Empowering Multidisciplinary Collaboration: Streamlining the Ambulatory Perioperative Check in Process for U

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Pre-operative patient satisfaction and wait times have been shown to influence post-operative behavior. Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OASCAHPS) is a governmental program used to quantify and evaluate patient experience. The purpose of this project was to increase the score to 93% in the “check in run smoothly” question. Since the GI/MPU and ASC are both outpatient areas, we collaborated to demonstrate a unified UCLA system.

CLINICAL PROBLEM
Both units were underperforming. Negative patient comments strongly feature the following in both units: wait times, conflicting information in regard to check in, incorrect directions, and multiple phone calls from different departments. In June 2022, the GI/MPU and ASC’s top box scores were 89.91% (10th percentile) and 91.43% (16th percentile) respectively for the OASCAHPS question “check in run smoothly”.

DESCRIPTION OF TEAM
Nursing informatics, surgery schedulers, admissions, surgeons, anesthesiologists, primary care physicians, nursing leadership, and floor nurses (pre-operative and OR) were consulted for assessment and implementation.

PREPARATION
Several studies correlate prolonged wait times with negative patient satisfaction scores. The most effective way to reduce wait time is through a comprehensive strategy that integrates technology and PDCA/LEAN Methodologies. The average pre-operative patient wait time was computed from the EHR and brought to nursing administration and medical directors from each respective sites. Surveys were given to the admissions and pre-operative staff for input. A root cause analysis using flow maps with timestamps was used to identify main themes for improvement. A meta-analysis noted regular patient updates improved satisfaction.

PLANNING: ROOT CAUSE ANALYSIS

Why?
Multiple departments are instructing patients. There is a lack of standardized instructions. Patients may not read instructions, or do not receive information on what to expect on the day of surgery.

Processes
Policy requires patients to arrive 1.5 hours before the procedure. Multiple assessments needed. No consent on the chart delays nerve blocks and medication.

Communication
No formal policy or process to communicate delays to patient and their families.

Equipment, supply, or implant delays. CareConnect text messaging are not activated for patients, and the templates need to be updated.

Patients
Patients receive conflicting information, misunderstand information, or are unsure where to go for parking and check in.

Impact
Patients have prolonged wait times.

Increased wait time and delays not communicated.

IMPLEMENTATION

GI/MPU
- Reduced arrival time to 1 hour before procedure
- Text message phrases updated to be more concise per department
- Add pre-registration number in all department scripts to call
- Each department to develop call scripts

ASC
- Improved telephone scripts for pre-op patient phone calls
- Informational video sent to patients (pending)
- Formal process for updating patients and documenting delays in surgery
- Established regular strategy meetings with admissions to review patient experience data

OUTCOME

Both GI/MPU and ASC’s OASCAHPS scores are going in an upward trend, indicating interventions done have a positive effect.

IMPLICATIONS FOR PERIOPERATIVE NURSING
The tools used can quantify the patient experience preoperatively and assist units to harness a more holistic approach towards a common problem. This project has opened up communication between departments to unify and streamline ambulatory areas across the UCLA Health System. Our plan is to expand collaboration to all physician’s offices.

REFERENCES