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## Problem Statement

In-Patients arriving to the pre-op holding area are unprepared for surgery, which results in potential and actual delays in care

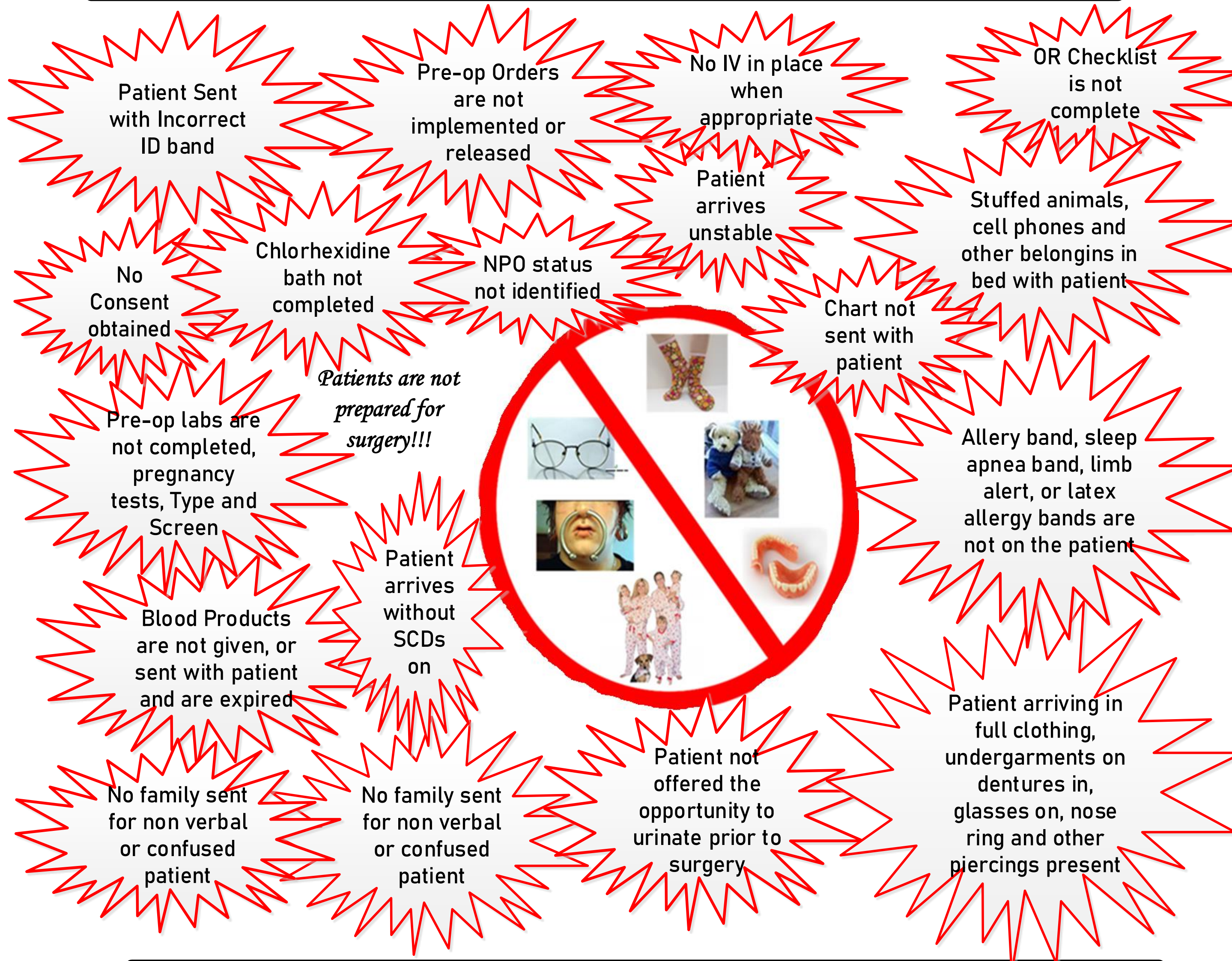
This results in:

- A delay of nursing care,
- Patient dissatisfaction/mistrust,
- Delays in OR start times,
- RN frustration,
- Resource strain,
- Provider frustration,

Ultimately, these factors affect the overall image and efficiency of AGH's perioperative department.



## Current Condition



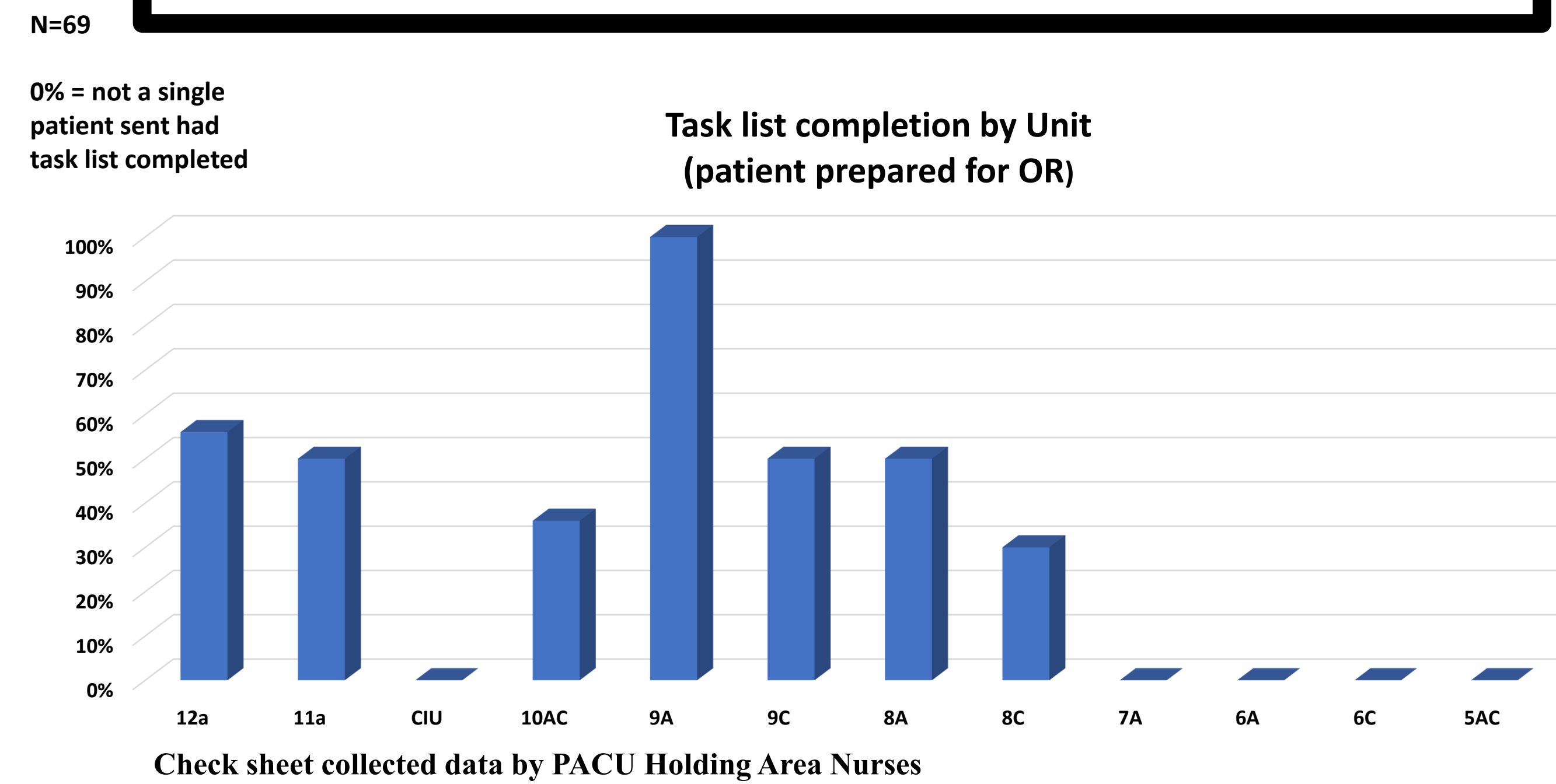
## Analysis

The PACU Lean team gathered observations over several months and recorded the instances when patients were inadequately prepared for the OR. Some of the more prevalent issues included:

- Leaving personal belongings with patient
- No OR checklist completed in Epic
- Every floor of the hospital had instances of inadequate patient preparation for the OR. The observations revealed a significant lack of education of preparation of a patient for surgery.
- Procedure pass education has been repeated on inpatient units and added to annual competencies and nursing orientation.



## Pre-Data



Procedure Pass Compliance Data: In audits completed in March 2025 of 384 surgical patients there was only **2.34%** compliance.

Data from EPIC AHN Report Procedure Pass Compliance

Scofield H, Teigen K, Blair S, Rechter GR, Webb B. Implementation of a Preoperative Huddle at a Level 1 Trauma Center. *Journal of Patient Safety*. 2022 Jun 1;18(4):e747-e752. doi: 10.1097/PTS.0000000000000943. Epub 2021 Nov 27. PMID: 35576394.

## Future State

The standard of care for preparing a patient for surgery should be met 100% of the time. If patient arrived with items to be completed for emergent/extenuating circumstances it should be communicated in advance to holding area nurse.

## Countermeasures

Mandatory Education Created by PACU Team



Course ID: 0000029658  
AHN Preop Checklist Training (In-patient RN)

Job Aids created for Nurses.

- S** Pt identifiers
- M** Monitor status
- C** Current assessment (lines, drips)
- P** Pre-op orders reviewed
- P** Pre-op checklist complete
- A** Any outstanding tasks?
- N** NPO status
- C** Consents status
- F** Family contact info
- A** Any special circumstances/special needs? (lunatic, alias, cognitive impairments, etc.)

- P** "Patient for Surgery" Hand-off Process
- OR daily schedule will be known on each unit.
- OR charge nurse calls inpatient holding to notify them they are sending for a patient.
- OR secretary calls sending unit to notify that OR transport is coming for a patient. Prepare for handoff report with inpatient holding RN.
- Inpatient holding RN calls the unit RN for a hand-off before the patient leaves for the OR.

- Individual partnerships with inpatient units beginning with 10a/c and 8c
- A pull system was created for receiving inpatients to the OR holding area

Mandatory Education Created by AHN

Epic: Introduction to Procedure Pass eLearning [AHNGEN050]

Epic Application: Orders  
Recorded demonstration on how to use Procedure Pass.  
Keywords: Procedures, Procedure Pass, Surgery

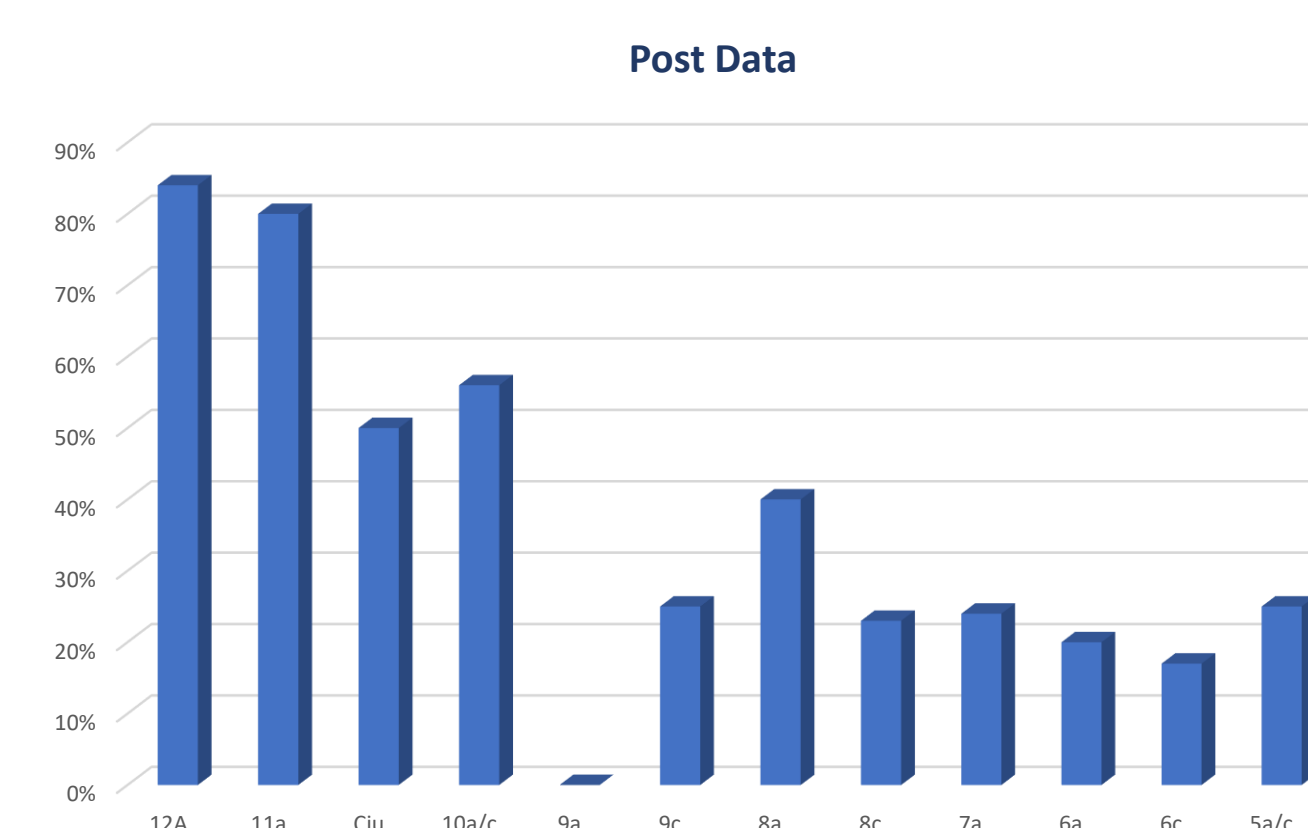
## Original EPIC Job Aid Created for all Nurses

Element	Interpretation	Rationale
<b>Finding the Checklist</b>	Locate Pre-Procedure Checklist: Search "Pre-Procedure Checklist" under the navigation tree. This can be done before and after the patient is admitted to the OR. This can be filled out by selecting the "New Reading" button. Verify where the patient is having the procedure completed. A verification check will be completed upon arrival to the OR.	If these tasks are not completed prior to coming to the surgical services suite, this can create delays and it can cause patient harm if it is not completed. Navigator is the recommended method for finding the checklist. Navigator is the recommended method for finding the checklist. Navigator is the recommended method for finding the checklist.
<b>Patient Verification</b>	Necessary ID bands and this band must be applied to the patient prior to transport. - All Band - Allergies - Limb Alert - Fall Risk - Select potential procedure altering patient characteristics (pregnancy, infection reactions).	Patients must have a double verification prior to any transport. Intervention: Risk bands allow a visual cue to take extra precautions. Limb alert bands are important in the operating room. A second IV is needed and we need to know if it is on a limb. Or if special positioning precautions are needed. Pregnancy or infection reaction can affect the type of anesthesia the patient requires for the procedure in the OR.
<b>Prep Verification</b>	All tasks regarding prep must be completed by the nurse on the floor (No, N/A, Leave nothing behind) - NPO - NPO Status - NPO Status	If the patient is not NPO, the procedure will be delayed. Exception to this is emergent situations, which use the patient with their underlying condition in mind.
<b>Consents</b>	Procedure Consents should be signed with date and time by the patient, attending surgeon or senior designated surgical team member, and a witness (must complete Pre-op checklist). Anesthesia Consents should be signed with date and time by the patient, anesthesiologist, and a witness (must complete Pre-op checklist). Additional Consents completed as needed if patient has requests (e.g. Bloodless medicine, research, student, resident, etc.)	Consents should be done before the patient receives any medication. Consents should be done before the patient receives any medication. Consents should be done before the patient receives any medication.
<b>Procedure Verification</b>	Select Correct Patient - Select Correct Procedure - Select Correct Site - Select Site Marked (if unilateral procedure).	This verifies the chance of the wrong patient having a wrong procedure on a wrong site. This is a sentinel event that can be prevented by ensuring participating in the patient's care performs the process. It is a check and balance of the plan.

## AHN Single Point Lesson

## New RN Badge Buddy Created by PACU LEAN Team

## Post-Data



Procedure Pass Compliance Data April & Dec 2025  
**44.2%** Compliance