In Collaboration with

Day of surgery admission
A better patient experience at RH

Ms. Johncy Paulose, Mr. Mohammad Hassan, Ms. Lizette Santander, Ms. Radhya Abdhulelah

Background

It has been proved that when bed demand exceeds capacity, patient admissions and scheduled surgical procedures can be delayed or cancelled. In order to enhance the patient experience some distinct improvements that we saw at Rumailah Hospital as a priority was to reduce the length of stay for elective inpatients by admitting patients on the day of surgery rather than the day before.

Aim

To improve surgical experience of ENT patients by implementing day of surgery admission process with in 6 months.

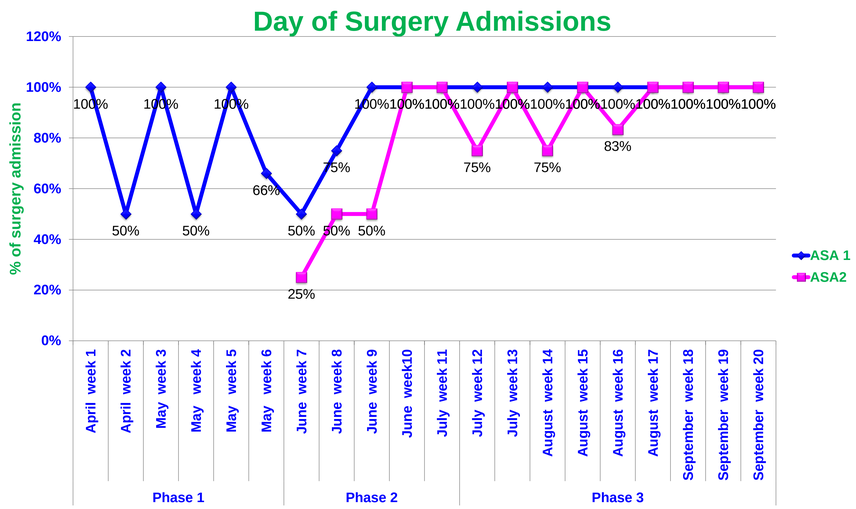
Intervention

- We established a multidisciplinary team led by chief of service, with members from: ENT surgery, anesthesia, Pre Assessment Clinic nurses, ward nurses, admitting, and cashier.
- The team planned interventions Using PDSA as model for improvement.
- We began to admit ASA1 (ASA - American Society of Anesthesiologists physical status classification system) patients at 0600am on Sunday with one surgeon, to minimize the risk of cancellation and this allowed us to test the flow and improve any barriers or rough spots that occurred.
- All elective ENT patients were scheduled for the Anesthesia review one to two weeks prior to surgery. Because we had such a strong program, we were aware of the ASA category and could easily link the anesthesia assessment to the new admission practice.
- Implementation of ENT pre-assessment clinic allowed all patients for day of surgery admission to be assessed by the surgeon a week before the scheduled surgery date.
- Pre Assessment clinic nurses managed booking and tracking of all our surgical patients, pre anesthesia clinic assessment and pre op phone calls and ensure that the operating theatre schedule is complete and well managed. This has enabled us to fully implement the redesigned admission process.
- The process grew from one surgeon to all surgeons within 6 weeks and it grew from ASA1 to ASA1 and ASA2.
- By 17 weeks we implemented the new process which is, all ASA1 & 2 for all of the ENT surgeons will be admitted on the day of surgery at 0600am.

Measured outcome

- **Improved patient experience**
  - Patient does not need to arrive the day before and spend an unnecessary night in the hospital instead they can stay at home.
- **Cancellations or delays in surgery**
  - We have experienced no cancellations or delays in surgery due to day of surgery admissions by the end of the project.
- **Length of Stay**
  - We have reduced Length of stay by one full day which improved access to beds.

Graph



Improvement team

We have 3 strong enablers that supported this improvement

ENT pre-assessment clinic

ENT doctors under the leadership of Dr. Abdulsalam Qahtani

Pre Assessment Clinic booking and tracking expertise

- Mr. Mohammad DON
- Ms. Sudha Rajan HN
- Ms. Maiada Shoby CN
- Ms. Johncy Paulose SN
- Ms. Lizette Santander SN
- Ms. Radhya Abdhulelah SN
- Ms. Zuhara Tavakol SN

Pre Admission and Anesthesia clinic

Anesthetists under the leadership of Dr. Balakrishnan Ramachandran .

Oher members:

- Ms. Elizabeth Ann Thiebe, CEO.
- ENT Ward nurses under the leadership of Ms. SAADIYA AHMAD, DON

Conclusion

- Redesigning the admissions process at RH reduced length of stay by one day, and moreover helped our elective ENT patients to experience an improved and safe pre operative journey.
- All elective ENT ASA1&2 Patients are now admitted to the inpatient unit at 06:00am on the day of surgery.
- We have experienced no cancellations or delays in surgery due to day of surgery admissions by the end of the project.

References:

- Daabiss, M. (2011). American Society of Anaesthesiologists physical status classification. Indian Journal of Anaesthesia, 55(2), 111–115.
- Concannon, E S; Hogan, A M; Flood, L; Khan, W; Waldron, R; Barry, K ; 2012;Day of surgery admission for the elective surgical inpatient:successful implementation of the Elective Surgery Programme.: Ir J Med Sci 182:127-133.