

[Use of Preprocedure Questionnaire for Oncologic Interventional Radiology Patients to Enhance Patient Safety and Ensure Appropriate Procedure Scheduling and Location](#)

- Abstract Type: Quality Improvement

Author(s)

1. AK

Alan Kotin, MD

Position:

Director of NORA

Organization:

Memorial Sloan Kettering Cancer Center

Role:

Presenting & Primary Author

SAMBA Membership Status

Yes

Is this author a Resident/Fellow/Med Student?

No

If you are a Medical Student/Resident/Fellow do you want your abstract to be considered for Medical Student/Resident/Fellow Abstract Awards?

N/A

2. KB

Kara Barnett, MD

Position:

Director of Anesthesia Services at MSK Monmouth

Organization:

Memorial Sloan Kettering Cancer Center

Role:

Author

SAMBA Membership Status

Yes

Is this author a Resident/Fellow/Med Student?

No

If you are a Medical Student/Resident/Fellow do you want your abstract to be considered for Medical Student/Resident/Fellow Abstract Awards?

N/A

3. TL

Todd Liu, MD

Organization:

Memorial Sloan Kettering Cancer Center

Role:

Author

SAMBA Membership Status

Not Sure

Is this author a Resident/Fellow/Med Student?

No

If you are a Medical Student/Resident/Fellow do you want your abstract to be considered for Medical Student/Resident/Fellow Abstract Awards?

N/A

4. NM

Nina Maresca, DNP, FNP- BC

Organization:

Memorial Sloan Kettering Cancer Center

Role:

Author

SAMBA Membership Status

No

Is this author a Resident/Fellow/Med Student?

No

If you are a Medical Student/Resident/Fellow do you want your abstract to be considered for Medical Student/Resident/Fellow Abstract Awards?

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Abstract

Was this study was industry sponsored?

Introduction

Following national trends, the volume of interventional radiology (IR) procedures requiring anesthesia services at our cancer institution continues to grow at the main hospital and at the regional freestanding outpatient IR locations. IR patients are neither evaluated in a pre-procedure anesthesia or IR clinic nor is there a pre-anesthesia medical history or airway evaluation prior to the procedure date. Through a multidisciplinary approach, this quality improvement initiative workgroup was created to develop a pre-procedure patient survey assessing pertinent comorbidities to reduce delay and cancellations, to improve workflow and communication, to establish patient readiness, and to assure scheduling of procedures in the most ideal and appropriate location.

Methods

The workgroup consisted of anesthesiologists and a nurse practitioner, who created a short questionnaire delivered via the patient portal 3-10 days before the procedure. Positive responses are automatically sent to a pre-anesthesia evaluation team, who follow-up with a phone call to evaluate the positive responses. Concerns are discussed with pertinent team members including the IR physician and the covering anesthesiologist prior to the procedure date. This quality improvement initiative looked at questionnaires from 9/2/21-11/30/22 to evaluate the effects of the pre-procedure IR patient questionnaire.

Results

A total of 8,470 questionnaires were sent to patients with a completion rate of 57.2%. A total of 663 (13.6%) charts were reviewed with a total of 756 flags. While most patients had only one flag, 50 patients had two flags and 27 had three flags. The most common complaints prompting follow-up were 50% shortness of breath (SOB), 22% positive airway screen, and 17% syncope. A total number of 62 patients were discussed with the care team, typically due to SOB (33%) or airway concerns (16%). As a result, 18 cases were moved to the main campus, most commonly due to airway concerns (36%) and SOB (32%).

Conclusion

In a population that lacked pre-procedure anesthesia evaluation, this quality initiative increased pre-procedure awareness of pertinent medical information and airway concerns. The gathered information guided decision-making regarding scheduling and patient readiness and improved collaboration between anesthesiology, interventional radiology, and nursing teams. Use of the IR

pre-procedure questionnaire moved a number of cases from outpatient regional IR sites to the main hospital, most commonly due to airway concerns. Since its inception, the questionnaire has been expanded to other non-operating room anesthesia (NORA) services (e.g., gastroenterology, interventional pulmonology, nuclear medicine, MRI) and to patients who are not evaluated in the pre-surgical clinic. Advanced practice providers have been trained to assist with patient follow-up with the expansion. Additional questions have been added to include additional medical history and certain pertinent medications (for example, blood thinners, methadone and suboxone).

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