THE ROLE OF PREOPERATIVE CLINIC ASSESSMENT IN THE REDUCTION OF SURGICAL CANCELLATIONS

1 Anastasia D. Katsiampoura, M.D., 2Peter V. Killoran, M.D., 1 Huong-Tram Hoang, M.D, Carin A. Hagberg, M.D, 4 Davide Cattano, M.D., Ph.D.
1Department of Anesthesiology, University of Texas Health Science Center at Houston
2Medical Director, Senior Author, 1^Clinical Research Trainee

Background
The Anesthesia Preoperative Evaluation Clinic (APEC) accomplishes several goals:1• patient optimization before surgery • risk stratification • maximal utilization of resources • team communication and collaboration
The significant role of the Anesthesia Preoperative Evaluation Clinic (APEC) is evident:1• by the reduction in surgical cancellations the cost reduction • opportunities for clinical research and quality assurance. • Shortening of the timeframe of the visits
All these factors eventually lead to cost reduction. In this investigation, we present the results of a practice monitoring in the Memorial Hermann Hospital TMC-Houston from May 2008 to March 2014.

Methods
• The Memorial Hermann Hospital TMC-Houston APEC evaluates preoperatively the adult and pediatric population of the day surgery unit (DSU).
• Patients are assessed either in Clinic or by phone assessment.
• A continuous monitoring of cancellations- database exists since May 2008. A medical director was assigned in June 2008 and nurse phone triage was initiated in March 2012.
• Classification of the patients according to reason of cancellation based on existing literature7 and ASA status were correlated with 27.08% 27.77% and 45.19% cancellation rates respectively.
• Further, analysis of data showed differences in cause related cancellations between the assessment groups(Figure 1).
• Time spent in the clinic and waiting time were stable for the study period with a mean equal to 133.62 minutes (SD=45, 24) and 67.6 minutes (SD=47) accordingly.

Results
• From May 2008 to June 2014, 38108 adult patients that attended the DSU of Memorial Hermann Hospital TMC-Houston were recruited on the study.
• Preoperative assessment was performed in the clinic and by phone in 46.68% and 32.61% of the patients respectively, whereas no assessment was performed in 20.33%. Overall Cancellation Rate in our cohort was 3.33%. Data stratification showed that clinic, phone and no assessment were correlated with 27.08% 27.77% and 45.19% cancellation rates respectively.
• Further, classification of the patients according to specific reasons and the waiting times.

Fig. 1: Overall and cause specific cancellation per preoperative assessment group.

Conclusions
• Preoperative assessment significantly reduces overall cancellation rates.
• Anesthesia-related reasons for surgery cancellation constitute a small percentage of total cancellations and continue to dramatically decrease.
• This highlights the significance of preoperative assessment in the clinic.

References