

**ELECTIVE SURGICAL CASE CANCELLATION IN THE VETERANS HEALTH ADMINISTRATION SYSTEM:  
IDENTIFYING AREAS FOR IMPROVEMENT**

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**Background:** The cancellation rate for elective surgical cases in the VA system is 12.4% compared with < 7% in the private sector, and nearly 8000 unique reasons for case cancellation (CC) were present in the Surgical Package in FY 2006. We performed a survey to evaluate differences between facilities with the highest and lowest cancellation rates and implemented a pilot of standardized cancellation reasons to allow comparisons to be made between facilities.

**Methods:** A survey was distributed to the chiefs of surgery and anesthesia, and the OR nurse manager at facilities with the 20 highest and 20 lowest cancellation rates (HCR, LCR), with a 56% response rate. The 7898 CC reasons from FY06 were placed into five broad categories: anesthesia, facility, patient, surgeon, and medical/work-up. An actionable list of 23 CC reasons in the five categories was created and piloted at five geographically distinct VA facilities for 2 months.

**Results:** Of HCR facilities, > 75% have residents inform patients of surgery date/times vs. < 30% of LCR ( $p < 0.05$ ). More LCR facilities (40%) released blocked OR time > 4 days in advance than HCR (9%). LCR facilities report standardized methods of communication between OR staff and central supply (CS). All 5 sites successfully completed the pilot with 2 minor adjustments to definition reasons. All CC could be placed within the 23 new reasons. The pilot facilities were able to compare CR by reason to determine areas for improvement.

**Conclusions:** CC rates may be decreased by having VA employees notify patients of surgery instead of residents, releasing blocked OR time earlier, and improving OR and CS communication. After successful pilot, systematic implementation of the standardized list of CC reasons is in progress. This will allow facilities to compare CR and share best practices.