

Preoperative Screening Of Missing Surgical Documents Prior to Day Of Surgery Reduces Surgery Delay Times

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Introduction: Missing required documents on surgery day can lead to delays, provider frustration, and anxiety for patients and staff. Delays in first surgical cases have a ripple impact on efficiency, patient throughput, and resource utilization throughout the day. With rising operating room costs, surgical delays can substantially increase hospital costs.

Identification of the problem: Pre-operative nurses were noticing an increasing trend of missing documents especially for first case surgeries. Nurses were hesitant to make early morning calls to providers to request these missing documents. As a result, pre-operative processes were delayed resulting in surgical delays for first cases.

QI Question/Purpose of the Study: Does proactive follow-up with provider offices on the day prior to surgery by a pre-operative nurse reduce missing documentation and delays in first case surgeries?

Methods: A pilot process mimicking the pre-anesthesia evaluation services (PAES) was established in the pre-operative department. A daily pre-operative PAES nurse role was developed, and three pre-operative nurses were trained into the role. On the day before surgery, the unit clerk identified patient charts with missing documents (history and physical and surgery orders). The clerk alerted the assigned pre-operative PAES nurse who called the provider office to request the missing documents. At the end of the shift the pre-operative PAES nurse ensured that the requested documents were received. The next day charge nurse was informed of any pending issues.

Outcomes/Results: The number of missing documents for first case surgeries decreased by 89% from 211 cases pre-intervention (September and October 2023) to 24 cases post-intervention (November 2023 – February 2024). Surgery delays due to missing documentation decreased by 25% post-intervention. The estimated cost avoidance for this project for the pilot period was over \$350,000.

Discussion: Proactive follow-up with provider offices prior to the day of surgery by the pre-operative department reduced the number of first case surgical delays improving unit efficiency and operating room utilization. The results have been sustained and pre-operative follow-up on the day prior to surgery is now part of the unit standard work.

Conclusion: This simple but innovative approach to prevent delays for first cases on the day of surgery provided financial benefits while improving patient, staff, and provider satisfaction.