## Abstract 28

## Surgeon-Initiated Preoperative Screening: A New Approach

## Christina Johnson, RN, PA-C; and Edward J. denBraven, CRNA

Department of Anesthesiology, Atlanticare, Pitman, NJ

Traditionally, preoperative screening was mostly the responsibility of hospitalbased personnel. Now, patients can be screened and evaluated sooner and more efficiently at the surgeon's office or a clinic staffed by advanced practice nurses and physician assistants. This early screening will make the surgeon immediately aware of any issues that may delay or hinder surgery. The surgeon is now in the loop. Electronic screening programs, originally used and marketed for hospital use, can be adapted and modified for use in a private practice. We have found an electronic screening program, such as DocuSys, which can be utilized by surgeons to start the preoperative screening process. At the surgeon's office the patient completes a simple questionnaire at a computer terminal in a kiosk in the waiting room. The computer terminal has a touch screen for ease of operation. The program can be utilized in several different languages. Upon completion of the questionnaire, an office nurse verifies the information and completes a medication component. When verification is complete, the application provides a comprehensive list of comorbid conditions that could be utilized by coders. This system will then assign risk scores to triage the patients medically and/or for additional anesthesia consults. At this time, information will be provided regarding the type of clearances, if any, or evaluations that the patient might need. A history and physical exam will be generated when the surgeon completes the exam. The scheduler can now book the case with full knowledge of what additional workup is needed, thus avoiding needless delays or postponements. The system is designed to generate letters to primary and specialist physicians based upon the findings of the screening questionnaire. Algorithms are provided for clearance, identifying practice-specific recommended presurgical testing. At the completion of the process the patient will receive specific instructions relating to pre- and postop care. The patient will then be given a slip to complete any necessary testing required, such as labs, chest x-rays, or electrocardiography. This program will allow the surgeon to be an integral part of the prescreening process.

The authors of this abstract have no financial interest or arrangements with the electronic program DocuSys.

eS40 Cleveland Clinic Journal of Medicine Vol 76 • E-Suppl 1 February 2009