

Reducing Preventable Eye Surgery Center Cancellations

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Introduction: The Eye Surgery Center performs a high volume of elective procedures, including cataract, glaucoma, and oculoplastic surgeries. While most patients proceed as planned, a significant number of same-day cancellations occur due to preventable patient-related factors such as incomplete medical clearances, missed instructions, or inadequate preparation.

Identification of the Problem: These cancellations not only disrupt surgical schedules but also:

- Increase operational costs from underutilized operating room time and staffing inefficiencies.
- Delay necessary treatment, negatively affecting patient outcomes.
- Reduce access to care for patients awaiting elective procedures.
- Lower satisfaction among patients and staff due to rescheduling and workflow interruptions.

QI Question/Purpose of the Study: To reduce preventable same-day cancellations through targeted interventions focused on patient education, standardized communication, and improved pre-operative screening.

Methods: Key strategies included:

- Pre-Op Call Team: Dedicated staff trained with a standardized workflow and call scripts.
- Standardized Scripts: Two tailored versions—for patients who reviewed pre-op emails and those who had not.
- Unified Instructions: Consistency across departments, surgeons, and communication platforms.
- Automated Voice Line: Accessible pre-recorded messages with general instructions.
- Email Campaigns: A two-week “welcome” email introducing requirements and a two-day reminder reinforcing logistics.
- 100% Phone Call Completion: Every patient received a personalized call one business day prior to surgery.

Outcomes/Results: We began data collection in January of this year. Over the last five months, we’ve seen a decrease in preventable cancellations following the interventions we put in place.

Top reasons for cancellations identified:

1. Lack of medical clearance
2. Patient-initiated cancellation or postponement
3. Failure to comply with NPO status

Discussion: A structured, multimodal communication plan increased patient preparedness and reduced variability in instructions. The Pre-Op Call Team provided personalized support, while standardized messaging, email reminders, and automated voice messages reinforced critical instructions. Nurses also identified last-minute barriers, such as health status changes and transportation issues, preventing day-of cancellations.

Challenges remain with unexpected medical events and late patient cancellations. Future work should focus on streamlining medical clearance with referring clinics.

Conclusion: Comprehensive pre-op communication strategies significantly reduced preventable cancellations, improved efficiency, and enhanced patient outcomes. Sustaining and refining these practices will support long-term success in perioperative services.

Implications for perianesthesia nurses and future research:

- Professional growth of nurses.
- Improves patient outcomes.
- Greater hospital efficiency.