Preadmit nurse avoids rushed assessments

After relying on phone calls to assess patients preoperatively, one ambulatory surgery center (ASC) has decided to have 80% of its patients come to the facility before the day of surgery. Many surgical facilities have gotten away from face-to-face preadmission assessments because patients who have outpatient surgery are typically healthy, and less preoperative testing is being done than in the past.

But as the general population develops more health care needs, Big Sky Surgery Center in Missoula, Mont, has found phone interviews don’t always pick up problems that could cause delays and cancellations on the day of surgery. The center is in a rural area, and some patients drive up to 200 miles for their medical care.

Problems not always identified

The center was seeing more obese patients, who often have airway problems that weren’t always identified in a phone interview. When these patients came in for an assessment, appointments were taking longer. Nurses performing preadmission assessments felt rushed because they also needed to be taking care of the center’s other patients. Staff also were staying an hour or more in the afternoon to conduct phone assessments, which resulted in overtime.

After a 6-week time study, the center’s leaders were amazed when they discovered how much time the assessments were taking, says Barbara Samsoe, RN, CAPA, preoperative and postoperative charge nurse. The time study helped them to justify a full-time preadmission nurse who is available to assess patients from 10 am to 6:30 pm.

Patients aren’t required to make appointments because many drive a long distance and need to be seen the same day as their physician’s office visit.

The freestanding center, owned 65% by physicians and 35% by the hospital, has 3 ORs and 2 procedure rooms and performed 3,100 surgeries and 1,300 pain management procedures last year. Pain management patients do not come in for a preadmission appointment.

Justifying a preadmission nurse

Before the preadmission nurse was hired, a nurse in the preop or recovery area would be assigned to carry a beeper to alert her when a preadmission patient arrived. The nurse then would transfer care of the current patient to a coworker to conduct the preadmission assessments.

“We weren’t able to do the preadmission visits at the level we felt we should be. We were rushed because we had other more pressing things to do, like recovering a patient just coming out of the OR,” says Samsoe.

The clinical director, JoAnn Timmerhoff, RN, CPAN, CAPA, recommended a time study to see if another staff member was justified for the preadmission area. For 6 weeks, staff nurses kept track of the time they spent on preadmission appointments and how many patients they saw per day. They monitored time spent calling for patients’ records from other facilities and making calls to anesthesia providers. They also documented how many patients came in for each surgeon.

Surgeons are encouraged to have their patients come in for a preadmission appointment. One surgeon goes so far as to tell his patients that if they don’t come in for a preadmission assessment, their surgery will be cancelled, Samsoe says, adding, “We wish all of them would do that.”
If patients do not come in before the day of surgery, a nurse calls them the night before.

The study showed that the amount of time spent on the preadmission visits and calls warranted another staff person.

**Unrushed visit gleans better information**

The dedicated preadmission nurse has improved care because patients can have a thorough assessment, Samsoe says. It is also more efficient because problems are identified that could affect the surgical schedule.

“Not having the needed information impacts the surgery schedule, surgeons, anesthesiologists, and staff, not to mention the patient, if surgery has to be cancelled,” she says. Since the preadmission nurse position was added, these problems are rare. Generally, the only problems encountered on the day of surgery now are with patients who haven’t come in for their preadmission visit.

When the preadmission nurse finds an anesthetic concern, she immediately notifies the anesthesiologist. If the anesthesiologist can’t be reached, she calls the medical director, who is also an anesthesiologist, to evaluate the patient. Specific tests may be ordered based on anesthesia guidelines. Patient information on cardiac, pulmonary, or renal problems is shared with the surgeon and anesthesiologist if the patient has not already communicated this information to the surgeon. Preoperative and postoperative instructions are also given.

The new preadmission nurse, Andi Dreiling, RN, says the dedicated position and ability to conduct interviews and assessments has a number of benefits:

- allows time to explore a patient’s health history and follow up on issues such as past problems with systemic disease, anesthesia, or the airway
- allows for gathering of information from other facilities and physicians before the day of surgery
- allows for individual attention to patients and families with anxiety or emotional concerns
- prevents RNs from being called away from care of other patients to conduct the preadmission interview
- allows focused attention, which increases the atmosphere of caring and adds to patient satisfaction
- allows pediatric patients and their families to tour the facility and develop trust.

Another benefit is that when the preadmission nurse doesn’t have patients waiting, she helps with breaks and lunches, says Samsoe. She also makes postoperative phone calls. The preadmission nurse has helped reduce overtime.

For other ASC managers who would like to establish a preadmission nurse position, Samsoe advises: “Get the data. Do a time study. Keep track of your time to see if it justifies another nurse.”

She notes that the surgeons and anesthesiologists are pleased with the preadmission program and consider it a benefit of the facility.

“Because our preadmission nurse is so thorough, we find the postoperative course is quite seamless,” she says. “It has been a great source of pride for us that some anesthesiologists tell us how nice it is to come to Big Sky because they know they will have all the information on their patients beforehand,” says Samsoe.

—Judith M. Mathias, RN, MA