

Patient Focused Approach To Preoperative Assessment



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Preoperative Assessment
2008



Whangarei
Hospital

EMERGENCY

Main Entrance

Northland District
Health Board

Demographics

- ❑ Base Hospital for Northland
- ❑ 325 Kms from Mangawhai Heads to Cape Reinga (4.5 hours)
- ❑ Population of 150,000
- ❑ Approximately 7000 elective surgeries per year



Background

- ❑ Preoperative service introduced in 1999
- ❑ Medically Driven
- ❑ Dependant on age, health and surgery
- ❑ Delivered close to theatre date
- ❑ Changes to the system to meet new trends (ODAs and ↑ Day surgery) had been reactive which led to the many issues within the service.

The Patient



- ❑ Lack of clarity
- ❑ Long waits in clinic
- ❑ Untimely Assessments
- ❑ Theatre postponed close to date
- ❑ Poor preparation
- ❑ On day Cancellation
- ❑ Large group of patients no preop input at all

**Poor Consumer
Experience**

The DHB



- ❑ Selective
- ❑ Lack of Clarity
- ❑ Untimely Assessments
- ❑ Poor preparation
- ❑ Surgery Postponed
- ❑ On Day Cancellation

**POOR SERVICE
DELIVERY**

Redesign Time

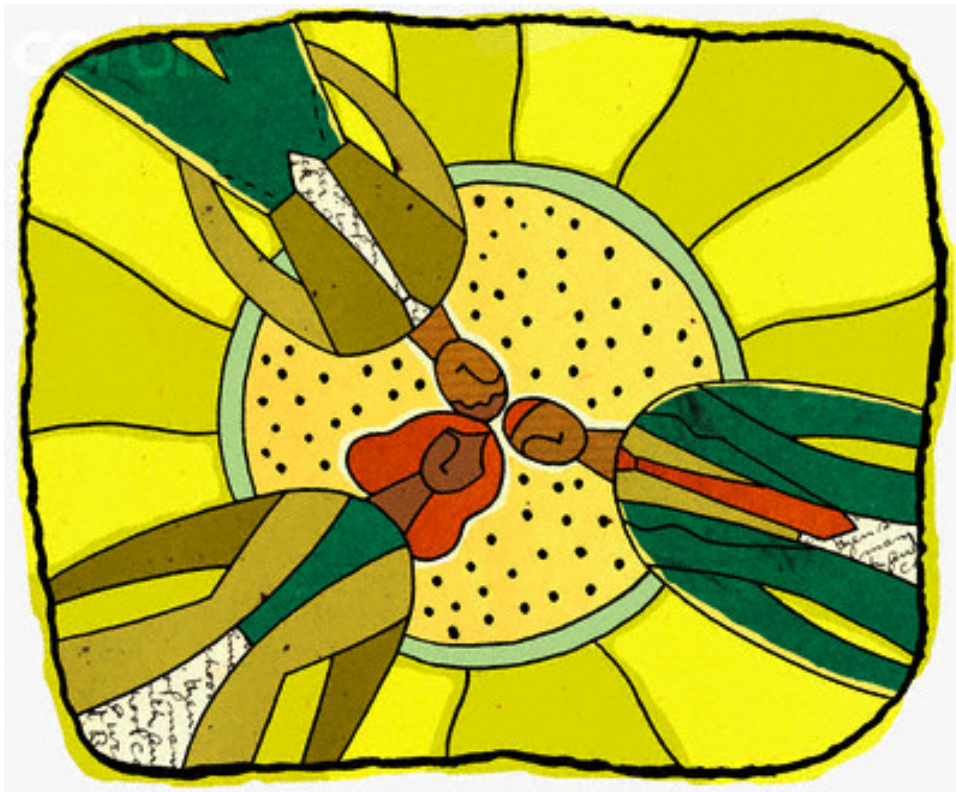
To cut a very long story short.....

Small working party

Strategic Planning

Explored and considered many options

Developed a pathway that would address as many of our issues as functionally possible



The Patient

- Patient Focused
- Optimise Health ↓Risk
- Educate and inform
- Provide a service to 100% of patients

Improved consumer
experience!!!



The DHB

- Facilitate safe admissions
- Minimise ODCs
- Ensure informed consent
- Achieve smooth patient flow

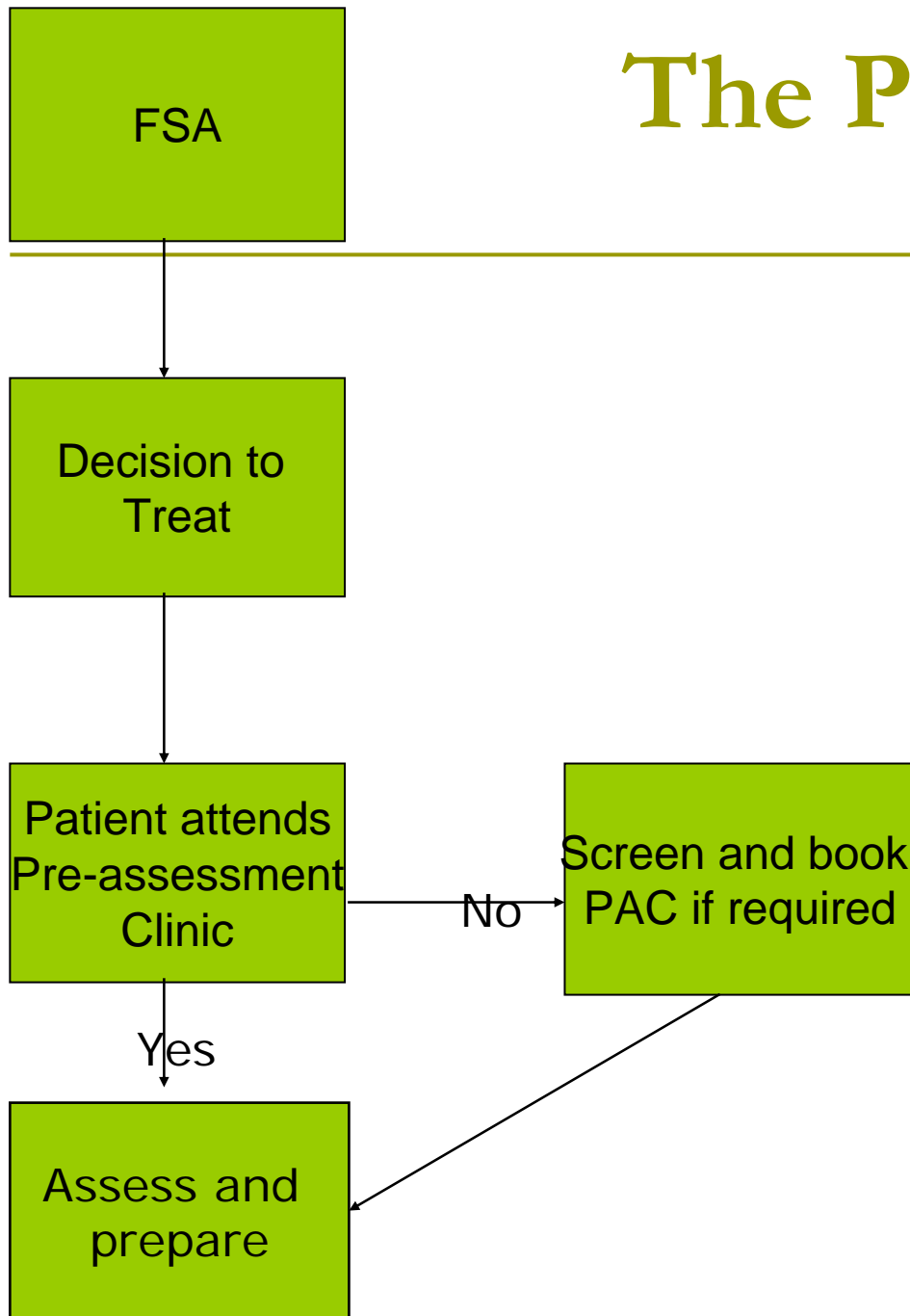
Provide a service that would ensure we met our ESPIs and would meet accreditation standards.



How we Achieved our Goal and Objectives



The Pathway



Provides us with optimal time to optimise health issues

Identify UNFIT patient prior to going onto the surgical booking list

Initiate an informed consent process for 100% of patients

provide Clarity- point of contact for 100% of patients

The Clinic

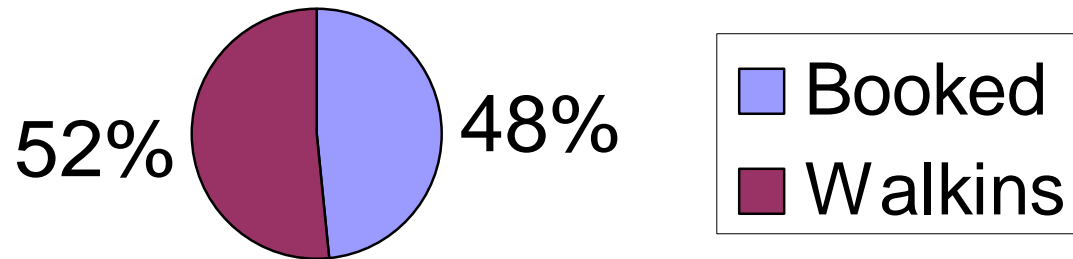


- ❑ Nurse Led
- ❑ 5 Senior Nurses
- ❑ Robust documentation
- ❑ Assess suitability for anaesthesia
- ❑ Supported daily by the anaesthetic department and preop protocols
- ❑ Case Manage patients
- ❑ Facilitate a safe, informed admission
- ❑ Taken ownership of the service
- ❑ Held onto core nursing values

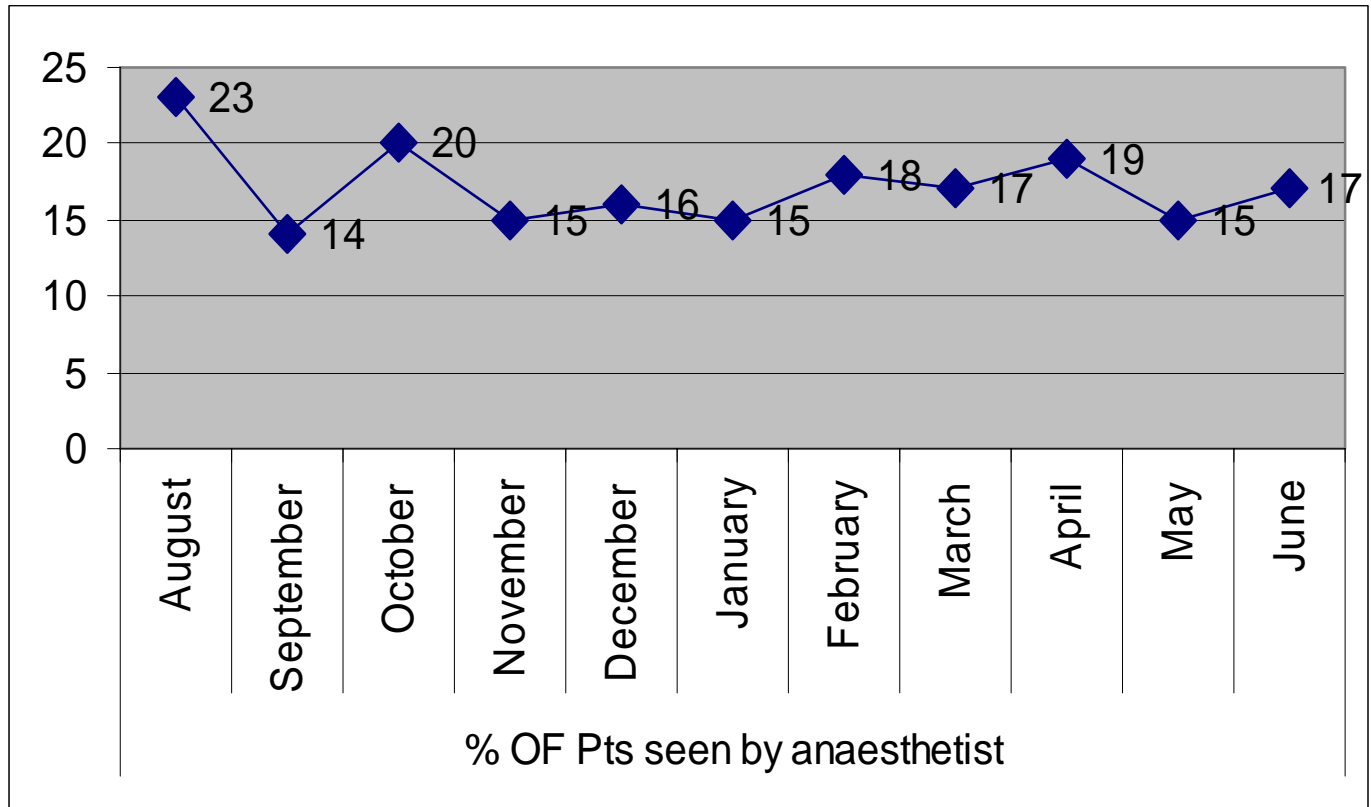
The Results. August 07 – June 08

□ Productivity

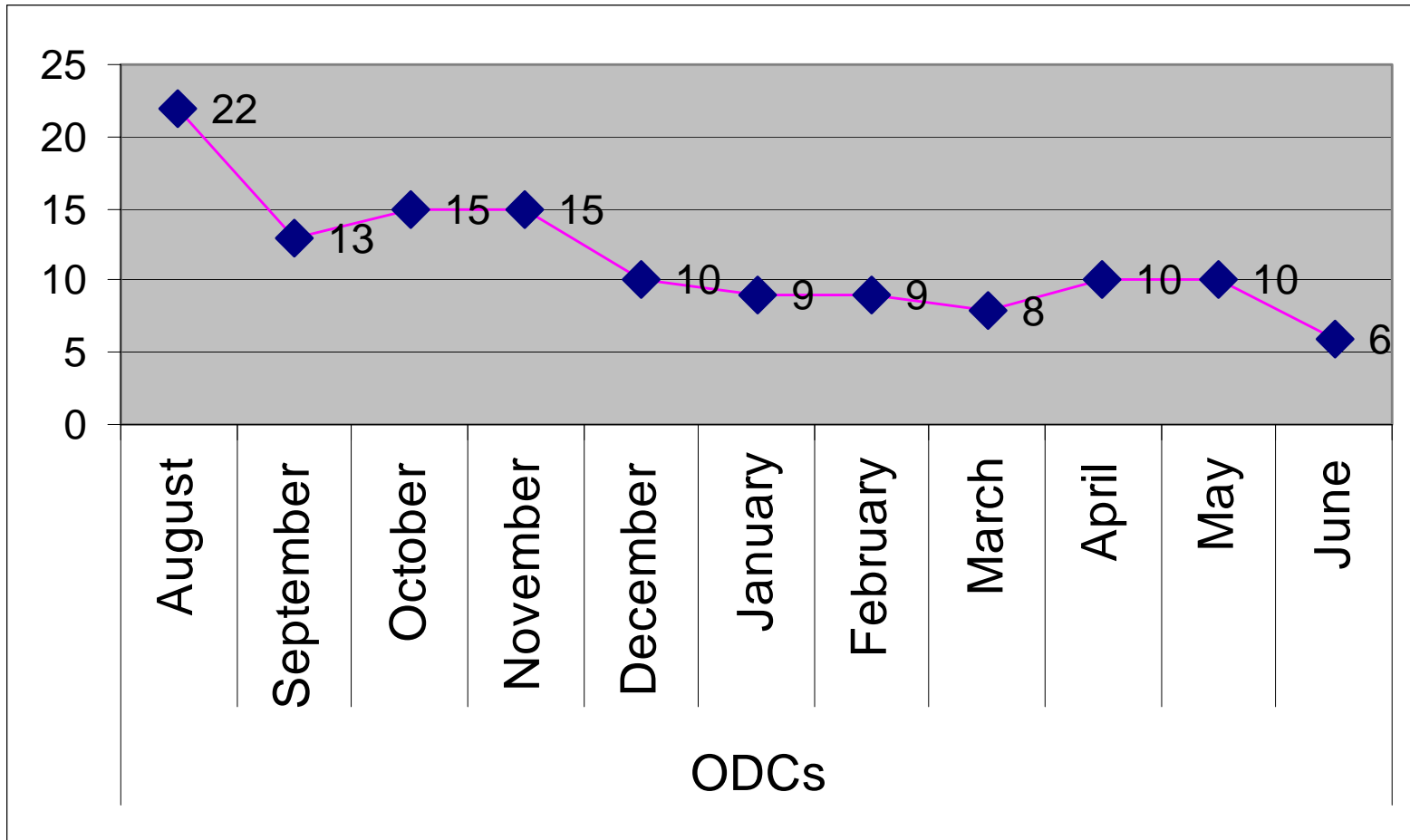
APPOINTMENT TREND



Patients Seen By An Anaesthetist



ODC Figures



Stakeholder Satisfaction

- Retrospective satisfaction questionnaire

- Patients 100% were satisfied with their nurse assessment

98% felt comfortable and able to give informed consent for anaesthesia on admission

100% felt prepared for their hospital admission overall

Anaesthetists

- ❑ 91% of the department completed a satisfaction survey
- ❑ 45 % rated the nurse led service as excellent
- ❑ 50% rated the service good
- ❑ 5% rated the service average
- ❑ 90% were satisfied that patients requiring major surgery, who had not been seen by an anaesthetist preoperatively, were adequately informed regarding their anaesthetic, and were comfortable to provide consent.
- ❑ 90% were happy that preop investigation protocols were being adhered to.

Surgical Team

- ❑ A poor number of questionnaires returned led to a qualitative assessment of the service from this perspective.
- ❑ The majority of Hos/ SHOs were happy with the service
- ❑ A small group expressed frustration regarding routine medications not being charted

Other

- ❑ DHB is compliant with its ESPIs
- ❑ 1st DHB in NZ to receive accreditation using the ACHS EQuIP4
- ❑ Job satisfaction ↑
- ❑ Peripheral Clinics
- ❑ ODA for joints patients
- ❑ HOs/SHOs ↑ time for theatre and ward duties

Everybody's Happy!!



Whats Next??

- Continuous audits to ensure quality care
- Clinical Governance
- Increase number of Peripheral Clinics
- National Lead / support other DHBs

Easier said than done

- ❑ 2 years of planning and practice
- ❑ Macro and Micro issues to address
- ❑ Change for many staff throughout the DHB



Behold the turtle:

**He only makes progress
when he sticks his neck
out."**

James Bryant Conant