

## Pre-Procedure Preparation Toolkit

**Document Number** GL2007\_018

**Publication date** 02-Nov-2007

**Functional Sub group** Clinical/ Patient Services - Surgical

**Summary** Optimal Pre-Procedure Preparation (PPP) is the first vital step for ensuring a successful surgical or procedural patient journey. PPP requires input from a multidisciplinary team: surgeon/proceduralist, anaesthetist, nurse, clerical staff, allied health, the patient's General Practitioner (GP) and the patients themselves. This toolkit has been developed to assist health facilities in optimising their processes for pre-admission assessment and preparation for patients undergoing procedures or surgery.

**Author Branch** Health System Performance

**Branch contact** Judy Willis 9391 9557

**Applies to** Area Health Services/Chief Executive Governed Statutory Health Corporation, Divisions of General Practice, NSW Dept of Health, Public Hospitals

**Audience** Pre Admission Clinic Staff - Anaesthetists, Surgeons, Nursing, Allied Health, General Practitioners

**Distributed to** Public Health System, Divisions of General Practice, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Hospitals

**Review date** 02-Nov-2012

**File No.** 07/7540

**Status** Active

# The Pre-Procedure Preparation Toolkit

2007



This Toolkit (PPPT) has been prepared to ensure that the best possible care is provided to patients presenting for surgery or a procedure. It offers a service framework to optimise pre-procedure processes for patient assessment and preparation. The PPPT is designed to be used by all members of the multidisciplinary team involved. It applies to all NSW public health institutions – including tertiary, metropolitan, regional and rural facilities.

**NSW Department of Health**

73 Miller Street  
NORTH SYDNEY NSW 2060  
Tel. (02) 9391 9000  
Fax. (02) 9391 9101  
TTY. (02) 9391 9900  
[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

For more copies contact  
Better Health Care – Publications Warehouse  
Locked Mail Bag 5003  
Gladesville NSW 2111  
Tel. (02) 9816 0452  
Fax. (02) 9816 0492

This report can be downloaded from the  
NSW Health website [www.health.nsw.gov.au](http://www.health.nsw.gov.au)  
SHPN (HSPI) 070162  
ISBN 978 1 74187

© NSW Department of Health 2007

This work is copyright. It may be reproduced in whole or in part for study or training purposes, subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above, requires written permission from the NSW Department of Health.

October 2007

# Contents

## EXECUTIVE SUMMARY ..... 2

## 1. INTRODUCTION..... 3

## 2. KEY PRINCIPLES..... 4

## 3. STEP-BY-STEP GUIDE TO PPP ..... 9

**Principle 1:** The PPP process prepares the patient and carer for the whole surgical or procedural journey..... 5

**Principle 2:** All patients require pre-admission review using a triage process. .... 7

**Principle 3:** The PPP process optimises the patient's condition for their planned surgery or procedure..... 11

**Principle 4:** The multidisciplinary team collects, analyses and integrates information for the patient's surgical or procedural journey. .... 13

**Principle 5:** Effective corporate and clinical governance underpins the PPP process..... 17

## 4. Key Performance Indicators..... 18

## 5. REFERENCE LIST AND FURTHER READING ..... 19

## APPENDICES..... 20

Appendix 1: Patient Health Questionnaire – Adult ..... 20

Appendix 2: Patient Health Questionnaire – Paediatric ..... 22

Appendix 3: Discharge Planning Questionnaire ..... 24

Appendix 4: Pre-Admission Medical-Anaesthetic Assessment ..... 26

Appendix 5: GP Assessment Tool ..... 28

Appendix 6: Patient Information Checklist..... 29

Appendix 7: Referral Guidelines for Allied Health Personnel ..... 30

## Glossary: List of Acronyms and Abbreviations..... 31

## ACKNOWLEDGEMENTS ..... 32

# Executive Summary

By providing optimal Pre-Procedure Preparation (PPP), the first vital step to ensure a successful surgical or procedural journey commences for the patient. Successful PPP requires input from a multidisciplinary team including, amongst others:

- the surgeon or proceduralist
- the anaesthetist
- nurses
- administrative and clerical staff
- allied health professionals
- the patient's General Practitioner (GP)
- the patient and carer.

Effective Pre-Procedure Preparation depends on the following key principles:

- 1) The PPP process prepares the patient and carer for the whole surgical or procedural journey.
- 2) All patients require pre-admission review using a triage process.
- 3) The PPP process optimises the patient's condition for their planned surgery or procedure.
- 4) The multidisciplinary team collects, analyses and integrates information for the patient's surgical or procedural journey.
- 5) Effective corporate and clinical governance underpins the PPP process.

The PPP process outlined in this Toolkit aims to ensure that:

- The patient's condition is optimised for anaesthesia, surgery, procedure and recovery
- The patient and carer are appropriately informed throughout the process
- Processes are efficient and duplication minimised
- The planned surgery/procedure is correct
- The patient journey is safe and adverse events avoided
- The patient is returned from hospital to a safe environment within the expected time frame

- The patient is returned to the care of an informed GP and Community Services.

Each NSW health facility is required to have an effective service framework in place for PPP. The PPP process should be integrated within the broader framework of a Perioperative Service and supported and led by a clinical champion.

## Key roles

The **Anaesthetic clinical leader** is responsible for

- the coordination of perioperative medical care
- the medical optimisation of the patient pre-admission
- the establishment of guidelines and protocols for the Patient Health Questionnaire (PHQ), fasting, medications and patient information.

The **Nursing clinical leader** coordinates the PPP process and the involvement of each of the members of the multidisciplinary team. They also oversee the admission on the day of surgery and the discharge planning process.

The **PPP team members** review the overall process, monitor key performance indicators (KPI) and initiate modifications to the process when required.

## Essential tools and templates

The following tools assist PPP team members to perform their functions efficiently:

- Recommendation for Admission form\*
- Patient Health Questionnaire (Appendix 1, 2)
- Discharge Planning Questionnaire (Appendix 3)
- Pre-Admission Medical-Anaesthetic Assessment form (Appendix 4)
- GP Assessment Tool (Appendix 5)
- telephone screening tools\*
- pre operative telephone instructions\*
- patient information booklets\*
- data collection tools to monitor outcomes\*

*\*to be customised and developed at the local Area Health Service Level.*

# Introduction

## Background

The Surgical Services Task Force commissioned a Working Party to make recommendations to improve or to establish consistent, safe and efficient systems of care for patients presenting for surgery or a procedure. This Toolkit is the outcome and is designed to enhance the care of those patients.

The patient's surgical or procedural journey begins with the patient at home and ends when the patient is safely returned to their home or place of residence. One of the main functions of a Perioperative Service is to ensure that the patient is optimally prepared for their surgical or procedural 'journey' and that it occurs in a safe, efficient and patient-friendly manner. Comprehensive pre-procedure preparation is an essential part of the perioperative process.

The PPP is the framework of systems, processes, tools and multidisciplinary streams that is essential in ensuring a successful surgical or procedural journey. The PPP process framework is described in this toolkit.

## What does Pre-Procedure Preparation cover?

PPP is primarily concerned with:

- Optimising the patient's
  - medical condition, in preparation for anaesthesia, surgery or procedure, and recovery
  - nursing preparation
  - sub-specialty and allied health preparation
  - discharge planning
- Ensuring that, where possible, the expectations of the patient, the carer, the referring surgeon or proceduralist and the anaesthetist are all met
- Ensuring the efficient coordination and integration of resources (Diagram 1).

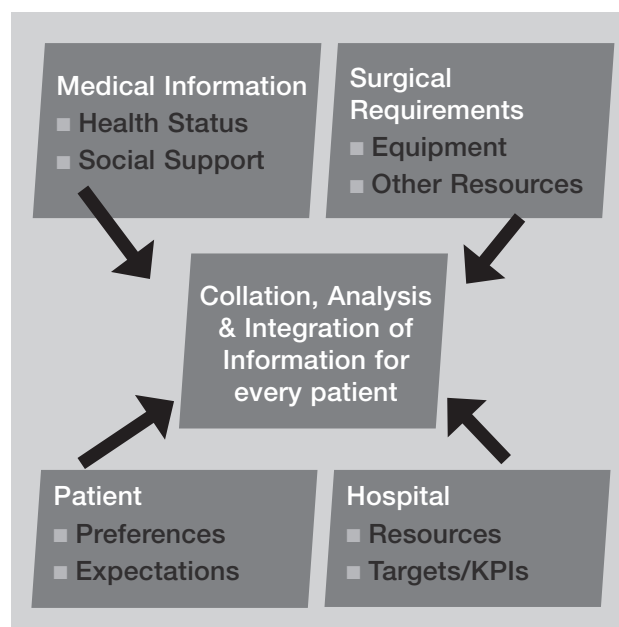


Diagram 1: What does Pre-Procedure Preparation deliver?

## Preparing this Toolkit

This Toolkit has been prepared by frontline clinicians and staff experienced in PPP. Anaesthetists, surgeons, proceduralists, general practitioners, nurses and para clinical clerks have all made important contributions.

A common understanding of the fundamental elements of PPP has been derived from discussions of the local and general challenges faced by facilities across a broad spectrum of size, service, location and resources.

As a result, the generic service framework presented here emphasises multidisciplinary collaboration and communication tools for:

- optimal care of patients
- efficient use of triage processes
- appropriate delegation of tasks.

The Toolkit has taken into account best-practice guidelines as described in Australian and International literature; and relevant issues and themes notified in the NSW IIMS (Incident Information Management System) for the period July 2005 to December 2006 (Severity Assessment Code - SAC 1 Clinical Incidents).

(See glossary for list of acronyms and abbreviations used in this Toolkit)

## 2. Key Principles

Effective PPP processes depend on the following key principles:

- 1      The PPP process prepares the patient and carer for the whole surgical or procedural journey.**
- 2      All patients require pre-admission review using a triage system.**
- 3      The PPP process optimises the patient's condition for their planned surgery or procedure.**
- 4      The multidisciplinary team collects, analyses and integrates information for the surgical or procedural journey.**
- 5      Effective corporate and clinical governance underpins the PPP process.**

### 3. Step by Step Guide to PPP

This section looks in detail at each of the key principles of PPP and explores the underlying processes.

#### Principle 1: The PPP process prepares the patient and carer for the whole surgical or procedural journey.

The patient's surgical or procedural journey begins with the patient at home and ends when the patient is safely returned to their home or place of residence.

The Perioperative Service is responsible for as many phases of this journey as possible, from PPP to discharge home. Having one service ensures that processes are well integrated and protocols are developed in a cohesive manner.

The PPP process optimises the surgical or procedural journey for every patient by collating, analysing and integrating information from multiple sources. The aim is to make each individual patient's experience safe, appropriate, effective, efficient and positive.

*The PPP process is the vital first part of the perioperative patient journey (Diagram 2).*

PATIENT	PRE-PROCEDURE PREPARATION	ADMISSION	SURGERY	POST SURGERY	DISCHARGE
<p>Patient referred to surgeon/ proceduralist who refers the patient for admission to hospital.</p> <p>Surgeon / proceduralist completes RFA and consent form and distributes PHQ, DPQ to patient</p>	<p>Patient Health Questionnaire (PHQ) and Discharge Planning Questionnaire (DPQ) are reviewed by the clinical screener and triaged for Pre-Procedure Preparation (PPP).</p> <p>PPP process undertaken ensures the patient is optimally prepared for their surgery/ procedure and that hospital resources are efficiently coordinated.</p>	<p>Patient presents to hospital for admission on the day of their surgery/procedure.</p> <p>Pre-procedure/ surgery preparation is completed.</p> <p>Patient is reviewed by their procedural anaesthetist.</p>	<p>Patient readied for surgery/ procedure +/- anaesthesia and transported to appropriate area.</p> <p>Surgery/ procedure is performed.</p> <p>Patient transferred to Recovery area.</p>	<p>Post surgery/ procedure protocol care given. Post surgery/ procedure instructions recorded in patient's record.</p> <p>Patient returned to EDO unit/ ward for post surgery/ procedure protocol driven postoperative care.</p>	<p>When clinical protocol for discharge is satisfied, patient is given information on post surgery/ procedure care and pain management.</p> <p>Emergency contact details provided.</p> <p>Patient provided with follow up appointment and further information as required.</p>

Diagram 2: PPP as part of the perioperative patient journey

#### The Perioperative Service Framework

The Perioperative Service Framework (Diagram 3) has the following key elements:

- **Surgeon/Proceduralist** refers the patient into the service
- **Perioperative Service leadership** identifies, engages and integrates the multiple components of a high quality surgical or procedural process through the skills of a multidisciplinary team
- **Multidisciplinary team** assist in optimising the patient's condition for their surgery/procedure.
- **The Components of the Patient Journey** – the framework ensures the integration of each component of care
- **Process Review** – a system of continuous feedback of patient data from each component of PPP that informs and allows improvement of the patient journey.



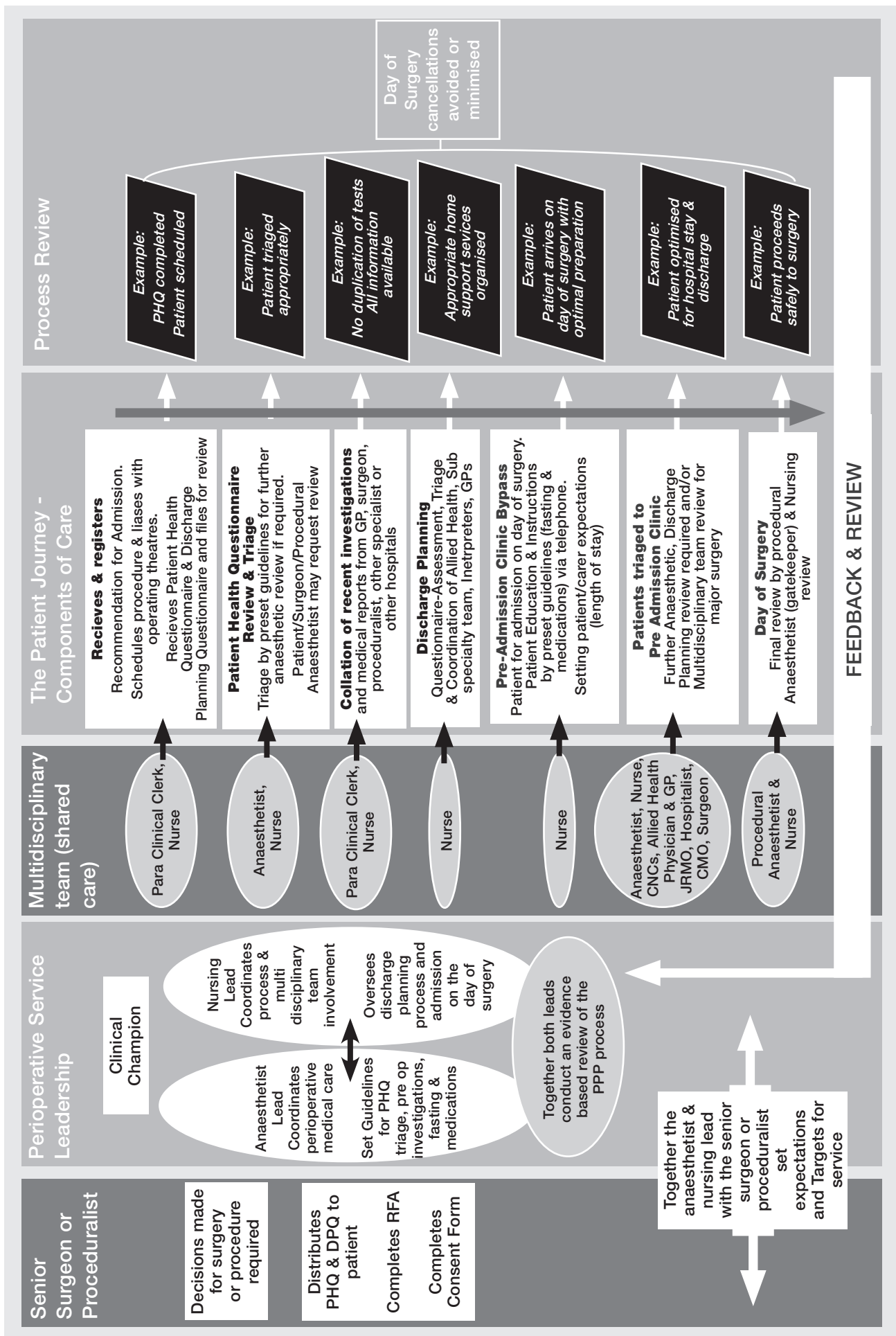


Diagram 3: The Service Framework for PPP

## Principle 2: All patients require pre-admission review using a triage process.

All patients require a pre-admission review, however not all patients need to attend the pre-admission clinic (PAC).

Triage of patients to ascertain whether the patient needs to attend a PAC can be safely achieved using pre-admission screening tools such as the PHQ and RFA.

PPP maximises the efficient coordination and integration of resources.

The PPP of patients using a triage process is efficient and safe and streamlines the patient's experience. This has been the practice of well-developed Perioperative Services in many health facilities across NSW for the last 5-10 years. Internationally this practice is also well accepted.

All patients require pre-admission preparation but not all patients need to attend a PAC. Within each service the anaesthetist clinical lead should develop triage criteria that:

- Consider the local service and the resources available for PPP
- Are developed in consultation with other anaesthetists, surgeons and other relevant departments
- Are informed by best practice guidelines and continuous local feedback (e.g. cancellations on the day of surgery).

### PPP triage process

This triage process identifies those patients who require further assessment and preparation and will direct them to a pre-admission clinic (PAC).

The process results in only a proportion of patients needing telephone review and then fewer patients needing to attend either a general or multidisciplinary PAC. The actual proportion however will be strongly influenced by the patient population and the nature of the surgery performed by the facility.

## 1. Distribution of questionnaires to patient

The surgeon or proceduralist distributes the following forms to the patient or carer:

- Patient Health Questionnaire (PHQ)
- Discharge Planning Questionnaire (DPQ).

## 2. Receipt and register of the RFA form

The RFA is received by the health facility and completion of the PHQ (Appendices 1 or 2) and DPQ (Appendix 3) is checked and forwarded to the screener for review.

The RFA should indicate the nature and complexity of the surgery.

The following examples indicate more invasive surgery:

- open intra-cavity surgery into the abdomen, thorax or cranium
- central orthopaedic surgery e.g. spine, hips
- arterial vascular surgery
- operating theatre time greater than two hours
- day of surgery admission (DOSA) staying more than one night post procedure.

The RFA will indicate a clinical priority category, which acts as a guide for the timing of the PPP process. The RFA may or may not indicate the scheduled date for surgery or procedure. The ideal minimum timeframe for patient screening prior to treatment is 2-4 weeks. If less time is available the clinical screener should prioritise PAC resources to ensure patients are screened in a timely manner.

## 3. PHQ

The PHQ is integral to the pre-admission triage screening process. It provides the necessary information for the screener to make a decision regarding the level of further pre-admission preparation required.

The PHQ should elicit all the essential elements of the patient's medical history, including:

- basic demographic details (including age, weight and height)
- previous and current medical conditions
- previous surgery or hospital admissions
- current medications
- allergies
- past experience with anaesthesia

- family history
- general fitness
- social habits (e.g. smoking and alcohol)
- relevant discharge planning information.

The information on the PHQ may be further clarified with the patient by telephone. The patient's GP may also be contacted for information and the results of recent investigations.

#### 4. PHQ review and triage

The screening and assessment of the PHQ for triage (Diagram 4) should be undertaken by an appropriately trained health professional who may be a nurse, anaesthetist, GP or surgeon.

All returned PHQs should have an initial review by a screener within 2 working days of receipt of the PHQ. When an incomplete PHQ is received, appropriate action should be taken to ensure that it is completed. For example, depending on when the surgery is scheduled, the patient should be contacted by mail, fax or telephone to complete and return the PHQ to the screener.

The clinical screener reviews the completed PHQ and the clinical information on the RFA to decide on the appropriate level of further review for each individual patient, based on established local guidelines. The outcome of this review determines whether the patient bypasses or attends the pre-admission clinic.

#### 5. Outcomes following triage

The clinical screener will triage patients and classify them into one of the following three processes:

- limited to written and telephone education and instructions
- comprehensive telephone interview required
- attendance at a pre-admission clinic required. This may be either a:
  - general pre-admission clinic (conducted by an anaesthetist and a nurse), or
  - multidisciplinary pre-admission clinic.

The sections below consider each of the three triage classifications.

#### Limited to written and telephone education and instructions only

- Applies to a healthy patient requiring only minor surgery or procedure (e.g. day-only) with either:
  - no systemic disease, or
  - mild to moderate systemic disease without functional limitation in selected cases
- The patient and carer have written education and instructions to prepare them for the procedure. These will offer the opportunity for further telephone instructions
- On the day prior to surgery the patient (and carer) receives telephone education with a nurse, including instructions for fasting and medications required
- On the day of surgery the patient will have a final assessment for fitness for surgery or procedure with their procedural anaesthetist.

#### Comprehensive telephone interview required

- Applies to patients with either:
  - mild to moderate systemic disease without functional limitation.
  - low complexity surgery (e.g. day-only or single night stay), or
  - social support problems including language.
- Telephone interview for more information may be required with a nurse and/or GP
- When the clinical screener is satisfied that no further review is required the patient and carer are provided with written and telephone education and instructions.

#### Pre-admission clinic attendance required General pre-admission clinic (anaesthetist and nurse):

Further assessment and preparation required for medical and anaesthesia optimisation. Applies to patients with any of the following:

- presenting problem requiring moderately invasive surgery
- co-existing medical problems which are not optimally managed

- multiple risk factors for perioperative morbidity
- multiple co-existing medical problems
- past history or family history of problems with anaesthesia
- difficulty obtaining any of the above information due to social or language difficulties
- where patient, carer, surgeon, proceduralist, procedural anaesthetists, GP, other specialist requests PAC.

When the anaesthetist and nurse are satisfied that no further assessment and preparation are required, the patient and carer are provided with written and telephone education and instructions.

### **Multidisciplinary pre-admission clinic:**

Further assessment and preparation required for patients having moderately invasive major surgery.

When the multidisciplinary team is satisfied that no further assessment and preparation is required, the patient and carer are provided with written and phone education and instructions.

### **PPP is concerned with the coordination and integration of resources.**

Pre-Procedure Preparation promotes systems that:

- Triage or direct resources to identified needs
- Ensure no duplication of processes (e.g. coordination and collaboration of a multidisciplinary team to delegate tasks and share care)
- Ensure no unnecessary ordering or repetition of investigations (e.g. coordinate with GP)
- Offer 'one stop' service provision for patients.

### **What is the ideal pre-admission clinic?**

- The PAC should be the 'one stop' service for those patients assessed as requiring pre-admission clinic attendance.
- The PAC should be organised to ensure that patients attend the clinic once prior to their procedure for all the necessary anaesthetist and nurse appointments, tests, investigations, sub specialty and allied health consultations. Sometimes other medical consultations may need to occur outside the PAC.
- The PAC needs to balance the availability of services with the needs of the patient and provide where possible flexible clinic hours (e.g. evening or early morning). The timing of appointments prior to

surgery or procedure should allow enough time for any tests, investigations or consultations and their subsequent results to be collected and analysed.

- Individual patient appointments should be staggered to minimise any inconvenience to patients.
- The patient should attend PAC with enough time to arrange appropriate investigations and optimise their condition. This may be 2-4 weeks prior to their presentation.
- The PAC service should incorporate a simple investigations service - blood collection for tests, ECG and spirometry - as part of the 'one stop service'.
- The PAC takes account of the special needs of children.

### **Special considerations for PPP in children**

- Children are a heterogenous group and age, weight, size and developmental stage are important considerations in the paediatric population.
- Separate PHQ Paediatric (Appendix 2) and DPQ should be developed for use with children. PHQ Paediatric (Appendix 2) for documentation that may be locally adapted from the template provided.
- Special needs include children with diagnosed or associated behavioural problems.
- Fasting times should be minimised to that prescribed in locally adapted guidelines.
- The role of parents, guardians and carers is important and should be supported with appropriate education e.g. for parents present at induction of anaesthesia and for post discharge care.
- Proactive measures encouraging phone communication 1-2 days prior to surgery may allay parents' and carers' anxiety and minimise cancellations on the day of surgery (e.g. for children with respiratory symptoms).

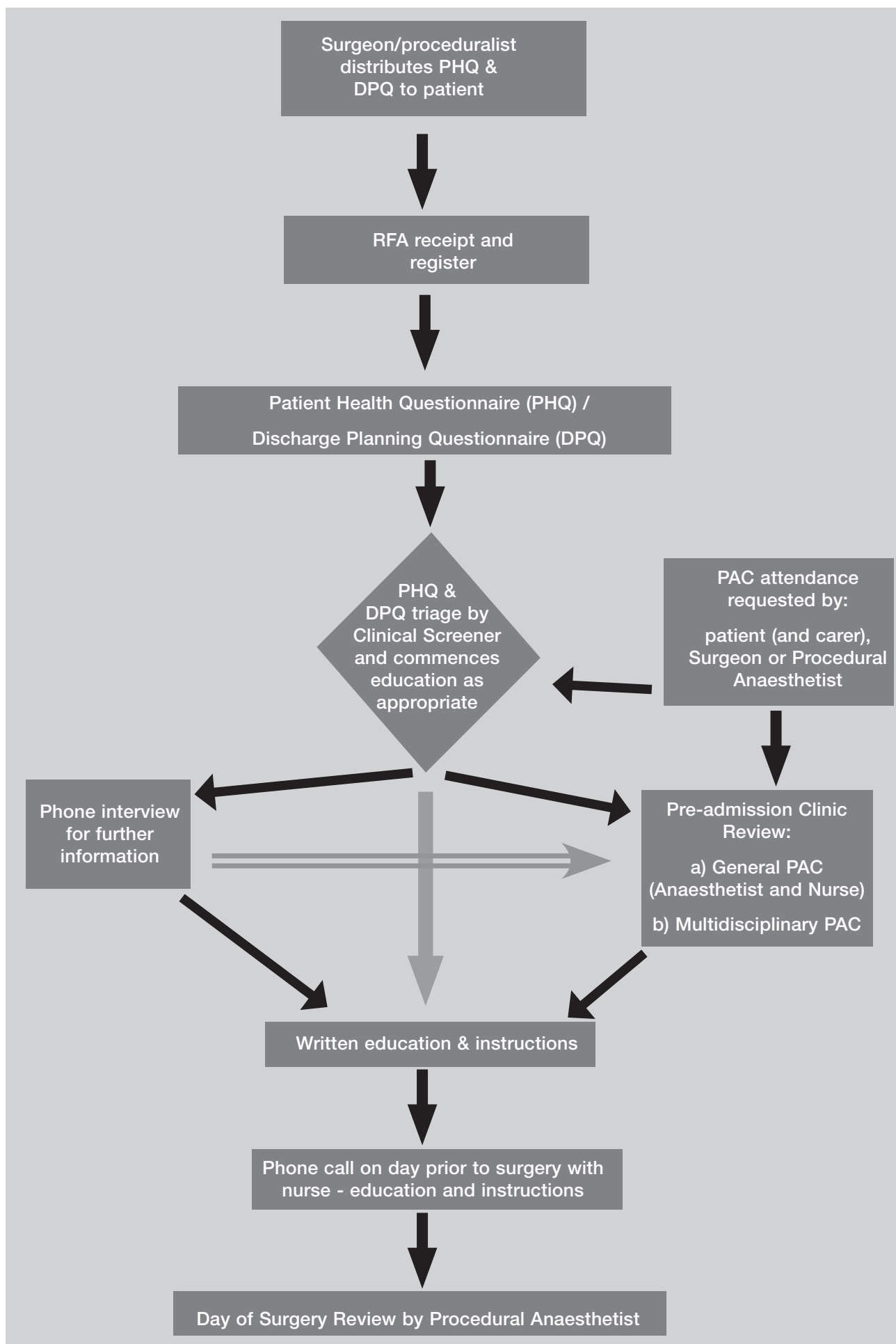


Diagram 4: PPP Triage Process

### **Principle 3: The PPP process optimises the patient's condition for their planned surgery or procedure.**

PPP is primarily concerned with:

- optimising the patient's preparation with regard to their
  - medical condition for anaesthesia, surgery/ procedure and recovery
  - nursing care
  - sub-specialty and allied health care
  - discharge planning, tailored to the individual
- ensuring that, where possible, the expectations of the patient, carer, the referring surgeon or proceduralist and the anaesthetist are all met.

#### **Optimising the patient's preparation**

##### **Optimum medical condition for anaesthesia, surgery, procedure and recovery**

For the same surgery or procedure, different patients may have different:

- intercurrent illnesses
- medications
- perioperative risk.

A range of health care professionals may note medical comorbidities, including:

- the patient's GP
- the surgeon or proceduralist
- PPP nurse
- anaesthetist.

The following sections look in detail at the roles of different health specialists during PPP in optimising the patient's condition for their planned surgery or procedure.

#### **The PPP Anaesthetist in the PAC:**

- Provides the general medical assessment.
- Analyses the information provided and seeks further information as indicated.
- Identifies comorbidities and coordinates optimisation of the patient's medical condition.
- Makes referral to other specialists (e.g. cardiology, respiratory medicine, renal medicine) as required; this is done in consultation with the GP, procedural anaesthetist and surgeon.
- Assesses the medical and anaesthetic risk and identifies the options for anaesthesia.
- Presents this information to the patient and carer in a manner which supports informed decision-making.
- Communicates with the procedural anaesthetist directly as appropriate.
- Formulates an individualised perioperative care plan for the patient.
- Documents the consultation in the patient's medical record. Refer to Pre-Admission Medical-Anaesthetic Assessment Form (Appendix 4): for documentation that may be locally adapted from the template provided. Note: This form or similar should be placed at the front of the patient's continuation notes in the medical record. This is to reduce duplication of medical information.

#### **The General Practitioner:**

- Advises other health care professionals of any relevant tests or investigations that have been recently performed in relation to the patient's impending procedure. Early communication with the GP may avoid unnecessary duplication of investigations or tests.
- Plays a crucial role for rural patients particularly for patients with multiple comorbidities presenting for major surgery and is an integral role in initial assessment and facilitating optimisation.
- Assists patients with completion of the PHQ.
- Liaises with the anaesthetist and perioperative team to carry out pre-operative testing and investigations. A health summary and/or assessment form facilitates communication. Refer to GP Assessment Tool (Appendix 5): for documentation that may be locally adapted from the template provided.
- Follows up and communicates results to the perioperative team.
- Advises and refers patients to services that may be required post operatively.

## The Multidisciplinary team:

- Ensures that each patient has the appropriate pre-procedure tests and investigations.
- May implement standing orders as a useful means to ensure that all appropriate pre-procedure tests are undertaken. Standing orders can be developed for patients in:
  - specific procedure/surgery groups (e.g. total hip replacement)
  - specific co-morbidity groups (e.g. diabetes mellitus).

A **pre-operative investigation matrix** is a useful means to developing local standing orders. This should be consistent with current best practice e.g. the National Institute for Clinical Excellence UK (2003) - The use of routine pre-operative tests for elective surgery. An example of such a matrix may be found for local adaptation in the Oxford handbook of anaesthesia (2006).

## The PPP nurse:

- Plans and administers discharge management by assessing the Discharge Planning Questionnaire. Refer to Appendix 3: Discharge Planning Questionnaire for documentation that may be locally adapted from the template provided.
- Different sources of information must be checked to ensure that appropriate referrals are made to sub specialty and Allied Health personnel. These sources include:
  - PHQ
  - DPQ
  - GP
  - PPP nurse
  - PPP anaesthetist.

Refer to Referral Guidelines for Allied Health Personnel (Appendix 7).

- Coordinates pre-operative testing and investigations and collation of results.
- Liaises with appropriate stakeholders regarding patients with special needs e.g. homeless patients, primary caregivers.
- Liaises with appropriate stakeholders regarding special equipment required for particular patients e.g. morbidly obese patients.

- Coordinates PAC and the appropriate members of the multidisciplinary team e.g.: subspecialty CNC, stoma therapist, diabetes and allied health personnel if the patient needs to be referred to them
- Collects baseline physiological data including weight, height, and vital signs - heart rate, blood pressure, oxygen saturation, respiratory rate and temperature
- Prepares patients for day of surgery admission (including arrival time, fasting, medications and contact person)
- Clarifies patient and carers' expectations
- Provides patients with relevant information and education relating to their hospital stay and procedure. Refer to Patient Information Checklist (Appendix 6): for documentation that may be locally adapted from the template provided
- Organises subsequent post-discharge referral to allied health, sub specialty surgical and other services.

## Discharge planning:

All patients, adults (Appendix 3) and children require individual planning. The discharge planning tool is often supplemented by a telephone call from the PPP Nurse.

Adult patients screened for further telephone follow-up include individuals who:

- are over 75 years old
- live alone
- are the primary carer of a spouse or family member
- are not independent in all activities of daily living
- use community services e.g. 'meals on wheels'
- are disabled in sight or limb and having surgery or procedure on unaffected side.

Ensuring that, where possible, the expectations of the patient, carer, the referring surgeon/proceduralist and procedural anaesthetist are met.



### **Patient expectations:**

- The patient and carer are to be provided with full information about their procedure, surgery, anaesthesia and recovery, to enhance informed consent.
- Information about the patient is to be appropriately communicated to other health professionals.
- The patient and carer are to gain a sound understanding of:
  - admission details
  - fasting time
  - how to manage medications
  - expected length of hospital stay
  - anticipated time off work
  - anticipated progress of post discharge recovery
  - post discharge care
  - pain management etc.
- The patient and carer are to be provided with the contact details of hospital staff, in case they need to telephone for further advice or information.
- The patient is to be provided with information on their rights and responsibilities.

### **Procedural anaesthetist and surgeon/ proceduralist expectations**

- The patient's medical condition has been optimised.
- The patient has followed PPP instructions.
- The patient and carer are fully informed and consent for treatment has been documented.
- The patient's medical history and results of appropriate investigations are available.



**Principle 4: The multidisciplinary team collects, analyses and integrates information for the patient’s surgical or procedural journey.**

Developing a Perioperative Service with a core multidisciplinary team of anaesthetists, nurses and para-clinical clerks is the standard for NSW hospitals over the last decade.

This team liaises with and facilitates the work of key stakeholders also responsible for the surgical or procedural patient journey.

**The multidisciplinary team**

Some roles may overlap depending on resources available and on the size, type and location of the health facility. Each role is important for ensuring optimal PPP (Diagram 5).

**Roles of the frontline multidisciplinary team**

The frontline multidisciplinary team plays a vital role in the optimisation of patients for their procedure or surgery. The Director of the Perioperative Service and a

Nursing Leader lead the multidisciplinary team. These team leaders are responsible for the framework for the Perioperative Service.

A number of tasks may be delegated across the three core professional groups - clerk, nurse and anaesthetist - according to the best use of local resources and depending on the size, type of service and location of a health facility.

**Roles of the multidisciplinary team**

Members of the multidisciplinary team are consulted as required for patients having major surgery and/or with significant comorbid disease requiring perioperative care. The roles of the multidisciplinary team augment that of the frontline team.

**Paperwork, documentation and the multidisciplinary team**

At all stages the patient information needs to be checked for consistency e.g. the RFA, the consent form, the correct site for surgery, medications. Local guidelines should be developed and implemented to manage anomalies in patient documentation.

All members of the multidisciplinary team are responsible for checking patient information.

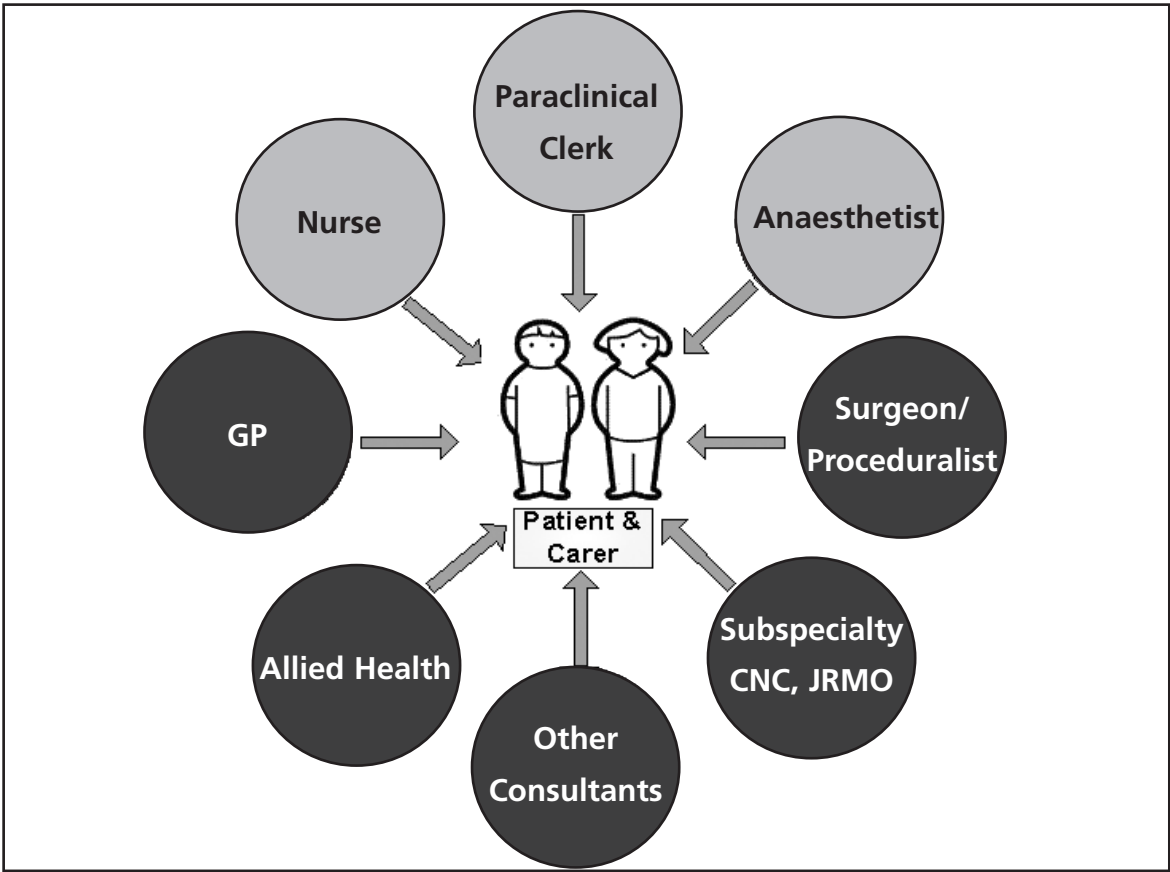


Diagram 5: The Multidisciplinary Team




Frontline PPP team member	Role
<b>Clerk/Para Clinical Clerk</b>	<ul style="list-style-type: none"> <li>■ The Para Clinical Clerk is a member of the Perioperative Service/PAC and works closely with and reports to the anaesthetic and nursing clinical leaders or delegates.</li> <li>■ Collates PHQ, DPQ and other paperwork required.</li> <li>■ Checks patient details and ensures PHQ is complete.</li> <li>■ Requests patient medical records.</li> <li>■ Updates Patient Administration &amp; scheduling systems.</li> <li>■ Arranges and coordinates patient appointments.</li> <li>■ Collates investigations and test results for review.</li> <li>■ Medicare processing.</li> <li>■ Assists in collecting data for KPIs.</li> </ul>
<b>Nurse</b>	<ul style="list-style-type: none"> <li>■ Screens PHQ, RFA for PAC or PAC bypass.</li> <li>■ Coordinates the Pre-Procedure Preparation process.</li> <li>■ Collates investigations and flags abnormal results to the anaesthetist.</li> <li>■ Organises or performs blood tests, ECG and spirometry in 'one stop' PAC.</li> <li>■ Provides patient with pre operative education information and instructions necessary for their hospitalisation.</li> <li>■ Organises discharge planning for all patients including identifying patients who may require community-based services (e.g. Community Acute/Post Acute Care).</li> <li>■ Provides information on patient's rights and responsibilities.</li> </ul>
<b>Anaesthetist</b>	<ul style="list-style-type: none"> <li>■ Screens PHQ, RFA for PAC or PAC bypass.</li> <li>■ Medical assessment of triaged PAC patients.</li> <li>■ Orders relevant investigations and consultant referrals to ensure optimal patient condition for surgery or procedure.</li> <li>■ Follows up abnormal results.</li> <li>■ Liaises with procedural anaesthetist.</li> <li>■ Liaises with surgeon.</li> <li>■ Refers to and organises post-operative High Dependency Unit (HDU), Intensive Care Unit (ICU) as appropriate.</li> <li>■ The anaesthetist may be assisted by an anaesthetic registrar in the PAC.</li> </ul>

Multidisciplinary Team Member	Role
Allied Health staff	<ul style="list-style-type: none"> <li>■ Includes interpreters, physiotherapists, pharmacists, occupational therapists, speech pathologists, dieticians, podiatrists and social workers, who are consulted according to procedure specific and social circumstances. (Appendix 7)</li> </ul>
Sub specialty Clinical Nurse Consultant	<ul style="list-style-type: none"> <li>■ Provides sub specialty surgical or medical nursing advice, information, education individualised to the patient.</li> </ul>
GP	<ul style="list-style-type: none"> <li>■ Provides advice to the perioperative team as the patient's primary physician.</li> <li>■ May be involved in pre operative assessment of the patient.</li> <li>■ Provides pathology and radiology results to the team.</li> <li>■ Advises and refers patients to services that may be required post-operatively.</li> </ul>
Sub specialty Surgical Junior Resident and Career Medical Officers	<ul style="list-style-type: none"> <li>■ Arranges medical admission for patients presenting for major surgery.</li> <li>■ Manages the patient's medications during the perioperative period in consultation with relevant specialists.</li> </ul>
Hospitalist	<ul style="list-style-type: none"> <li>■ This is a newly created position within NSW Health, under the Career Medical Officer Award. Hospitalists are medical practitioners whose primary focus is to enhance care for patients in a cross specialty model throughout the patient's healthcare experience.</li> <li>■ Reports to the anaesthetic clinical leader.</li> <li>■ Provides medical/surgical admission for patients presenting for major surgery and for patients with significant comorbidities.</li> </ul>
Other consultants	<ul style="list-style-type: none"> <li>■ Provide specialist consultation services to assess specific condition (e.g. cardiac, respiratory, endocrine).</li> <li>■ Provide advice and treatment in relation to optimising the patient for surgery.</li> </ul>
Surgeon or proceduralist	<ul style="list-style-type: none"> <li>■ Completes RFA and distributes PHQ, DPQ to patient.</li> <li>■ Provides baseline clinical history and information on the procedure/ surgery required.</li> <li>■ Obtains written informed consent from the patient for the surgery or procedure.</li> </ul>

## Principle 5: Effective corporate and clinical governance underpins the PPP process.

Corporate and Clinical Governance requires coordination and is critical at three levels:

- the Area Health Service
- the Hospital/Facility
- the Perioperative Service.

Governance		Activities/Responsibilities
Area Health Service		<ul style="list-style-type: none"> <li>■ Executive sponsorship for the establishment of Perioperative Services.</li> <li>■ Processes and tools developed for use in PPP meet the clinical and administrative needs of the patient during their Perioperative journey in a seamless manner.</li> <li>■ Directly engages frontline clinical leaders in this task.</li> </ul>
Hospital/Facility		<ul style="list-style-type: none"> <li>■ Frontline clinician as the Director of the Perioperative Service.</li> <li>■ Essential to the role of Director of the Perioperative Service and has the capacity to engage local Surgeons and Anaesthetists in ensuring the patient is optimally prepared for their surgery.</li> <li>■ Supports the establishment of a Perioperative Service of anaesthetists, nurses, and para clinical clerks for PPP.</li> <li>■ Engages the Director of the Perioperative Service in meeting KPIs for access, wait list, EDO, DOSA and cancellations on the day of surgery targets.</li> </ul>
Perioperative Service		<ul style="list-style-type: none"> <li>■ Director of Perioperative Services, together with hospital/facility management, to establish the leadership team of a senior anaesthetist and a senior nurse for the Perioperative Service to: <ul style="list-style-type: none"> <li>- Develop the service framework for Pre-Procedure Preparation including standardised systems and processes.</li> <li>- Develop the multidisciplinary perioperative team.</li> <li>- Liaise with and facilitate the work of key stakeholders also responsible for the surgical or procedural patient journey.</li> <li>- Take responsibility for reviewing and managing key performance indicators and other clinical or operational process outcomes.</li> </ul> </li> </ul>

## 4. Key Performance Indicators

The table below outlines KPIs for Pre-Procedure Preparation at both state and local levels.

State KPIs	Benchmark
Booked patient cancellations on the day of surgery (any reason)	< 2.0%
% of patients cancelled due to a medical condition (subset)	<1.0%
Suggested local KPIs	Benchmark
% of patients through a PPP process	100%
% of patients who attended PPP assessment through: <ul style="list-style-type: none"> <li>- telephone interview</li> <li>- General pre-admission clinic (anaesthetist and nurse)</li> <li>- Multidisciplinary pre-admission clinic (PAC)</li> </ul>	Depends on local service
Average time spent by patient in PAC <ul style="list-style-type: none"> <li>- General PAC (anaesthetist and nurse)</li> <li>- Multidisciplinary PAC</li> </ul>	2 hours 4 hours
Other	
Number of patients who 'did not attend' on the day of surgery	< 0.5%

## 5. Reference List & Further Reading

Allman, K. G. and Wilson, I. H. (2006) Oxford handbook of anaesthesia, second edition, Oxford University Press.

ANZCA Professional Document PS 15 (2000) Recommendations for the perioperative care of patients selected for Day Case Surgery.

ANZCA Professional Document PS 7 (2003) Recommendations on the pre-anaesthesia consultation.

Ferschl, M. and Tung, A. et al (2005) Preoperative clinic visits reduce operating room cancellations and delays, *Anaesthesiology*, Vol 103, pp. 855-9.

Hodgkinson, B. and Evans, D. et al (2000) Knowledge retention from preoperative patient information, 4(6) Briggs Institute for Evidence Based Nursing and Midwifery, Adelaide.

National Collaborating Centre for Acute Care (2003) Preoperative tests: The use of routine preoperative tests for elective surgery, National Institute for Clinical Excellence UK. [www.nice.org.uk/pdf/Preop\\_Fullguideline.pdf](http://www.nice.org.uk/pdf/Preop_Fullguideline.pdf). Accessed July 2007.

NHS Modernisation Agency, National good practice guidance on pre operative assessment for inpatient surgery. [www.wise.nhs.uk/sites/crosscutting/access/Access%20Document%20Library/1/Theatres/National%20Good%20Practice%20Guidance%20for%20Inpatient%20Surgery.pdf](http://www.wise.nhs.uk/sites/crosscutting/access/Access%20Document%20Library/1/Theatres/National%20Good%20Practice%20Guidance%20for%20Inpatient%20Surgery.pdf). Accessed July 2007.

NSW Health, Discharge planning: Responsive standards - PD2007\_034 [www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007\\_034.pdf](http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_034.pdf). Accessed August 2007.

NSW Health, Extended day only policy - PD2007\_065 [http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007\\_065.pdf](http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_065.pdf). Accessed August 2007.

NSW Health, NSW Health privacy manual version 2 - PD2005\_593 [www.health.nsw.gov.au/policies/pd/2005/PD2005\\_593.html](http://www.health.nsw.gov.au/policies/pd/2005/PD2005_593.html). Accessed July 2007.

NSW Health, Surgical Services 23-hour care units - Toolkit for implementation in NSW Health facilities - GL2005\_076. [www.health.nsw.gov.au/policies/gl/2005/GL2005\\_076.html](http://www.health.nsw.gov.au/policies/gl/2005/GL2005_076.html). Accessed July 2007.

NSW Health, Waiting time and elective patient management policy - PD2006\_020. [www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006\\_020.pdf](http://www.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_020.pdf) Accessed July 2007.

Pasternak, L.R. (2004) Pre-operative laboratory testing: general issues and considerations, *Anaesthesiology Clin N America*, Vol. 22, pp. 13-25.

Starsnic, M. A. and Guarnieri, D. M. et al (1997) Efficacy and financial benefit of an anaesthesiologist-directed university pre-admission evaluation centre, *J Clin Anesth*, Jun Vol. 9 issue 4, pp. 299-305.

# Appendices

## Appendix 1: Patient Health Questionnaire - Adult

**Patient to complete. If help is required see your family or local Doctor or Telephone**

Insert Telephone No.

(.....)

*Please answer the questions by ticking the appropriate box. Give any necessary details in the space provided.*

Medical Record Number.....

Surname..... Other names.....

Date of birth..... Classification..... Sex.....

Admission date .....

Senior Medical Officer..... Hospital/Ward.....

(affix label)

Office Use Only

Planned procedure:.....

**Do you have any health problems other than your planned surgery?**

☐ No ☐ Yes

If Yes - What are they? (If you need extra space add a separate sheet of paper) .....

**Have you been in hospital for any health problems including previous surgery?**

☐ No ☐ Yes

If Yes - What are they? When were they? (Please list)

Operation

Hospital

Year

**Have you seen any other specialist doctor in the last 5 years?** (If yes, please list)

☐ No ☐ Yes

Reason for seeing Dr?

Doctor's name

Dr Phone number

Last visit

**Do you use any regular medications? (e.g. pills, puffers, herbal & non prescribed medications)**

☐ No ☐ Yes

If Yes - Please list them below (If you need extra space add a separate sheet of paper.)

Name of medication	When taken?	How often?

**Do you have any allergies? (especially to medicines or sticking plaster, iodine, food or latex)**

☐ No ☐ Yes

If yes - What are they? What reaction do you have? .....

**Have you or any family member had a problem with an anaesthetic? (e.g. a bad reaction)**

☐ No ☐ Yes

If Yes - What happened? .....

**Can you normally walk without stopping?**

• More than 2 flights of stairs

☐ No ☐ Yes

• 2 flights of stairs

☐ No ☐ Yes

• 1 flight of stairs

☐ No ☐ Yes

• Half a flight of stairs

☐ No ☐ Yes

• Around the house

☐ No ☐ Yes

Office Use Only

PHQ TRIAGE INSTRUCTIONS

How tall are you? ..... How much do you weigh?.....

Do you have difficulty opening your mouth wide or limited neck movement? ☐ No ☐ Yes

Have you had any recent anaesthetics? (Including at the dentist) ☐ No ☐ Yes

If Yes - When was the last one?.....

Do you have any questions, worries or concerns about the anaesthetic that you would like to talk to us about? ☐ No ☐ Yes If Yes - What are they? .....

Do you have or have you ever had	NO	YES
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When .....
Chest pain or 'angina'	<input type="checkbox"/>	<input type="checkbox"/> If Yes - How Often .....
Heart attack	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When .....
Any other heart condition e.g. heart valve, pacemaker	<input type="checkbox"/>	<input type="checkbox"/> If Yes - What Type .....
Lung problems needing hospital	<input type="checkbox"/>	<input type="checkbox"/> If Yes - What Type.....
Troublesome shortness of breath	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When do you get it.....
Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When .....
Asthma	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When .....
Should you be using a puffer (e.g. Ventolin)?	<input type="checkbox"/>	<input type="checkbox"/> If Yes - How Often .....
Other lung or breathing problems (e.g. sleep apnoea)	<input type="checkbox"/>	<input type="checkbox"/> If Yes - What Type .....
Reflux of acid or food - heartburn/hiatus hernia	<input type="checkbox"/>	<input type="checkbox"/> If Yes - How Often .....
Diabetes	<input type="checkbox"/>	<input type="checkbox"/> If Yes - Do you use Insulin .... <input type="checkbox"/> No <input type="checkbox"/> If Yes
		Or - Do you take diabetic tablet ..... <input type="checkbox"/> No <input type="checkbox"/> If Yes
Epilepsy or fits	<input type="checkbox"/>	<input type="checkbox"/> If Yes - How Often .....
Stroke	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When .....
Blackouts or fainting	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When .....
Blood clots or a bleeding disorder	<input type="checkbox"/>	<input type="checkbox"/> If Yes - What Type.....
Anaemia	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When .....
Previous blood transfusion	<input type="checkbox"/>	<input type="checkbox"/> If Yes - When .....
Kidney condition	<input type="checkbox"/>	<input type="checkbox"/> If Yes - What type .....
Hepatitis or liver condition	<input type="checkbox"/>	<input type="checkbox"/> If Yes - What type .....
Has your doctor prescribed for you Prednisone, cortisone or other steroids	<input type="checkbox"/>	<input type="checkbox"/> (If Yes - When .....
Is there a condition that runs in the family e.g. thalassemia, muscle dystrophy?	<input type="checkbox"/>	<input type="checkbox"/> (If Yes - What condition.....
Do you have any other health issues not mentioned above e.g. hormone therapy, poor teeth, rheumatoid arthritis?	<input type="checkbox"/>	<input type="checkbox"/> (If Yes - What .....
Any infectious disease ('golden staph', HIV, TB)	<input type="checkbox"/>	<input type="checkbox"/> If Yes - What.....
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/> Yes
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/> If Yes - How Much .....
Do you drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/> If Yes - How much per Week .....
Have you completed this questionnaire for yourself	<input type="checkbox"/>	<input type="checkbox"/> If No - What is your relationship to the patient.....

Signature of person completing the form: .....Date: .....



## Appendix 2: Patient Health Questionnaire - Paediatric

**Parent / Carer to complete. If help is required see your family or local Doctor or Telephone**

Insert Telephone No.

(.....).....

*Please answer the questions by ticking the appropriate box.*

*Give any necessary details in the space provided.*

(affix label)

**Who will accompany the child to hospital?**

Name:.....

Phone: .....

Relationship to child:.....

**Was your child born prematurely?**

☐ No ☐ If Yes - How many weeks early? .....

**Does your child have any health problems other than the planned procedure/surgery?** ☐ No ☐ Yes

If Yes - What are they? .....

**Has your child been in hospital for any health problems including previous surgery/** ☐ No ☐ Yes

If Yes - What, when & where? .....

**Does your child have any diagnosed disabilities or special needs?**..... ☐ No ☐ Yes

If Yes - What type? .....

**Has your child seen any other specialist doctor? (if yes, please list)** ☐ No ☐ Yes

Reason for seeing Dr      Doctor's name      Dr Phone number      Last visit

.....

.....

**Does your child use any regular medications?**

(e.g. pills, injections, puffers ,herbal & non prescribed medications) ☐ No ☐ Yes

If Yes - Please list them below (If you need extra space add a separate sheet of paper)

Name of medication	How much?	How often?

**Does your child have any allergies?** (Especially to medicines, sticking plaster, iodine, food or latex) ☐ No ☐ Yes

**Has your child had previous anaesthetics?** ☐ No ☐ Yes

Yes If yes - What for and when? .....

**Are you aware of any problems your child has with general anaesthetics?**

☐ No ☐ Yes

If yes - please detail .....

**In your child's family are you aware of any problems with general anaesthetics?**

☐ No ☐ Yes

If yes - please detail .....

**Do you or your child have any questions about the anaesthetic?** ☐ No ☐ Yes

**Does your child have at present or have they ever had:**

**NO YES**

A recognised medical condition or syndrome? ☐ ☐ If Yes - name of condition and specialist doctor? .....

Heart problems ☐ ☐ If Yes Detail, name and phone number of heart specialist.....

Asthma ☐ ☐ If Yes - How Often .....

Should your child be using a puffer (e.g. Ventolin)? ☐ ☐ If Yes - How often .....

Other lung or breathing problems (e.g. snoring, stops breathing during sleep-sleep apnoea) ☐ ☐ If Yes - What type .....

Reflux of acid or food - heartburn/hiatus hernia ☐ ☐ If Yes - How often .....

Diabetes ☐ ☐ If Yes - What type and treatment .....

Previous exposure to cortisone, similar steroids ☐ ☐ If Yes - When and what type.....

Epilepsy or fits ☐ ☐ If Yes - How often .....

Bleeding or bruising problems ☐ ☐ If Yes - What type.....

Bleeding or bruising problems in a family member ☐ ☐ If Yes - What type.....

Anaemia or previous blood transfusion ☐ ☐ If Yes - When.....

Kidney condition ☐ ☐ If Yes - What type .....

Hepatitis or liver condition ☐ ☐ If Yes - What type.....

Is your child's immunisation up to date? ☐ ☐ If Yes - What type .....

Has your child had exposure to measles, chicken pox or any other infectious disease in the last 3 weeks? ☐ ☐  
If Yes - What type .....

Is there a condition that runs in the family e.g. thalassemia, muscle dystrophy? ☐ ☐  
If Yes - What condition. ....

## Appendix 3: Discharge Planning Questionnaire

### Template form for Adult patients

(affix label)

Medical Record Number.....  
Surname..... Other names.....  
Date of birth..... Classification..... Sex.....  
Admission date.....  
Senior Medical Officer..... Hospital/Ward.....

Dear Patient,

You are presently on the waiting list for surgery at the.....Hospital. To assist with planning for your hospitalisation and safe return home, would you please complete these questions by ticking the boxes.

1. Age.....
2. Do you speak English at home? ☐ Yes ☐ No  
If not, which language to you speak? .....  
Do you need an interpreter? ☐ Yes ☐ No
3. What is your understanding of how long you will be in hospital?  
☐ Day only ☐ Overnight ☐ 1 - 2 days  
☐ 2 - 5 days ☐ Unsure ☐ Greater than 1 week
4. Have you made arrangements for someone to take you home from hospital? (A responsible adult must accompany Day Only patients home, and must stay with them at least for the first night after surgery). ☐ Yes ☐ No
5. Do you live                      Where do you live  
☐ alone ☐ house/unit  
☐ with family ☐ boarding house  
☐ with carer ☐ hostel  
☐ nursing home ☐ other.....
6. Do you care for another person on a regular basis? ☐ Yes ☐ No
7. Have alternative arrangements been made to look after this person? ☐ Yes ☐ No
8. Do you normally need assistance to walk? ☐ Yes ☐ No
9. Do you use a walking aid such as a stick or frame? ☐ Yes ☐ No
10. What type?.....
11. Do you have difficulties walking up or down stairs? ☐ Yes ☐ No
12. Do you have difficulties with your sight/hearing? ☐ Yes ☐ No  
Please describe ... ..  
.....

#### Office Only

<70 = 0, 70 to 80 = 5  
>80 = 10

Interpreter needed  
= 10

Lives alone = 7  
Boarding House = 2  
Hostel = 2

Primary Carer = 8

Walking Aid = 6

Impaired = 5

13. On discharge do you anticipate any problem with:

- Bathing/Showering ☐ Yes ☐ No
- Dressing ☐ Yes ☐ No
- Toileting ☐ Yes ☐ No
- Cooking ☐ Yes ☐ No
- Cleaning ☐ Yes ☐ No
- Shopping ☐ Yes ☐ No
- Business matters ☐ Yes ☐ No
- Other..... ☐ Yes ☐ No

14. On discharge, do you anticipate that help will be required at home? ☐ Yes ☐ No

Please describe .....

.....

.....

15. What arrangements have been made for someone to care for you when you get home?

.....

.....

16. Do you currently use any of the following services?

- ☐ Community Nurse ☐ Personal Care Assistance
- ☐ Meals On Wheels ☐ Home Help
- ☐ Day care/Therapy Unit ☐ Other

## Office Only

1

1

1

1

1

1

1

1

1 point each

**Please ask for assistance, as staff are available to assist you with any concerns.**

Thank you for completing this form.

The information you have provided will help in planning your discharge from hospital

## HOSPITAL USE ONLY

Expected length of stay ..... Total needs score ..... Intervention required ☐ Yes ☐ No

Telephone intervention ☐ Yes ☐ No ..... Action. ....

Screened by .....(RN) Signature..... Date ...../...../.....

Referrals to be made to: ☐ Social Work ☐ CNC Discharge Liaison ☐ Physiotherapy

☐ Stomal Therapy ☐ Occupational Therapy ☐ CA/PAC

☐ D & A ☐ Interpreter .....

☐ Other .....

Requires Pre-Admission Clinic ☐ Yes ☐ No

Appointment made by (administrative staff)..... Signature ..... Date ...../...../.....

Appointment date .....

## Appendix 4: Pre-Admission Medical-Anaesthetic Assessment

Date:	By:	Anaesthetist Fellow Registrar 1 2 3 4	Unit No.
Surgeon / Team:		Date Planned:	Surname
Planned Procedure:		Other Names	
		DOB / Sex	
General: ASA 1 2 3 4 5			Allergies Nil <input type="checkbox"/>
Age:	Sex:	Weight: kg Height: cm BMI: kg/m <sup>2</sup>	
History of present illness:			
			Cigs...../d .....Pack/yr Etoh.....g/d
			Medications: Nil <input type="checkbox"/>
Intercurrent illnesses:			
<input type="checkbox"/> Nil			
			Anti-Platelet/Aspirin Nil <input type="checkbox"/>
Relevant Anaesthetic History:			
<input type="checkbox"/> Nil			Alternate Meds: Nil <input type="checkbox"/>
Perioperative Management Plan:			
Admission process explained: <input type="checkbox"/>			
Take usual medications on DOS <input type="checkbox"/> except:			
<input type="checkbox"/> Perioperative Options Discussed:			PCA: <input type="checkbox"/>
<input type="checkbox"/> Perioperative Risks Explained:			
Admission Status <input type="checkbox"/> Day Only <input type="checkbox"/> Extended Day Only <input type="checkbox"/> Day of Surgery Admission (>1night) <input type="checkbox"/> Full Admission			Signature:


## PRE-ADMISSION EXAMINATION & EVALUATION

### CARDIOVASCULAR

BP: \_\_\_\_\_ HR: \_\_\_\_\_ reg irreg

JVP: \_\_\_\_\_

Carotids: \_\_\_\_\_

HS:  1 2

Ankle oedema: \_\_\_\_\_

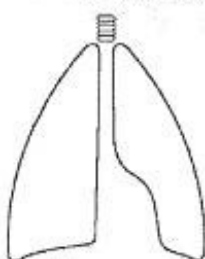
Pulses: \_\_\_\_\_

Exercise tolerance: \_\_\_\_\_ Limited by: \_\_\_\_\_

ECG: \_\_\_\_\_

Thallium / Stress Test / Echo / Angiogram: \_\_\_\_\_

### RESPIRATORY

SpO<sub>2</sub>: \_\_\_\_\_ %X = crep  
O = wheeze

Breathlessness: Nil Moderate Exertion Mild Exertion At Rest

Examination: \_\_\_\_\_

CXR / CT: \_\_\_\_\_

Spirometry, Lung Function Tests: \_\_\_\_\_

ABG's on \_\_\_\_\_ %O<sub>2</sub> pH \_\_\_\_\_ pO<sub>2</sub> \_\_\_\_\_ pCO<sub>2</sub> \_\_\_\_\_ Bicarb \_\_\_\_\_ BE \_\_\_\_\_ Sat \_\_\_\_\_ %

More: \_\_\_\_\_

Dentures Nil Upper: Full Partial Lower: Full Partial

Teeth: \_\_\_\_\_

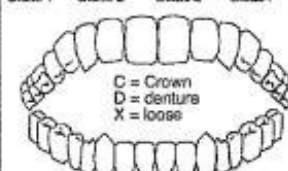
Jaw opening: \_\_\_\_\_ Atlanto-Axial Extension: \_\_\_\_\_

Neck Flexion: \_\_\_\_\_

More: \_\_\_\_\_

### AIRWAY & TEETH

Mallampatti / Gait Score

C = Crown  
D = denture  
X = loose

### NEUROLOGICAL

	R	L
Power		
UL	/ 5	/ 5
LL	/ 5	/ 5
Pupils		

Hearing: \_\_\_\_\_

Vision: \_\_\_\_\_

More: \_\_\_\_\_

### OTHER

### BLOOD RESULTS

BIOCHEM: Na \_\_\_\_\_ K \_\_\_\_\_ CL \_\_\_\_\_ TotCO<sub>2</sub> \_\_\_\_\_ BSL \_\_\_\_\_ Creat \_\_\_\_\_ Ca \_\_\_\_\_ LFT's \_\_\_\_\_

HAEM: Hb \_\_\_\_\_ WCC \_\_\_\_\_ Plats \_\_\_\_\_ INR \_\_\_\_\_ APTT \_\_\_\_\_ Groups &amp; Screen \_\_\_\_\_

OTHER: \_\_\_\_\_



## Appendix 5: GP Assessment Tool

Fax to: .....

### GENERAL PRACTITIONERS SUPPLEMENTARY HISTORY

GP to complete. If there are any queries, phone  
Waitlist/Admissions Department on.....

PLEASE ANSWER THE FOLLOWING QUESTIONS BY TICKING THE APPROPRIATE RESPONSE.  
WHERE APPROPRIATE, PROVIDE ADDITIONAL DETAILS.

Patient name: ..... Date of birth: .....

1. Are the patient's answers to the Health Questionnaire complete and accurate? ☐ Yes ☐ No

**Please complete the patient questionnaire or annotate corrections. If appropriate, please send / fax a copy of your Health Summary to Perioperative Services.**

2. Are there other specialists sharing the care of your patient? (other than the one performing the procedure) ☐ Yes ☐ No

Speciality ..... Speciality:.....

Name:..... Name:.....

Practice location ..... Practice location:.....

Phone number:..... Phone number:.....

3. Please tick below any recent (<12 months) reports or results that you have of the following:

☐ Haematology ☐ ECG ☐ Other .....

☐ Serum Chemistry ☐ Echocardiography ☐ Chest X-Ray .....

☐ Physician's ***If Yes, please send any relevant reports or results to Perioperative Services.***

4. Please give details of any current medications not listed by the patient:

Medications	Dose	Frequency

5. What is the control or stability of major chronic medical problems (e.g. hypertension, diabetes)?

Chronic Problem	Duration (years)	Control / Stability	
		<input type="checkbox"/> Well controlled	<input type="checkbox"/> Poorly Controlled
		<input type="checkbox"/> Well controlled	<input type="checkbox"/> Poorly Controlled
		<input type="checkbox"/> Well controlled	<input type="checkbox"/> Poorly Controlled
		<input type="checkbox"/> Well controlled	<input type="checkbox"/> Poorly Controlled

6. How would you describe your patients mobility and general functional ability? (Please circle)

Fully independent      Generally independent      Generally dependent      Fully dependent

7. Is there anything (other than those chronic problems) that may impact on the patient's perioperative care?  
impact on the patient's perioperative care? ☐ Yes ☐ No

If Yes, please list the other problems and current assessment: .....

GP Signature:..... GP Name:.....

Phone: ..... Date:.....

GP practice stamp:

## Appendix 6: Patient Information Checklist

The following information may be included when the Perioperative Service team is producing written education and instructions for patients and their carers.

Information for patients should include:	Completed
Details of the operation to be performed.	
Expected benefits of the surgery and risks involved.	
Approximate length of stay in hospital.	
Overview of usual recovery for the patient's procedure including: <ul style="list-style-type: none"> <li>■ When the patient will usually eat and drink.</li> <li>■ Mobilise.</li> <li>■ Return home.</li> </ul>	
Degree of pain anticipated and how the pain is relieved, e.g. details of techniques e.g. patient controlled analgesia.	
Approximate time off work needed.	
When it will be safe to resume normal activities e.g. driving?	
The perioperative screener's contact details for the patient to ring if: <ul style="list-style-type: none"> <li>■ They cannot attend.</li> <li>■ There has been a significant change to their medical condition.</li> <li>■ Their medication has changed.</li> <li>■ They need advice.</li> </ul>	
What to bring on the day of admission?	
Car parking/hospital map and or other transport arrangements.	
Hospital visiting times for relatives.	
Fasting times and other pre operative preparation can be discussed.	



## Appendix 7: Referral Guidelines for Allied Health Personnel

The table below provides referral guidelines for allied health personnel involved in Pre-Procedure Preparation.

Allied Heath Personnel	Referral guidelines
<b>Dietician</b>	<ul style="list-style-type: none"> <li>■ Patients for PEG insertion to organise feeding systems.</li> <li>■ Cachectic patients for perioperative nutritional support.</li> </ul>
<b>Drug &amp; alcohol</b>	<ul style="list-style-type: none"> <li>■ Life style advice e.g. smoking cessation, reducing alcohol intake.</li> <li>■ Acute management of withdrawal with perioperative cessation of recreational drugs.</li> </ul>
<b>Interpreter service</b>	<ul style="list-style-type: none"> <li>■ Patient request.</li> <li>■ The patient's principal language used at home is not English.</li> <li>■ Also refer to interpreter service guidelines.</li> </ul>
<b>Occupational therapy</b>	<ul style="list-style-type: none"> <li>■ Patient may need assistance with activities of daily living post operatively e.g. operating on 'good' eye or limb.</li> </ul>
<b>Pharmacy</b>	<ul style="list-style-type: none"> <li>■ For patients staying two or more nights in hospital, a pharmacist may obtain a full medication history (including complementary medicines).</li> <li>■ In consultation with medical staff may assist in providing information to patients on particular medications (e.g. insulin) prior to surgery.</li> <li>■ Arrange specific medications to be available (if not normally available) for the patient's admission.</li> </ul>
<b>Physiotherapy</b>	<ul style="list-style-type: none"> <li>■ Patient is having a major procedure that requires specific education e.g. use of crutches, deep breathing and coughing exercises, circulation exercises, mobility assistance.</li> <li>■ Specifically, cardio and/or thoracic surgery; upper abdominal surgery, joint replacement surgery; and significant medical comorbidities e.g. CAL.</li> </ul>
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>■ Specific to lower limb amputation process &amp; assessment of viable limb and mobilisation.</li> </ul>
<b>Social work</b>	<ul style="list-style-type: none"> <li>■ Patient lives alone.</li> <li>■ Patient is a primary carer for a family member.</li> <li>■ Patient needs advice regarding transport, accommodation, financial support, and access to community services.</li> </ul>
<b>Speech pathology</b>	<ul style="list-style-type: none"> <li>■ Patients undergoing major head and neck surgery where speech and swallowing may be a problem post procedure.</li> </ul>

## Glossary: List of Acronyms and Abbreviations

CAL	Chronic Airways Limitation
CMO	Chief Medical Officer
CNC	Clinical Nurse Consultant
DOSA	Day of Surgery Admission
DPQ	Discharge Planning Questionnaire
ECG	Electro Cardiogram
EDO	Extended Day Only
GP	General Practitioner
HDU	High Dependency Unit
ICU	Intensive Care Unit
IIMS	Incident Information Management System
JRMO	Junior Resident Medical Officer
KPI	Key Performance Indicator
NSW	New South Wales
NUM	Nursing Unit Managers
PAC	Pre-Admission Clinic
PCA	Patient Controlled Analgesia
PEG	Percutaneous Endoscopic Gastrostomy
PHQ	Patient Health Questionnaire
PPP	Pre-Procedure Preparation
RFA	Recommendation for Admission
RN	Registered Nurse
SAC	Severity Assessment Code

# Acknowledgements

NSW Health would like to acknowledge the work of the Pre-Procedure Preparation Working Party in developing this Toolkit.

## Working Party membership

Dr Su-Jen Yap (Chairperson), Director of Perioperative Service, POWH  
Professor Donald MacLellan, State-wide Program Director of Surgery, NSW Health  
Ms Judy Willis, Principal Project Officer Surgery, NSW Health  
Ms Donna Scard, Patient Access Coordinator, NSW Health  
Ms Marie Chacko, NUM, Perioperative Service, Prince of Wales Hospital  
Ms Rosslyn Critchard, Para clinical Clerk, Perioperative Service, Prince of Wales Hospital  
Dr Guy Date, GP, Cowra  
Ms Susan Dietsch, CNC, Fairfield Hospital  
Ms Diane Fisher, CNS, Campbelltown / Camden Hospitals  
Ms Leeanne Gray, NUM, Fairfield Hospital  
Ms Lisa Iverach, NUM, Canterbury Hospital  
Dr Greg Knoblanche, Director of Anaesthesia, Royal North Shore Hospital  
Ms Joyita (Jo) Lewis, CNC, Perioperative Service, Prince of Wales Hospital  
Ms Erika Martinez, Para clinical Clerk, Perioperative Service, Prince of Wales Hospital  
Ms Karen Moore, NUM Perioperative Services, JHH and Royal Newcastle Centre  
Dr Eric Moyle, Anaesthetist, Albury Hospital  
Ms Carmel Rolfe, RN, Day Procedure Unit, Canterbury Hospital  
Dr Mark Sheridan, Surgeon, Liverpool Hospital  
Ms Debra Smith, Surgical Coordinator, Auburn Hospital  
Dr Jo Sutherland, Anaesthetist, Coffs Harbour Hospital  
Dr Tracey Tay, Anaesthetist, John Hunter Hospital  
Dr Phil Truskett, Surgeon, Prince of Wales Hospital  
Ms Jacqueline Van Der Waals, NUM, Auburn Hospital  
Dr Drew Fitzpatrick, Cardiologist / Proceduralist, Nepean Hospital

The Chairperson would like to thank for their contribution to the Toolkit:

- The Children's Hospitals, Westmead,
- Sydney Children's Hospital, Randwick
- John Hunter Children's Hospital, Newcastle
- Ms Lesley Innes, Allied Health, NSW Health
- Dr Roger Traill, Royal Prince Alfred Hospital
- Dr Ross Kerridge, John Hunter Hospital