

Decreasing Same Day Cancellation Rates using Standardized Patient Pre-Screening

Quality Story 1

PROBLEM: Patients wait 3-6 months for elective appointments with anesthesia for out-of-the OR procedures/imaging. Same-day cancellations in the PSU because patients are deemed inappropriate for sedation with a natural airway are burdensome for patients and families, lead to delays in diagnosis and treatment, and utilize time slots in the PSU that can be used for more suitable patients.

GOALS: Decrease the cancellation rate for inappropriately scheduled patients from an average of 4.7% of all same-day cancellations to 0% of all same-day cancellations.

- 1. PRE-SEDATION SCREENING:** Pre-sedation screening was being done on the day of sedation and not before or at the time of scheduling. We changed our model to require every patient receive prescreening at the time of the request for sedation with a plan to rescreen a previously sedated patient every 6 months.
- 2. CLARIFY HOSPITAL AND PSU POLICY ON REFERRAL CRITERIA:** We recognized that reasons for referrals to anesthesia were variable and being made due to physician and nursing comfort level instead of using predetermined hospital policy or standard practice models of other sedation units in similar centers to ours. We clarified hospital sedation policy and set agreed upon referral criteria by discussing in our division faculty meetings and unit staff meetings. We then revised our prescreening form to more accurately screen for these criteria. Any patients recommended for referral to anesthesia needed to be approved by the PSU medical director.
- 3. WORK WITH PEDS ANESTHESIA TO DEVELOP A FORMAL PROCESS FOR REFERRAL:** We met with the anesthesia coordinator and an anesthesia physician with oversight of out-of-the OR scheduling. We discussed our referral criteria and created a process for referring patients to the

anesthesia service. We then communicated that process via email, flyer, and oral presentation to referring divisions and medical staff within our institution.

- a. All patients requiring procedural sedation are referred to the PSU for screening.
- b. Patients not meeting PSU eligibility criteria are referred to anesthesia by
 - i. Verbally communicating the referral with the legal guardian
 - ii. Verbally and/or by email communicating the referral with the referring service, depending on the urgency of the procedure
 - iii. Scan and email the completed screening form to the Peds Anesthesia email box for the coordinator or physician to review.

RESULTS: Initial prescreening rate was estimated to be less than 50%. It changed to 100% of all patients newly scheduled with our service. Patients previously sedated in the PSU were rescreened if the new appointment was 6 months or more from the last sedation. These screens were updated on the day of the appointment and not at the time of scheduling. Our cancellation rate for inappropriately scheduled patients went from a 3-year average of 4.7% of all same-day cancellations to 2.1% of all same-day cancellations.

LESSONS LEARNED AND CHALLENGES: While we were able to decrease our same-day cancellation rate and anesthesia referral by 50%, we did not reach our goal initially. After our intervention, we had not developed a reliable mechanism by which to understand if the patients being referred to anesthesia had been screened appropriately prior to scheduling. This was primarily due to significant attrition in the anesthesia scheduling office, which has now been resolved. We did, however, change the practice of rescreening patients to within 3 months of the last sedation as well as at the time of scheduling. Our same-day cancellation rate due to anesthesia referral dropped to 1.4% 6 months after this intervention.