Implementation of a Pre-Anesthesia Questionnaire in the Preoperative Phase of Care

Date: July 6, 2022
Time: 3:45 p.m. to 4:20 p.m.
Place: 219B SCCB

Abstract
The preoperative assessment is an integral component in the prevention of perioperative complications and costly procedure cancellations. Efforts to improve the quality and efficiency of the preoperative assessment have included the use of surgical safety checklists in the preoperative and postoperative phases of care. Patient information obtained in the preoperative setting provides the foundational structure for the information relayed down the clinical pathway. Strategies to improve the quality and integrity of the preoperative assessment are needed to ensure the patient’s safety and avoid procedure delays.

Purpose: To improve the preoperative assessment by decreasing the occurrence of incomplete or inaccurate information obtained during the preoperative nursing assessment and to enhance communication between nurses and providers.

Method: The patients in an outpatient preadmission testing were given a modified version of the American Association of Nurse Anesthetist’s (AANA) Pre-Anesthesia Questionnaire to complete prior to their preoperative assessment. Nurse-completed handoff reports were reviewed for incomplete and incorrect information before and after the questionnaire implementation. Survey data was collected from nurses and anesthesia providers after the project ended.

Results: Review of the handoff reports during the pre-intervention period found 22.3% with at least one category incomplete and 1.8% with incorrect information. The categories of nicotine, alcohol and substance, and inhaler use, had the highest occurrence of incomplete information. Review of the handoff reports during the intervention period found 26.4% with at least one category incomplete and 8.9% with incorrect information. The categories of nicotine, mobility, and alcohol and substance had the highest occurrence of inaccurate information during the intervention period. Results of the staff survey showed favorable opinions about the use of the questionnaire with all question means above 3.0 except for the item decreased normal assessment time (mean of 2.3).

Conclusion: The project revealed inconsistencies and gaps within the preoperative nursing assessments that would not have been easily detectable without the patient completed questionnaires. Implementing a tool that uses patient-supplied information may be helpful in identifying elements that are overlooked or documented incorrectly. Ongoing quality improvement initiatives are needed to develop a system for obtaining and relaying information that is dependable, accurate, and transparent.