Pre-Operative Patient Assessment
Establish a reliable process to accurately assess and anticipate the medical concerns of patients prior to surgery to prevent both errors and delays.

Domain

Patient Care Processes:
Clinical processes that ensure delivery of high-quality care to individual patients

Aims

Effective:
An evidence-based practice that produces better outcomes than its alternative

Timely:
Care delivery that is prompt and provided without delay to mitigate any harm to a patient

Safe:
Delivery of care in a manner that minimizes any risk of harm to a patient

Equitable:
Care delivered fairly, with consideration to need, and with no other discriminating factors

Process Attributes

Cost to Implement
The monetary resources required to implement this process

Minimal: Just the cost of the improvement effort itself

Time to Implement
The amount of time, from months to years, it will take on average to establish this process

Fewer than 12 months

Difficulty to Implement
The challenges of implementing this process

Moderately Challenging: Either involves multiple units or disciplines OR requires a substantial shift in culture and/or operations, but not both of these

Level of Evidence
The degree to which the actions in this process are supported by research and experience; based on the Cochrane scale

Some Evidence: Level III — Studies published with some control included

Details

Elements
Create processes that reliably do the following for each patient:
• Obtain complete medical history, including questions about risk factors.
• Establish process for evaluation of history, including criteria and action steps when further assessment is indicated.
• Verify critical allergy information, including medications and latex.
• Verify all medications, including over-the-counter medications, and ensure process to inform patients about medications that should be taken the morning of surgery.
• Define criteria and actions for patients whose ongoing medical conditions are not stable when presenting for surgery.
• Ensure that medical history, diagnostic test results, and any other pre-op assessment information are available for anesthesiologist and surgical team to review in advance of surgery.

Outcomes

• Mortality (HSMR): Decreased mortality (hospital standardized mortality ratio, or HSMR)
• Harm: Decreased harm to patient (e.g., Harms per 100 patient days, as measured by the IHI Global Trigger Tool)
• Patient Satisfaction: Increased patient satisfaction (e.g., HCAHPS Willingness to Recommend, HCAHPS Hospital Rating)
• No Gap by Race, Ethnicity, or Language: No gap by race, ethnicity, primary language for key measures

Service Lines and Critical Functions

• Surgical

Key Measures

• Number of patients with appropriate diagnostic results available at time of anesthesia assessment
  As measured by anesthesia team
• Number of patients with unstable symptoms who are evaluated and treated before the day of surgery

Reasons and Implications

Importance for Patients and Families
Understanding the patient’s health status prior to surgery ensures that steps are taken to provide the patient with all care needed, especially if any risk factors are present. This reduces the risk of complications and delays that can occur if these factors are not known before surgery.

Requirement, Standards, Policies, and Guidelines

• American College of Cardiology and American Heart Association (ACC/AHA)
  Guidelines on Perioperative Cardiovascular Evaluation and Care for Noncardiac Surgery
• National Priorities Partnership (NPP)
  Safety
• National Quality Forum (NQF)
  Safe Practice for Better Healthcare—2009 Update
  Safe Practice 26: Wrong-Site, Wrong-Procedure, Wrong-Person Surgery Prevention

Financial Implications

• Expense reduction can occur due to decreased costs and length of stay from reduced complications, and fewer delays or rescheduling cases. • Expense increase can also occur due to possible need for additional personnel time to collect and act on information.

Prerequisites
None for this process
Resources

Additional Resources

- American Society of Anesthesiologists
  Practice Advisory for Preanesthesia Evaluation

- The Joint Commission (TJC)
  Updated Universal Protocol

- National Health Service National Institute for Health and Clinical Excellence
  Preoperative Tests Guideline

- American Society of Anesthesiologists
  Basic Standards for Preanesthesia Care (2010)

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