

DIG OF THE YEAR 2013: CLINICAL PATIENTS IN THE OPERATING ROOM

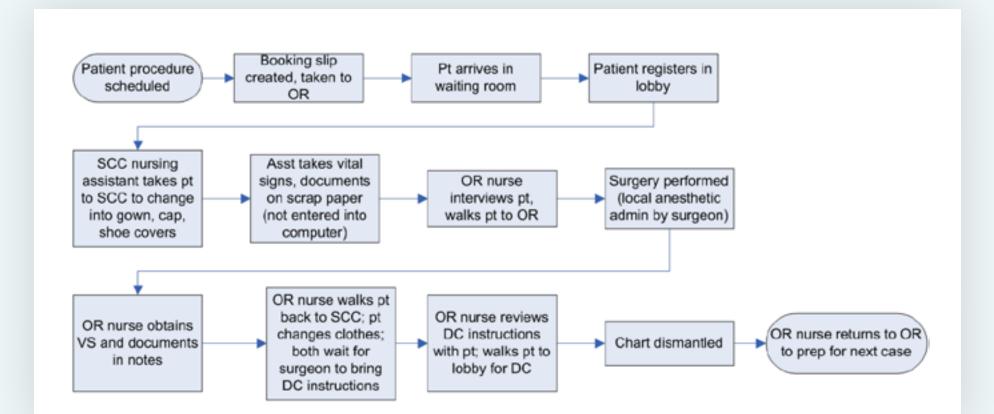
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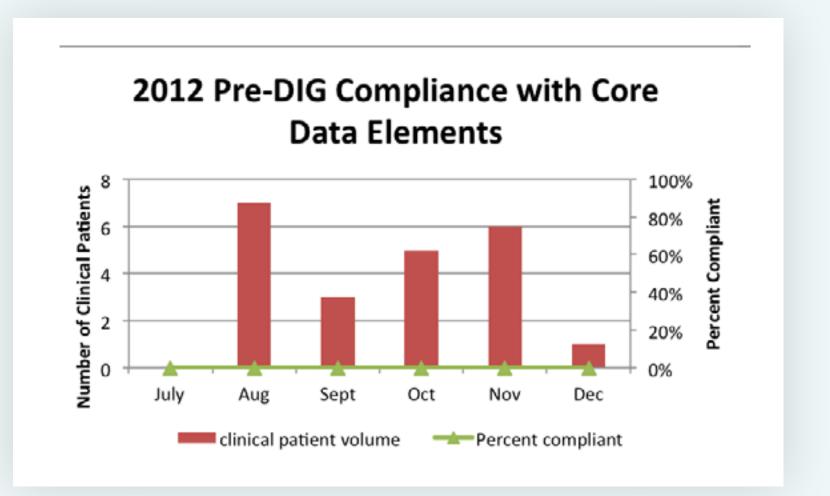
Dilemma

A separate process existed for admitting clinical patients (patients not requiring anesthesia) into the OR resulting in decreased efficiencies and less than

Admission Process in 2012



2012 Clinical Patients Missing Data



There were an estimated 55 clinical patients in 2012, ALL of whom were missing data from the electronic medical record due to using the 2012 admission process!

Increased Risk

- Clinical patients were not interviewed by Pre-Admission Testing (PATC)
- Patient profiles were non-existent
- Current medications and allergies were not captured
- Vital signs were missing from the patient's record

Decreased Efficiencies

- OR nurses admitting and discharging surgical patients
- Increased risk of OT for OR nurses
- Increase in OR turnover times
- Patients were not discharged in computer
- Greater risk for lost charges
- Decrease in potential surgical minutes

Taking Action for Change:

Do It Group (DIG) was created in November 2012 to standardize the process for ALL surgical admissions in an effort to reduce clinical risk, and increase OR efficiencies and stakeholder satisfaction. The interdisciplinary team included OR schedulers, PATC/OR/SCC nurses and informatics.

Define

- Discussed current process
- Compared SCC and clinical patient processes and differences in results
- Patient profiles for clinical patients missing in EMR
- Severely limited information and documentation opportunities for clinical patients
- Current process flowchart created

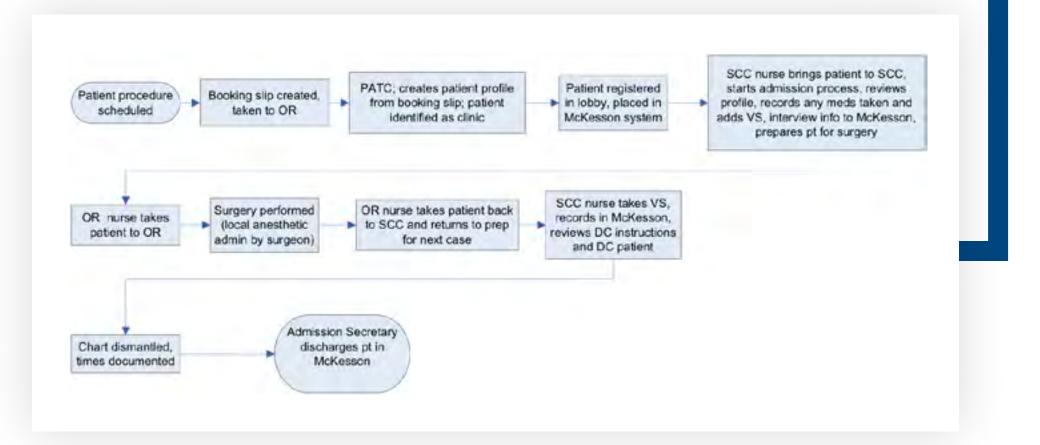
Goals

- Standardize process for all patients admitted to the OR
- Capture the clinical patient profile in the EMR, including medications, allergies, medical history, vital signs
- Reduce delays in OR turnover times caused by clinic patient process
- Increase RN/Surgeon satisfaction
- Assure compliant documentation for chargeable surgical minutes
- Capture all discharge times
- Capture all potential charges

Outline

- New process outlined/flowcharted
- QI form created for key point tracking:booking slips from MD office
- completion of patient profile by PATC
- proper SCC outpatient registration
- "clinical" care plan used by OR RN
- SCC vital signs documentedpatient discharge instructions completed

New Process 2013



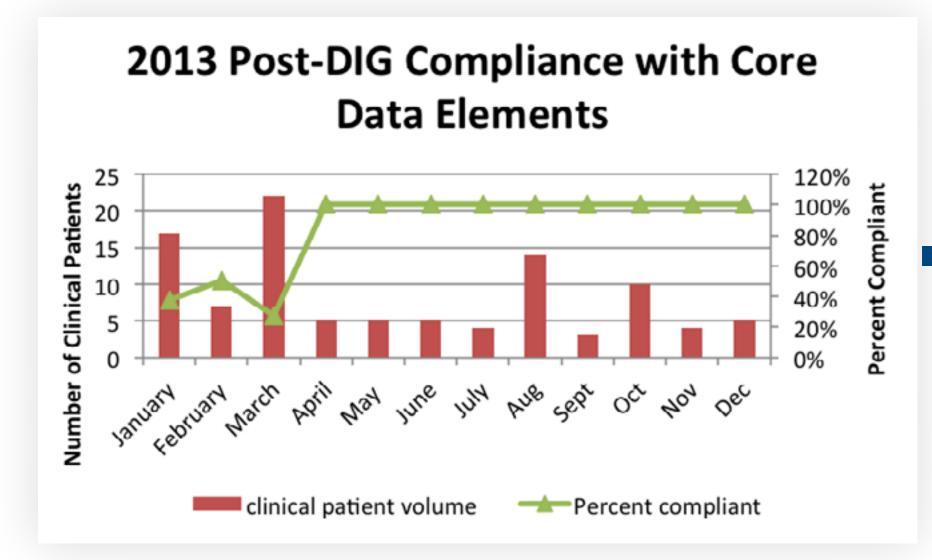
Implement

- Clinical bed type created in EMR for clinical patients
- Buy-in obtained from leadership and all staff members affected by process changes (scheduling, MD offices, PATC, SCC, OR)
- Medication guidelines established for PATC for clinical patients
- New process education completed for all staff
- New process began January 2013

Track

- QI tracking on all charts January June 2013
- Feedback and re-education completed
- 100% successful standardization of processes for all surgical patients achieved by April 2013
- 100% proper booking of clinical cases by MD offices
- 100% clinical patients interviewed by PATC RN
- 100% patient profiles completed
- 100% SCC registration as clinical patient

2013 Clinical Patients



Downstream Benefits

- PATC RN helping patients follow appropriate pre-operative medication regime
- SCC nurses now admitting the clinical patient and reviewing the patient profile
- Documentation in the EMR includes vital signs, medications and allergies
- OR nurses manage their surgical case load without disrupting the OR schedule
- Patient post op care is transferred to the SCC nurse for discharge instructions and capture of discharge time
- Increased surgeon and RN satisfaction
- Improved efficiencies save between \$1,800 (regular time) and \$2, 400 (overtime) of OR team costs

Additional Benefits

- Increase in productivity for PATC and SCC
- The most knowledgeable person completes each process step
- Improved confidence that the EMR contains all the information necessary for each clinic patient's care

This "Do It Group" is proud of
their collaborative results. The right person,
doing the right thing, the right way, the first
time, and every time.
A quality process!