Improving Pre-Operative Communications to Decrease Day of Surgery Cancellations in an Ambulatory Surgical Center

Thomas Halton RN, BSN, CNOR  □  Mary Catalano BS, CASC, Admin Dir.  □  Donna Keehner-Nowak RN, MSN, MPS, NEA-BC
Lee Anne Xipolitpos RN, PhD, NP, CNO  □  Helen Kurtzke RN, BSN  □  F. Barry Florence MB, ChB

ABSTRACT
One of our performance improvement projects this past year was to look at how our Pre-Op phone calls (POPs) were working as part of our Pre-Procedural Communication Process. Although both the financial impact cancelled cases have on our ASC’s budget as well as patient satisfaction are significant, our total cancellation rate was approximately 73%. Interestingly, 28% of the total cancelled cases did not stop due to patients not following their pre-op instructions. By improving our communication process, we have been able to increase our unit of measure (stopping the number of cases that cancellations), thus increasing revenue and improving patient and surgeon satisfaction. Patients are now linked with access to comprehensive health care services we provide. They are actively seeking information about their pre-op instructions. In addition to reasons for cancellation, the data collected from the big book and computer generated reports of case volumes, cancelled due to failure to pre ops, were from our studies of one of the largest databases of ambulatory surgery cancellations. Our data demonstrated the correlation between poor communication and increased cancellations.

METHODS

POPs were instituted in our ASC in January 2006. In addition to the phone call, an e-mail was sent to patients with a Pre-Operative Communication Form (POCF) as an attachment. We monitored the outcome of each call and received feedback by both email and phone. The ASC’s and the hospital’s services were monitored to determine the success of our intervention. We could determine the result of our intervention and improve our communication process.

RESULTS

• Total cancellation rate decreased from 8% to 4%.
• 70% of total cancellation rates due to patients not following pre-op instructions decreased from 26% in 2006 to 43% as of March 2009 which to 15% in December 2009.

CHANGES IN PROCESS

The ASC’s Ultimate goal of patient satisfaction and overall excellent quality of care has left a high priority on our list to always do more to improve patient outcomes. The recent findings in our institution of day of surgery cancellations has signaled a change in our process that aims directly for improved communication. All ASC patients are communicated to through multiple channels.

We have found that successful communication requires staff accountability, repetition, scripting and options which are actively involved in seeking information and receiving their instructions prior to the day before surgery.

CONCLUSIONS

Identifying the ways our practice impacted current throughput, we were able to make improvements by identifying issues pre-operatively that were impacting the rate of day of surgery cancellations. Changes in public health policy coupled with decreased reimbursement for procedures, we were able to improve throughput by improving our patient services and the use of pre-op services while providing increased capture rates for reimbursement. Total cancellation rates range between 5-23% literature has suggested that 50% of all cancellations can be prevented. National trending of day of surgery cancellations due to patients not following their pre-op instructions comprise 20% of the total cancellation rate. By increasing the level of communication not only influence our throughput, it also increased our patient safety and satisfaction. It also had a major impact in eliminating O.R. downtime (wasted time), pre-operative rework (review and assessment) and decreased patient turnover because patients were appropriately prepped before the case and all items available. Ultimately, improved communication strategies had a synergistic effect by increasing compliance with preoperative preparation.