**Clinical management**

**Passport to Surgery minimizes delays**

Missing paperwork is a major cause of surgical delays—and regulatory headaches.

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Medicare require that patients have in their charts before surgery a history and physical performed no more than 7 days before surgery. If the H&P was done 8 to 30 days prior to surgery, there must be documentation of an update.

Having the paperwork in order makes sense—clinicians need the latest information about the patient to plan care. But making this happen isn’t easy.

A Passport to Surgery is the solution for Franklin Square Hospital Center in Baltimore. The Passport is a comprehensive preoperative checklist that becomes a permanent part of the patient’s medical record. Patients are not taken to the OR until the Passport is complete.

Among boxes that must be checked are ones indicating that the H&P was completed in the proper timeframe and updated if necessary, lab work is complete with either normal or abnormal results, and the anesthesia consult is completed. A second page summarizes guidelines for the H&P and preoperative testing. (The Passport is posted in the OR Manager Toolbox at www.ormanager.com.)

“Now we can look at one piece of paper and see the whole status of events,” says Debbie Kisner, RN, PhD, CNOR, clinical administrator of the surgical service line. The hospital has 10 inpatient ORs, 5 outpatient ORs, and 2 cysto/endoscopy rooms and serves about 60 to 70 surgical patients a day.

**No check, no go**

The Passport has helped smooth out a previously uneven process. Before, some patients came to the preoperative holding area without all of their lab test results or with abnormal results, and their surgery had to be delayed or canceled. Sometimes it was not clear whether an anesthesia consult had been requested or performed. Inpatients might arrive without documentation that they had received medications ordered by the anesthesia provider. The anesthesia provider might find out at the last minute that the patient had a pacemaker and have to start making calls to the company for the settings and other information.

The goal is to have the patient’s chart completed 72 hours before surgery. If the chart is not ready at that time, the physician’s office is notified. The chart is reviewed again at 48 hours and at 24 hours before surgery.

When the patient arrives in the holding area, each box on the Passport should have been checked for items required up to that point. One of the last boxes checked indicates that the surgeon has signed the surgical site. When that step is completed, the patient may be transported to the OR.

“If that check is not there, the patient doesn’t go,” says Chet Wyman, MD, an anesthesiologist and member of the committee that developed the Passport.

**Preop process**

For outpatients, the Passport is placed on the chart either when a preoperative nurse calls the patient before surgery or when the patient comes in to the Preoperative Evaluation Center (PEC) for an appointment. For inpatients, the Passport is placed on the chart in the nursing unit.

The preoperative screening process begins as early as 2 weeks before surgery when nurses start phoning patients scheduled for surgery. Patients may have their history and physical and any testing performed either by their primary care physician or in the PEC by a physician assistant (PA). The PEC processes about 15 patients a day.
The hospital would prefer that patients come to the PEC, but that is not required, says Kisner. It can be harder to get the paperwork completed if the primary care physician does the screening.

Charts are reviewed before the day of surgery by a nurse or the PA and kept in a hanging file. There is a system for tracking which patients have been reached and which patients still need to be contacted. If nurses pick up on problems during the phone call, they alert the PA or call the patient’s primary care physician.

If information is not current, they call the surgeon. They also review lab and ECG results to decide if an anesthesia consult is warranted.

Preoperative testing follows guidelines developed by the anesthesia department, which are based on the patient’s medical history, age, and medical problems. For patients with no significant medical history, the guidelines call for:

- no testing for patients under age 50
- type and screen if ordered
- hemoglobin and hematocrit if anticipated blood loss is >500 mL
- serum or urine HCG test if pregnancy is suspected and documented.

For patients with medical problems, required tests are listed in a grid on the second page of the Passport.

**A guiding question**

The Passport is the result of a quality improvement project carried out by a team of physicians; nurses; anesthesia providers; and personnel from preadmission testing, central supply, surgical care units, and the operating room.

The team was guided by a question: What are the reasons patients are not ready for surgery on time? They analyzed each of the reasons and included them on the document that became the Passport to Surgery.

The JCAHO praised the Passport during the hospital’s regular 3-year survey in March. Kisner says, “Surveyors liked the 2-page form. It was easy for them to see that everything had been checked off and that someone really did review all of these things.”

**Fewer bottlenecks**

Compliance with chart completion is slowly improving, Kisner notes. The number of charts ready at 72 hours and 48 hours is increasing, and the number not ready until 24 hours before surgery is dropping.

There are still delays, with surgeon lateness topping the list, she says. The OR committee is tracking that situation and considering how to address it.

To help alleviate bottlenecks in the holding area when everyone arrives at the last minute, the OR introduced a timeline for the last half hour before surgery. For example, this is the timeline for a case scheduled to start at 8 am:

- 7:30 am: An anesthesia provider talks to the patient and completes the anesthesia consent.
- 7:40 am: The surgeon verifies the surgical consent and marks the site with the nurse.
- 7:50 am: The OR nurse interviews the patient, checks the chart for completeness, and takes the patient to the operating room.

Sanctions have been discussed if the timeline isn’t met, but so far they have not been applied, Kisner says.

“Having the Passport process has improved things, but we aren’t where we need to be yet,” says Kisner, noting the process is moving by “baby steps” rather than “leaps and bounds.”

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