

Empowering Multidisciplinary Collaboration: Streamlining the Ambulatory Peri-operative Check in Process for U

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Introduction: Pre-operative patient satisfaction significantly influences post-operative outcomes. Dissatisfied patients are less likely to adhere to follow-up appointments and treatment plans, potentially leading to increased healthcare utilization.

Identification of the Problem: At UCLA Santa Monica Surgery Center and Medical Procedure Unit (MPU), recent OASCAHPS scores revealed suboptimal performance in the "Check-in run smoothly" question, indicating areas for improvement. Scores stood at 89.91% and 91.46% for the surgery center and MPU, respectively, in June 2022. Our aim was to raise these scores to 93% in both units.

QI Question/Purpose of the study: In the outpatient setting, how does implementing evidence-based pre-op check in practices versus current pre-operative check in practices over 6 months affect patient satisfaction score?

Methods: Utilizing a lean methodology approach, we conducted root cause analysis to identify improvement themes. Stakeholders including nursing informatics, surgery schedulers, and physicians collaborated to develop informational tools for patients. These tools include videos and pamphlets to manage patient expectations and streamline the check-in process. Additionally, MPU's policy change aims to reduce patient arrival time to 1 hour before the procedure.

Outcomes/Results: Improved pre-operative phone call scripts, enhanced signage, and better communication with admissions were implemented in both units. Consultation with orthopedic surgery schedulers facilitated information consolidation. Preliminary data suggests a positive impact on patient experience.

Discussion: Our interventions not only address immediate concerns but also provide a framework for quantifying patient experience pre-operatively. This integrated approach fosters a culture of continuous improvement.

Conclusion: Preliminary results indicate a positive trend in OASCAHPS scores, with the surgery center and MPU achieving 93.10% and 94.24%, respectively. These improvements signify the effectiveness of our interventions in enhancing patient satisfaction.

Implications for Perianesthesia Nurses and Future Research: This project fosters interdepartmental collaboration and streamlines ambulatory care processes within UCLA Health System. Future endeavors will extend this collaboration to physician offices, ensuring sustained improvements in patient care.