



**Health**

Hunter New England  
Local Health District

# Perioperative Service Clinic

Model of Care and  
Processes 2015



# Perioperative Service Clinic – Model of Care



The Perioperative Service Clinic Model of Care is focussed on the following principles:

- Minimising risk for patients presenting for surgery by providing a comprehensive preoperative assessment.
- Perioperative Clinic staff will case manage patients using a systematic approach.
- Consistency and standardisation of processes are our goal.
- Patients are optimised for surgery to the best of our ability in order to meet NEST targets.

# Perioperative Service Clinic – Model of Care



The new Perioperative Clinic space enables the principles by:

- Consistently increasing clinic space and reducing patient movement.
- Ensuring that sufficient work space is available and uninterrupted by other services.
- Perioperative consults occur in a single environment.

The following processes outline how we work towards these goals.

# Perioperative Service Clinic – Processes



## Introduction and Overview

- The John Hunter Hospital Perioperative Clinic is a patient focused service located at John Hunter Hospital on Level 1 – Allied Health Clinic area.
- The clinic provides preoperative assessment for patients requiring surgery, with excellent preparation, including medical and nursing assessments designed to eliminate risk for patients.
- As patients age, surgical risk increases. For all patients over the age of 70 having surgery involving staying in hospital overnight, there is about a 2 per cent chance that they will not survive for 30 days after the operation. That is for any sort of operation, as an average. For larger operations, and for patients with more comorbidities, the risk is higher than this. As we get older the risk doubles by the age of 80, and is significantly more by 90.
- Apart from interventions that are indicated after preoperative assessment, we advise patients to reduce their risk by following the instructions we give them about preparing for surgery, including taking medications appropriately and trying to improve their health status before surgery by some additional exercise, weight loss, smoking cessation etc.

# Perioperative Service Clinic – Process



## Preparation for Consultation

On the day of the Perioperative Clinic appointment:

- The patient is “Arrived” in iPM, by Administrative Staff at the Reception Desk on Level 1.
- Appointment times must not be altered by clinic staff, unless same is advised by the NUM, or delegate, or at the request of the Consultant Anaesthetist.
- The patient is seated in the Waiting Room, where the nurse will call for the patient in appointment time order. There may be exceptions to this rule, in cases where patients may arrive in clinic, due to having other scheduled appointments and their appointment time need to be adjusted accordingly. Patients who arrive at the incorrect time or day, or are added as a “walk in” may be scheduled appropriately by the Co-ordinator in discussion with the Consultant Anaesthetist.
- Discussions are commenced using **HAIDET** our patient focused approach to communicating for all patient interactions. Please refer to the HAIDET flyer on the next slide.

# Perioperative Service Clinic – Process



3. HAIDET ~ Quality Communication to Patients & Carers		
<b>H</b>	Hand Hygiene	<b>HAIDET</b> is a patient-focused approach of communicating for <b>all</b> patient interactions.  <b>HAIDET</b> provides a level of communication where patients feel they are receiving the best care within a safe environment.
<b>A</b>	Acknowledge	
<b>I</b>	Introduction / Identification	
<b>D</b>	Duration	
<b>E</b>	Explanation	
<b>T</b>	Thank You/Tidy Up/Time <small>End the interaction respectfully with a closing comment or set expectation for future care</small>	

# Perioperative Service Clinic – Process



## First Nurse Consult - Step 1

- Following room allocation by the Nurse Co-ordinator, the patient's height and weight are recorded, using the scales and measure in the recessed corridor area.
- Room allocation is based on patient's clinical need, with 2 bariatric rooms available.
- The patient's observations are recorded on the Standard Health Profile. Reference should be made to the SAGO chart. If observations are not Between the Flags, the Anaesthetist must be advised and a plan formulated for the patient immediately.
- Patients are interviewed by the nurse, who takes a comprehensive health summary, documenting same on the Standard Health Profile.
- **Medications are documented on the Medication Plan HNEMR204.**
  - NB: Patient's have previously been advised by letter to bring their medications, or documentation of their medications.
  - NB: The current Standard Health Profile is under review and currently in use in the clinic in a DRAFT format. This will not include the medication section, as per the previous form, as this is replaced by the use of HNEMR204. Please note that there is a HETI training module to assist with using this form.

# Perioperative Service Clinic – Model of Care



## First Nurse Consult - Step 2

- ECGs are attended in clinic by the Nurse on patients with a cardiac history, hypertension, diabetes, over 50 years of age and/or having major surgery.
- Spirometry is attended by the Nurse on patient's with known respiratory issues, having cardiac or thoracic, or other major surgery. Patient's deemed to be breathless on arrival are also to be considered for spirometry.
- Patients Blood Glucose Level (BGL) is tested by the Nurse and documented in the observation section. If a previous HbA1c is known, there is a space to note this outcome.
- The Nurse may give some instructions and answer some patient questions at this point, but it will generally be more appropriate to wait for the second part of the Nurses consultation, which will be after the Anaesthetist's consultation, when the plan of perioperative care will have been made. *(NB: This is a change from previous practice.)*
- **The Nurse takes the notes out of the room, but the patient remains in their allocated room to be seen by the Anaesthetist.** *(NB: This is a change from previous practice.)*



# Perioperative Service Clinic – Process



## Anaesthetist Consult Step 1

- The Anaesthetist should review the patient notes and if necessary discuss with the nurse before entering the consultation room.
- After reviewing the notes, the Anaesthetist will interview the patient.
- The Anaesthetist will decide if further investigations assessment, referral or postponement is required. Trainee Anaesthetists may need to discuss findings with their supervisor. They will then formulate a plan of perioperative care, and discuss this with the patient.
- The Anaesthetist's assessment and plan of care is recorded on the ANAESTHETIC RECORD AND PREOPERATIVE ASSESSMENT form – HSMR24(B). This form includes the recommended plan for perioperative care including preoperative preparation, anticipated anaesthetic care, and special requirements for postoperative care.

# Perioperative Service Clinic – Process



## Anaesthetist Consult Step 2

- The Anaesthetist may note a requirement for warnings to anaesthetists or other staff, and requirements such as ICU/HDU postoperatively.
- Where an ICU or HDU bed is required, the Anaesthetist must document same, with the reason clearly documented along with the request. This is in order to explain the reason for the bed request with ICU staff. This is to facilitate planning for ICU, or HDU beds and to minimise the risk of cancellation of surgery due to unavailability of ICU/HDU bed.
- On some occasions, there may be a request for a Group 3 ICU/HDU bed. This is a flag for ICU if there is some uncertainty regarding whether or not the bed will be required. Again, the reason for the request must be clearly documented in the Anaesthetic record.

# Perioperative Service Clinic – Process



## Anaesthetist Consult Step 3

- The Anaesthetist will enter appropriate information on a PERIOPERATIVE INSTRUCTION advice form. This document advises patients of the requirement for cessation of medication preoperatively and also advises patients regarding the necessity for patients to advise the hospital staff if they are unwell prior to surgery. (NB Experience both here and in leading international centres such as the Mayo Clinic suggests that handwritten instructions from a Doctor writing on a form in front of the patient increases compliance more than printed instructions.)
- Once the Anaesthetist has completed their consultation, they ask the patient to wait to see the Nurse to ensure the patient has everything they need prior to leaving the clinic.
- The Notes are taken out of the room, to be reviewed by the nurse.

# Perioperative Service Clinic – Process



## Second Nurse Consult - Step 1

- The Nurse checks written documentation made by the Anaesthetist, checking for any special requests.
- The Nurse should review the patients understanding of what has been discussed with the anaesthetist as well as the surgeon and others. The Nurse should ensure that the patient understands the plan perioperative care, and that their concerns and questions have been answered appropriately. Whilst both the Anaesthetist and the patient are still present in the clinic area, this offers an opportunity for clarification of special issues.
- Whilst the patient is still in the room, it is important to check the notes to ensure that the Anaesthetist has not inadvertently left blood forms, scripts or instructions etc in the notes, that should have been given to the patient.
- The Nurse may add further details to the PERIOPERATIVE INSTRUCTION advice form.

# Perioperative Service Clinic – Process



## Second Nurse Consult - Step 2

- The original PERIOPERATIVE INSTRUCTION advice form is given to the patient and a copy is made for the patient record by the nursing staff at the end of the consult.
- The Nurse must also ensure that the patient is given the Patient Information pack and instructed to review this at home after they leave the clinic.
- The patient is now informed of 'what happens next' in the preparation for surgery. This includes further tests etc before leaving the clinic/hospital; preparation for surgery; preoperative phone call on the night before surgery giving time of operation; and procedure for contacting the hospital if there is a change of health status or questions about preoperative care.
- The consult is now complete. The Nurse shall direct the patient to the exit via the Podiatry corridor. Give instructions or accompany the patient to the Diagnostic Centre for pathology collection etc.

# Perioperative Service Clinic – Process



## Second Nurse Consult - Step 3

- At the end of the consultation after the patient has left the clinic, the Nurse will enter relevant details in the iPM Perioperative Comments section and in the DMR promptly. This will enable the paperwork to be processed efficiently by the office staff at their earliest convenience. This is particularly relevant for patients booked for surgery on the following day.
- NB: Room allocation will soon be available on new software – the Electronic Patient Whiteboard, which is a tool being developed by the PAS team to assist us to review our clinic workload and add comments to enable improved availability of patient information to the team. This will be available on all computers, plus a touch screen at the Nurse's Station.