PROCESS: Provide Pre-Op Clinic Visit

Value Statement: TBD

Organization(s): SLMHC Periop
State: Current
Start Point: Receive Pre-op Clinic Referral
End Point: Anesthetist Review of Pre-Op Note

Last Revision Date: 21 Nov 2011
Validation Date: n/a
Prepared By: Jeff Ockeward and Tim Berezny
Observation: Oct 12 2011

Dictated Referral for Surgical Consult (Fax copy)

Problem: Sometimes receive referral for previously referred (client that had not presented) for appointment.

Meditech

Receive Pre-op Clinic Referral

By: Surgery Clinic Clerk
At: SLMHC Surgery Reception Office

-Review faxed referral from physician and any attached incidentals for completeness
- Set aside for when there may be available time to gather background information

Note: Clerk may be supporting surgical admission and clinic admission processes so this task may wait

 # Employees: 1
Availability: 8 am - 4 pm M-F

1 min

Batch Size: <5-10 referrals

File

1-3 days

"Patients who are not suffering have less vested interest in attending"

2 Gather Background Information

By: Surgery Clinic Clerk
At: SLMHC Surgery Reception Office

- Search Meditech for past medical history, including procedures, notes from past operations, imaging summaries. View of lab work from past year.
- Complete as a batch, and return to drawer for next appropriate clinic date
- Note: Ultrasound required for Lap Chole

Var: No background information gathered for Dental Referrals
Var: Information is missing so referral sent back with request to clarify

 # Employees: 1
Availability: 8 am - 4 pm M-F

2-4 minutes per referral

Batch Size: <5-10 referrals

File

Tubal Ligation Consults could be done by telemedicine

2 weeks

3 Set Surgery Priority

By: Clinic Surgeon
At: SLMHC Surgery Clinic

- Provide stack of 20-30 referrals to surgeon during lull in action
- Get 20-30 blank "surgical clinic booking" forms
- Surgeon Reviews GP referral note, patient name, any other notes as needed.
- Note if preference for one surgeon versus another (e.g., repeat patient, family/ friend etc)
- Select and priority choice- Urgent (within 3 weeks) Semi-Urgent (within 6 weeks) or Elective on Surgical clinic booking form
- Complete stack, return to Surgery Clinic Clerk
- Clinic Clerk returns stack to office cabinet for future processing
- Note: Oldest referral on Oct 12 was Sept 15, newest = Sept 26

Variations:
V1: May not complete, so Surgery Clinic Clerk will bring to future clinic
V2: Surgeon identifies more information and tests required (10%?)
V3: 25% of referrals are for in-town

 # Surgeons: 2
Availability: 2-3 days per week (done during a clinic session, between patients)

15-30 seconds per referral

Batch Size: <5-10 pts

File

1-3 days

4 Assign Surgery Clinic Date

By: Surgical Clinic Clerk
At: SLMHC Surgery Reception Office

- Separate urgent, semi urgent, and elective
- For urgent referrals, view OR Appointment Clinic Schedule and select closest appointment day with evident availability. (This is an MS Excel File, with 2-3 clinic days per week created, different file for each month)
- Enter patient name in Excel File
- Complete form created by SLMHC entitled "Surgical Clinic Appointment Notice" with Surgeon name, date, appointment time, referring doctor, date of original referral,
- Select optimal clinic times from selection of times that begin at 8:30am until noon in 20 minute increments. 1 appointment per increment. Schedule 5 appointments at 1pm.
- Pick date far enough out that allows time for travel booking (1-2 weeks)
- Fax Clinic Appointment Notice to NIHB (+ nursing station) requesting confirmation

Variations
V1: For semi urgent and elective, assign surgery dates once urgent are completed.
V2: Less than half of appointment notices get any confirmation back pt is attending

 # Patients per clinic day: 20-28 patients
Availability: 8:30 - Noon; 1pm - 3pm

1 min per referral

Surgical Clinic Appointment Notice-NIHB

Surgical Clinic Appointment Notice- NIHB (fax copy)

Surgical Clinic Booking Notice - GP

Surgical Clinic Booking Notice - GP (fax copy)

Batch Size: <25 pts

File

1 day

Note: – half of the clinic appointments are for follow-up post surgery

5 Send Appointment Notifications

By: Surgical Clinic Clerk
At: SLMHC Surgery Reception Office

- Organize all "Surgical Clinic Appointment Notices" with reference to relevant NIHB Benefits Bulletin (northern communities (2-4) appointments per specialist
- Fax Notices to NIHB with request to bring medications to appointment- complete batch as sent at once (20-30 notices)
- Complete all Surgical Clinic Booking Notice for notification to northern practice physicians (20-30 forms). Indicates patient name, clinic date, prioritization
- Fax Surgical Clinic Booking Notices to GP offices

V1: Use Surgical Clinic Booking Notice to indicate referral was ineligible, incomplete, or service not offered in Sioux Lookout
V2: If service or procedure not offered in Sioux Lookout, indicate this to GP
V3: GP calls back and requests higher priority

 # Employees: 2
Availability: 7 am - 4 pm M-F

2 min per referral

Batch Size: <15 pts

File

2 weeks

Request for Patient Med Profile

6 Collect Medication Profile

By: Surgical Clinic Clerk
At: SLMHC Surgery Reception Office

- 2 days prior to surgical clinic, fax Request for Patient Profile -patient names, DOB, physician, requesting medication profile (for pre surgical clinic patients) to local pharmacies, requesting med profile
- Pharmacies (3 local) send back Pt Med Profile report (fax)
- assemble into patient file, sorted by day of clinic

NOT OBSERVED

 # Employees: 2
Availability: 7 am - 4 pm M-F

1 min per referral

Batch Size: 50-60/wk

File

2 days

Clinic Schedule (Daily) (.xls print out)

7 Share Clinic Schedule

By: Surgical Clinic Clerk
At: SLMHC Surgery Reception Office

- Reconcile any differences between paper and soft copy clinic schedules
- Print Clinic Schedule for next day (4 copies)
  - Send one to Admitting
  - Send one for Health Records,
  - Provide one for Clinic nurse
  - Keep one for Clerk
- HR Retrieves Patient Chart and sends to Surgical Clinic Clerk

 # Employees: 2
Availability: 7am - 4pm

15 min

Batch Size: 1-3 pts

File

Patient Chart (from Health Records)

8 [Travel from Northern Community to Hospital]

SUMMARY PROCESS BLOCK

1. Distribute Benefits Request- NIHB
2. Review Request - NIHB
3. Register Appointment - NIHB
4. Receive appt. info- Travel Clerk
5. Inform Pt of Appt- Nurse to Travel Clerk
6. Book Transportion - NIHB
7. Hostel Documentation - Hostel
8. Receive Flight Info- Nurse
9. Receive Flight Info- Wasaya
10. Inform Pt of Travel Info -Travel Clerk
11. Transport to Airport
12. Check in Flight
13. Sioux Lookout Arrival
14. Hostel Check In
15. SLMHC Registration

See related process canvas

Total Handling Time: 90 min +
Total Lead Time: ~ 4 weeks +

Batch Size: 1 pt

Sync up all paper copies of clinic schedules to update with new appointment

Note: In 90% of cases, no medical reason to do Colonoscopy later than day after pre-op Biggest restriction is scheduling.

Could do lap cole same day.

9a Arrive at Surgical Clinic

By: Patient
At: Surgical Clinic Reception Station

- Patient goes to medicine/ surgical clinic
- Clinic clerk takes patient documentation (provided to pt by SLMHC Registration) and stickers
- Patient instructed to wait in waiting area (by SLMHC Registration)
- Clerk applies stickers to chart, temporarily removes the travel information (NIHB documents etc)

V1: May be able to go into one of two clinic rooms to wait for surgeon

Observed # waiting: 0-5
Availability: 8:30-3 pm M, W, F (2-3 days/ wk)

5 min

Batch Size: 1-5 pts

File

9b No Show Process

By: Surgical Clinic Clerk
At: Surgical Clinic Reception

- call NIHB benefits specialist, leave message
- call nursing station
- wait to hear reason for no show- enter into tracking tool
  (e.g., name of client not correct so no warrant, problem with access, act of God, faxes not received etc)
- Grids a new surgical clinic appointment notice form and booking notice. Look for next available clinic time from schedule
- put in her own copy of clinic schedule
- put requested appt. date in NIHB form +fax

 # Employees: 1
Availability: 8am - 4 pm M-F

minutes to hours

10-90 min

No Show Tracking

Admissions forms Package

Patient Med Profile Report

NIHB Discharge Form

ECG Requisition

DI Consult Note

Surgical Prep Handouts
- "How to take pkoz-salax" (Dr Chaudhuri) OR "Golytely Bowel Preparation" (Dr Touzan)
+ Colonoscopy instruction handout
+ Surgical Pre-Op Instructions OR dept

Surgery Schedule Pre-Op Clinic Copy

Surgery Appointment Notice - NIHB

Surgery Appointment Notice - NIHB (fax copy)

Surgery Notice - GP

Surgery Notice - GP (fax copy)

10 Surgical Assessment

By: Surgeon
At: SLMHC Surgical Clinic Exam Room

- Surgeon reads referrals letter
- Surgeon assesses patient
- Provides information about procedure
- Fill out patient (signed with nurse)
- Open "Admissions forms package": 3pps take wt, bp
  Completes relevant parts of surgical admission form, admission orders, prescriptions and requisitions etc.
- Pass "Admission forms package" to Clerk

Variations
V1: May have interpreter present
V2: Patient may not be referred for surgery- don't consent, not interested, not age of majority person present
V3: in 15-20% of cases, identify a slightly higher Anaesthetistic risk, so call the anaesthesia consult into clinic
V4: Escort can not interpret- must locate another
V4: Do other surgeon's clinic is special circumstances (e.g. illness)
V5: Order more tab/diagnostics
V6: Provide via Telehealth

 # Physicians: 1 surgeon per clinic day

Physician Availability:
Touzin: M-Clinic, T-OR, W-OR, Th-Off/ Telemed, Fri-clinic EOW

Chaudhuri: M-OR, T-Off/Telemed, W-Clinic, Th-OR, Fri-clinic EOW

Clinic Avail: 8:30 - Noon; 1pm - 3pm

% Proceed to surgery: 90% colonoscopy
75% Lap Chole (likely to increase)

5-10 minutes

Batch Size: 1-3 pps

File

0-60 min

Often don't know pt was on NIHB denial status

Zone Dental Program does their own scheduling for surgery - sends list to Dianne

11 Nurse Assessment

By: Surgical Clinic Nurse
At: SLMHC Surgical Nursing Exam Room

- Patient fills out anesthetic questionnaire
- Output tobacco information form completed
- Nurse completes admission assessment and history
  Collect medical history (allergies, etc...)
  Take wt, bp
  - Completes teaching for procedure based on "Surgical Prep Handouts"
  - Give handouts to patient.
  - Complete ECG requisition. Hands patient ECG requisition and any other prescriptions
  - Perform Medication reconciliation
  - Select surgical date (about 1 month away). Note on "Surgery Schedule - Pre-Op Clinic Copy"
  - Advise patient of surgery date - note that all arrival times are 0700 hrs
  - Completes NIHB Discharge form- fax to NIHB, fax to Hostel, Hand back to pt for presentation to hostel
  - Nurse partially complete NIHB Surgery Notice for Surgery Date-clerk complete + fax
  - Patient gets EKG and Lab work as needed, returns to Hostel then home

V1: Different regimens/ education based on surgeon preference
V2: May require interpreter- renders handouts useless- adds time
V3: Book procedure for next day if there is space available (other factors)
V4: No NIHB forms if local pt (25%)

 # Employees: 1 nurse
Availability: 7am -3 pm M-F

24-30 minutes

Batch Size: <5-20 pts

File

Batch Size: <25 pts

"We wanted to stagger surgeries across day but too many no-shows"

5 min

~1-8 hrs

12 [Travel from Hostel to Northern Community]

Summary Process Block

1. Distribute Benefits Request - NIHB
2. Review Request - NIHB
3. Book Transportation - NIHB
4. Process Flight Request - Wasaya
5. Patient Check in at Hostel
6. Wait at Hostel for Travel Warrant
7. Inform pt of travel time - Hostel
8. Transport to Airport
9. Check in for Flight
10. Fly to Northern Community
11. Return Home - wait for Surgical travel approval documentation

2 hrs - 12 hrs

~1-7 days

13 Reassemble Chart for Anesthetist Review

By: Surgical Clinic Nurse
At: SLMHC Surgical Reception

- Surgical pre-op documentation is kept separate, in binder, for anesthetist review
- Reassemble Health records portion of patient chart and send to Health Records

 # Employees: 1
Availability: 7am - 3 pm M-F

5 min

File

14 Anesthetist Review

By: Anesthetist
At: Periop area

- Anesthetist reviews ECGs, lab work etc. (note: patient not present) and approves eligibility for surgery

Variations:
V1: Finds an issue and cancels surgical date, requests more diagnostics, etc... Clerk reworks all forms etc as appropriate
V2: May decide anesthetist consult is required - 1 in 5
V3: If cancelled due to anesthetist, must refax original surgery booking, indicating 'cancelled'

 # Anesthetists: 1+

not observed

File