THE ESSENTIAL IMPACT

OF PRE-ADMISSION SURGICAL SCREENING
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A primary tenet of healthcare providers is to provide safe and appropriate care for all patients. The most successful process to achieve safe and appropriate care of surgical patients is a comprehensive pre-operative preparation process. Pre-Admission Surgical Screening (PASS) has the greatest impact on not only surgical patient care, but also the throughput processes for all members of the multidisciplinary surgical team. PASS ensures that the best possible care is provided to patients presenting the day of surgery and optimizes pre-procedure screening for patient assessment and preparation.

Every patient scheduled for surgery is unique regardless of the scheduled procedure—diagnosis, health status, disease, psychology, and medications to name a few. All surgical patients should expect to receive pre-operative preparation services prior to the day of surgery in compliance with best practice for providing safe and appropriate care.

There are other important benefits of the PASS process as well. Appropriate screening of surgical patients can lead to the following benefits:

- Reduced surgical cancellations and delays
- Improved operational efficiency
- Improved patient and surgeon satisfaction
- Reduced instances of unnecessary testing
- Reduced costs
- Improved pre-operative care outcomes
Key Elements of the PASS Process

Providing optimal PASS is the first step in the patient’s journey through the process, which begins with the patient at home and ends with the return of the patient to his or her home or alternative care environment. The first step when implementing PASS is to develop the PASS model, which embodies the vision, purpose, and key elements of the process for the organization. The PASS model typically highlights the key elements of the process while incorporating all of the disciplines that provide service during the process. Common key elements are as follows:

- Purpose
- Multidisciplinary Team
- Policy & Procedure
- Protocols
- Resources
- Standards of Practice
- Monitors
- Benchmarks
- Deliverables

**Purpose**

Each hospital's Statement of Purpose is likely to differ in content, but the focus of the Statement should be to define a process that ensures the best possible care is provided to surgical patients, while offering a framework to optimize the delivery of care during patient assessment and preparation. PASS is a patient-focused care process with clearly defined outcomes.

**Multidisciplinary Team**

Successful pre-operative preparation requires input from a multidisciplinary team. The process requires comprehensive input from the team and a clear understanding of not only what the process delivers, but also the roles and responsibilities of the providers. Implementation of a core PASS staff is a best practice norm in pre-operative preparation and is comprised primarily of the surgeon, anesthesia provider, PASS nurse, and clerical staff members. The core team is augmented by other allied healthcare professionals in related specialties such as Laboratory, Pharmacy, Imaging, Nursing, Respiratory Therapy, Cardiology, and Pulmonology, among others.
Policy & Procedure (P&P)

It is critical that all team members have a clear and consistent knowledge of the process and, in particular, their individual roles and responsibilities. The development of a PASS Policy and Procedure will both establish the framework for the process and include authorization and approval from a Surgical Services Governance committee. While the P&P will direct the process, it is important to note that medical staff and administrative support buy-in of the PASS Process is essential.

Protocols

An excellent means of streamlining the delivery of care is to implement protocols designed to clarify practice, promote consistent practice, and facilitate practice compliance. The number of protocols for each organization varies and is primarily on the scope of services provided. Protocols may be driven primarily by Anesthesia, but protocols for other specialty services (e.g., Cardiology or Neurology) may also be established. Many protocols focus on laboratory testing, diagnostic testing, and critical pathophysiological conditions requiring individualized care. Many organizations are increasing their use of algorithms in protocols to ensure that they consistently find and use the best possible course of action when solving problems. These algorithms are especially important in situations in which accuracy is very important.
Resources/Records

Documentation of information throughout the process is essential, and a significant amount of information is required not only by the Hospital, but also by regulatory agencies. The use of standardized forms and reports facilitates accurate and complete information in compliance with consistent implementation.

- Hospital Admission Form
  - Significant variances between hospitals
- Scheduling/Booking Form
  - This is computerized in most instances, but can also be done manually via phone form or fax form delivery
- History and Physical
  - Computer-generated or paper format for inpatient and outpatient requirements
- Medications List
  - Required for reconciliation of medications in the patient’s chart
- Screening
  - Forms for reporting lab work, diagnostic testing reports, etc.
- Anesthesia Protocols
  - The most common protocols established for PASS
  - Protocols can include Anesthesia orders and PASS guidelines for Anesthesia screening and triage
- Anesthesia Assessment
  - Anesthesia pre-op assessment
  - Anesthesia intraoperative record
- Nursing Assessment
  - Pre-op PASS nurse assessment form
  - Admission nursing assessment form
- Patient Teaching Guidelines
  - A teaching tool for pre-op and post-op teaching to assure thorough teaching and documentation of the teaching for the chart/medical record
- Consultations
  - At the surgeon’s discretion
Standards of Practice

An essential element of developing the PASS model is the development of Standards of Practice. Standards of Practice identify the code of professional responsibility for staff members, including ethical guidelines and rules of conduct. The Standards pertain to both legal and medical/professional responsibilities.

The most common agencies/organizations that have standards specific for licensure or credentialing are Center for Medicare & Medicaid Services (CMS) and The Joint Commission. Other professional organizations with Standards of Practice applicable to Surgical Services include the Association of Operating Room Nurses (AORN) and the American Society of PeriAnesthesia Nurses (ASPAN).

Issues that are identified and addressed, as well as the Standards of Practice that are developed in response to organization-specific issues, emphasize ownership of the professionals delivering the care. Examples of PASS Standards of Practice are as follows:

- All patients are processed through PASS prior to scheduled surgery
- Patients are assessed/triaged during initial screening to determine the appropriate PASS modality
  - ASA I & II classified patients are processed via telephone (pre-op visit required)
  - ASA III & IV classified patients are scheduled for a clinic visit and Anesthesia assessment
- The process optimizes the pre-operative preparation process (optimum medical condition for anesthesia, procedure, and recovery). This process includes anesthesia criteria, nursing resources necessary, procedure-specific requests, and discharge planning.
- The Multidisciplinary Team collects, analyzes, and integrates information in a collaborative manner to optimize the surgical process and outcome. This team includes Surgeons, Anesthesia, Nurses, Clerks, and Ancillary Services
- Patient charts are completed the day prior to scheduled surgery
- Effective PASS Governance oversight is provided by the following:
  - Surgical Services Executive Committee (SSEC)
  - Administration
  - Surgical Services Director
**Monitors**

PASS monitors provide a great deal of information regarding the efficacy of the process with specific details to promote opportunities for improvement. Monitors provide the added benefit of data and information identifying successful PASS achievements to document process compliance and outcomes. Monitoring the process is the responsibility of the PASS nurse with routine reporting to the Surgical Services Governance committee. Some typical monthly metrics to monitor include the following:

+ Cancellations on the day of surgery
+ Total number of patients processed by phone
+ Total number of patients processed through the PASS Clinic
+ Average amount of time patients spend in the clinic for the PASS appointment
+ Number of patients who were not processed through PASS prior to surgery (excluding urgent and emergent scheduled cases)
+ Number of patients with incomplete pre-operative preparation the (work) day prior to scheduled surgery
+ Percent of patients with completed pre-operative preparation on the day of surgery

**Performance Improvement (PI) Indicators**

Monitors are also valuable performance improvement indicators when parameters for the monitors are set as goals. Some of the PI indicator values have established benchmark norms that can be used as a guideline for setting the hospital’s own goals. The goals should be realistic and achievable for the organization and should align with the established benchmarks.

<table>
<thead>
<tr>
<th>Monitor</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancellation rate on the day of surgery</td>
<td>≤ 0.1%</td>
</tr>
<tr>
<td>Total number of patients processed by phone</td>
<td>#</td>
</tr>
<tr>
<td>Total number of patients processed through the PASS Clinic</td>
<td>#</td>
</tr>
<tr>
<td>Number of elective patients that were not processed through PASS</td>
<td>0%</td>
</tr>
<tr>
<td>Number of patients with incomplete pre-operative preparation the (work) day prior to scheduled surgery</td>
<td>#</td>
</tr>
<tr>
<td>Percent of patients with completed pre-operative preparation on the day of surgery (electives)</td>
<td>100%</td>
</tr>
<tr>
<td>Average amount of time patients spend in the PASS Clinic</td>
<td>≥ 2 hours</td>
</tr>
<tr>
<td>Total elective scheduled procedures each month</td>
<td>#</td>
</tr>
</tbody>
</table>

*Exhibit 2: Sample PASS Benchmarks*
Deliverables

The PASS process has specific deliverables to measure a successful outcome:

1. The patient’s condition is optimized for anesthesia, surgery, procedure, and recovery
2. Patient/Caregivers are appropriately informed
3. Efficient processes are implemented
4. The correct surgical procedure is scheduled/completed
5. Patients experience safe throughput with no adverse outcomes
6. The patient returns to the home/affiliated environment as expected

PASS Guidelines

While the development of the PASS model defines the structure of the PASS process, documentation of the process is essential to clarify procedural steps and to establish efficient throughput. Throughput for the PASS process begins when the patient’s procedure is scheduled and ends when the patient is discharged from the hospital. It is recommended that a PASS manual be developed, which should include all of the elements in the PASS model as well as operational guidelines. Responsibility for the development of the manual rests with the Director of Surgical Services or equivalent and the PASS Nurse. All care providers should have input in the development of the operational guidelines with final approval of the manual from the Surgical Services Governance committee.

Operational guidelines should be developed in a succinct manner while conveying the intent of the individual guidelines. Guidelines include:

- Scheduling/Admission procedure
  - Admission to hospital information
  - Required scheduling information (phonic, fax, electronic)
  - Required chart items (H&P, Admitting Orders, Surgical Consent) prior to PASS scheduling

- Initiation of the PASS process
  - Optimum timeline to contact the patient to begin the process (up to 4 weeks with a minimum of three work days prior to day of scheduled surgery; optimum is 1 week)
  - Call the patient and obtain patient information/health information data
  - Establish a triage mechanism to identify appropriate patients for the phone process (ASA I & II)
  - Identify and schedule patients requiring PASS clinic visits (ASA III & IV) with anesthesia assessment
Medical Record/Chart set-up for each patient

Phone assessment
- Patient’s health history
- Nursing assessment
- Medications history
- Patient teaching; Admission and discharge
- Anesthesia screening protocols

PASS Clinic appointment (includes the phone assessment elements)
- Scheduled anesthesia assessment/clinic appointment
- On-site lab and diagnostic testing, as ordered
- Additional consults if indicated

Chart completion 48 hours prior to the day of scheduled surgery; notification of chart status sent to surgeon

Final chart check completed at 3:00 p.m. the workday prior to scheduled surgery

Documentation of incomplete chart status logged at this time; First scheduled cases of the day may be rescheduled to allow time for completion

Next Steps

It is important to keep in mind that PASS is a highly focused patient care process for pre-operative patient preparation to provide safe and appropriate care. PASS implementation applies many elements found in best practice related to quality, efficiency, cost, and patient satisfaction. Organizations should evaluate their current pre-admission preparation services while identifying the efficacy of the service, meeting the patient’s expectations of care, and compliance with Standards of Care.

The first step in PASS design is the development of a model that is comprehensive in nature with multidisciplinary input. The model should include key elements for the process that will positively affect the entire throughput process, including P&Ps, protocols, standards, resources, monitors/PI indicators, and benchmarks.

In addition to the key elements, it is essential to establish guidelines for the implementation of the process to assure that the practice is well-defined and steps toward implementation are clear and consistent. A PASS flow chart is a useful visual tool that facilitates both implementation and understanding of the process.

If your facility could benefit from an operational review of Pre-Admission Surgical Screening or with implementing PASS best practices, reach out to our team at Soyring Consulting to learn how we can improve operational efficiency and ultimately improve outcomes. Contact us today or call us at 727-822-8774.
About Soyring Consulting

Soyring Consulting provides clinical and managerial consulting services to healthcare facilities of all sizes, including For-profit, Not-for-profit, Community, University, and Faith-based facilities and systems. Our team has worked in more than 35 states across the United States in all areas, including surgical services, sterile processing, hospital and facility design, nursing/clinical units, and others. By combining our experience, proven knowledge, and time-tested skills, we work with your team to create targeted opportunities, along with the plan and achievable goals to reach them.

For more information, visit www.soyringconsulting.com or call our corporate office at (727) 822-8774 to speak with a representative of our leadership team.