Focused anesthesia interview resource to improve efficiency and quality

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Abstract
In an effort to reduce costs, many hospitals may use registered nurses (RNs) with little to no formal education or training in anesthetic or surgical risk to perform anesthesia preoperative interviews (APIs). This lack of education and training can result in day of surgery delays and cancellations because of suboptimal preparation of patients for anesthesia and surgery. The Focused Anesthesia Interview Resource (FAIR) establishes minimum educational preparation for conducting APIs through educational modules and electronic triggers that prompt further questions and consultation flags for comorbidities for which an anesthesia provider is consulted. The goal of this process improvement project was to determine if fidelity to the FAIR tool enhanced the ability of RNs to perform preoperative anesthesia interviews and, if so, did this result in decreased surgical cancellations and delays? Retrospectively, we assessed completion rates of the training modules and anesthesia preoperative records as well as day of surgery cancellation and delay rates before and after the implementation of the FAIR tool. All RNs who might rotate to the API clinic (n = 33) were included in the sample. Nurse fidelity to completion of the training modules was high (91%). Five hundred anesthesia interview records were randomly selected, reviewed, and completion rates scored. Our pre-/post–quasi-experimental design compared record completion rates. After the implementation of FAIR, significant improvement in identification of patients with hypertension (P < .01) and cardiac disease (P < .05) was noted. In addition, cancellation rates declined from 3.33% to 2.31% (P < .05) and first case delays decreased from 7.54% to 6.99%, although this was not statistically significant. FAIR improved preoperative record completion rates and decreased surgical cancellations, which improved perioperative quality and efficiency.

Biography
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