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# Optimal Pre-Admission Workflow Tool

## At Time of Scheduling Pre-op Appointment

- **Identify legal decisionmaker.** Patient will need a legal identified legal guardian to complete informed consent for a procedure. The following patients will require a legal guardian:
  - Pediatric (under 18 years of age): medical decision maker is someone other than their biological parent or legally adoptive parent.
  - Adult (18 years of age or older): patient unable to make own medical decisions
- **Request legal guardian documents** be brought to the pre-op appointment. Scripting to consider:

“Should a non-emergent elective procedure be a necessary step in the treatment plan, the provider will need to obtain informed consent. This conversation needs to take place with the individual that has the documented legal rights to make decisions for elective procedures when the patient is not their own decision-maker. For that reason, we request that you bring in a copy of the paperwork that specifies who the child/patient's legal decisionmaker is. “

### Appendix A – Guardianship Checklist

- **Ensure contact information up to date** including preferred method of communication
  - Patient contact information, including parent or legal guardian, if applicable
  - Emergency contact information
  - Facility, special needs home, or case worker name and phone number, if applicable

## Prior to Scheduling Procedure

- **Assess for recent respiratory illness.** If patient is undergoing an elective procedure (Level 3 or 4), ask if they have had any respiratory illness in the last 6 weeks or known COVID Exposure within 10 days of date of procedure. **Appendix B – Timing of Elective Surgery**
- **Order Pre-Procedure Orderset and IV fluids.** If electronic orders placed by someone other than a provider, ensure the second sign has been completed in Epic prior to date of surgery.
- **Anticipate patient's optimization needs** based on the [Surgical Optimization Center Patient Criteria](#). Refer patient to Surgical Optimization Center or PCP to be optimized if meets. If sending patient to PCP, please add a note in Special Needs. Monitor for results and ensure available in Epic.
- **Prepare patient with medication instructions, testing and optimization orders needed**
  - [Pre-admission Anesthesia Protocol 5.17.22](#)
    - **Appendix C – Medication Holds**
    - Monitor lab and test results for abnormal findings. NOTE: Earlier testing ensures patient has time to be optimized, avoiding the need to reschedule.

SOC visits support the ability to draw labs and obtain EKG while at the appointment and the providers monitor the testing results.

- **Review ASC Qualifications, if applicable,**
  - [CHW ASC Qualifications Revised 05.17.23.docx](#) If patient meets a hard stop, schedule the procedure at a hospital.
  - If patient requires anesthesia review, consider requesting a pre-anesthesia review.  
**Appendix D – Pre-Anesthesia Review**
- **Prepare patient for PAT call.** Educate the patients regarding your partnership with the Anesthesia and Pre-Admission Testing Team. **Please avoid** providing a timeframe for when to expect the PAT RN to call. This varies by location, process, and staffing.
  - See recommended scripting for your office - **Appendix E – Office Scripting**

## Prior to Procedure

- **Scan or fax all documents pertinent to procedure.** Office to scan documents listed below into Epic or fax to the Surgical Services Indexer at 616.643.9290 as soon as available. One exception, advanced directive and other legal paperwork needs to be faxed to Health Information Management (HIM) at (616)391-8965. Corewell Health forms can be found at [Surgical Services Forms | Spectrum Health](#)
  - People Involved in Care form, if not on file within the last year
  - Legal Documents - **see Appendix A – Guardianship Checklist**
  - Outside Medical records including H&P, clearance, labs, EKG with tracing, etc.
  - Partner with the patient and their prescribing provider to obtain anticoagulant and diabetic medication instructions. The diabetic patient needs the [Diabetic Management Form](#) completed by their prescribing provider on file. **NOTE:** Per Corewell Health Policy, insulin pumps and continuous glucose meters are not recommended for use in the OR.
- **Cardiac Device** - Any patient with a cardiac device needs interrogation on file within the last 6 months and office needs to obtain the following details:
  - reason for cardiac device
  - brand
  - settings including whether patient dependent or not
- **Implanted Device** - If patient has an implanted medication pump, stimulator or other device, the surgeon's office will need to ensure there is not a concern for disruption of the device and have plan prior to procedure that considers:
  - Does device need to be shut off?
  - If so, who can do this and how? May need to ask patient to bring remote.
- For questions or concerns regarding the pre-admission testing process, please reach out to Amy Pearce, Practice Manager at 616-450-2589, [Amy.Pearce@corewellhealth.org](mailto:Amy.Pearce@corewellhealth.org) or Nicki Kraai, Supervisor at 616-498-2800, [Nichole.Kraai@corewellhealth.org](mailto:Nichole.Kraai@corewellhealth.org).
- For most current forms, tools and protocols visit: [Surgical Services Forms | Spectrum Health](#)
- For meeting invites and updates from Surgical Services Connections, contact Sara Krutel at 616-774-5082, [Sara.Krutel@corewellhealth.org](mailto:Sara.Krutel@corewellhealth.org).

# Pre-Admission Testing (PAT) Nurse

## Our Mission Statement

Pre-Admission Testing collaborates with patients, surgeons, and hospital staff to create a seamless patient care plan from office visit to procedure and back home. Through comprehensive assessment and patient education, together we optimize and empower the patient for a successful personalized procedural experience.

## Contact Information

**Pre-Admission Testing Phone Line:** 616.643.9250

**Surgical Services Indexer Fax Number:** 616.643.9290

## Pre-Admission Testing (PAT) Call

The PAT call takes place sometime between the day prior to weeks prior to procedure. If the patient is being optimized at the SOC, PAT will call after the appointment to assess for new or worsening medical conditions since their office visit and provide day of procedure instructions.

- If patient is not referred to be optimized at the SOC or their PCP, the PAT RN will assess whether an optimization appointment is needed based on the [Surgical Optimization Center Patient Criteria](#)
  - If yes, PAT RN will:
    - Place the SOC referral order for a patient with a SHMG PCP, or
    - Notify surgeon's office via telephone encounter, if able, of the need to place a referral order to the SOC or PCP if patient does not have a SHMG PCP.
    - If surgeon disagrees with optimization need, anesthesia will review for final decision
  - If patient does not need an optimization appointment or is seeing PCP for optimization, the PAT RN will:
    - Apply the [Pre-admission Anesthesia Protocol 5.17.22](#)
    - Place remaining lab and testing orders needed
    - Order a COVID test if the patient is currently symptomatic
    - Educate the patient regarding how to prepare for and what to expect on the day of their procedure. This includes NPO, medication and arrival instructions. Arrival times are provided based on location.
  
- In the event the PAT Nurse is unable to reach the patient, they will:
  - Leave a voicemail at primary and secondary phone number, if listed
  - If account is set up, send a MyChart letter with basic instructions
  - Document PWR in Special Needs (Patient Wasn't Reached)
  - If the PAT Nurse is unable to leave a voicemail AND patient does not have a MyChart account AND the procedure is in the next 3 days, the PAT Nurse will notify the office.
  
- Day prior to procedure the PAT RN looks at the chart to see that everything needed has been completed.

## Appendix A

### Guardianship Checklist

- All **informed consents** must be signed by a validated legal guardian.
- Legal paperwork **MUST** be on file if:
  - Patient is under 18 years old and someone other than their biological parent or legally adoptive parent, or
  - Patient is older than 18 AND unable to make their own medical decisions due to mental or developmental disability.
- Legal paperwork needs to be validated that it is:
  - current (not expired)
  - signed by the courts
  - and includes permission to make medical decisions related to invasive procedures
  - DPOA paperwork is only valid if the patient had capacity at the time the paperwork was signed and has since lost decision-making capabilities.
- Collaborate with interdisciplinary team to ensure proper documentation is obtained.
  - Social Work, if available
  - Organizational Risk Management Line: 616-486-2522
- If there is not legal paperwork for a legal decisionmaker you can refer the patient to their county probate court website and Michigan Probate Courts Forms Page for contacts and resources to initiate the process:
  - Kent County: <https://www.accesskent.com/Courts/Probate/guardian.htm>
  - <https://www.courts.michigan.gov/SCAO-forms/probate-court-forms/>
- Legal guardian presence on date of procedure is required. In the event this is not possible, ensure legal guardian is aware of the expectation to be available by phone to complete general, surgical and anesthesia informed consent which may require multiple phone calls. As able, please obtain the general and surgical consent in advance. Visit [Surgical Services Forms | Spectrum Health](#) for blank forms.

## Appendix B

### Timing of Elective Surgery

- Elective Procedure = any level 3 or 4 procedure
- If it is reported that the patient has experienced a known COVID exposure, ensure procedure is not scheduled within 10 days of exposure to monitor for symptoms. No COVID test is necessary unless symptoms develop.
- If it is reported that the patient has had a respiratory illness in the last 6 weeks follow the algorithm below:
  - 1) Determine if procedure is ordered to be scheduled within 6 weeks of symptom onset.
    - If yes, proceed to step 2.
    - If no, proceed with scheduling a minimum of 6 weeks from symptom onset
  - 2) Did the patient test positive for COVID, Influenza, or RSV?
    - If yes, proceed to step 3.
    - If no, is patient currently symptomatic?
      - If yes, order and send patient for a COVID test.
      - If no, proceed with scheduling.
  - 3) Schedule procedure based on the Anesthesia Timing of Elective Surgery Guidelines summarized below:
    - Influenza or RSV: minimum 4-6 weeks after symptom onset
    - COVID: Corewell Health does not support making medical decisions related to an invasive procedure based on a home test. If patient did not have a PCR test, it should be ordered to validate the positive result and determine safe timing for elective procedure.
    - Day Zero = date of symptom onset, if asymptomatic date of positive COVID PCR test
      - Vaccinated Patient – schedule procedure minimum 2 weeks from day zero
      - Unvaccinated Patient – schedule procedure minimum 7 weeks from day zero

## Appendix C

### Medication Holds

Length of Medication Hold	Medication Name or Category
<b>7 days</b>	NSAIDS *Except Cox II Inhibitors for total joint patients
	Vitamins, Herbals and Supplements (unless prescribed, then hold day of procedure)
	Phentermine (Adipex-P; Lumaira)
	Fenfluramine (Fintepla)
	Cannabinoids
<b>96 Hours</b>	Ertugliflozin (Steglatro)
<b>72 Hours</b>	SGLT-2 Inhibitors (oral diabetic med category, except Steglatro, see above)
<b>48 Hours</b>	Phosphodiesterase Inhibitors (PDE-5)
<b>48 Hours</b>	Phosphodiesterase-4 Enzyme Inhibitor
<b>DOS</b>	ACEIs & ARBs (includes combo medications)
	Diuretics
	Tums / Calcium / Sucralfate
	Oral Diabetic Medications (except SGLT-2 Inhibitors, see above)
	Triptans
	Medications for Osteoporosis

## Appendix D

### Pre-Anesthesia Review

- Determine if anesthesia review is necessary:
  - For Lake Drive, South Pavilion and Grand Haven Center you can review the [Ambulatory Surgery Qualifications Guidelines](#)
  - Procedures for GR hospitals (BL, BW, MHC, HDVCH) can be sent directly for anesthesia review following the process for West Michigan Anesthesia:
- Send patient for anesthesia review prior to procedure. Please use the system smartphrase PREANESTHESIAREVIEW and fill in form completely. This smartphrase will ask for:
  - Patient Name
  - Surgeon
  - Procedure
  - Site
  - Date
  - Anesthesia Type
  - Specific health concerns or co-morbidities in question
  - Intent on referring for optimization or optimization status
- Send the telephone encounter to the appropriate PAT Epic Pool (see below) and a PAT RN will review and forward message to the site-specific anesthesia “doc of the day” as needed.

Big Rapids / Reed City	SHBR PAT RN (1072755)
Butterworth / Meijer Heart Center	SHBW PAT RN (10712757)
Blodgett	SHBL PAT RN (10712756)
Gerber	SHGM PAT RN (12738)
Grand Haven Center	SHGC PAT RN (34916)
Helen DeVos	SHDV PAT RN (10712755)
Lake Drive / South Pavilion Surgery Centers	GR ASC PAT RN (10712753)
Ludington	SHLH PAT RN (10712750)
Pennock	SHPH PAT RN (12750)
United	SHUN PAT RN (10712751)
Zeeland	SHZH PAT RN (10712752)

- If your office is not on Epic, complete the [Anesthesia Risk Stratification Form](#), fax completed form to the surgery indexer at 616.643.9290, and notify the Pre-admission testing department of the need for patient review by calling 616.643.9250
- If interested in receiving Epic access or additional training, please contact Misuk Robinson at 616.486.1330.



## Appendix E

### Recommended Office Scripting

Our office partners with anesthesia, the pre-admit testing team and surgical optimization center to support a seamless patient experience. Prior to undergoing a procedure with anesthesia, you may need additional testing or an appointment at either the Surgical Optimization Center or your primary care provider to ensure you are optimized prior to procedure.

A Pre-Admission Testing Nurse will contact you prior to your procedure. It is important you connect with them to ensure you have everything needed to proceed with your procedure including testing, medication instructions and day of procedure instructions. If you have not received a call by noon the day prior to your procedure, please call the Pre-Admission Testing department at 616.643-9250.

Please monitor your voicemail and your MyChart account for attempts to reach you and return their call as soon as able. Please note if you have a spam blocker set up, dependent on you carrier, the PAT call may be blocked.

Please understand that your arrival time is subject to change due to procedure cancellations and complications that arise related to the complexity of coordinating resources. **IF** your time does change, you will be notified by 5:30pm the day prior to your procedure. If you are unable to proceed at the scheduled time, please contact your surgeon's office to reschedule.