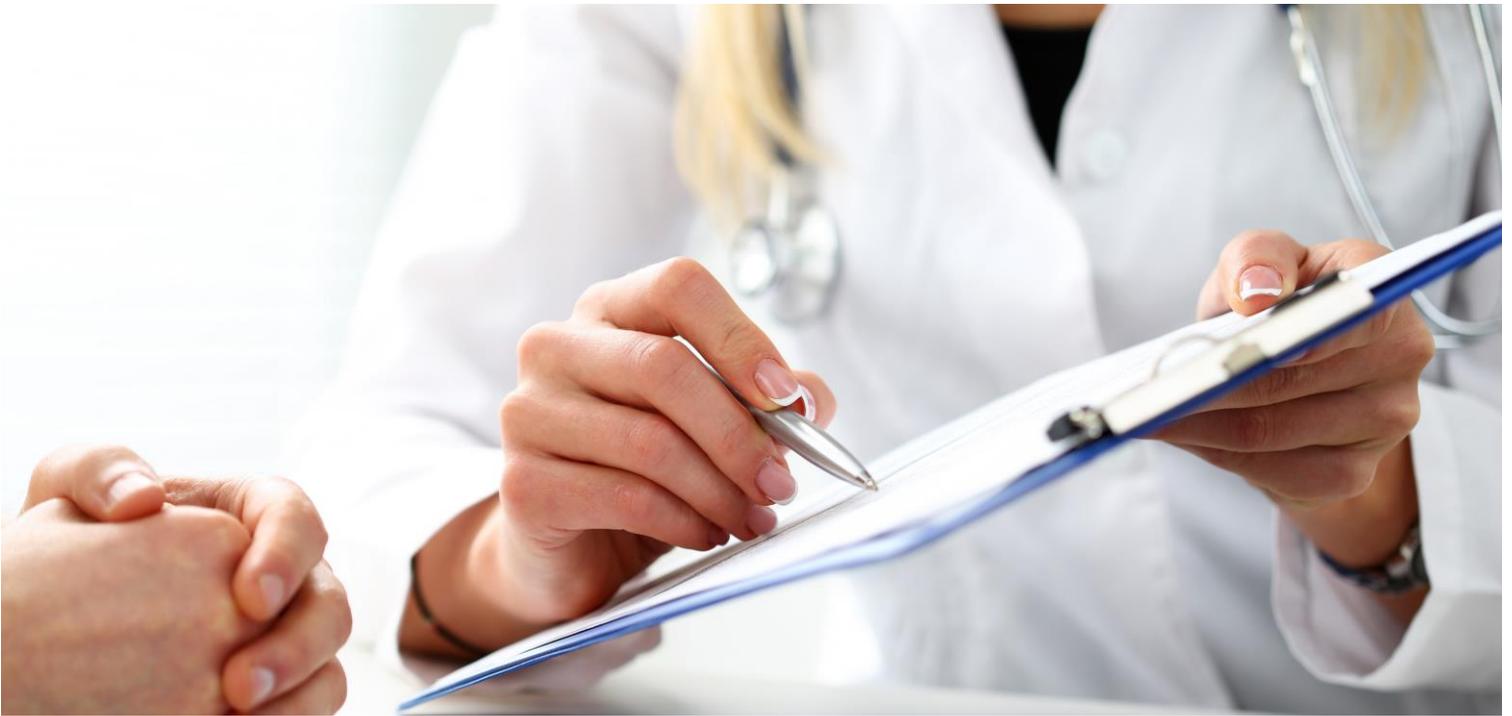


# Perioperative Case Journal

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# Key Elements of a Comprehensive Surgical Screening Program

*Randy Heiser, President of Sullivan Healthcare Consulting*

*One canceled case can cost a hospital \$3,000. If the hospital cancels three cases per week, that is almost half a million dollars per year.*

Building an efficient pre-anesthesia surgical screening program can eliminate unnecessary preoperative testing, while reducing the number of weekly case cancellations. Hospitals should first require all elective and urgent patients to be screened by means of a phone health history questionnaire and anesthesia-developed lab testing and consultation algorithms. Special clinical consideration codes are identified and communicated via the chart and the surgery schedule, facilitating appropriate staff, equipment, and room preparation for on-time case starts.

## **Chart Preparation**

Streamline your chart preparation process. Awareness of an incomplete chart 48 hours prior to the scheduled procedure allows for changes in the surgery schedule

to circumvent schedule variances due to incomplete charts on the day of surgery.

- **Program Staff:** Foster a collaborative team approach among your perioperative program staff. Work with department leaders to determine the optimum means through which to gain buy-in from key team members (anesthesiologists, nurses, and surgeons) to assure effective implementation of the pre-anesthesia surgical screening program processes.
- **Patient Education Plan:** Patients and their families must receive appropriate education about their specific procedure. Put the tools in place to assure that each patient receives accurate information pertinent to their specific case, at the right time, and at the appropriate level of detail.
- **Positive Patient Experience:** Everything in the surgical screening program should be modeled around providing the patient with a positive



experience. If the process does not start well, it does not end well. Consider expanding hours of access or design a centralized space with attention to privacy, comfort, and efficiency. Minimizing surgical preparation time is accomplished through enhanced web access to health screening documents and brochures as well as reduced onsite programmatic wait times. Consideration of the needs of patient families should play an important role in your plan.

Implementing a comprehensive pre-anesthesia surgical screening program maximizes the use of OR time and resources by:

- Identifying abnormal conditions that could negatively impact a patient's perioperative episode
- Addressing medical issues in advance of the day of surgery
- Minimizing schedule delays and cancellations
- Improving on-time starts
- Bringing an end to "day-of-surgery crisis management"
- Optimizing preadmission, preoperative, intraoperative, and postoperative care.
- Increasing revenue and satisfaction by enabling surgeons to perform more cases in the same amount of time
- Improving utilization and satisfaction of anesthesia providers
- Improving nursing staff utilization and satisfaction
- Reducing costs by eliminating routine testing, delays, and/or case cancellations
- Reducing patient anxiety by educating patients and families regarding preoperative preparation and postoperative recovery processes

#### **Change Management and Implementation Support**

Sullivan Healthcare Consulting works with clients to address the unique challenges of their current patient management programs. We design each consulting

## **5 Symptoms of a Dysfunctional Program**

Preoperative processes are not efficient, centralized, or patient friendly

Cases do not start at the scheduled time

Surgeons and anesthesiologists are idled, waiting for patients to arrive in the OR

Cases are delayed / canceled due to missing test results, consultations, or documentation

Surgeons take cases to facilities that enable them to be more productive





Join Randy Heiser as he presents at the OR Manager Conference this year in New Orleans.

Early Bird Registration ends  
6/28/2019



Image:

<https://2019.ormanagerconference.com/>

engagement to improve operational efficiency and maximize income. As a result, our clients realize strong and sustained return on their consulting dollar investment.

Additionally, the Sullivan team can provide change management support to help your team manage the implementation of our best practice recommendations. Our consultants work with clients to determine the appropriate level of change management support necessary.

Assistance can take several forms:

- A Sullivan project director support and assistance provided to a surgery implementation task force four to six consultant days per month for four to six months is generally required.
- Facilitated design of key elements of the perioperative program, such as pre-anesthesia screening, scheduling, block management, sterile processing design, and service line nursing design.
- Preparation of detailed recommended program design components, e.g., job descriptions, policies and procedures, training programs, forms, step-by-step implementation plans, etc. This option is generally utilized by clients who have a large number of perioperative program changes to implement or who want to achieve implementation as soon as possible.
- Full-time, three-quarter time, or half-time on-site Sullivan personnel to personally direct all or specific parts of a detailed design and implementation process. These personnel are usually content experts in a specific field requiring comprehensive redesign and/or experienced perioperative change managers.
- A customized solution suited to your organization's needs.

Sullivan's experience in change management, coupled with our consistently proven results, assures senior leadership, OR management and medical staff that implementation of our recommendations will result in



ROI and that all of our recommendations are achievable. Additionally, our team will provide senior leadership with a list of quantitative measurements during implementation that identify the starting point, three-month, six-month, and long-term financial goals.



**Randy Heiser** is the President of Sullivan Healthcare Consulting. Randy has been a hospital consultant since 1983 and has specialized in perioperative consulting since 1992. He has directed more than 500 surgery department operational improvement studies (and participated in an additional 35) in programs ranging from small community hospitals and freestanding surgery centers to some of the largest university hospitals in the U.S. He was instrumental in the design, development and implementation of the Surgery Benchmark Program that has been used by more than 280 hospitals. He has also participated in the design of several proprietary surgery scheduling information systems currently available in North America.

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