

Preoperative Preference Cards

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Background/Introduction

Background:

- No Reference for Standardized Care in the Preoperative Department
- Nursing staff not performing uniform care in the AOD/OR area
- Preoperative preparation times take longer than anticipated by doctors, staff and patients
- Patient satisfaction scores below threshold
- Nursing and Doctors satisfaction not positive

Introduction:

- As nurses it is our responsibility to provide an exemplary uniform standard of care to our patients. This quality improvement project represents the positive outcomes that not only effects the patients but the staff and doctors as well. The Preoperative Preference Cards provide a visual and written reference card that have been approved by surgeons, doctors and fellow nurse leaders to provide unparalleled service to our patients.

Literature Review

- "As hospitals have grown more reliant on perioperative departments to bring revenue, perioperative staff have come under greater pressure to work faster and more efficiently so more procedures can fit into the surgical schedule. But as departments work to increase speed and efficiency, there is an increased risk of making mistakes and cutting corners that could jeopardize safety and quality" - *AORN, 2018*
- "Fast efficient service is one demand all customers make, whether the service is a hamburger purchased through a drive-through window or a surgical procedure scheduled through an ambulatory surgery program." - *Relias, 1999*
- "Using Lean methodology, the team was able to shorten the preoperative cycle time as well as integrate a new approach to improving accuracy of care, patient privacy and decreasing patient motion. Lean methodology can effectively be applied to improve patient care, efficiency, and privacy in an academic Magnet accredited specialty hospital ambulatory surgery setting." - *Yale Scholar, 2015*

Objectives/Hypothesis

Objectives:

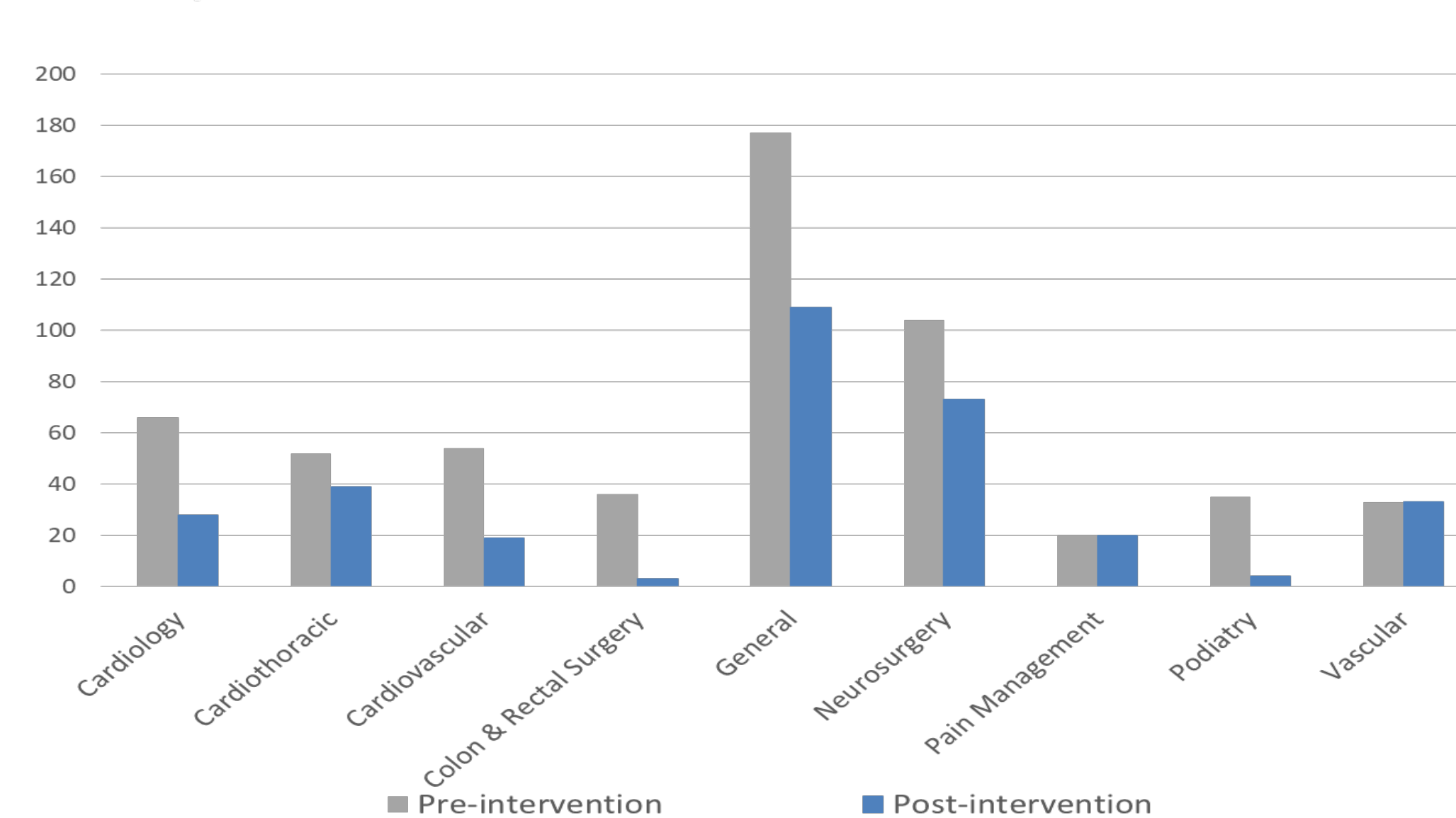
- Pre-intervention: audit pre-operative times according to specialty
- Create a communication tool (preference card) to use in the AOD/OR area
- Intervention: implement preference cards beginning August 2021
- Post-intervention: audit pre-operative times according to specialty
- Trend patient satisfaction scores pre and post intervention

Hypothesis:

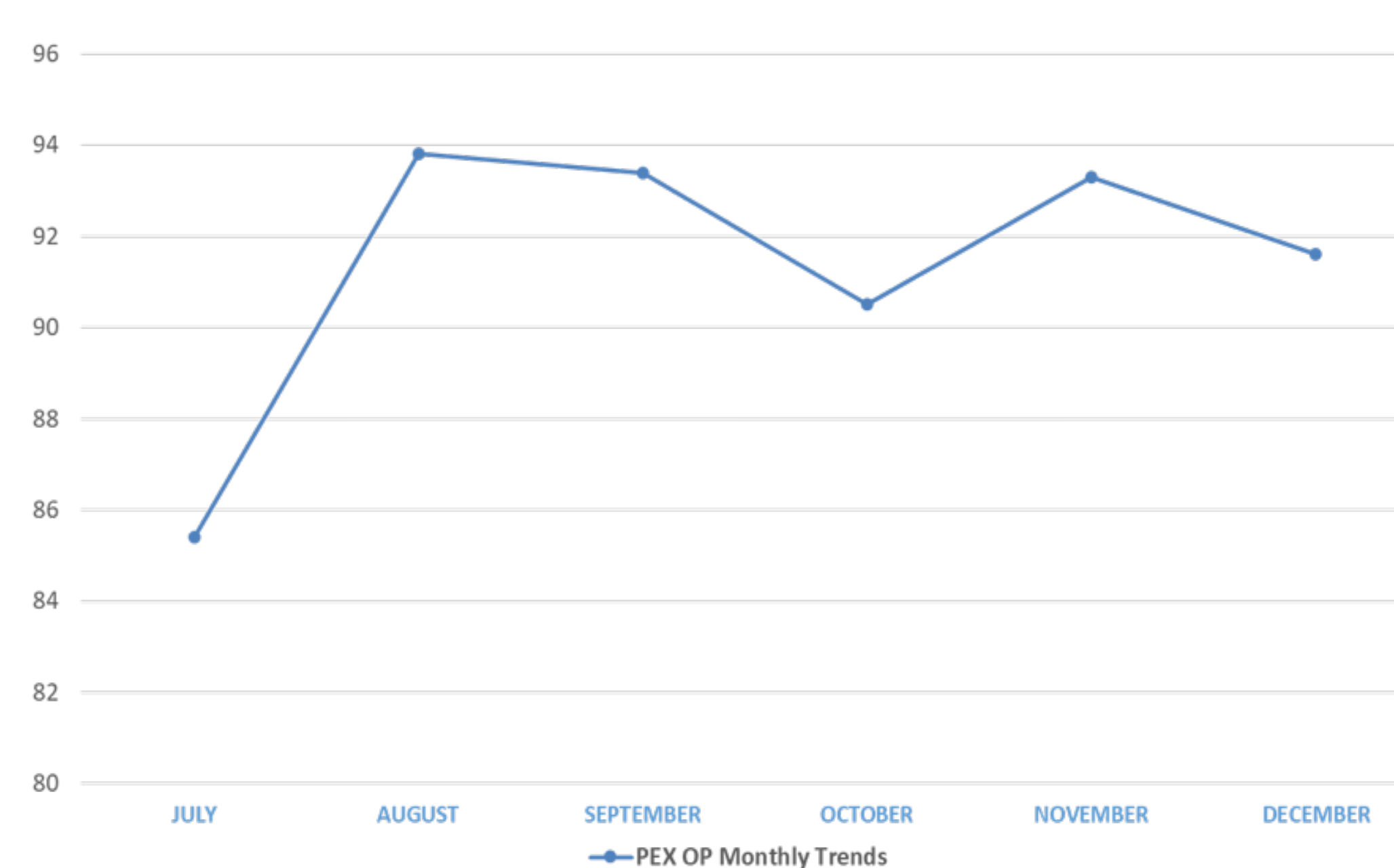
- A visual and written communication tool (preference card) will decrease the preparation time, increase efficiency and increase doctor, nurse and patient satisfaction by creating standardized care for nursing.

Preoperative Care Time

Pre-op Care Duration 2021



Patient Experience Trends



Preference Cards

Total Right Knee Replacement

Medications:

- Ancef (notify Dr. if allergy is anaphylaxis allergy to PCN)
- Tylenol - Celebrex (hold if allergy to Sulfa) - Lyrica

Nasal Swabs:

- Dip swab into bottle, stir for 10 seconds
- Swab each nostril & tip for 15 seconds - 2 swabs each

Nerve Block:

- Leave patient attached to monitor & oxygen for pending Anesthesia Block (Adductor Canal)

Blood:

- For Totals - place order for 2 units PRBCs

Normothermia:

- Attach Bair Hugger - decreases risks of SSI, blood loss & extended recovery
- Place Temperature Probe on forehead

Labs:

- T&S, ABO Confirmation, CBC, BMP, PT/PTT (if on Warfarin/Coumadin), Clean Catch UA (if positive for Nitrites, positive for Leukocytes Esterase, positive for Bacteria & WBC count elevated in urine, make sure Ortho Doctor is aware, pcc hcg in <55)

IV - Anesthesia Preference:

- (non dominant hand if possible, then may use arm, AC is last option, preference 20g or 18g, may use 22g if no other options)

Neurovascular Assessment: Document any abnormal findings - use Smart Phrase (.neurovascular note for preop)

Cardiovascular - CABG

Medications:

- Ancef (not Rocephin) if allergy to PCN give Vancomycin (start 2hr prior to surgery start)
- Beta Blocker (hold if heart rate less than 50 bpm)

Nasal Swabs:

- Dip swab into bottle, stir for 10 seconds
- Swab each nostril & tip for 15 seconds - 2 swabs each nostril

Pendex:

- Rinse in mouth for 30 seconds then spit out

Normothermia -

- Attach Bair Hugger - decreases risk of SSI, blood loss, extended recovery, discomfort and pain
- Place Temperature Probe on forehead

Labs:

- T&S, ABO Conf, CBC, BMP, PT/PTT (if on Warfarin/Coumadin), Clean Catch UA (if positive for Nitrites, positive for Leukocytes Esterase, positive for Bacteria & WBC count elevated in urine)

Blood:

- Place order for 4 units PRBCs and 2 units Platelets

IV - Anesthesia Preference:

- (non dominant hand if possible, last option AC, then arm, last 20g preferred, then 20g, may use 22g as last option)

Additional Testing CABG: Frisby Test (Type "SM" in search on flowchart) 1. 1st trial (have pt walk distance of 8 sites and record the time in seconds), 2. 2nd trial (have pt walk back & record time in seconds), 3. 3rd trial (have pt walk original distance of 8 sites and record time in seconds on flowchart)

Neurovascular Assessment: Document any abnormal findings - use Smart Phrase (.neurovascular note for preop)

Results

- Pre-op Care Duration:
 - Decreased by overall average of 22 minutes
- Patient Outcome Experience:
 - Increased satisfaction average from 85% in July to almost 94% in August and remained above the 90th percentile through December 2021
- Employee Satisfaction:
 - Survey showed 100% positive feedback among peers

Conclusion

- Preoperative Preference Cards are showing positive results for both patient satisfaction and efficiency in the preoperative setting.
- Future growth for educating throughout hospital for the year of 2022.
- As we grow and innovate here at Houston Methodist The Woodlands, the preference cards will do the same.

References

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