Improving Day of Surgery Cancellation Rate

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Our Purpose

Purpose

To investigate any trends in and reasons for day of surgery cancellations (DOSCx) at our center. We will use this data to identify needed improvements and to guide targeted interventions.

Background

During our end of year review for 2022, it was noted that the YTD DOSCx rate was 4.27% with individual monthly rates as high as 5.74%. This is significantly above Sutter's internal benchmark of 2.3% and national recommendations of 2%.

Significance

Patient Impact

- Delayed care → Worsening health outcomes
- Emotional and logistical stress due to:
  - Rescheduling
  - Managing high-risk medications
  - Fasting and pre-op preparation
  - Coordination of childcare and transportation
- Loss of trust in healthcare providers

Operational & Financial Impact

- Increased staffing and resource inefficiencies
- Loss of revenue and time
- Negative effect on provider morale and workflow continuity

Our Goal

Our goal is to reduce our DOSCx rate from 4.27% to less than or equal to the current Sutter internal benchmark rate of 2.3%.

- Complete retrospective review of DOSCx for 2022 and Q1–Q3 of 2023
- Data collection includes:
  - Specific reasons for cancellations
  - Individual physician cancellation rates
- Identify trends and implement targeted improvements
- Targeted implementation of interventions: Q4 2023

Identify The Gap

GAP ANALYSIS

Data was collected retroactively for 2022 and Q1 – Q3 of 2023. We analyzed data in two categories: by individual physician DOSCx rates (Table A) and by specific cancellation reasons (Table B). Multiple trends were discovered.

Table A:

DOSCx Year 2022

Doctor	Total # DOSCx	Total # Proc	DOSCx %
A	27	658	3.9%
B	20	581	3.3%
C	34	875	3.7%
D	7	443	1.6%
E	6	151	3.8%
F	1	66	1.5%
G	1	29	3.3%
H	1	24	4%
I	23	353	6%
J	11	104	9.6%
K	2	40	4.8%

DOSCx Q1 2023

Doctor	Total # DOSCx	Total # Proc	DOSCx %
A	7	169	4%
B	10	187	5%
C	6	246	2.4%
D	4	113	3.4%
E	2	20	9%
F	0	18	0%
G	0	0	0%
H	0	5	0%
I	4	106	3.6%
J	2	20	9%
K	0	5	0%

DOSCx Q2 2023

Doctor	Total # DOSCx	Total # Proc	DOSCx %
A	2	158	1.3%
B	6	183	3.2%
C	9	254	3.4%
D	2	193	1%
E	1	46	2.1%
F	2	19	9.5%
G	0	1	0%
H	0	5	0%
I	10	120	7.7%
J	2	26	7.1%
K	1	4	20%

DOSCx Q3 2023

Doctor	Total # DOSCx	Total # Proc	DOSCx %
A	3	133	2.2%
B	6	159	3.6%
C	7	249	2.7%
D	0	93	0%
E	3	43	6.5%
F	0	10	0%
G	1	2	33%
H	1	7	12.5%
I	7	119	5.9%
J	2	26	7.1%
K	0	9	0%

Table B:

DOSCx Year 2022

Cancellation Reason	%
No show	55.6%
Poor Prep	14.2%
Pt CX/ unknown	8.3%
Pt illness	6.8%
NPO issue	4.5%
No IV access	3%
Blood Thinner	3%
No driver	1.5%
New Onset Cardiac	<1%
By MD	<1%
BMI	<1%
AICD	<1%
Facility	0%

DOSCx Q1 – Q3 2023

Cancellation Reason	%
No show	39%
Pt illness	12%
Poor Prep	11%
Pt CX/ unknown	10%
New Onset Cardiac	8%
NPO Issue	7%
By MD	5%
Blood Thinner	3%
No driver	2%
BMI	2%
AICD	1%
No IV access	0%
Facility	0%

IDENTIFIED GAPS

- All 11 physicians had cancellation rates above the internal benchmark (>2.3%) in at least one time period
  - Physicians B, C, I, and J exceeded the benchmark in all four periods
- Thirteen DOSCx reasons were identified
  - Most common reasons for DOSCx: no shows, poor prep, patient illness, patient cancel/unknown, NPO issue

Corrective Actions

Corrective Action Based on Identified Gaps

Physician-specific action:

- Charge nurses & front office staff met with physician office schedulers monthly to review admit criteria and scheduling protocols
- Process implemented for patients with recurrent no shows (televisit/in-person consult with physician prior to re-scheduling)

Addressing common preventable reasons:

- Prep instructions revised to be clearer and more patient-friendly, incorporating patient feedback
- During pre-op calls, nurses implemented in-depth reviews of H&P's and emphasized instructions on common DOSCx reasons, including more detailed recent illness screening

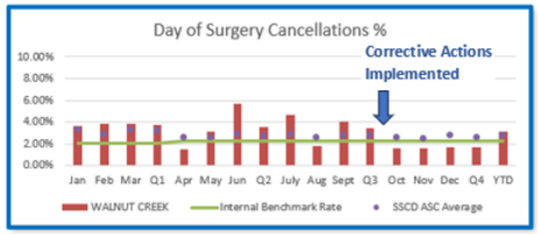
Improving pre-operative communication:

- Improved automated system patient reminder text verbiage
- System text message responses monitored more closely for cancellations as these were not forwarded to scheduling offices

Remeasure

Remeasurement completed in January 2024:

- Q4 2023: DOSCx = 1.65% (61.4% improvement)
- 2023 YTD DOSCx = 3.14% (26.5% improvement)
- Q4 2023 revenue loss per case = 66.7% improvement
- Q4 2023 salary cost per case = 53.6% improvement



METRIC	BEFORE IMPROVEMENT	AFTER IMPROVEMENT	IMPROVEMENT
DOSCx %	2022 YTD 4.27% 2023 Q1-3 3.79%, 3.54%, 3.41%	2023 YTD 3.14% 2023 Q4 1.65%	2023 YTD 26.5% **2023 Q4 61.4%**
Cost/case revenue loss	2022 YTD $168,338 2023 Q1 $35,350 2023 Q2 $39,368 2023 Q3 $27,552	2023 YTD $112,868 2023 Q4 $13,104	2023 YTD 33% **2023 Q4 66.7%**
Salary/case cost	2022 YTD $50,808 2023 Q1 $10,675 2023 Q2 $11,803 2023 Q3 $9,492	2023 YTD $40,716 2023 Q4 $5,474	2023 YTD 19.9% **2023 Q4 53.6%**
Volume	2022 YTD 3275	2023 YTD 3580	**2023 YTD 8.5%**
Risks related to delayed patient care	Risk present for those patients	Risk eliminated for those patients	**Elimination of risk**

Our center has shown sustained improvement, achieving a 2024 YTD DOSCx rate of 1.94%, surpassing the internal & nationally recommended benchmarks.

Communicate

Results of this QI project were communicated through multiple channels to ensure transparency and engagement:

- Staff huddles
- Posted on the IC & Quality info board and in QAPI binder
- Quarterly governing board meetings
- Presented at quarterly GEMBA, the end of year Clinical Leadership Meeting, and Townhall Meeting
- DOSCx data is continuously monitored monthly and communicated regularly