

Reducing Same-Day Surgical Cancellations through Care Coordination

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Introduction: Evidence suggests that national rates of same-day surgical cancellations range from 2% to 27%. The ideal rates for U.S. hospitals are less than 5%; however, any cancellation in a surgery negatively impacts the hospital, patient, family, and staff.

Identification of the Problem: Between January 2023 and July 2024, the average number of cases canceled per month for orthopedic and neurosurgery services in a community hospital was 12 (3%).

QI Question/Purpose of the Study: To reduce same-day surgery cancellation in orthopedic and neurosurgery patients through earlier care coordination.

Methods: Two interventions were identified for earlier care coordination: preoperative call timing and cardiac clearance. For the first goal, additional nursing staff were cross-trained to help move calls one day further from the surgical date and increase the percentage of patients contacted. The project lead coordinated to orient additional nurses for health assessment calls. For the second goal, the project lead also worked with the department's nurses to alter the daily report structure and call to include cardiac clearance. Identification of stakeholders was critical to the success. Communication occurred about project goals to improve care coordination with surgical scheduling and the department.

Outcomes/Results: Orthopedic and neurosurgery service cancellation rates were analyzed weekly during project implementation. The timing of the calls varied throughout the project, moving to around 6.5% of calls completed two days before surgery. Early project data suggests that same-day cancellations remained at 3%. No cancellations occurred due to inadequate cardiac clearance during the project.

Discussion: Cross-training all staff for preoperative phone calls leads to earlier coordination of care. The recommendation to the organization is to expand the cardiac report to all surgical service lines to capture additional cardiac clearance cancellations earlier and disseminate results with outside organizations to share local interventions.

Conclusion: The project focused on communication and coordination with surgical coordinators, leadership, informatics, and nursing. More patients were contacted earlier, and care coordination improved to identify more complex patients timely. Improving care coordination with the Preadmission Testing Department can impact preventable cancellations.

Implications for perianesthesia nurses and future research: Earlier nursing preoperative assessments can improve care coordination. Strong leadership support and collaboration with Informatics Technology enabled project success.