

Improving Pre-Operative Communications to Decrease Day of Surgery Cancellations in an Ambulatory Surgical Center

Thomas Halton RN, BSN, CNOR □ **Mary Catalano BS, CASC, Admin Dir.** □ **Donna Keehner-Nowak RN, MSN, MPS, NEA-BC**
Lee Anne Xippolitos RN, PhD, NP, CNO □ **Helen Kurtzke RN, BSN** □ **F. Barry Florence MB, ChB**

ABSTRACT

BACKGROUND

One of our performance improvement projects this past year was to look at the number of cancellations on the day of surgery. We felt this was fitting considering both the financial impact cancelled cases have on our ASC's budget as well as the impact on patient and surgeon satisfaction. Our total cancellation rate day of surgery was approximately 7.5%. Interestingly, 28% of the total cancelled cases day of surgery were due to patients not following their pre-op instructions. By improving our communication process, we have been able to increase our unit of measure (being the number of cases performed per year), thus increasing revenue and improving patient and surgeon satisfaction.

Patients are now looked upon as consumers of the health care services we provide. They are actively seeking information about their pre-op instructions. Our communication process needed to change from our standard of one phone call the afternoon prior to the day of surgery to something more comprehensive while not losing the personal touch of having the patient speak to an RN prior to surgery. We established a clinical pathway of automating the content of the pre-op instructions patients receive. While we cannot prevent changes in a patient's health condition, or their option to electively cancel surgery on their own, we were able to improve our pre-operative instruction process which reduced cancellations due to noncompliance and ultimately contributed to our bottom line.

METHODS

□ Develop a pre-op instruction envelope (available in English or Spanish). All inclusive packet provided to every patient prior to the day of surgery. The packet includes a pre-op checklist for tasks the patient needs to complete the day before, morning of and day after surgery; our own ASC DVD (in English or Spanish) providing information and directing patients to our ASC web site, but most importantly gives the patient information on pre-op instructions emphasizing transportation/escorts and fasting instructions. Included in the packet is a business card with instructions on how to reach a language interpreter or a sign language service.

□ The ASC manager on call assumes responsibility to make evening phone calls to the 2-3 patients per day who were not reached during the normal pre-op phone call sessions.

□ The addition of an automated phone call system that notifies patients two business days prior to the day of surgery, available in English and Spanish. Emphasis is placed on transportation/escorts and fasting instructions, and also provides the opportunity to hear a detailed message should they want an all inclusive instruction. The patient is informed that the RN will be calling him/her at the same number between 1 and 4PM the day before surgery and they are instructed to call and leave a different phone number where they can be reached if necessary. This was an integrated effort with I.T., Purchasing and Nursing.

□ Identify diabetics at the time case is scheduled to better manage this patient population and maintain appropriate sugar levels preoperatively.

□ Expand the role of the scheduling secretaries to include a reminder for patients to bring a complete list of their current medication, with dosage, to the Pre Operative Services Unit when they come in for their H&P. The intent was to improve our process for gathering drug information thus, improving our compliance with "Medication List" completeness! Our scheduling secretaries also ask the patients if they have any allergies to latex and if the patients have any sleep apnea/airway difficulties.

Stony Brook University Medical Center □ **Ambulatory Surgery Center, Stony Brook, New York**

DATA COLLECTION

We developed a log book that recorded all day of surgery cancellations, logging them in the following category of reasons:

- (1) Patient cancelled self
- (2) Patient was sick
- (3) Patient not medically cleared
- (4) Patient didn't follow pre-op instructions
- (5) Other

In addition to reasons for cancellation, the log also recorded the name of the RN who called each patient and the time of day the patient was notified. The data collected from the log book and computer generated reports of case volume, enabled us to assign percentage rates for day of surgery cancellations.

RESULTS

□ Total cancellation rate decreased from 8% to 4%

□ % of total cancellation rates due to patients not following pre-op instructions decreased from 28% for June 2008 to 4.3% as of March 2009 to 0% in December 2009.

CHANGES IN PROCESS

The ASC's Ultimate goal of patient satisfaction and overall excellent quality of care has left a high benchmark in order to always deem ways to improve patient outcomes. The recent findings in our institution of day of surgery cancellations has signaled a change in our process that aims directly for improved communication.

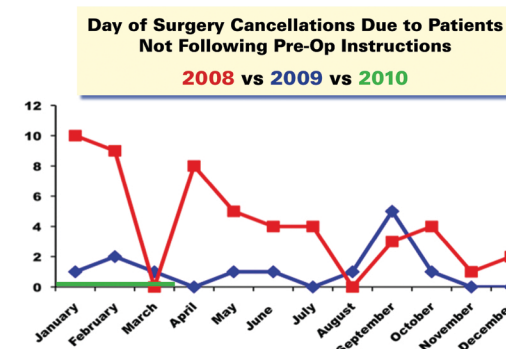
All ASC patients are communicated to through multiple modes of delivery.

We have found that successful communication requires staff accountability, repetition, scripting and options for patients who are actively involved in seeking information and receiving their instructions prior to the day before surgery.

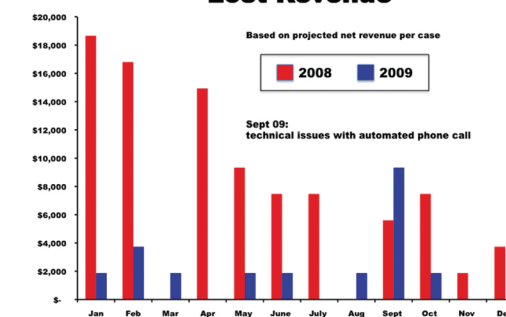
Challenges to Communication

Preoperative Challenges	Challenges Overcome
1) Invalid Patient Phone #'s	1) Automated phone service provides computerized report of those patients with no phone # contact. Clerk contacts surgeons office for phone #.
2) Patient Memory	2) Recorded messages that can be played multiple times, emphasizing compliance to fasting instructions and the need for an escort providing transportation home
3) Content of Message	3) Full message that reviews the same scripted message the patient will receive from the RN the day before surgery
4) Consistency of Message	4) Repetition of the same message reinforces the content
5) Language Barriers	5) Mailed Pre-Op packet gives the patient the ability to call us with an interpreter service and alerts the nurse to use the interpreter service when making the pre-op call the day before surgery
6) Availability	6) Automated call instructs patients to call us with an alternate phone # if they can't be reached at the number called when automated call was placed 2 days prior to the day of surgery
7) Access to the Web	7) Automated call and pre-op packet informs patients they can access our ASC web site with E-Mail availability to answer questions
8) Unable to contact patients	8) The ASC manager on call is notified of any patients not contacted and attempts to call the patient during the evening time.
9) Patient Accountability	9) Patient's are given a pre-op checklist in our pre-op envelope instructing them what they need to do the day before, day of and day after surgery
10) Diabetic patients, latex allergy patients, sleep apnea/difficult airway, medication lists and co-payments.	10) Schedulers contact patients at time of registration. Patients with diabetes, latex allergy, or any airway issues are identified and scheduled as first order of cases. Patients are instructed to bring co-payment and Medication list on day of surgery

RESULTS



Lost Revenue



KEY POINTS 2008

January 2008:

QA review identified high percentage of O.R. cancellations due to patients not following pre-op instructions averaging 8-10 cancellations previous 3 months Feb 2007-January 2008.

February 2008:

Pre-Op phone call scripting of consistent message emphasizing fasting and transportation instructions instituted

*March 2008:

Trial implementation of the automated phone call system for one month. Bidding process for automated phone call system underway

April 2008:

Introduction of pre-op envelop with presurgical checklist either handed to patient at time of H&P or mailed to home. Pre-op packet refers patient's to ASC web site and offers educational DVD.

*July/August 2008:

Automated phone call system contract signed and implemented in August. Patients are now informed of upcoming surgery two days prior to date of surgery. Emphasis is on following fasting and transportation instructions. Now offers patient the ability to leave an alternate phone number where they can be reached by the RN providing final pre-op instructions the afternoon before surgery.

October/Nov 2008:

Pre recorded pre-op instruction phone line available for patients to call if actively seeking information prior to the date of surgery. Manager on call is responsible for calling patient's in the evening that were unable to be contacted the afternoon before surgery.

2009

*September: Automated phone call system down for I.T. repairs.

CONCLUSIONS

Identifying the ways our practice impacted current throughput, we were able to make improvements by identifying issues pre-operatively that were impacting the rate of day of surgery cancellations. Changes in public health policy coupled with decreased reimbursement for procedures, we were able to improve throughput by improving our patient services while providing increased capture rates for reimbursement. Total cancellation rates range between 5-23%. Literature reviews suggest that 50% of all day of surgery cancellations could be prevented. National trending of day of surgery cancellations due to patients not following their pre-op instructions comprise 20% of the total cancellation rate. By increasing the level of communication not only influenced our throughput, it also increased our patient safety and satisfaction. It also had a major impact in eliminating O.R. downtime (wasted time), pre-operative rework (review and assessment) and decreased patient turnover because patients were appropriately prepped before the case and all items available. Ultimately, improved communication strategies had a synergistic effect by increasing compliance with preoperative preparation.