

positive, and negative comments regarding arrival time calls on Press-Ganey reports have all but been eliminated.

Discussion: Text messaging is widely used and is a simple and effective way to communicate surgery arrival times,

Conclusion: Interactive text notification is a superior modality to communicate surgical arrival times, reinforce pre-procedure instructions and answer questions.

Implications for perianesthesia nurses and future research: Use of technology to provide arrival times via interactive text notification promotes patient/family-centered care and patient satisfaction while providing consistent and easy access to information, in a convenient and user friendly way.

CUT TO THE CHASE: PRE-OP SURGICAL CLIPPING



Primary Investigators: Michele Gatt, BSN RN, Sara Shubert, RN

Heart and Vascular Institute at Cleveland Clinic, Cleveland, Ohio

Co-Investigators: Susan Mastrandrea, BSN RN PCCN, Cindy Plato, BSN RN CAPA

Introduction: Cardiothoracic and Thoracic preoperative patients in the Heart and Vascular Institute were having their hair removed prior to OR in the preoperative setting. The vascular preoperative patients were having their hair clipped in the OR.

Identification of the problem: The problem that was identified was the increase financial cost of OR time spent clipping vascular patients while in the OR setting.

QI question/Purpose of the Study: The objective of this project was to decrease the cost and improve efficiency of OR time by clipping vascular patients in the preoperative setting instead of utilizing OR time to clip patients.

Method: We decided to measure the cost savings monthly since all the outpatient vascular surgery patients requiring clipping are now being clipped in the preoperative setting in the Heart and Vascular Institute. We collected data from December 2017 to March 2018. One hour of surgical OR time equals \$1700.00 in the Heart and Vascular OR's. We calculated the total number of minutes shaved per month and converted it to hours to calculate the dollars saved monthly.

Outcomes/Results: Prior to implementing the vascular preoperative shaves there was \$0 cost savings. January 2018 the cost savings was \$11,050.00. February 2018 the cost savings was \$5797.00. March 2018 the cost savings was \$10,341.00.

Discussion: This was the first study to objectively measure cost savings of clipping vascular patients in the preoperative setting versus the vascular OR settings.

Conclusion: From January 2018 through March 2018 we have a cost savings of \$27,188.00. All vascular surgery patients in the Heart and Vascular Institute are now being clipped in the preoperative setting.

Implication for perianesthesia nurses and future research: This project could be implemented in other preoperative areas. Future research would be recommended to investigate additional cost savings for other surgical settings.

OPTIMIZING SURGERY PATIENTS IN A PERIOPERATIVE CARE CLINIC



Primary Investigator: Rebecca Serra, BSN RN CAPA
Inova Alexandria Hospital (IAH), Alexandria, Virginia

Co-Investigators: Dorothy Boresky, DNP RN NE-BC, Sabrina Salem, BSN RN FNP-C DNP, Erin Bartko, MSN RN AGNP-BC, Masaio Turay, MSN RN APRN FNP-BC

Introduction: Traditionally, IAH surgeons refer patients to their primary care provider (PCP) who conduct a history and physical and orders any tests deemed necessary by the team, to prepare patients for the safe administration of anesthesia and surgery.

Identification of the problem: Inadequate preoperative patient preparation can lead to day of surgery (DOS) cancellation.

EBP Question: Are there less surgery cancellations on the DOS if a patient scheduled for surgery is evaluated in a preoperative clinic compared to their PCP providing the preoperative preparation?

Purposes:

1. To determine if patients prepared for surgery in a preoperative clinic result in fewer DOS cancellations than those evaluated by private physicians/providers.
2. To demonstrate how to optimally prepare patients for surgery and avoid cancellations.
3. To improve patient care quality, patient experience, and prevent loss of revenue by optimally preparing patients for surgery.

Method/Evidence: Literature review indicated the optimal method for preoperative patient evaluation was utilization of clinical pathways developed for specific comorbidities. Through nurse observation, the comorbidities at IAH that most often cause surgery cancellations are diabetes, cardiovascular disease, hypertension, and alteration in skin integrity. Pathways were developed and used to evaluate patients presenting to the clinic with these comorbidities. The pathways were also used to determine if surgery cancellations that occurred in June/July 2018 could have been prevented.

Significance of Findings/Outcomes: In June/July 2018, 1299 surgeries were performed at IAH resulting in 23 cancellations, 4 of which may have been prevented had the patients been evaluated in the preoperative clinic. Sixty-nine of these surgery patients were evaluated in the preoperative clinic, none of which were cancelled. Two additional cancellations were averted due to the detection of the patients' poor state of health when they were examined in the clinic.

Preoperative clinic patient preparation results in less surgery cancellations. A decrease in DOS cancellations improves the patient experience and reduces lost revenue. At \$8.53 per minute the 2 averted cancellations saved IAH well over \$2,000 in Operating Room time alone.

Implications for perianesthesia nurses and future research: Recommend surgeons utilize preoperative clinic for surgical patient preparation. Collaborate with clinic practitioners in the creation of additional pathways that target current and specific needs for best patient outcomes.