

# Implementing New Consultation Process Reduces Days to Office Appointment and Scheduled Surgery

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## INTRODUCTION

- Medical imaging is frequently used to make a surgical determination. This essential component was found to be missing in 19.9% of new unestablished general surgery consultations in one retrospective chart review.
- Coordinating surgical consultations can reduce missing medical imaging by 18%, cancellation rates by 7.4%, and time to surgical intervention.
- Delays in general surgery office visits related to medical imaging can improve pre-consult surgical evaluations.

## PROJECT PURPOSE

- Reduce the time to office appointment and scheduled surgery.
- Reduce the number of surgical consultations with missing medical imaging and other documentation before the first office visit.

## METHODS

### Framework/Theory

Fade model.

### Participants

New unestablished outpatient surgical consultations aged 18 and older.

### Setting

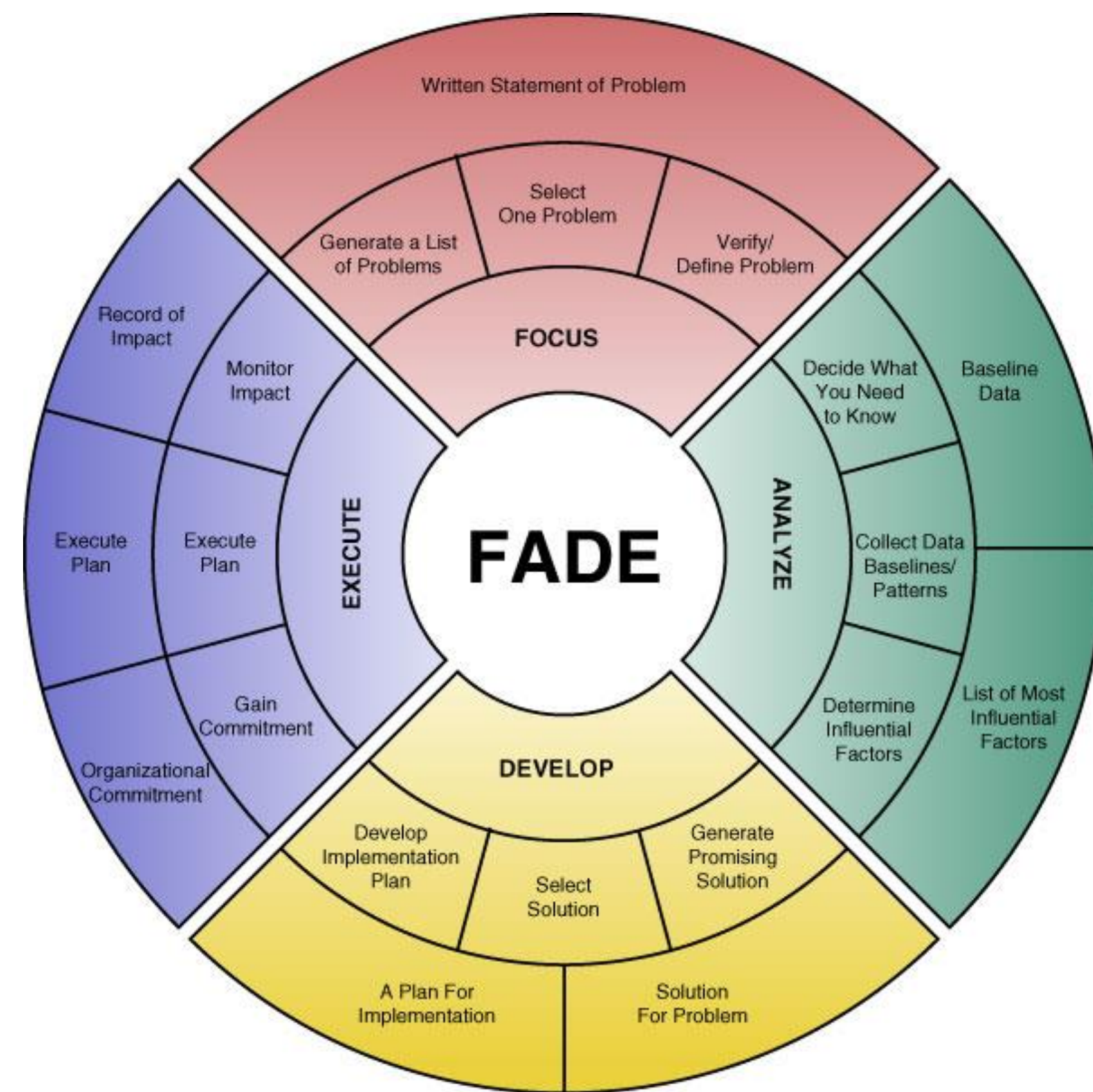
General surgery outpatient office.

### Outcomes

- Days to office appointment.
- Days to scheduled surgery.
- Prevalence of missing diagnostic imaging and other medical documentation.

### Intervention and Data Collection

- EPACS checklist, staff training, and participants from consultations. EPACS project conducted over three months with participant data entered in Microsoft Excel.



## RESULTS

- 95 new surgical outpatient consultations (17 before and 72 after EPACS implementation).
- Missing diagnostic imaging decreased by 27% ( $\chi^2 = 9.6$ ,  $p = .002^*$ ).
- Other documentation decreased by 38.4% ( $\chi^2 = 24.3$ ,  $p = <.001^*$ ).
- Reduction in days to office appointment by 6.5 days ( $t = 2.9$ ,  $p = .005$ ) (Figure 1).
- Reduction in time to scheduled surgery by 9.9 days ( $t = 2.0$ ,  $p = .047$ ) (Figure 2).
- Indication for surgery was not statistically significant between groups ( $\chi^2 = 0.7$ ,  $p = .419$ ).

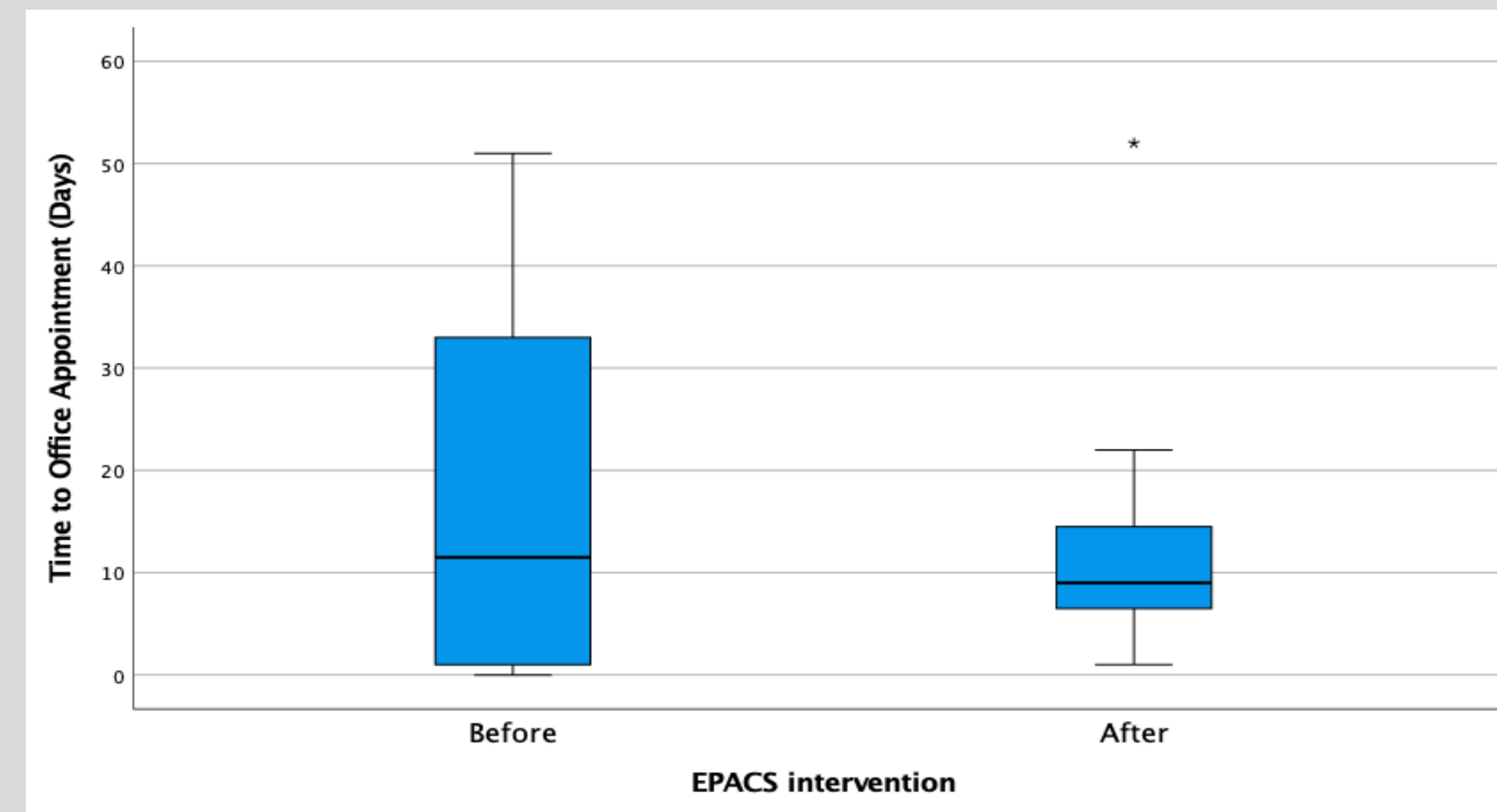


Figure 1. Time to Office Appointment (N = 89)

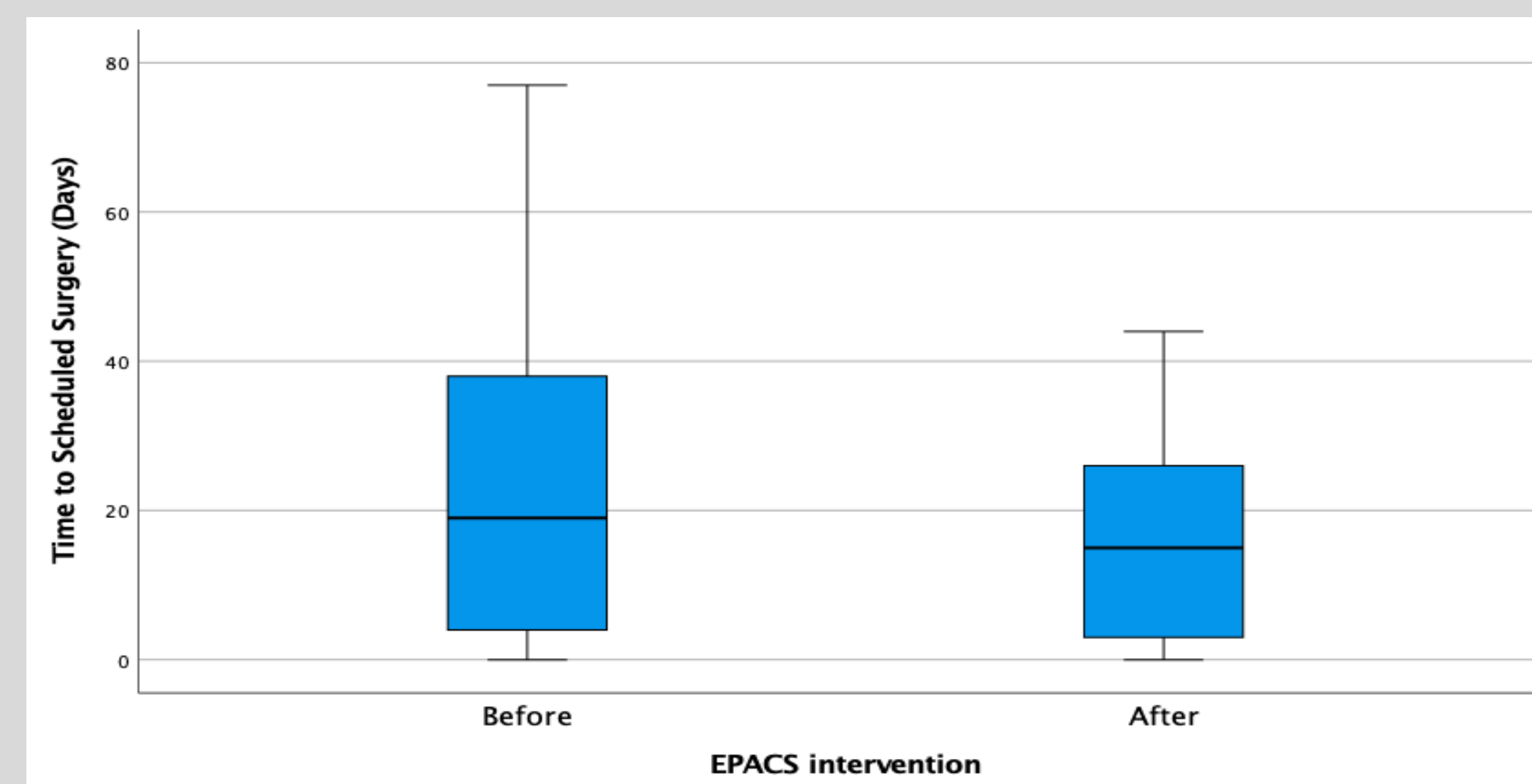


Figure 2. Time to Scheduled Surgery (N = 89)

Table 1. Categorical Project Outcomes (N = 89)

Outcome	Preimplementation (n = 17)	Postimplementation (n = 72)	$\chi^2$	p
Imaging Missing	6 (35.3)	6 (8.3)	9.6	.002*
Other Documentation Missing	7 (41.2)	2 (2.8)	24.3	<.001*
Surgery Indicated	11 (64.7)	58 (80.6)	0.7	.419

Note: Values are expressed as n (%).

## IMPLICATIONS

- Project was carried out during office expansion which required ongoing staff education for new employees
- Emergent and urgent consultations can decrease time to office appointment and surgery depending on the nature of the consultation and patient condition.
- No limitations were set for consultations with delays in reaching the patient or unable to reach patient.
- Insurance authorizations can delay both time to office appointment and scheduled surgery or result in incomplete consultations.

## DISCUSSION

- Reduction in time to office appointment and the time to scheduled surgery.
- Reduction in missing medical imaging and other patient documentation was seen after implementation.
- Intervention had no effect on determining surgical intervention.
- Intervention has potential to be utilized by the additional practice currently sharing the office space with general surgery practice. This would require staff training and adjustment of the tools used in this intervention to incorporate the other practices needs.

## IMPLICATIONS FOR ADVANCE PRACTICE NURSING

- DNP students and advanced practice nurses are in a prime position to lead changes in the way healthcare is delivered.
- Optimizing and coordinating patient care shortens time to surgical intervention, provides a better quality of life, and achieves cost effective, high-quality healthcare.
- Effective referral system is a prerequisite for high-quality healthcare.
- Improving collaboration helps to achieve Healthy People 2030 goals by increasing the exchange of electronic health information.

## SUSTAINABILITY

- Minimal financial cost to continue utilizing new consultation method.
- Script and checklist can be used in a digital or physical copy.
- With expansion of office, ability to perform in-office procedures, and an additional medical practice, it is necessary to continue a more efficient method to manage a larger volume of patients.

Scan QR Code for References



Implementation of EPACS method reduces days to office visit and surgery while also reducing missing medical imaging and other medical documentation.