

Multidisciplinary Approach To Reduce Or Delay and Cancellations Due to COVID-19 Testing

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Introduction

The COVID-19 pandemic has globally influenced our health care system. All surgical procedures require a negative COVID test within four days of surgery as outlined by Center for Disease Control (CDC) and The University of Texas MD Anderson Cancer Center (MDACC) guidelines.

Literature review indicates operating room (OR) costs can range from \$22 - \$80 per minute.

OR delays & cancellations related to pending COVID results can lead to unnecessary waste of PPE resources.

Additionally, it can cause undue emotional distress for the patient and family, which affects the patient experience.

Objectives

The objective of this project is to reduce OR delays & cancellations related to COVID-19 testing.

Implementation

Perioperative guidelines and workflow on testing for COVID-19 prior to surgery was developed utilizing CDC and MDACC recommendations.

A tracking tool was created by the nurses, physicians and patient service coordinators (PSC) to enter COVID-19 test information, starting from 6/15/2020. This data included information regarding test status, delays and cancellations.

Testing appointments and pending results were reviewed throughout the day to ensure timely identification and interventions if the patients fell outside the COVID testing criteria.

Communication to surgical and leadership teams were also completed to ensure proper follow up and escalation of processes.

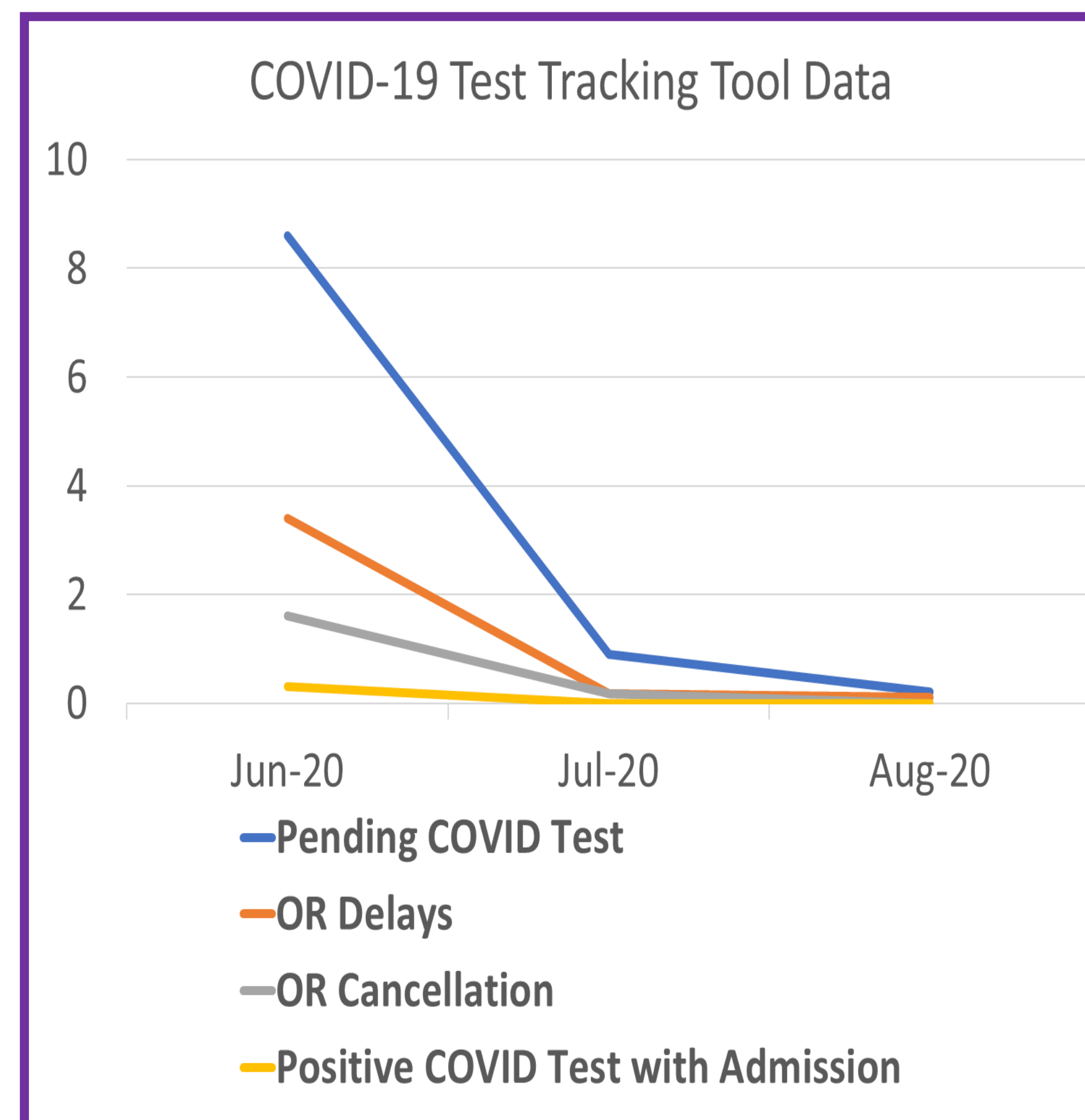
Statement of Successful Practice

COVID-19 test tracking tool data indicates significant reduction of OR delay or cancellation from June 2020 to August 2020.

Results

From mid June to the end of August, the overall data for MD Anderson Cancer Center inpatient and outpatient OR shows that COVID-19 pending tests have improved significantly from 6.8% to 0.2%.

Of our pending results, the delay of surgical cases improved from 2.9% to 0.2%, and the cancellations of cases improved from 0.7% to 0.07%.



Nursing Implications

These guidelines have decreased OR delays & cancellations, improved patient experience, and sustained hospital revenue.

This perioperative guideline will be established and sustained as one of the disaster nursing strategies during the COVID-19 pandemic.

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