



Reducing the Number of Late Arriving Patients Through Pre-Procedure Phone Calls



GI Lab Unit Based Practice Council 2015

PCS Goal Category:

Best Quality:
Nursing innovations to improve patient outcomes

Purpose/Problem

In the GI Lab, there are numerous patients who are scheduled for procedures who need sedation with the help of an Anesthesia Provider. These patients require General Anesthesia (GA) to complete the procedure and it takes the cooperation of Anesthesia with our GI providers, additional resources, extra costs, and added labor. Patients who are scheduled under GA sometimes have to wait three months for an appointment due to our limited resources.

When these patients do not show up ("Did Not Keep Appointment"/DNKA), it becomes a significant waste of cost and time. Also, when patients arrive late for their appointment times, the delay results in increased wait times for other patients and increased incidences of unscheduled overtime for late-shift Nurses in the GI Lab.

Goals/Objectives

- Reduce the number of DNKAs and late-arriving patients
- Remind patients of their appointment arrival time (one hour prior to the procedure time)
- Identify patients who would be delayed or late, or to identify patients who would not make their appointment.
- Answer any questions the patient might have about the procedure inquire about how the preparation for the procedure might be going.

Methodology/Steps to improve

After we identified the problem we chose the Iowa Model for Evidenced Based Practice to develop and implement the pre-procedure telephone intervention. We discussed our intervention with the Surgical Admission Center who calls patients prior to Anesthesia. We discovered they were informing patients to arrive to the GI Lab 30 minutes prior to the procedure rather than 60 minutes. After identifying the miscommunication for our patients, the Anesthesia Nurses and the GI Nurses coordinated their efforts and the patients were instructed to arrive to the GI Lab 60 minutes prior to the procedure.



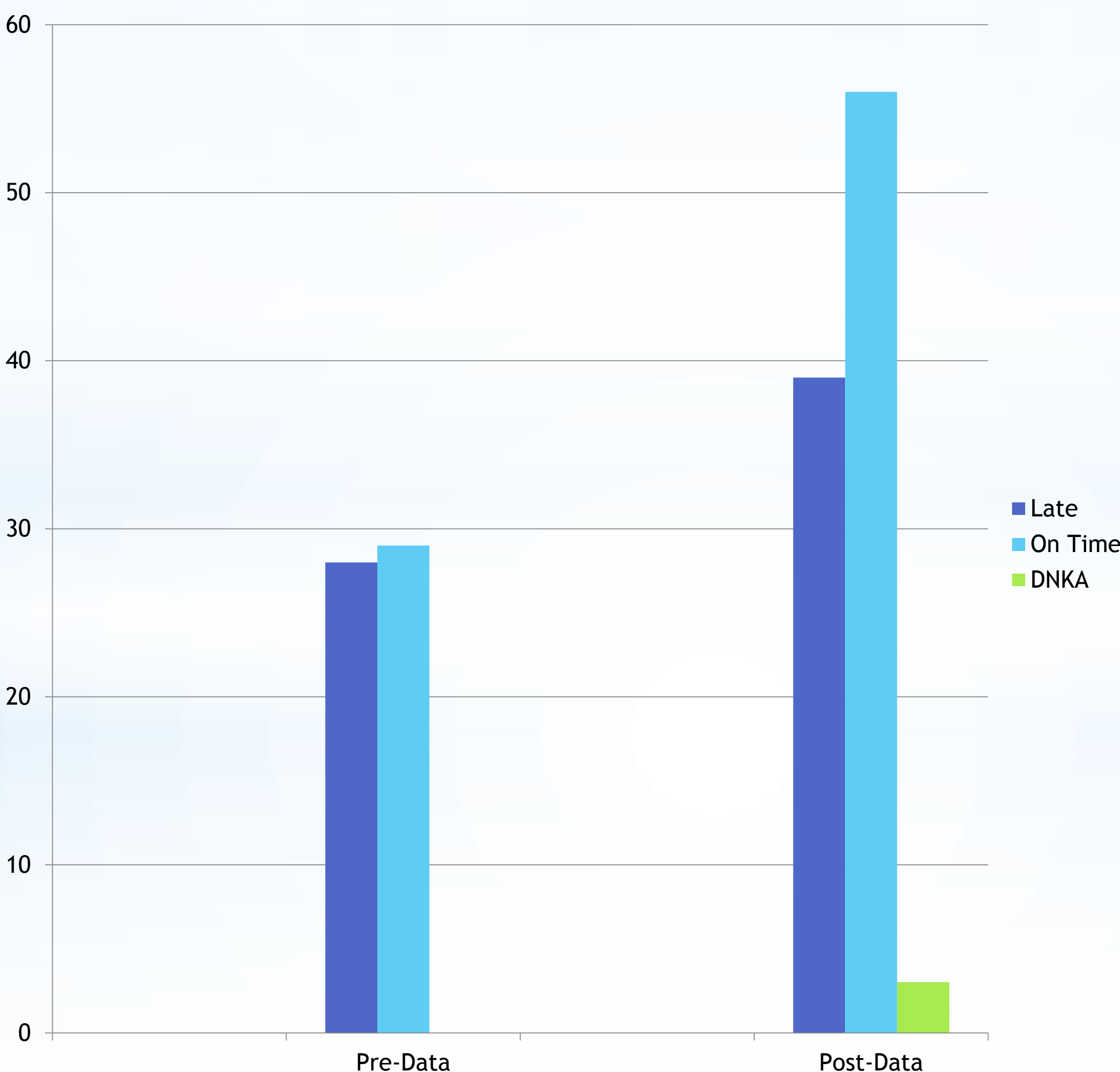
Monitoring Plan

- Since the project:
- Chart audit was performed to identify if patients were arriving on time for their procedures without being called by a GI Nurse.
 - Data were collected over three months, 98 patients were identified who had procedure(s) in the GI Lab with GA.
 - Of the 98 patients, 57% were on time for the procedure, 40% were late, and 0.03% were DNKA.



Pre Data

- Over four months, 57 patients all required GA and were not contacted before their appointment times: and 29 arrived on time and 28 patients were late.
- 49% of the patients who arrived for their GA procedure in the GI Lab were considered late (not arriving 60 minutes before their scheduled appointment time).



Post Data/Results

- After implementation of the project, patients arriving on-time increased by 27% when called the evening prior to their appointment.
- The increase was from 51% (before the project) to 78% (after calling the patients).
- Late arriving patients decreased from 49% to 13%
- A total of 120 patients were contacted, 93 arrived on time, 16 were late, and 11 were identified as cancellations.

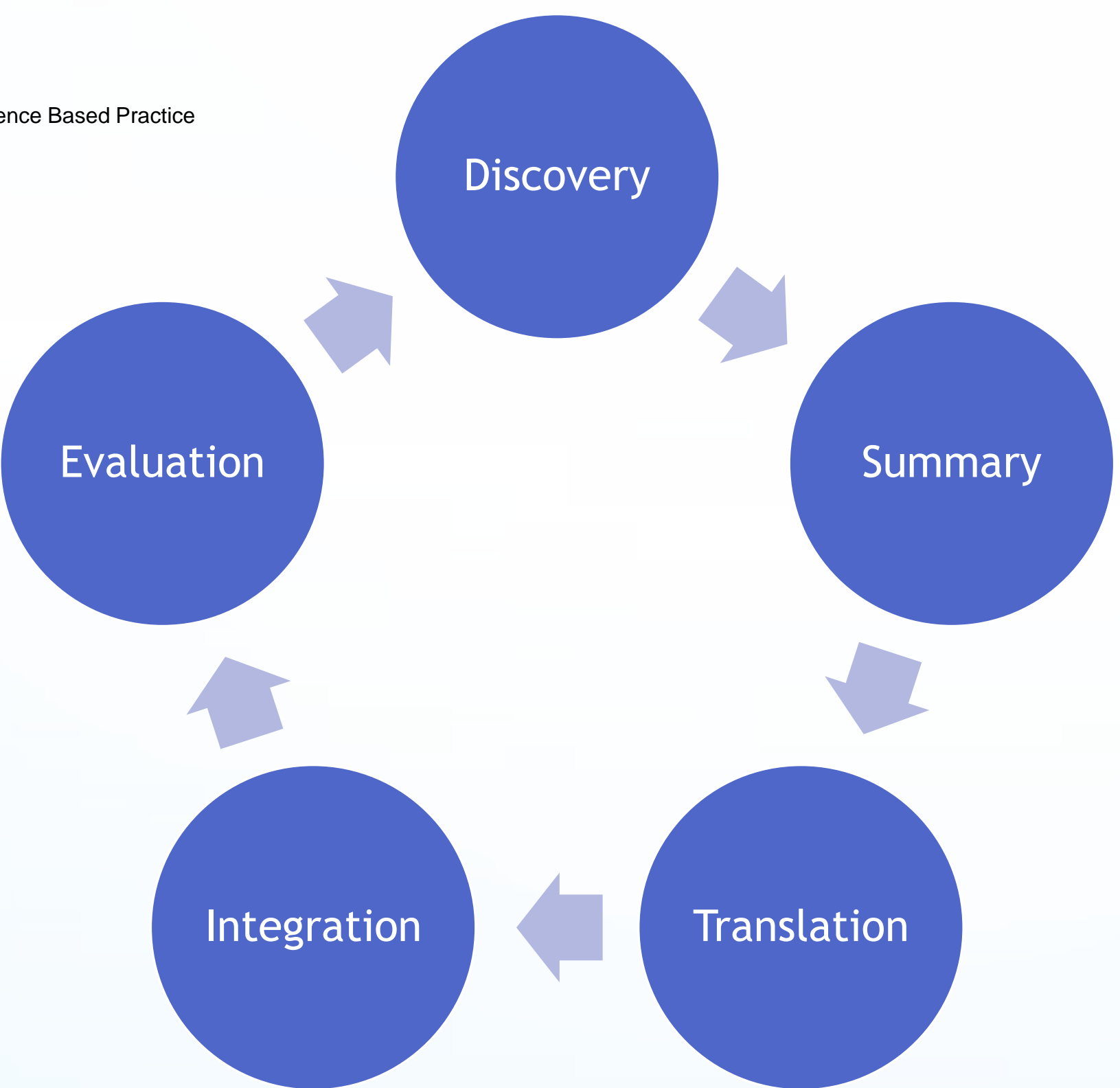
Conclusions/Recommendations

On the basis of the results, the application of a pre-procedure telephone intervention in the GI Lab proves to be particularly useful to improve patient education, compliance, and reduce the rate of cancellations and late arrivals. It is recommended to implement the pre-procedure phone intervention with all patients; not only patients with GA involvement. However, limited resources for a dedicated staff member to complete all calls would be very challenging with increased GI work loads.

References:

1. Kazarian, E. S., Carreira, F. S., Toribara, N. W., & Denberg, T. D. (2008). Colonoscopy completion in a large safety net health care system. *Clinical Gastroenterology and Hepatology*, 6, 438-442.
2. Marcus, S. N. (2006). Efficiency in endoscopy centers. *Gastrointestinal Endoscopy*, 64(5), 765-766. doi: 10.1016/j.gie.2006.07.028
3. Sweitzer, B. J., Pilla, M. (2012). Chapter 6. Overview of preoperative assessment and management. *Anesthesiology*, 2e. Retrieved from <http://www.accessanesthesiology.com/content/56621180>.

Iowa Model for Evidence Based Practice



Team Members

Christine Trainor, RN; Navdip Chawla RN; Steven Nguyen, RN; Cynthia Florin, RN; Julia Schley, RN

