Implementing A Surgical Pre-Operative Checklist: Improving Transparency & Communication

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**Introduction**

At Jefferson, there are countless surgical procedures that occur daily which takes multiple healthcare providers to work in unison. This starts from the surgical team and involves floor and pre-op nursing, anesthesia, as well as medical teams caring for and consulting on patients.

There exists a lack of standardization and documentation when it comes to the care of pre-operative patients. Nursing is often misled on when a patient is going to the OR, or what procedure they are having, or if they need additional studies. Medical teams are unaware of if the patient needs additional clearances, or if the patient needs special imaging. Anesthesia routinely must scour the chart for information about surgical clearance, patient consent, or important medications instead of going to one centralized location.

We aim to create a multi-disciplinary document that can be put into the medical record in order to improve communication and transparency between all healthcare workers taking care of pre-operative patients. This document would be similar to a checklist to allow surgical residents to ensure the patient was ready for the operating room while allowing other healthcare workers to refer to the aforementioned document during the patient’s care. This document would allow all members of the team to be aware of the pre-operative plan and the different components that a part of getting a patient ready for the OR, such as obtaining consent, ensuring they are cleared by necessary services, getting appropriate imaging, or making sure they have acceptable laboratory results.

This step will go a long way in improving transparency and communication between all services who take care of patients undergoing surgical intervention.

**Methods**

Our goal was to first analyze what the current practice was and if there was a need for improvement. To our knowledge, each surgical service has its own pre-op protocol and this is not standardized across the hospital. Furthermore, very few services have EPIC based protocols that allow for documentation and information sharing. For example, the neurosurgery service uses paper checklists, a style that is effective yet outdated.

A survey was sent out to multiple departments in order to gauge the current landscape of pre-operative care. Questions were posed to analyze if there was a need for improved documentation by surgical services, whether or not non-surgical personnel had clear operative plans for combined patients, and whether or not there was a role for a pre-operative checklist in EPIC to bring all the healthcare providers onto the same page.

**Problem Investigation**

Survey was answered by 67 people, combination of medicine physicians, anesthesiologists, surgical residents, and nursing. Collection of results are below:

- **What is your role?**
  - 43.2% Doctor\(^1\)
  - 30.8% Nurse\(^1\)
  - 18.9% Resident\(^1\)
  - 7.4% Other\(^1\)

Survey responders felt that surgical services were average or poor in terms of EPIC documentation. 80% of responders felt that surgical services were average or poor in terms of communication with primary team/anesthesia/nursing. 45% of responders had either an average or below average knowledge of what goes into pre-operative care for surgical services. 90% of people felt the need for more EPIC documentation, in the form of a checklist, for combined patients. 81% felt they were either misled or misinformed on operative plans from surgical teams. Finally, 80% of responders felt that surgical services were average to poor in terms of communication with primary team/attending’s.

**Results & Proposed Intervention**

67 total people took the survey, with many responders being nursing or medicine residents/attending’s. 80% of responders felt that surgical services were average to poor in terms of communication with primary team/anesthesia/nursing. 45% of responders had either an average or below average knowledge of what goes into pre-operative care for surgical services. 90% of people felt the need for more EPIC documentation, in the form of a checklist, for combined patients. 81% felt they were either misled or misinformed on operative plans from surgical teams. Finally, 80% of responders felt that surgical services were average or poor in terms of EPIC documentation, with 79% of responders believing that the neurosurgery service in specific was average to poor at EPIC documentation.

Our proposed intervention was to create an EPIC document to serve as a pre-operative checklist. This checklist would be placed in the patients’ EPIC chart 24 hours before intervention. This way, all members of the healthcare team, such as nursing, internal medicine, and anesthesia will be on the same page with an easy document to refer to regarding the plan for that patient. This document was verified by both anesthesia and Farber hospitalist leadership.

**Future Plans**

**Neurosurgery Pre-Operative Checklist**

**Name:** First Name, Last Name

**Procedure:** Lumbar Laminectomy & Fusion

**Surgical Attending:**

**Date of Surgery:** 5/28/2020

**Scheduled/Carded:** Yes

**Pre-Operative Clearance:** Farber Hospitalist

**Date of Clearance:** 5/20/2020

**Additional Clearances:** Heme Cleared -> hold eliquis 48 hours prior

**NPO @ Midnight:** Yes

**Consent:** In Media

**Type & Screen:** Expires 5/29/2020

**Labs:**

- Antiplatelet/Anticoagulant: eliquis -> held 48 hours pre-op
- HSQ: Continuing
- Allergies: None

**Medications:**

1) Stress Dose Steroids ordered?: N/A
2) Antiplatelet load given?: N/A
3) P2Y12 check: N/A
4) AC/AP Reversal agents?: N/A

**Imaging:**

- Spine: MRI/CT/X-rays adequate?: Yes
- Cranial: Stryker MRI adequate?: N/A

**COVID status:** Negative

**Miscellaneous:** N/A

Inserted above is a sample pre-operative checklist that surgical residents can use via EPIC. The checklist is easy to use with drop-down menus for each choice, and it accurately displays information about patients going to the OR in a format that is accessible to the entire healthcare team.

Going forward, we wish to implement this pre-operative checklist for all surgical services. This will enhance communication and transparency between services and improve documentation. After a trial run of implementation, our hope is to conduct a similar survey to investigate if this intervention improved on our current practices.