

*Pre-Procedure Services Call Center
finishes successful first year*

SURGICAL SCHEDULING FIXES BOOST PATIENT SATISFACTION, HOSPITAL EFFICIENCY



Wiseman (left) and Leeth help to smooth scheduling for surgical patients.

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The prospect of surgery is nobody's idea of fun, but it undoubtedly would be even less so if you had to wait until the afternoon prior to your procedure to know when it was scheduled. One can imagine the frantic preparations for transportation, day care, and time off work, just to name a few, that would entail.

Yet up until a year ago, University of Colorado Hospital required its patients

to call in between 2 and 4 p.m. of the afternoon before their inpatient and outpatient surgeries to receive their surgery times, pre-anesthesia instructions and other vital information. It was a chaotic time for all concerned.

"It didn't work very well for patients who needed to set up rides and babysitters," understates Becky Wiseman, RN, of UCH's Perioperative Patient Services Department.

Needed: a fix. Not surprisingly, patients sent President and CEO Bruce Schroffel emails expressing their dissatisfaction. In the fall of 2008, he asked Jose Melendez, MD, medical director for Perioperative Services, to do something about it.

The efforts that flowed from that directive are now on display in a tiny office on the 6th floor of the Anschutz Outpatient Pavilion, where Wiseman and Dianne Leeth, RN, staff the Pre-Procedure Services Call Center. Equipped with a

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computer, phone and headset, the pair makes dozens of calls a day to patients, notifying them of their surgery date and time, telling them how to prepare for it, and answering questions.

What a difference a year makes: with an office dedicated to the task, most patients now get their notification four business days in advance of the surgical date. Those few extra days of notice have had more than one payoff.

Patients are grateful for the extra time. Fewer cancellations mean less scrambling to reschedule operating room time and time wasted moving patients. Providers can be more confident their surgical time will be filled.

In short, notes Leeth, the call center has not only helped improve patient satisfaction, but also streamlined the whole process of patient care, making it more efficient and consistent.

“It’s helped bring the pieces together,” she says.

Improved planning. “We’re doing a much better job of preplanning,” adds Chris Woodman, RN, nurse manager for Pre-Op and Pre-Procedure Services and the Post-Anesthesia Care Unit. “We used to change surgery patients and times up to the last minute. Now we’re getting our schedules set up ahead of time.”

The call center provides notification services for all surgery services – inpatient and outpatient – except Burn, Cardiothoracic/Vascular, Gynecologic Oncology and Transplant, Leeth says. (Those units frequently handle patients

on an emergency basis.) But the idea began modestly last year with just one pilot project.

Leeth says she was charge nurse in Pre-Procedure Services when Melendez contacted Myrna Mamaril, RN, then nurse manager for the department, for help with the scheduling issue. Mamaril then asked her to work on setting up a call center. The two chose the Eye Clinic to start because of its good record in preparing pre-procedural paperwork.

“They were usually weeks ahead of time on their paperwork, and knew their scheduling well in advance,” Leeth notes.

Meetings began in January 2009 with the clinic’s practice manager, Loretta Todaro, as well as schedulers Angela Roeckel and Kristin Salinas and Day Surgery Manager Karen Talcott.

“We worked out the kinks,” Leeth recalls.

Ironing things out. There were plenty to address. A flurry of activity occurs well before a patient reaches the operating room. Pre-Procedure Services has to review necessary paperwork, which includes information vital to patient safety, such as medications and allergies. Schedulers from the clinics, Anesthesia and the ORs have to coordinate times.

Anesthesia schedulers allocate slots to patients based on special time (“block time”) assigned to each surgeon every week or month.

“The surgeon can count on filling this block time with his or her surgical patients,” says Woodman. It’s those

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patients assigned to surgical block times – which account for roughly two-thirds of all available OR time – that Leeth and Wiseman ultimately contact.

In the case of the Eye Clinic and some other areas, Leeth says, scheduling is not simply a matter of plugging a dozen or so patients randomly into open slots. For the sake of both safety and efficiency, patients might be grouped by surgical site (right eye or left eye, for example) or procedure (corneas).

Tending to these kind of details, Woodman explains, helps to prevent wrong-site surgeries and minimizes wasted time moving equipment necessary for specific procedures (like a knee arthroscopy in Orthopedics) from room to room.

The call center pilot launched in mid-March 2009. A year later, Leeth, Wiseman and Woodman are confident it has fulfilled the original purpose, but they want to get hard data to measure its success.

Measuring success. “It’s a difficult

challenge identifying success in the numbers,” Woodman concedes, but adds the call center and the clinics have received positive feedback from patients, particularly those who have to return to the hospital for multiple surgeries. Her sense is that the call center has helped to decrease the number of last-minute cancellations, but quantifying that will take time.

The information is there in logs of callbacks Leeth and Wiseman make to patients to change schedules. “We just need time to analyze the data,” Leeth explains.

In the meantime, Woodman says she has no doubt patients benefit from their contact with Leeth and Wiseman, both of whom are nurses who have the sensitivity to settle patients’ qualms and handle the clinical necessities like pre-anesthesia instructions and medication coaching.

“They build rapport and confidence with the patients,” Woodman notes. “We’ve gotten great feedback from patients – that they appreciate the service and feel less anxious.”