations create negative financial repercussions to an institution. In addition, it creates disruption of positive patient experiences and creates poor employee and patient satisfaction, as well as provider dissatisfaction.

Purpose of the study: All surgical patients will schedule a pre-surgery appointment 10-14 days prior to the day of surgery to allow for a comprehensive thorough assessment to optimize the quality of care delivered preventing same day surgery cancellations and surgical delays.

Methods: Using a quantitative approach, we will schedule all surgery patients a pre-surgery appointment beginning March 2022. This appointment will be scheduled 10-14 days prior to the day of surgery. If the surgery is scheduled within a close time frame, the appointment will be scheduled as soon as possible. The method of appointment will be a phone or in-office lobby appointment. Surgeons are provided Anesthesia guidelines created by the Louisiana Anesthesiology Group, LLC to recommend preoperative testing and preoperative clearance to complete a thorough preoperative history. Utilization of the STOP BANG and METS scoring systems will allow anesthesia to gain the knowledge needed to complete the anesthesia plan prior to the day of surgery to reduce anesthesia-related complications and prolonged length of stay.

Results: FY21 surgical volume: 8666, pre-surgery volume: 8455, same day surgery cancellations: 1346, first case on-time starts: 95.2%, surgical delays: 415 (4.8%). FY22 surgical volume: 8507, pre-surgery volume: 8319, same day surgery cancellations: 138, first case on-time starts: 97.2%, surgical delays: 242 (2.8%).

Discussion: Implementation of surgical optimization with the utilization of a standardized pre-surgery process has decreased same day surgery cancellations by 13.9%. Retrospectively, this has also increased first case on-time starts by 2% and decreased surgical delays by 2%.

Conclusion: Continuing education to the surgeons and their clinic staff on the importance of compliance with the new process is extremely beneficial to continue to improve the quality of the care we provide to our surgical patients. Utilization of the new pre-surgery process is beneficial to improving the quality of care delivered.

Implications for perianesthesia nurses and future research: Optimizing surgical experiences for our patients by reducing surgical delays or same day cancellations improves overall patient and employee satisfaction. In addition, this improves surgical scheduling, block utilization, reducing cost, and increasing revenue for the organization by reducing anesthesia-related complications and prolonged length of stay.