

# Using Preoperative Assessment and Patient Instruction to Improve Patient Safety

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## ABSTRACT

Rates of patient transfers, cancellations, and patient visits to the emergency department after discharge are quality metrics for ambulatory surgery centers. To improve these metrics, it is imperative to establish best practices for conducting preoperative assessments, including identifying key patient conditions (ie, obstructive sleep apnea, cardiovascular disease, reactive airway disease, obesity). To guide appropriate patient selection, practitioners should review the patient's allergies and sensitivities, alcohol use, medications, and medical history. To help ensure good patient outcomes, it is imperative to provide complete preoperative instructions (eg, NPO guidelines, medications, what to bring, cancellation instructions) and discharge instructions (eg, postoperative medications, appropriate activity restrictions, diet, surgical and anesthetic side effects, special circumstances [eg, regional blocks], symptoms of possible complications, treatment and tests, access to postdischarge follow-up care). Generally, the routine outpatient surgical patient is discharged home; however, there are circumstances that occasionally necessitate transfer or admission to a higher level of care. For transfers, ambulatory surgery centers should adhere to applicable federal and state guidelines and should have a clear policy in place to guide transfers. *AORN J* 99 (March 2014) 364-375. © AORN, Inc, 2014. <http://dx.doi.org/10.1016/j.aorn.2013.10.021>

Key words: *ambulatory surgery center, ASC, patient assessment, patient safety, discharge instructions, patient education.*

According to the Centers for Medicare & Medicaid Services (CMS), an ambulatory surgery center (ASC) may be defined as “a health care facility [that] offers patients the opportunity to have selected surgical and procedural services performed outside the hospital setting, with the expectation that the patient will be discharged directly to home.”<sup>1(p127-128)</sup> Surgical services are provided in an ASC to patients who are

not expected to need care in the facility for more than 23 hours after admission.<sup>2</sup> To participate in Medicare as an ASC, a facility must have an agreement with CMS and must meet the conditions described in Title 42 of the Code of Federal Regulations.<sup>1,2</sup>

Generally, the routine outpatient surgical patient is discharged home; however, there are circumstances that occasionally necessitate the transfer or

admission of the patient to a higher level of care. According to a three-year study at a university hospital, 73% of unanticipated admissions are the result of pain control, cardiopulmonary procedures, and bleeding problems that become larger than anticipated.<sup>3</sup> Hospital transfers or admissions from an ASC to a higher level of care cannot always be avoided. It is sometimes necessary to transfer a patient to ensure safe patient care, although inadequate attention to patient or procedure selection may result in an avoidable hospital transfer or admission and potentially an unanticipated patient outcome. However, transfers and admissions that exceed industry benchmarks indicate a need to review patient selection processes to identify whether there are opportunities for improvement.

In addition to patient transfers, the rate of cancellations and patient visits to the emergency department after discharge are quality metrics for ASCs. These metrics all have the potential to be reduced by focusing on three key quality elements: ensuring that a process is in place for personnel to conduct thorough pre-operative assessments, making appropriate patient selection for the outpatient setting, and providing complete preoperative and postoperative instructions. Having these three key quality elements in place can positively affect patient safety and clinical performance.

Members of the ASC Quality Collaboration, together with its stakeholders, determined that the rate of hospital transfers and admissions should be a necessary ASC quality metric. Subsequently, this group evaluated 966,000 ASC admissions from 793 ASC facilities between April 1 and June 30, 2013. Using these data, the group determined that 1.082 admissions per 1,000 admissions is an acceptable rate of hospital transfers and admissions.<sup>4</sup> After

rigorous evaluation, the National Quality Forum endorsed this ASC quality measure.<sup>5</sup>

Both state and federal regulations apply to transfers from an ASC to a higher level of care. At least 30 states require either the ASC to have a transfer agreement with a hospital in place or the surgeon to have admitting privileges at the hospital.<sup>6</sup> Additionally, ASCs that provide services to Medicare beneficiaries must be in compliance with state and federal ASC requirements. These include that the ASC

*must have a written transfer agreement with a local Medicare-participating hospital that meets the Medicare program's requirements for emergency service payments. If the ASC does not have a transfer agreement in place, every physician performing surgery in the ASC must have admitting privileges at a designated CMS-compliant hospital.*<sup>7</sup>

Even if the ASC is not governed by state or federal standards, it is advisable to have policies and procedures in place to guide the clinical team through an efficient and safe transfer process.<sup>7</sup> The ASC policies should identify the person responsible for the transfer decision and clearly describe the steps of and documentation require-

ments for the transfer process. Caregiver hand overs are critical to patient safety. The nurse should provide a thorough oral report to the receiving nurse that includes information about the procedure performed and any treatment rendered at the ASC; the patient's medical and surgical history, medications, and allergies; current physical findings; and the reason for the transfer. Copies of the clinical record also should be sent to the receiving facility. Care must be taken to ensure that the patient's family members receive communication about the

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**To predict and mitigate the potential for complications during surgery, it is critical for ambulatory team members to conduct a thorough assessment to identify additional key patient conditions and to implement prophylactic measures as necessary to avoid complications.**

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