Evidence Based Improvement in the Ophthalmology Pre-Operative Process
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Problem: The Michael E. DeBakey Veteran’s Affairs Medical Center (MEDVAMC) serves a large population of aging Veterans many of whom will undergo elective cataract surgery. Of the 400,000 operative cases in the VA system a year, 12% are ophthalmic cases. Pre-operative medical testing which includes labs, EKGs and chest x-rays were routinely ordered for patients undergoing cataract surgery even though this is a local anesthesia case which takes less than one hour to perform. Staff was required to use an anesthesia pre-operative standardized guideline to order diagnostic tests, regardless of the patient’s health status.

Evidence: Conservation and efficiency of health care resources are critical components to the provision of adequate care within a limited operating budget. Studies have revealed that routine medical testing for patients scheduled for routine cataract surgery are unnecessary and do not improve their health or their clinical outcomes.

Strategy: Develop a clinical pathway reflective of current trends and best practices.

Practice Change: With the assistance of the Anesthesia Service Chief and the Eye Care Line Executive, the nurses in the Eye Clinic implemented the Ophthalmology Pre-operative Algorithm (OPA).

Evaluation: The Eye Care Line reviewed one month's worth of data to compare the costs of tests with and without the OPA. With the use of the OPA, tangible (diagnostic tests) and intangible (laboratory, cardiology, radiography, and clinic staff’s time) monetary savings by thousands of dollars was evident.

Results: Due to the rising costs of healthcare, many institutions are studying methods to improve patient care by decreasing waste and inefficiency at the same time maximizing reimbursements. In one month, the cost of using the anesthesia standard guidelines would have been $14,457.60. However, after implementing the OPA, $3,777.16 was spent in diagnostic tests in comparison to $14,457.60; a cost saving of $10,680.44 savings in one month.

Recommendations: Based on the MEDVAMC’s findings, the recommendation to other services is to identify patients at risk of peri-operative morbidity and mortality, order tests judiciously considering the surgical outcomes, and consider if the tests are going to provide any additional benefit.

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Lessons Learned: The purpose of implementing the OPA was to reduce costs while improving the quality of care delivered to patients, decrease patient wait time in the clinic, and enhance patient satisfaction. The time patient spent at the hospital completing their pre-operative appointment was decreased by hours, thus increasing patient satisfaction.

Bibliography:

