

Outcomes of Using an Electronic Anesthesia-Focused Electronic Intake Form

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Introduction: Operating rooms contribute significantly to hospital expenses, making cost-effective and efficient pre-anesthesia testing (PAT) evaluation critical. With growing surgical volumes, an aging population, and increased complexity of medical conditions, it is essential to optimize resources while maintaining high-quality care. To streamline the PAT process an electronic patient engagement tool was implemented to collect comprehensive medical and anesthesia histories once a patient is scheduled for surgery. This information is used by the PAT clinicians to determine if a patient is optimized for surgery.

Identification of the Problem: A lack of comprehensive patient information can impede the PAT evaluation, delay care, decrease clinician productivity, and increase day of surgery case cancellations.

QI Question/Purpose of the Study: The purpose of the study is to evaluate whether the use of a patient-driven anesthesia-focused electronic health questionnaire increases clinician productivity with patient evaluation and optimization, compared to patients who do not complete the questionnaire. Additionally, the study will assess the impact of the questionnaire on timeliness of patient contact and day-of-surgery case cancellation both before and after implementation.

Methods: The intervention will be assessed by a retrospective analysis of productivity and case-cancellation dashboards. Data will be examined for 40 weeks before and 40 weeks after the implementation of the electronic anesthesia-focused intake form.

Outcomes/Results: Implementing an electronic anesthesia-focused intake questionnaire is anticipated to increase clinician productivity and decrease day-of-surgery case cancellations. It is expected to enhance the timely initiation of the perioperative process. Data collection will begin in October 2024.

Discussion: The perioperative journey begins once the patient is scheduled for surgery. It is imperative to have comprehensive medical and anesthesia histories to ensure a positive outcome from the surgical procedure and anesthesia. Obtaining the information early will allow optimization of medical conditions and development of the anesthetic plan.

Conclusion: Initiating patient engagement early will enhance the perioperative process and lead to improved outcomes.

Implications for perianesthesia nurses and future research: The project will demonstrate the importance of the electronic anesthesia-focused intake form with early identification of medical conditions that may require early intervention or optimization prior to surgery and anesthesia. Future research should be considered to explore the patient's experience with the electronic intake form to further enhance the perioperative process.