

Reducing Surgery Cancellations at a Pediatric Ambulatory Surgery Center



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ABSTRACT

Surgery cancellations are costly and can be frustrating for patients, their families, and the surgical team. Because of the inherent nature of an ambulatory surgery center, which only performs scheduled elective procedures, surgical cancellations typically result in wasted time and resources. Pediatric surgery cancellations can be mitigated with proper preoperative screening and communication between nurses and patients' guardians. To reduce the rate of cancellation at our pediatric ambulatory surgery center, we implemented a Nurse-Patient Preoperative Call Log. Preoperative nurses called patients or their guardians on two separate occasions during the two weeks before surgery to review health history and instructions and answer questions about the upcoming surgery. Three months after implementing the call log, surgery cancellation rates significantly decreased from 16.8% to 8.8% ($P < .05$). Nurses used the call log for all patients, with 85.6% of patients receiving two calls in the two weeks before their surgery. *AORN J* 105 (April 2017) 384-391. © AORN, Inc, 2017. <http://dx.doi.org/10.1016/j.aorn.2017.01.011>

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Surgery cancellations are a significant problem for many health care organizations. These events cause distress and inconvenience to patients and their families, interfere with OR use and efficiency, and add to the overall cost of care delivery by significant loss of revenue and wasted resources.¹ According to Pohlman et al,² unproductive OR time in the United States costs hospitals an estimated \$1,430 to \$2,025 per hour for each cancelled procedure. The estimated cost may vary depending on the type of procedure and may be lower in the ambulatory surgery center (ASC) setting because of the difference in insurance reimbursement. However, there are similar losses from costs associated with cancellation of procedures, such as the cost of supplies and labor. Although reported OR rates of cancellation in the adult population range from 5.6% to 23.8% depending on various

factors, the rate of cancellation in the pediatric population is not well known.²

A significant number of cancellations are preventable, including unreported changes in patient condition, insurance status, or misunderstanding of the preoperative NPO requirement.² Examples of preventable reasons for procedure cancellation include the following:

- lack of preoperative instructions,
- NPO violations,
- changes in insurance coverage,
- legal issues (eg, name change, guardianship),
- miscommunication regarding the date and time of surgery,
- lack of necessary documents, and
- transportation issues.

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Nonpreventable surgery cancellations are those that are out of staff member control such as patient illness and other health conditions. Pohlman et al² examined contributing factors for cancellations of outpatient pediatric urology procedures and found that the most common cause of surgical cancellation in the pediatric setting is patient illness.² Examples of non-preventable reasons for surgery cancellation include the patient being medically unfit to undergo surgery or a sudden onset or exacerbation of an illness or a health condition that affects surgery (eg, respiratory infections, flu-like symptoms, gastrointestinal symptoms).

Whether cancellations are for preventable or unpreventable reasons, they affect the surgical team and may cause significant disappointment and frustration to patients and their guardians. Preparing for surgery may require special arrangements with a child's school and the guardian's workplace. Cancelling surgery has significant psychological, social, and financial implications.

According to a study by Dimitriadis et al,³ the overall rate of same day elective surgery cancellation varied significantly, ranging from 5% to 40%. The researchers investigated the various reasons for same day surgery cancellations and proposed various examples of strategies to reduce them.³ One of the examples they emphasized was the importance of a well-established preassessment service and the patient's compliance with preoperative instructions. Different strategies and changes in process can help to reduce surgery cancellations.

SETTING AND PROBLEM DESCRIPTION

This quality improvement (QI) project was reviewed by the Duke University Internal Review Board, Durham, North Carolina, and was deemed exempt. A multidisciplinary team that consisted of five preoperative nurses, two surgical schedulers, an ASC administrator, and two anesthesiologists performed a pilot QI project at Pediatric Specialists of Virginia Ambulatory Surgery Center (PSV-ASC) in Fairfax. The newly accredited ASC has two ORs, and staff members perform an average of 50 elective procedures per month on patients who range from infants to 21 years of age. Emergency or urgent add-on procedures are not performed at this ASC, and most procedures are scheduled at least two weeks in advance to comply with insurance-approval procedures. Therefore, procedures that are cancelled with less than a one-week notice typically result in unproductive OR time and personnel. Despite the low volume, the ASC's OR rate of cancellation was more than 16% during a three-month assessment period. Excessive cancellation of surgeries, resulting in unproductive OR time, was the impetus for this QI project.

A well-established preoperative protocol may facilitate effective preoperative communication among nurses, patients, and patients' families and can reduce preventable cancellations. To reduce and prevent unnecessary cancellations, it was important for the project team to establish a clear, consistent, and standardized preoperative process using an approved questionnaire and call log.

The goal of this QI project was to prevent unnecessary surgical cancellations at PSV-ASC by improving communication among preoperative nurses, patients, and patients' families using a call log. The specific aims of the project were to

- decrease surgical cancellations to a rate of less than 10% per month at PSV-ASC during the three-month post-implementation data-collection period,
- complete the call log on 100% of patients, and
- complete 80% of logs with 100% accuracy.

LITERATURE REVIEW

Nurses have an important responsibility to communicate effectively, educate, and prepare patients and their families for surgery. Pohlman et al² retrospectively reviewed 114 cancelled outpatient pediatric urologic procedures and found that approximately 25% of the cancellations were the result of preventable reasons, and only 22% of patients and families correctly understood the NPO instructions. The authors concluded that compliance with the preoperative instructions may be improved by adequate patient and family education.²

Haufler and Harrington⁴ reported that preoperative nurses at a North Carolina ASC successfully decreased the daily rate of cancellation by 53%, increased patient satisfaction scores from 89% to 94%, and increased OR use from 72.4% to 75.8% by employing a nurse-to-patient phone call protocol.⁵ In this protocol, the nurses used a script explaining to patients the importance of restrictions, the reasons for the guidelines, and the likelihood that a procedure would be cancelled if the instructions were not followed. The nurses subsequently communicated with the surgical team, anesthesia team, and the surgeon about any significant health history and patient needs that were identified during this call.⁴ A similar process was implemented successfully by a surgical team in Nebraska to reduce procedure delays and cancellations.⁵ Preoperative nurses used a 14-question telephone screening tool to identify high-risk patients and to collect health history from the clinical assessment. They were able to reduce first-procedure-of-the-day delays from 50% to less than 20% and same day procedure cancellations from 2.6% to 1.3%.⁵

Several of these studies suggested that patient and guardian education and use of an effective tool in gathering important

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