Enhancing Patient Autonomy and Safety with Perianesthesia Pregnancy Testing

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BACKGROUND and SETTING

Pregnancy testing is an important aspect of pre-surgical and pre-procedural care, yet current approaches need optimization to better respect patient autonomy and dignity. Upholding professional standards and ethics is essential to delivering high-quality care, however outdated assessment and testing practices fail to consistently focus decision-making on individualized patient needs and clinical recommendations. Collaboration with patients and support for their unique needs over routine protocols builds trust and fosters safety. A reimagined process will update standards to align with fundamentals of patient-centered care and best practice recommendations, allowing for the delivery of enhanced and more efficient healthcare.

Oregon Health & Science University (OHSU) Hospital is an academic health center and Level 1 trauma center in Portland Oregon with 576 beds, including approximately 150 pediatric beds. The hospital handles more than 42,000 day-surgeries and 12,000 day-procedures annually. Perianesthesia pregnancy testing for pediatric and adult patients at OHSU is performed in seven nursing units across the hospital.

Concerns raised by healthcare team members at OHSU highlighted the need for an in-depth analysis of pregnancy testing practices. To assess baseline understanding and experiences, a Qualtrics survey was distributed to approximately 400 team members, including nursing staff, surgical/technical staff, anesthesia providers, surgeons and proceduralists. More than 130 survey responses confirmed practice variation, inconsistent patient education, and negative experiences related to pregnancy testing across pre-post units.

SCOPE and PURPOSE

An initial review of the survey results revealed several key findings about current practices:

- Notable gaps in staff understanding of hospital protocols
- Inconsistent assessment and testing methods
- Widespread staff frustration and discomfort with existing processes
- Inadequate documentation options and practices
- Lack of neutrality and inclusivity during sensitive patient interactions
- Concerning risks to patient dignity, autonomy, and safety

After these findings were shared with the survey participants, a workgroup was formed to address the identified challenges and enhance patient care. Through analysis of survey data and recommendations, three main priorities were identified:

- Refining the assessment process
- Enhancing patient readiness
- Optimizing workflow efficiency

The workgroup conducted a literature review, considered relevant professional experiences, and reviewed consent forms from comparable institutions. This informed the development of a standardized patient-facing form designed to provide clear information and support patient choice while reducing potential discomfort. This strategy aims to prevent unintended disclosures, minimize provider bias, and improve both documentation quality and workflow efficiency. Based on these findings, the following project goals were established:

- Safeguard patient autonomy
- Ensure standardized education
- Implement consistent, uniform language
- Strengthen staff education and competency
- Optimize documentation to reflect patient understanding and choice

IMPROVEMENT PROCESS

ISSUE IDENTIFICATION

- Issues escalated to Nursing Leadership
- Reviewed Patient Safety Event reports to validate further investigation
- Summary data brought to Pre-Post Best Practice Committee for guidance and next steps

WORKGROUP FORMATION

- Workgroup members solicited from survey respondents
- Survey data collated and reviewed by the workgroup to determine priorities

NEXT STEPS

- Request EHR change to support consistent and improved documentation
- Additional pilot studies and expand use of form to all adult pre-op/pre-procedural units
- Investigate and refine workflows for pediatrics

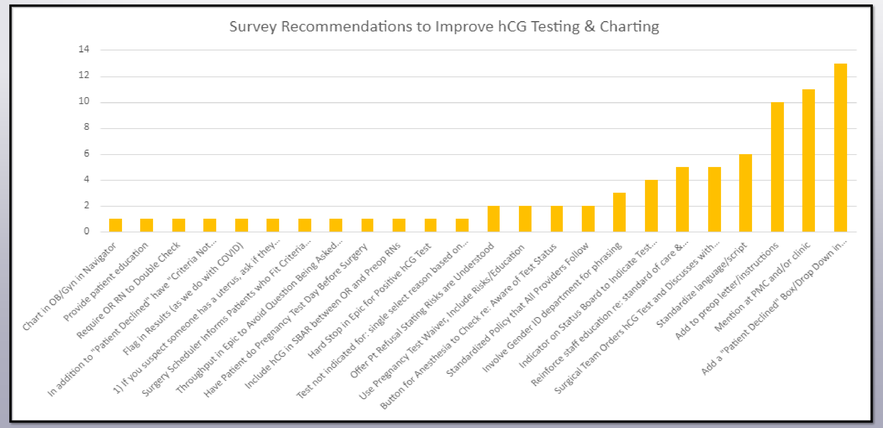
DATA COLLECTION

- Qualtrics survey created by RN Project lead in collaboration with Nurse Leader mentor
- Survey disseminated to ~400 employees across a variety of roles and multiple divisions

INTERVENTIONS

- Literature review to identify best practices
- New patient assessment form drafted, revised, and reviewed by legal department
- Two-week pilot of new form in the Procedural Care Unit, for patients 18 to 60 years old

RECOMMENDATIONS for IMPROVEMENT



METHODS and IMPLICATIONS

A two-week pilot using the new form for patients aged 18 to 60 was done at OHSU's ambulatory procedural unit. Support for the pilot was received from anesthesia leadership, procedural physician leaders, and the unit-based nurse practice committee. Pre-implementation included:

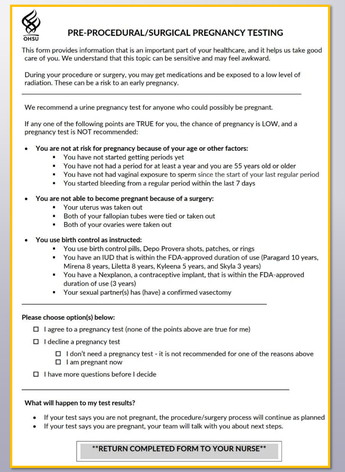
- Comprehensive education and access to project resources for unit nurses
- Communication via flyers posted on the unit and an informational email to administrative, nursing, and medical staff

Centralized Check-In staff handed out the form and a half-sheet survey to patients. Nurses collected the form and the patient survey, discussed the form with the patient as needed, and followed a documentation standard in the EHR. An online survey, a wall sized sticky note for feedback, and abnormality trackers were used to collect staff input. Reports from the EHRs, patient and staff feedback, and overall usage of the form will be reviewed to help inform revisions to the process and/or workflow prior to additional pilot studies on other units.

Initial data shows promising evidence that standardizing the pregnancy testing process will help to:

- Ensure the delivery of consistent, evidence-based patient education
- Enhance patient autonomy
- Reduce uncomfortable conversations and unwanted patient disclosures
- Influence best practice documentation in the EHR
- Improve patient safety

This process has brought attention to variations in practice, including situations where pregnancy testing may be ordered outside of hospital protocol or current best practice recommendations. As this improvement work progresses, we aim to better understand contributing factors, including medicolegal considerations, and support the development of a consistent, system-wide process. Findings will guide process refinements prior to expanding to additional nursing units.



PRE-PROCEDURAL/SURGICAL PREGNANCY TESTING

This form provides information that is an important part of your healthcare, and it helps us take good care of you. We understand that this topic can be sensitive and may feel awkward.

During your procedure or surgery, you may get medications and be exposed to a low level of radiation. These can be a risk to an early pregnancy.

We recommend a urine pregnancy test for anyone who could possibly be pregnant.

If any one of the following points are TRUE for you, the chance of pregnancy is LOW, and a pregnancy test is NOT recommended:

- **You are not at risk for pregnancy because of your age or other factors:**
  - You have not started getting periods yet
  - You have not had a period for at least a year and you are 55 years old or older
  - You have not had vaginal exposure to sperm since the start of your last regular period
  - You started bleeding from a regular period within the last 7 days
- **You are not able to become pregnant because of a surgery:**
  - Your uterus was taken out
  - Both of your fallopian tubes were tied or taken out
  - Both of your ovaries were taken out
- **You use birth control as instructed:**
  - You use birth control pills, Depo Provera shots, patches, or rings
  - You have an IUD that is within the FDA-approved duration of use (Paragard 10 years, Mirena 8 years, Liletta 8 years, Kyleena 5 years, and Skyla 3 years)
  - You have a Nexplanon, a contraceptive implant, that is within the FDA-approved duration of use (3 years)
  - Your sexual partner(s) has (have) a confirmed vasectomy

Please choose option(s) below:

- ☐ I agree to a pregnancy test (none of the points above are true for me)
- ☐ I decline a pregnancy test
  - ☐ I don't need a pregnancy test - it is not recommended for one of the reasons above
  - ☐ I am pregnant now
- ☐ I have more questions before I decide

What will happen to my test results?

- If your test says you are not pregnant, the procedure/surgery process will continue as planned
- If your test says you are pregnant, your team will talk with you about next steps.

"RETURN COMPLETED FORM TO YOUR NURSE"

REFERENCES

Scan the QR code below to connect with us, share feedback and request references.

Collaborative Workgroup Members

Medical: Lisa Bayer, Alyssa Colwill, and Berklee Robins
Nursing: Amanda Amling, Kenna Collette, Christina Gunther, Sarah Holm, Brittany LaClair, Morgan Macwhorter, Tara Martines, Tara Menon, Lacey Moore, Mary Munoz, Jennifer Scapes, Stephanie Santiago, Soren Sproule, Amy Stone, and Deanna Toyoshima