

Streamlining the Preoperative Process for the Open Heart Surgery Patient

Open heart surgery is always a major event for patients, their families and hospitals. Delays in surgery cause emotional distress for patients and family members and are costly to the hospital. For these reasons, it is important for all organizations providing open heart surgery services to review their preoperative processes. Investing the time to detail the patient flow process in preoperative preparation helps eliminate gaps and identifies opportunities to improve organizational communication, patient care and patient satisfaction. In many organizations, this is accomplished by instituting a task force or committee to assist in this area.

All departments involved with patient entry points should be included on the task force. These departments usually include inpatient medical cardiac units, the registration area, the cardiovascular surgeon's office and the cardiac catheterization lab. The team is tasked with developing standardized preoperative open heart surgery orders to help create common practice routines that can reduce delays, improve staff and patient education and improve staff efficiencies.

Reducing Delays

Some of the most common reasons for surgery delays include inaccurate completion of blood bank procedures, long turnaround times for patient reports, missing chest films or lateral views, missing tests, delays in patient testing and lost pieces of the patient's medical record. Preoperative lab testing, patient testing (CXR, EKG), medications, anesthesia and other consults and surgical prep all should be included in the review.

There are a number of pre-operative tests that should be anticipated for all open heart surgery patients. If the patient is

diabetic, the anesthesiologist usually prefers to be informed of morning blood sugar levels. (Latest research correlates blood sugar levels with wound healing, therefore strict regulation of blood sugar levels is common practice and can be a key to improved patient outcomes.) Any preoperative indication of infection such as an elevated temperature and abnormal blood or bacteria counts in the urinalysis warrants immediate physician notification. Patients who present with certain clinical symptoms or are over a certain age (commonly >65) likely will have tests for carotid stenosis. If stenosis is detected, the patient likely will need treatment before

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open heart surgery can be performed. Chest x-ray reports and posterior, anterior and lateral view films also must be collected; missing films will delay open heart surgery.

Charting the Process

The outpatient preadmission process should be flow-charted to facilitate a smooth patient transition through the

appointment schedule. This is the patient's introduction to your heart program, and efforts should be directed at providing the patient with a good first impression. The following questions should be resolved in planning sessions for the preadmission appointment:

- What time of day is best to schedule preadmission appointments?
- Where should the patient report?
- Who will educate the patient on post operative care, incentive spirometer, skin prep, family waiting and discharge needs?
- Who will be involved in the preadmission process?

Because heart surgery patients require numerous diagnostic tests and comprehensive clinical education, it is generally recommended that they be scheduled for their preadmission appointments before the day of surgery. Other procedures to be reviewed in the preadmission process include consults for anesthesia and other services, an insurance assessment, and completion of history and physical by a physician assistant/certified nurse practitioner if this has not been provided by physician office. If necessary, the preadmission process can be accommodated on the same day as the surgical appointment, but that leaves more opportunities for process delays.

Patient Education is Key

A standardized patient education session is a major component of patient surgical preparation. One of the first steps is to determine who will be involved in the education process. Cardiac care coordinator, clinical nurse specialist or cardiovascular unit staff nurses generally are good choices. When multiple patient care providers are involved in the patient education process, it is recommended that the program be scripted to ensure all topics are consistently presented. Many hospital heart programs also offer preoperative cardiovascular patient education online through their Web sites. This is another educational opportunity that complements the individualized approach.



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Patient education sessions should be brief, but should include review of the major care components such as monitoring, invasive lines, tubes and alarms. Most patients are interested in knowing when the lines and tubes will be inserted and how long they will remain in place. Ambulation protocol also should be explained so patients know that they will be getting out of bed shortly after they awake from surgery. Postoperative medications should be provided during the education session, along with written instructions on their use.

The educational session also is a good time to review discharge information such as expected length of stay and the need for someone to stay with patients for the first few days following discharge. A tour of the post-op recovery unit allows patients and family members to see the high level of care they will be receiving. The committee should plan the sequence of appointments to reduce wait times for the patients and all departments involved. With the proper attention given to improving the preadmission process, hospitals can

increase the level of confidence the patient and family have in the program and start the surgical experience off on a favorable note.

Implementing the Plan

Once process gaps are identified, the plan should be approved by the appropriate organizational committees, explained to

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the staff and distributed to appropriate departments for implementation. Input from the medical staff is essential to this process, and the administrative leader should be well versed on the latest clinical

techniques and cardiovascular research ensuring best practices are addressed and not overlooked. Continuous quality management techniques can be used to evaluate the effectiveness of the changes and identify any additional areas of needed improvement.

In Summary

A comprehensive preadmission process for open heart surgery patients sets the stage for preventing post-operative complications and improves patient outcomes. Due to the complexity and expense of open heart surgery, it is essential for every organization to ensure that patients are adequately assessed, well educated and prepared both clinically and psychologically for the event. Establishing a seamless preoperative process that anticipates all patient and clinical needs helps achieve program goals and outcomes, reduces costly delays and improves patient and family satisfaction. Organizations should invest the time to guarantee that these processes are smooth and efficient.