

Local Guideline



Health
Hunter New England
Local Health District

Perioperative care for patients living at a distance

Sites where Local Guideline applies	John Hunter Hospital
This Local Guideline applies to:	
1. Adults	Yes
2. Children up to 16 years	No
3. Neonates – less than 29 days	No
Target audience	Surgeons, anaesthetists, perioperative nurses
Description	This document provides guidance on determining the patient's Perioperative Care modality (face-to-face versus telehealth)

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Keywords	Perioperative, virtual care, elective surgery, distance patient, telehealth, videoconferencing
Document registration number	
Replaces existing document?	No
Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:	
<ul style="list-style-type: none"> Agency for Clinical Innovation. Virtual Care in Practice. March 2021. Virtual-Care-in-Practice.pdf (nsw.gov.au) 	
Prerequisites (if required)	Patients should be booked for elective surgery at John Hunter Hospital and live at a distance whereby attending a face to face appointment at the Perioperative Clinic, JHH is challenging.
Local Guideline note	This document reflects what is currently regarded as safe and appropriate practice. This guideline does not replace the need for the application of clinical judgment in respect to each individual patient. If staff believe that the guideline should not apply in a particular clinical situation they must seek advice from their unit manager/delegate and document the variance in the patient's health record.
Position responsible for the Local Guideline and authorised by	Perioperative Executive Committee
Contact person	Dr Pragya Ajitsaria
Contact details	(02) 49223018, pragya.ajitsaria@health.nsw.gov.au
Date authorised	
This document contains advice on therapeutics	No
Issue date	
Review date	Up to 3 years

Note: Over time links in this document may cease working. Where this occurs please source the document in the PPG Directory at: <http://ppg.hne.health.nsw.gov.au/>

PURPOSE AND RISKS

<p>The Perioperative Service provides perioperative care for patients from a large geographical area who are scheduled for major or subspecialised surgery at the John Hunter Hospital. Patients' preoperative care modality – Face-to-Face (FTF) versus telehealth - should be determined by clinical need, namely co-morbidities and surgery type.</p> <p>Despite clinical triage to a FTF appointment, in some instances it may not be feasible for patients living at a distance to attend a FTF Pre-Admission Clinic appointment prior to their admission date. In order to still deliver optimal perioperative care and preparation, these instances should follow this guideline.</p> <p>This approach is supported by NSW Health who support the implementation of alternative care modalities into clinical practice. This maximises the choices available to patients, giving them a variety of options to access care, while maintaining the highest possible standard of care.(1)</p>
<p>Risk Category: Clinical Care & Patient Safety</p>

GLOSSARY

Acronym or Term	Definition
AAA	Abdominal aortic aneurysm
BP	Blood pressure
CPAP	Continuous positive airway pressure
ECG	Electrocardiogram
EVAR	Endovascular aneurysm repair
FTF	Face-to-Face
FBC	Full blood count
GP	General practitioner
HbA1c	Haemoglobin A1c
HR	Heart rate
MVC	MyVirtualCare
OSA	Obstructive sleep apnoea
PEG	Percutaneous endoscopic gastrostomy
TURP	Transurethral resection of the prostate
UEC	Urea electrolytes creatinine

GUIDELINE

This Guideline does not replace the need for the application of clinical judgment in respect to each individual patient.

Patient Triage for Perioperative Care Modality

As far as is possible, clinical triaging of all patients should follow the triaging guideline developed as part of the 'Return to Face to Face (FTF) Pre-Admission Clinic Appointments Post COVID' plan.

Patients should attend a FTF appointment if they fit into any of the following categories:

- a. Perioperative consultations assessing suitability for surgery, or at the specific request of a surgeon
- b. Patients identified during their phone consultation as requiring a FTF consultation.
- c. Patients scheduled for:
 - i. Joint replacement or revision surgery
 - ii. Major head and neck surgery
 - iii. Major vascular surgery
 - iv. Major general surgery
 - v. Neurosurgery
 - vi. Cardiothoracic surgery
 - vii. Major Urology surgery
 - viii. Major Gynaecology
 - ix. Therapeutic Interventional Radiology procedures
 - x. PEG insertion

Exceptions to this list of patients for a FTF appointment, who may have their preoperative care delivered by telehealth, are patients who:

- a. have had an uneventful anaesthetic with recovery to baseline within 6 months
- b. are from a Nursing home, Group Home or a facility from which they will require hospital transport

If a patient is unable to attend a FTF visit due to distance, they may be suitable for telehealth.

There are several telehealth options:

- Telephone
- myVirtualCare portal - telephone or videoconferencing (see Appendix A for instructions on using the myVirtual Care portal)

Videoconferencing may provide advantages in certain situations:

- Patients with hearing impairment who may benefit from visual cues
- Patients who require an interpreter
- Situations where the anaesthetic doctor would gain valuable clinical insights from visual assessment of the patient (e.g. frailty or airway assessment).
- Circumstances where more than two people participate in the conversation – e.g. the patient's support person/people, or other clinicians.

Patient triaged to FTF Perioperative Appointment and UNABLE to attend a FTF appointment due to distance

Patient to be booked into EARLIEST possible telephone perioperative appointment

Delivering perioperative care to patients anticipating major surgery using telehealth rather than a FTF appointment may take longer due to increased complexity of organising routine screening and any appropriate preoperative investigations at a distance. For this reason, *this pathway MAY not be appropriate for 'short notice' surgery due to clinical urgency.*

Perioperative Nursing Roles

Obtain the following information. Possible sources of information are listed.

Sources should be documented.

'Old' information should be confirmed with patient as 'stable', if appropriate.

- 1. Height and Weight** (MedChart/DMR within 6/12; GP/ Medical centre; Pharmacy; Patient reported)
- 2. BP, HR** (DMR within 6/12; GP/Medical centre/Pharmacy and form completed*; Patient reported)
- 3. OSA diagnosis +/- use of CPAP** (patient reported)
- 4. Investigations (as per clinical guidelines, including but not limited to): ECG, FBC, EUC, HbA1C** (Medical Centre; GP; Pathology centre)
- 5. Duke Activity Scale Index**
- 6. GP Health Summary**
- 7. Relevant documentation from any specialists**
- 8. Medication history from GP or pharmacy**

*See Appendix A for a proforma letter to aid the patient in requesting details from their pharmacy or medical centre.

Pre-Admission Clinic Doctor Roles

- 1. Review all available documentation and conduct the consultation by telehealth** (telephone or videoconferencing)
- 2. STOP BANG screening for all patients with BMI > 35**
- 3. Determine if the patient requires:**
 - a. Further investigations that can be organised at a distance
 - b. A FTF attendance prior to hospital admission
 - c. A ward consultation, on admission, the day prior to surgery

'Sign off' through either the Clinic Consultant or 'High Risk' Clinic once all requested information is available.

- a. Review of all available information
- b. Consideration of further review, as above, if indicated.

IMPLEMENTATION, MONITORING COMPLIANCE AND AUDIT

This document will be communicated to the nurses and doctors of the Perioperative Staff via their continuing medical educational meetings and this document will be published on the HNE LHD PPG library.

APPENDICES

Appendix A – myVirtualCare Portal Quick Guide for Clinicians

Appendix B – Letter proforma, request for patient health details.

FEEDBACK

Any feedback on this document should be sent to the Contact Officer listed on the front page.

myVirtualCare Portal

Quick guide for clinicians

To access myVC, you must first have your details added to the system, contact 55400 for assistance.

1. Open internet browser:

Join myVirtualCare via HNE/CMN desktop



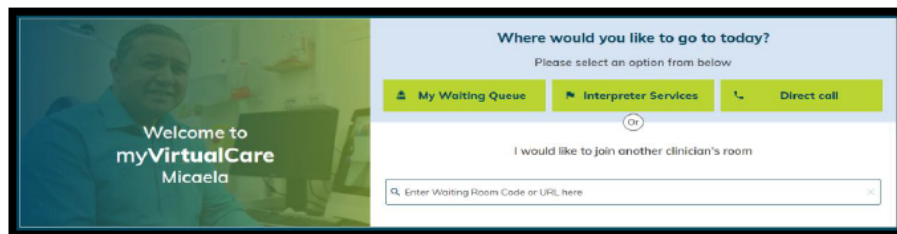
icon or

Use Google Chrome or Microsoft Edge on your computer and go to the following website

<https://myvirtualcaresso.health.nsw.gov.au>

2. Logging on to myVirtualCare:

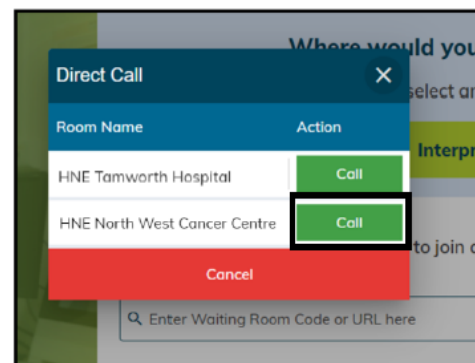
Log in using login credentials



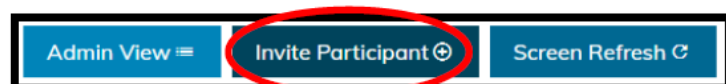
3. Select Direct Call



4. Select the room you wish to call from



5. Select Invite Participant



myVirtualCare Portal

Quick guide for clinicians

To access myVC, you must first have your details added to the system, contact 55400 for assistance.

6. To initiate a video connection, either send invite by SMS or email by entering participant details and pressing send. You need to wait in the connection for the participant to join.

To initiate a video connection to a room-based VC, enter room number and press call.

To initiate a phone/audio only call, enter phone number and press dial.

Link: <https://myvirtualcare.health.nsw.gov.au/>

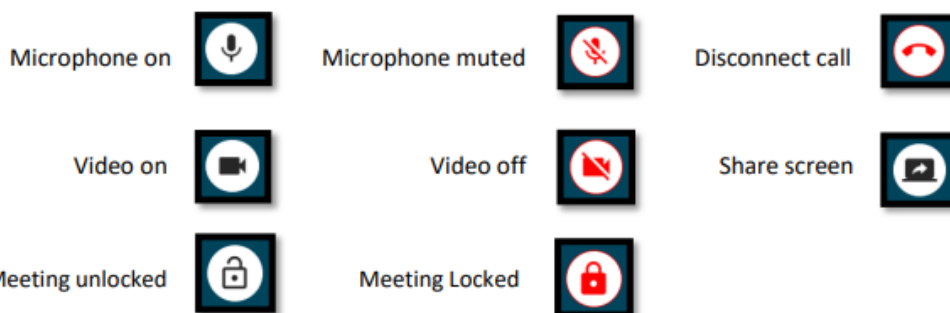
Send invitation by SMS
Enter mobile phone number...

Send invitation link by email
Enter email...

Call Phone (voice only)
Enter phone number...

Call Room Based VC
Enter room number...


5. Consultation room controls





7. End the Consultation


When the appointment has finished, the following pop up will appear
Select appropriate action

Close session

 Rejoin the session

 Go back to the waiting queue

 Terminate call - Disconnect all participants

 Exit

Ensure you leave after every consultation

If you experience any difficulties with connection:

- Restart the PC
- Contact Telehealth support, 4985 5400, option 2

Appendix B – Letter proforma, request for patient health details.

PERIOPERATIVE SERVICE

**John Hunter Hospital / Royal Newcastle
Centre**

Locked Bag 1, Hunter Region Mail Centre NSW 2310

DR. PAUL HEALEY, FANCAZ FICM, CO-DIRECTOR

DR PRAGYA AJITSARIA, FANZCA, CO-DIRECTOR

Phone: (02) 4922 3018 Fax: (02) 4922 3015

**Health**Hunter New England
Local Health Network

Date:

Dear Dr

Re:

Affix patient label here

The above patient has been scheduled for elective surgery at the John Hunter Hospital.

They have requested that their preoperative care by the John Hunter Hospital, be carried out as much as possible, via telehealth.

In order to support this request, we have asked that they attend the following with you and send us back the below details (HNELHD-JHHPeriopNurse@health.nsw.gov.au or fax 49223015)

	Height (cm):	
	Weight (kg):	
	Pulse Rate:	
	Blood Pressure:	
	SaO2:	
	Other:	
	Other:	

Copies of the following will also aid us in our care of this patient:

- Health summary including current medications
- Recent pathology
- Any specialist letters from any recent reviews

Any questions/ queries can be directed to the Perioperative Service, John Hunter Hospital, on 49223018.

Thank you in advance for your assistance,

Kind Regards,

The Perioperative Service within JHH / RNC brings together medical, nursing and clerical staff. The Perioperative Service aims to optimise patient preparation prior to admission, care on the day of procedure, and their care and convalescence after the procedure.