

## **Effectiveness of Perioperative Nurse Navigators on the Incidence of Inpatient Preoperative Readiness**

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**Introduction:** Interdisciplinary communication failures in the surgical setting has detrimental effects on patient outcomes and operating room (OR) efficiency. This quality improvement (QI) project was implemented to improve OR efficiency, reduce inpatient delays or cancellations, and improve care coordination.

**Identification of the problem:** Perioperative nurses assess needs of inpatient surgical patients when the OR schedule is posted the day before surgery. It was found that many inpatients were either delayed or cancelled going to the OR due to inadequate clinical readiness. A lack of coordination among the interdisciplinary team contributed to delays or cancellations in the OR.

**QI question/Purpose of the study:** This QI project was to determine the impact of a nursing navigator program in reducing cancellations and delays for surgery in a perioperative setting.

**Methods:** In 2022, six months of reviewed data showed 46% of surgeries were delayed or cancelled. The perioperative team obtained leadership support and buy-in starting the Peri-Operative Nursing Navigator (NN) program. NN attended meetings and followed up communications via email. NN did clinical rounds, chart reviews, assessed patients at the bedside, and received inpatient nursing feedback to correct deficiencies before patient arrived for surgery. The NN met and collaborated with perioperative leadership to gather input and recommendations and created a standardized pre-operative guide to educate and provide visual aids to the interdisciplinary team.

**Outcomes:** Implementing the NN program resulted in a reduction of cancellation and delays of surgeries from 46% to 3%. This also resulted in the standardization of the pre-operative process for inpatients areas and staff education.

**Discussion:** Although many acute and critical care staff are aware of the pre-operative requirements (like NPO orders, type, and screen for blood transfusion, etc.), there are gaps with certain specialty requirements. This program assisted to educate staff on these specialty procedures and allowed open communication between staff and patients.

**Conclusion and Implication:** The perioperative NN program addressed the pre-operative needs of surgical inpatients and significantly decreased OR delays and cancellations from 46% to 3% while promoting standardized education, interdisciplinary collaboration, improved coordination of care, and communication. Perioperative areas can translate similar nurse-led programs to address knowledge disparities in clinical areas.