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Why Do We Cancel? A Prospective Examination of 700 Consecutive Cancellations on the Day of Surgery

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Introduction: Because of the complexity of perioperative services, identifying sources of inefficiency can be extremely challenging. One potential source of inefficiency is an unexpected case cancellation on the day of surgery (DOS). Such cancellations disrupt schedules, waste operating room (OR) and nursing resources, and increase hospital costs. The reasons why cases are cancelled on the DOS, however, are often difficult to determine. To understand sources of cancellations on the DOS at a tertiary academic medical center, we prospectively studied all cancellations occurring on the DOS over a 6 month period from October 2005 to March, 2006.

Methods: After IRB approval, we used the Optime computerized perioperative management system (Epic, Madison, WI) to identify all patients scheduled for surgery, but cancelled on the DOS. Cases were defined as scheduled if they appeared on the OR schedule on the morning of the operative day, and cancelled if the procedure was not actually performed on that day. Data collected included procedure, surgeon, anesthesiologist, date, and reason for cancellation (as entered into the computer). To verify that the computerized reason was correct, a member of the surgical staff was contacted within 48 hours. Reasons for cancellation were then classified into 12 separate categories representing patient, physician, and scheduling/organizational issues.

Results: Of 9,124 scheduled cases, 700 consecutive cancellations were identified over a 5.5 month period (10/1/05 to 3/15/06). The reason for cancellation could not be verified in 37 cases (5.3%). The overall cancellation rate was 7.1%. When categorized by patient, physician, or hospital factors (Figure 1), patient factors accounted for 447 cancellations (67%) whereas hospital factors accounted for 130 (19%) and physician factors for 87 (13%). The three most common causes overall were patient illness (26%), scheduling error (13%), and the patient not showing up (12%) (Figure 1). Only 25.5% of cancelled patients had been to our preoperative anesthesia clinic, as compared to our baseline clinic attendance rate of 43% (1)

Conclusions: We found that patient factors accounted for more than 65% of the cases cancelled on the day of surgery at our hospital. We have previously shown that a preoperative clinic visit can reduce cancellations due to medical issues (1). Our data suggest that patient factors may play an even more important role in reducing cancellations on the DOS. Specifically, improving communication between patient and physician and developing better systems for informing and reminding patients of the care plan may reduce cancellations due to patient issues.

References:

1. Anesthesiology. 2005;103:855-9.[figure1]

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Figure 1

