To find the right answer, ask the right question

The Problem

Patients have 2 points of access into the Gastroenterology Procedural Units. Although a majority of procedural cases are via physician referral, there is the opportunity for patients to call and schedule their own endoscopy procedure. We refer to these as “open access”. Open access is a customer satisfier as it allows the patient be empowered in their own care. Open access however does present a limitation as these patients are not pre-seen by the proceduralist. Secondly, the scheduler who is responding to the phone call is not a clinician; therefore questions in order to book procedures were basic in structure. The goal of a successful endoscopic procedure is multifaceted. One of the key components is the talent to administer the appropriate type and level of sedation. This can only be accomplished with insight into the patients individual needs.

Aim/Goal

1) Develop a system of access for procedural RN staff to consult with clinical experts in anesthesia
2) Develop a tool for schedulers to better predict the potential need for anesthesia

The Team

Michele Boucher RN, MS; Liz Carvelli RN, MS; Sara Montanari;
Shelia Ryan-Barnett MD; Anesthesia Dept.; GI Nursing Staff; Gastroenterology Schedulers

The Interventions

- RN’s continued pre-procedural assessments with a focus on key drivers for consideration for anesthesia (Fig. 1)
- Established an increased accessibility and visibility of Anesthesia LIPs.
- Precedence was established that at any point, any staff member, could call for an anesthesia consult and there was to be a hard stop on proceeding until such consult was completed
- Collaborative meetings were held including key department representation : nursing, anesthesia , scheduling
- A questionnaire tool was established for non -clinical schedulers to facilitate determination of anesthesia need.

The Results/Progress to Date

(Fig.1)

BETH ISRAEL DEACONESS MEDICAL CENTER	
RECOMMENDATIONS FOR ANESTHESIA for NON OPERTING ROOM PROCEDURES	
Patient Characteristics	Descriptor (patients requiring anesthesia)
Age	Extremes of age e.g. greater than 80 years and evidence of frailty
Cardiac	Cardiac procedure within last 6 months
Patients with AICD	
Known EF of less than 40% and/or active congestive heart failure	
Active angina (greater than 2 episodes per month)	
Neuromuscular	History of symptomatic neuromuscular disease
Multiple Sclerosis	
Cognitive impairment (including dementia, s/p CVA and development challenges)	
Partial Paralysis	
Chronic Pain limiting positioning and /or requiring high dose narcotics	
Active Seizures	
Morbid Obesity	BMI over 40 or if BMI not available weight > 350 pounds
Airway	Know difficult or impossible intubation in the past
Pulmonary	High index of suspicion for sleep apnea or diagnosis with positive sleep study or requirement for apparatus e.g. CPAP mask
Home Oxygen requirement	
Respiratory distress at rest e.g. raid respiratory rate, retractions, wheezing	
Endocrine / Metabolic	Uncontrolled endocrine condition
Renal / hepatic	Conditions leading to impairment in drug clearance e.g. clinically significant hepatic (liver) or renal (kidney) insufficiency or fai
Medications	Recent history or active substance abuse including alcohol. Current high dose narcotics and / or sedatives requirement.

Courtesy Sheila Ryan Barnett MD

(Fig.2)

HAVE YOU BEEN DIAGNOSED WITH SLEEP APNEA WITH THE RECOMMENDATION TO USE A CPAP/BIPAP MACHINE AT HOME?

IS YOUR CURRENT WEIGHT OVER 300 LBS?

Courtesy of Sara Montanari

Lessons Learned

Of patients that were assessed to require anesthesia by nursing staff that were then assessed by the anesthesia department, there was 100% corroboration. This in turn however, puts additional burden to the anesthesia staff as it is our policy not to turn away patients.

What Should Happen Next

- Monitor the impact of the scheduling pre-screen questions on the demand for anesthesia
- Evaluate the availability of resources
- Consider expansion of consideration for anesthesia to include issues that address mental health ie/PTSD
- Conduct further analysis or investigation to identify causes or additional improvement opportunities using Press Ganey scoring as benchmark

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