Early Standardized Screening to Identify Surgery Patient Comorbidities

- A Quality Improvement Project -

WASHINGTON STATE UNIVERSITY
College of Nursing

MultiCare

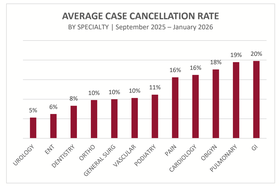
Upstream identification of high-risk conditions is imperative to reduce hardship for patients and health systems caused by preventable cancellations of elective surgical cases.

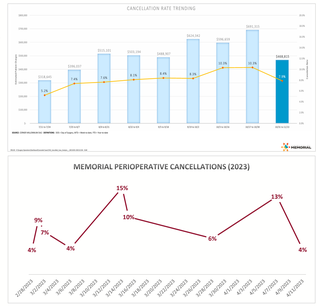
Educating surgeons and their support staff about preanesthesia & surgery screening (PASS) concepts can improve staff knowledge and confidence.

Using a standardized PASS Tool can help identify high-risk conditions while minimizing the impact on staff workload.

PROBLEM & BACKGROUND

- Surgical case cancellations are costly – minimizing preventable cancellations increases financial stability and patient access to care.
- The Pre Anesthesia Testing (PAT) Clinic at MultiCare Yakima Memorial Hospital (MYMH) often discovers high-risk patient conditions that delay surgery. These conditions, *if caught earlier in the process*, could be evaluated, managed, and optimized without impacting the surgery timeline.
- Each surgical clinic has a unique, historical workflow for presurgical patient evaluation – varying processes and resulting cancellation rates.





PROJECT AIMS

1. Develop and implement a standardized preanesthesia and surgery screening (PASS) tool – a comprehensive questionnaire of common cancellation-causing health scenarios and comorbidities.
2. Teach surgical specialty clinic staff members about PASS concepts and the PASS Tool – focusing primarily on the surgeon's schedulers, medical assistants, and nursing staff.
3. Evaluate participating staff attitudes, knowledge, and confidence before and after the PASS Tool in-service.
4. Evaluate the impacts of project implementation on surgery case cancellation rates.

PROJECT QUESTION | *"For elective surgery patients with high-risk comorbidities, will the implementation of a Pre Anesthesia and Surgery Screening (PASS) Tool reduce surgical rescheduling or cancellation?"*

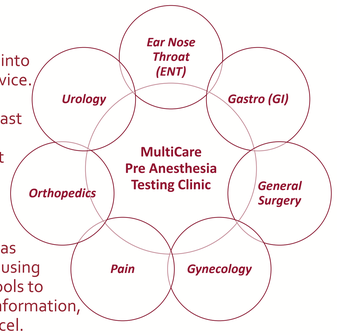
METHODS

STAFF IN-SERVICE

A 30-minute in-person teaching session was provided to eight MYMH affiliated surgical clinics. Participants were given a Likert-type survey before and after the educational session.

PASS TOOL IMPLEMENTATION

The PASS Tool was implemented into clinical workflows after the in-service. Participating staff were sent a post-implementation survey at least 4 weeks later with follow-up questions about perceived impact to workflow and patient care.

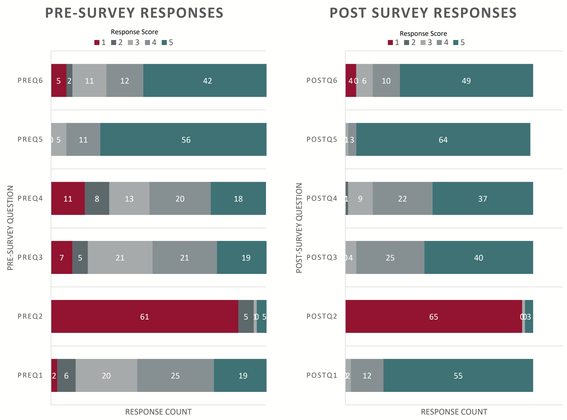


CANCELLATION DATA

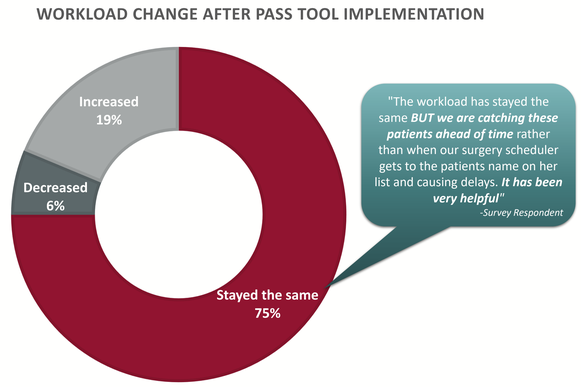
Perioperative cancellation data was extracted in aggregate from Epic using Cogito Reports and Slicer Dicer tools to protect sensitive patient health information, then analyzed using Microsoft Excel.

RESULTS

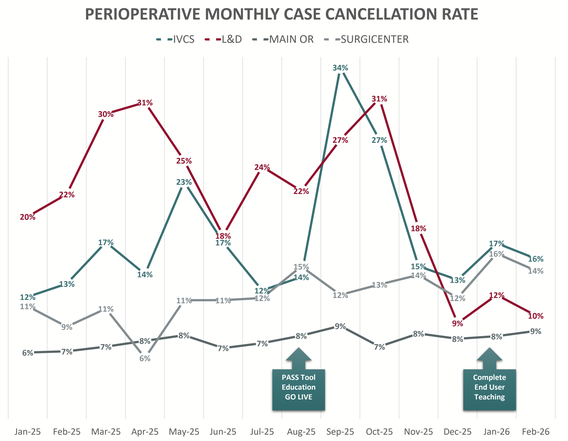
Inservice Participant Survey Responses



Post Implementation Participant Feedback

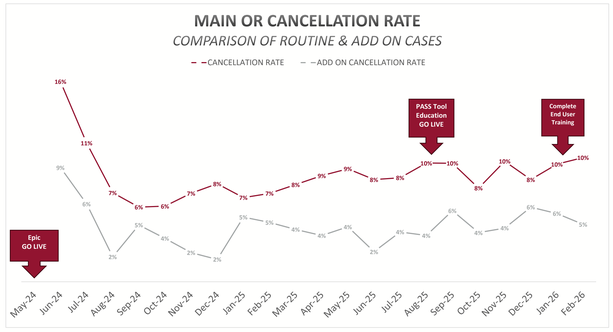


Cancellation Rate Surveillance



CONCLUSION

- The PASS Tool inservice received positive feedback from participants and survey response scores indicated an improvement in participant confidence about PASS concepts.
- Implementation of the PASS Tool was also met with positive feedback from participants and had a limited impact on end-user workflow.
- Impact on surgery cancellation rates is yet to be determined.



DISCUSSION

DATA FOR SUCCESS

- Consistent data extraction, validation, and surveillance are vital for measuring the success of quality improvement initiatives.
- Quality data is preceded by standardized end-user workflows.
- Leaders can support QI efforts by doing the following:
  1) Ensure that staff follow established standard processes, and
  2) Track desired data metrics as close to real-time as possible.
- Long-term impacts of this project may be determined by tracking lead and lag metrics:
  Lead metric – Adherence to use of PASS Tool in surgeon clinics
  Lag metric – Elective surgery case cancellation due to pre-existing conditions

CONTINUING EDUCATION FOR SUPPORT STAFF

- The target audience for the educational efforts of this QI project included medical assistants, secretaries, and clinic leadership.
- This clinical support group has had limited opportunities for continuing education on relevant clinical topics.
- Educating support staff proved impactful on surgeons' workflow while limiting the subsequent burden of work for affected physicians.

ACKNOWLEDGMENTS & REFERENCES

Sincere appreciation is felt for the numerous clinical staff who contributed to this quality improvement project by offering feedback, sharing workflow insights, and implementing changes.

This project would not have been possible without their engagement and commitment to continuous improvement and patient safety.

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