

From Canceled to Coordinated: Enhancing Perianesthesia Practices to Prevent Same-Day Surgery Cancellations



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INTRODUCTION

Background:

Elective surgical cancellations are a significant challenge in healthcare, leading to underutilization of operating room resources, increased costs, and patient dissatisfaction. Identifying and addressing modifiable factors contributing to these cancellations is crucial for improving healthcare delivery.

Purpose:

This quality improvement (QI) project aimed to reduce same-day elective surgical cancellations at a community-based hospital by implementing targeted interventions based on identified causes.

Framework:

- QI (PDSA)

Objectives of Poster:

1. Identify the primary causes of same-day surgery cancellations, including patient-related factors, administrative challenges, and operational issues.
2. Implement evidence-based strategies to reduce same day surgery cancellations.

METHODS

Setting and Participants:

This quality improvement initiative was conducted at a community-based hospital, focusing on elective surgical procedures. The project involved collaboration among perianesthesia staff, surgical teams, and anesthesia providers. Key participants included a newly established pre-anesthesia nurse practitioner.

Intervention/Process:

The project followed the Plan-Do-Study-Act (PDSA) framework to implement and refine strategies aimed at reducing same-day surgery cancellations. Key interventions included:

1. Establishing a pre-anesthesia nurse practitioner role.
2. Implementing standardized preadmission requirements.
3. Enhancing interdisciplinary communication between surgical and anesthesia teams.

These steps were iteratively tested and adjusted using the PDSA cycle to ensure effectiveness and sustainability.

Data Collection and Analysis:

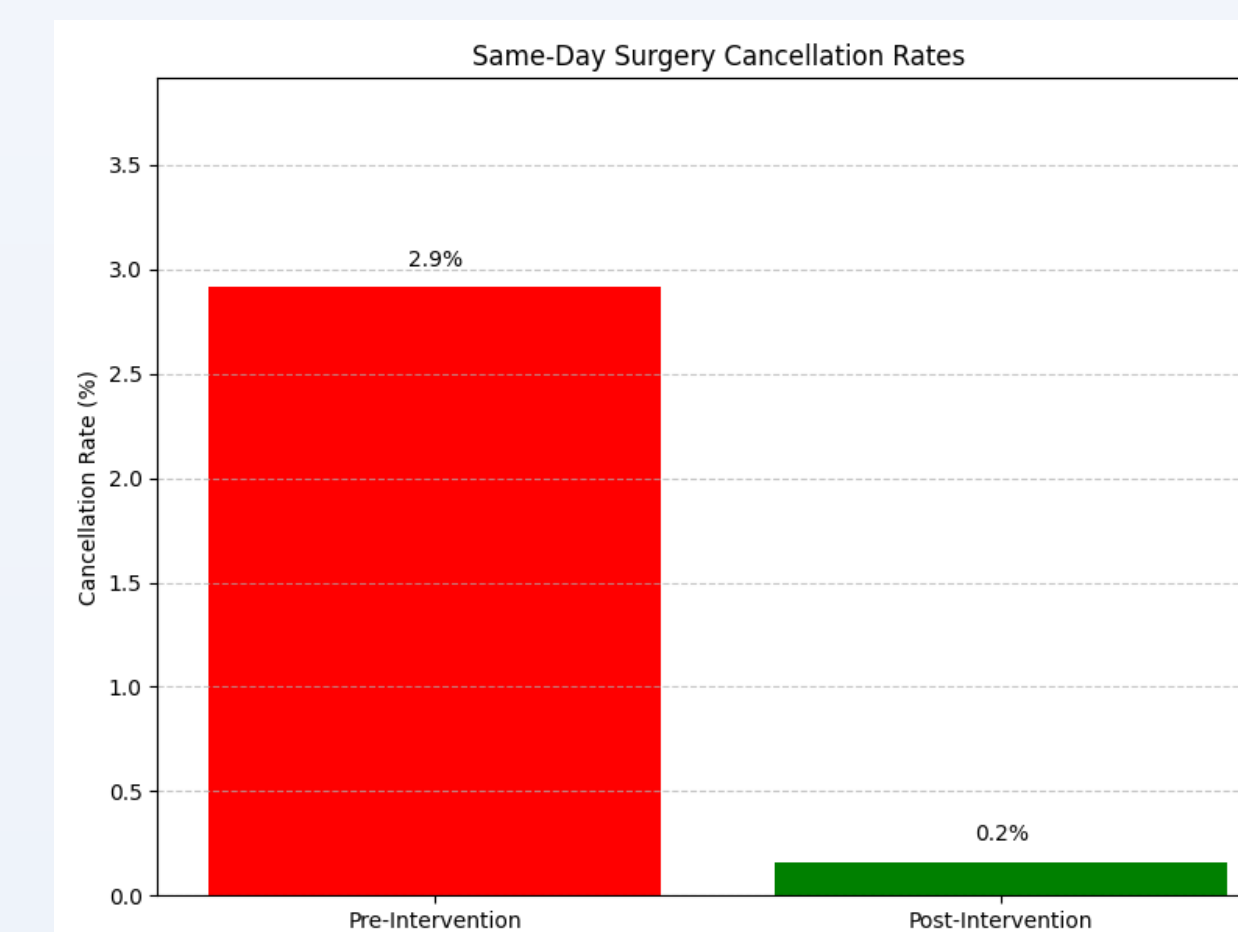
The intervention spanned a 6-month period, with 3 months dedicated to baseline data collection and 3 months to post-intervention evaluation.

RESULTS

Key Findings:

- Pre-intervention cancellation rate: 2.9% (33 out of 1,132 surgeries)
- Post-intervention cancellation rate: 0.2% (2 out of 1,240 surgeries)
- Overall reduction: 93% decrease in preventable same-day cancellations
- Primary causes identified: Medical comorbidities, inadequate preoperative workup, and logistical issues
- Effective interventions: Pre-anesthesia nurse practitioner role, standardized preadmission protocols, improved interdisciplinary communication

Visuals:



Actionable Data:

- The introduction of a pre-anesthesia nurse practitioner and standardized protocols directly contributed to the reduction in cancellations.
- Enhanced communication among care teams ensured timely and complete preoperative evaluations.
- These findings support the scalability of the intervention to other surgical departments.

CONCLUSIONS

Interpretation:

The results demonstrate that structured, proactive preoperative planning can significantly reduce same-day cancellations. This aligns with existing literature on the importance of early identification of risk factors and streamlined workflows.

Relevance:

- Improves nursing practice by promoting interdisciplinary collaboration and accountability.
- Enhances patient outcomes through reduced delays, improved satisfaction, and optimized use of surgical resources.
- Supports operational efficiency by minimizing wasted OR time and associated costs.

Limitations and Future Directions:

Limitations: Single-site implementation; short post-intervention evaluation period; potential variability in patient complexity.

Future Directions:

- Expand interventions to other surgical services entities.
- Extend monitoring to assess long-term sustainability.
- Incorporate patient feedback to further refine preoperative processes.

References

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