Strategies for Improving Safety and Managing Preoperative Patients through a Multidisciplinary Approach in the Preoperative Clinic

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Background

Preoperative (aka Preop) clinics are a valuable resource within hospitals. They improve operating room utilization by decreasing cancellations and minimizing morbidity and mortality. They impact patients by reducing anxiety, improving satisfaction & postoperative pain management while facilitating health teaching; reducing postoperative length of stay.

Old System

Three separate preop clinics at each site (McMaster, General and Juravinski) employed & trained separately:
- clerical staff (registration)
- registered nurses (RN)
- Anaesthesiologists (MD), and
- Other site staff ad hoc for blood work & electrocardiograms (ECG)

Internal medicine physicians
  → Juravinski clinic only
Child life specialist
  → McMaster clinic only

Problem Identification

1) Many Stakeholders: Surgeons, physician offices, anaesthesiologists, nurses, patients & families, clinical managers, pharmacists, medical learners, specialists ...etc
2) Inefficient - Multiple sites running concurrent linear preoperative assessment processes (triplication)
   i. Capacity plateaued, not able to support future growth
3) Inflexible - wasted OR time due to difficulty of booking assessment for 'add ons' due to OR case cancellations
4) Ongoing challenges with communication between preop clinic to the surgical teams
5) Patient dissatisfaction with long wait times and duplication of assessments

Goal

The core service of the preoperative clinic is effective communication to the care teams downstream and patients:
- nursing assessment
- anesthesia assessment
- preoperative health teaching
- laboratory care
- best possible med history (BPMH)

Means and methods of communication were targeted for intervention;

1) Electronic documentation (Physician and nurse) improves clarity and speed of communication.
2) Clearly defined of visit scope for each discipline; reducing redundancy
   - RPN’s complete initial assessment, blood work, labs and ECG
   - BPMH by pharmacy team member
   - RN flag case for MD when needed
3) Centralized operations to McMaster site (Feb 2012); adult + pediatric
   - Quality assisted with scheduling and flow to improve efficiencies
   - Internal identification & resolution of clinical and patient care concerns
4) Communicate information helping the downstream care teams
   - Targeted high quality BPMH’s
   - Allergy clarification
   - Consistent preop documentation
   - Effective patient teaching
5) Improved patient satisfaction observed in feedback forms.
   - Wait times project ongoing
   - Easier "add-ons" booking

Improvements

Through the proper allocation of resources within the team, we have been able provide our patients improved efficiency, communication and safety during their preoperative experience.

Today the Preop clinic for Hamilton Health Sciences is based at McMaster University Medical Centre and cares for about 20,000 patients yearly (up to 100/day) using our multidisciplinary approach.

Continuing work includes
- Quality assisting with wait times
- Improving quality and utility of BPMH
- Ongoing patient feedback
- Patient friendly documentation
- Periop medication management

New System

The core service of the preoperative clinic is effective communication to the care teams downstream and patients:

References


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