Abstract 8

A Protocol to Triage Preoperative Assessments to Either Nurses or Nurse Practitioners/Physician Assistants*

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Introduction: Many patients undergoing anesthesia have complex unoptimized medical conditions requiring careful preoperative assessment and management, whereas others are clearly healthy and/or are undergoing low-risk procedures, and can have that status determined and documented with less expenditure of hospital resources and patient time.

Methods: A program was instituted where, instead of the usual appointment in the preoperative medical optimization clinic (PMOC), healthy American Society of Anesthesiologists (ASA) 1 or 2 patients undergoing low- or moderate-risk surgery could instead have the assessment done by nurse screening protocol (NSP). This usually involved a telephone interview, but could, in certain circumstances, be a face-to-face encounter with the nurse in the PMOC (designated a "conversion").

Results: A total of 16,061 patients had surgical procedures in the study period of January 1 to July 31, 2009. The PMOC assessed 13,589 (84.6%); and 2,077 (15.3%) of these were assessed by NSP.

Of the 2,077 patients assessed by NSP, 1,633 (78.6%) involved telephone interviews and 316 (15.2%) were conversions from regular PMOC appointments. In 117 (5.6%) cases, the application failed to meet criteria for NSP. Thirty-one (1.5%) cases had already been cancelled, either by the patient or the surgeon. The nursing time required for NSP by telephone averaged 44.1 minutes (STD 12.3), conversions required an average of 48.2 minutes (STD 12.7) (MS, $P > .5$), and those involving a variance required 55.9 minutes (STD 18.7) (NS, $P > .5$). Time spent in preparation, interview, and charting, respectively, was 10.4, 18.0, and 15.9 minutes for telephone interviews and 8.9, 20.5, and 19.0 minutes for conversions (NS, $P > .5$). Those that were cancelled required an average of 23.3 minutes (STD 8.6) (NS, $P > .5$), and those that failed NSP required an average of 27.6 minutes (STD 14.0) (NS, $P > .5$).

The average number of attempts needed to reach the patients involved in telephone assessment was 1.6 (STD 0.8).

Discussion: NSP allows controlled selection of lower-risk patients who can be assessed in an abbreviated fashion, while not missing those patients with significant health issues. It ensures patient education about the perioperative process and produces a consistent electronic admission history and physical document that is similar to that generated by the regular preoperative visit. Perhaps surprising, nurse screening is still a fairly time-consuming process. This is likely because patient education and medication reconciliation take as much time on the telephone as in person.

* Also an oral presentation.