

Establishing & Leading a Preoperative Assessment Service

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Independent Consultant Nurse

Introduction:

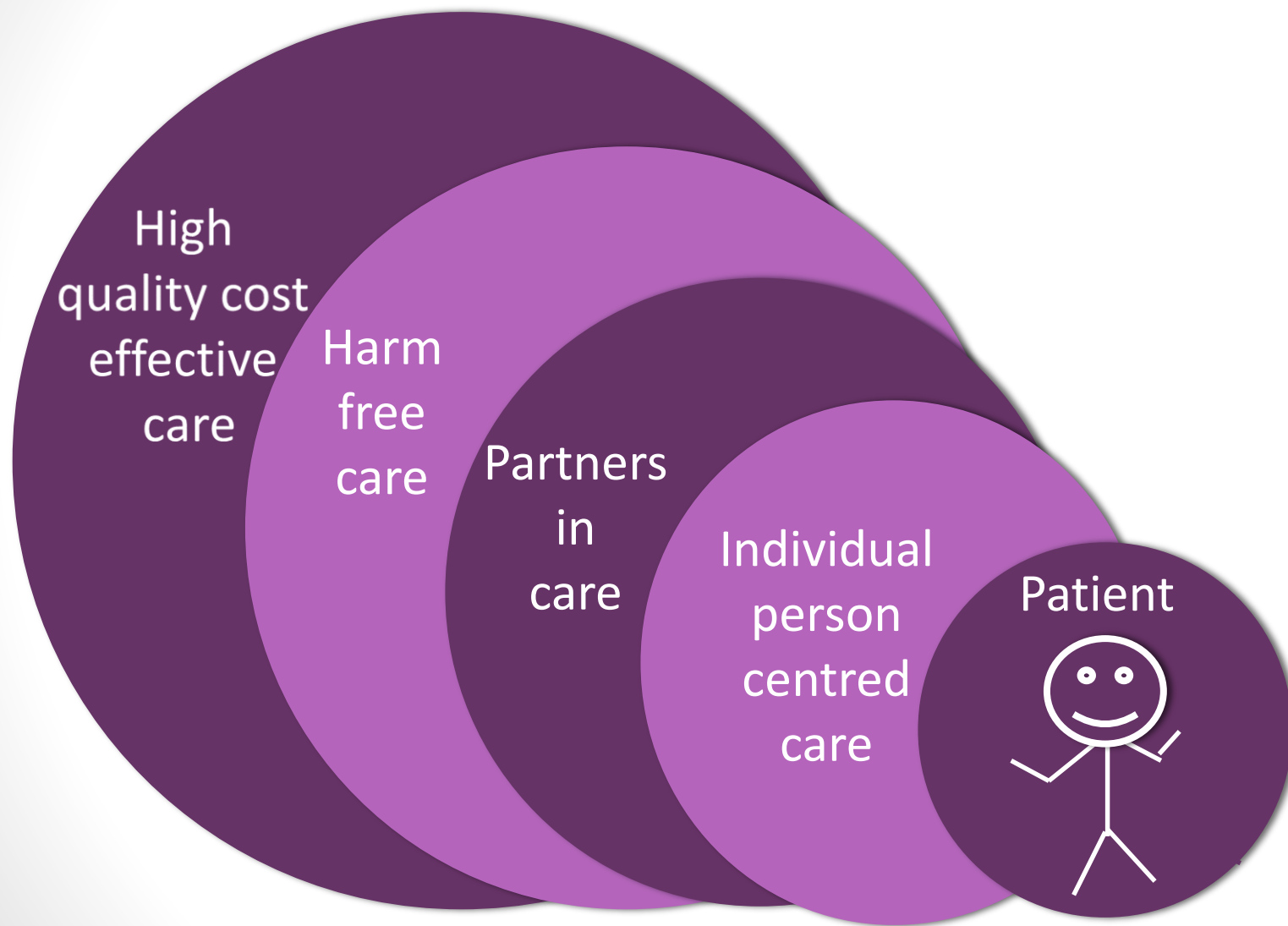
- Who am I?
- What is Preoperative Assessment?
- Do we need Preoperative Assessment?
- Developing a POA Service – my experiences
- Examples of POA models of care
- What does a good POA Service look like?
- Roles within a POA Service – Who & What
- Leading Preoperative Assessment – How & Who?
- The Future

My pathway.....

- 1997 Neurosurgical Nurse Practitioner,
Oxford
- 2002 Consultant Nurse, Preoperative
Assessment, Chelsea &
Westminster NHS Trust, London
- 2006 Consultant Nurse, Perioperative
Care, University Hospitals Bristol
NHS FT
- 2013/4 Clinical Programme Lead, Frail
Elderly Pathway, Walsall NHS Trust
- 2014/5 Clinical Programme Lead,
Mobile Working, Bristol
Community Health



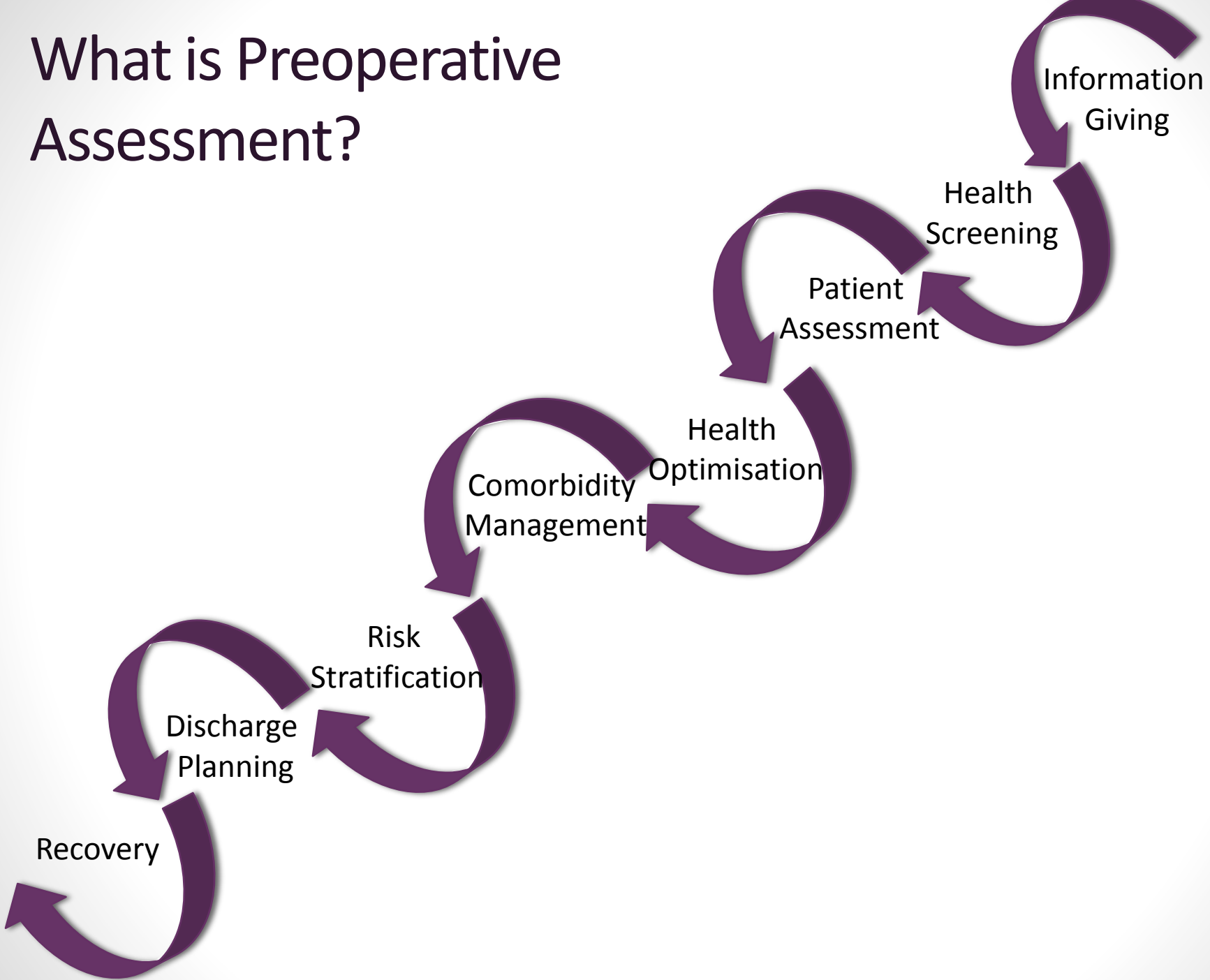
Expectations....



POA through the ages.....

- “Clerking” by junior medical staff
- High risk seen by Anaesthetist on ward
- Ward nursing staff ‘prepared’ the patient & relatives
- Multi-professional – Nurse, Anaesthetist, Pharmacist, Physio, OT, Specialist Nurse, Discharge Team with access to voluntary support services

What is Preoperative Assessment?



POA & Enhanced Recovery:

- The patient is in the best possible condition for surgery
- The patient has the best possible management during and after their operation
- The patient experiences the best post-operative rehabilitation

How to do it?

- Vision & commitment
- Executive, managerial and clinical support
- Stakeholder group across patient pathway – in & out of hospital
- Transformation – process mapping – value adding activities only
- Negotiation – Spend to Save (Hospital stay = £300 per night)
- Patience, Perseverance, Pragmatism

What does a good POA Service look like?

- Timely & accessible
- Efficient & effective
- Supportive environment
- Teamwork & collaboration
- Pathways of care
- Clear expectations to staff and patients
- Electronic
- Benchmarking, audit and research

The patient is in the best possible condition for surgery:

Pre-operative

- One-stop pre--operative assessment clinic
- Optimise medically
- Smoking cessation

Patient education and managing expectations

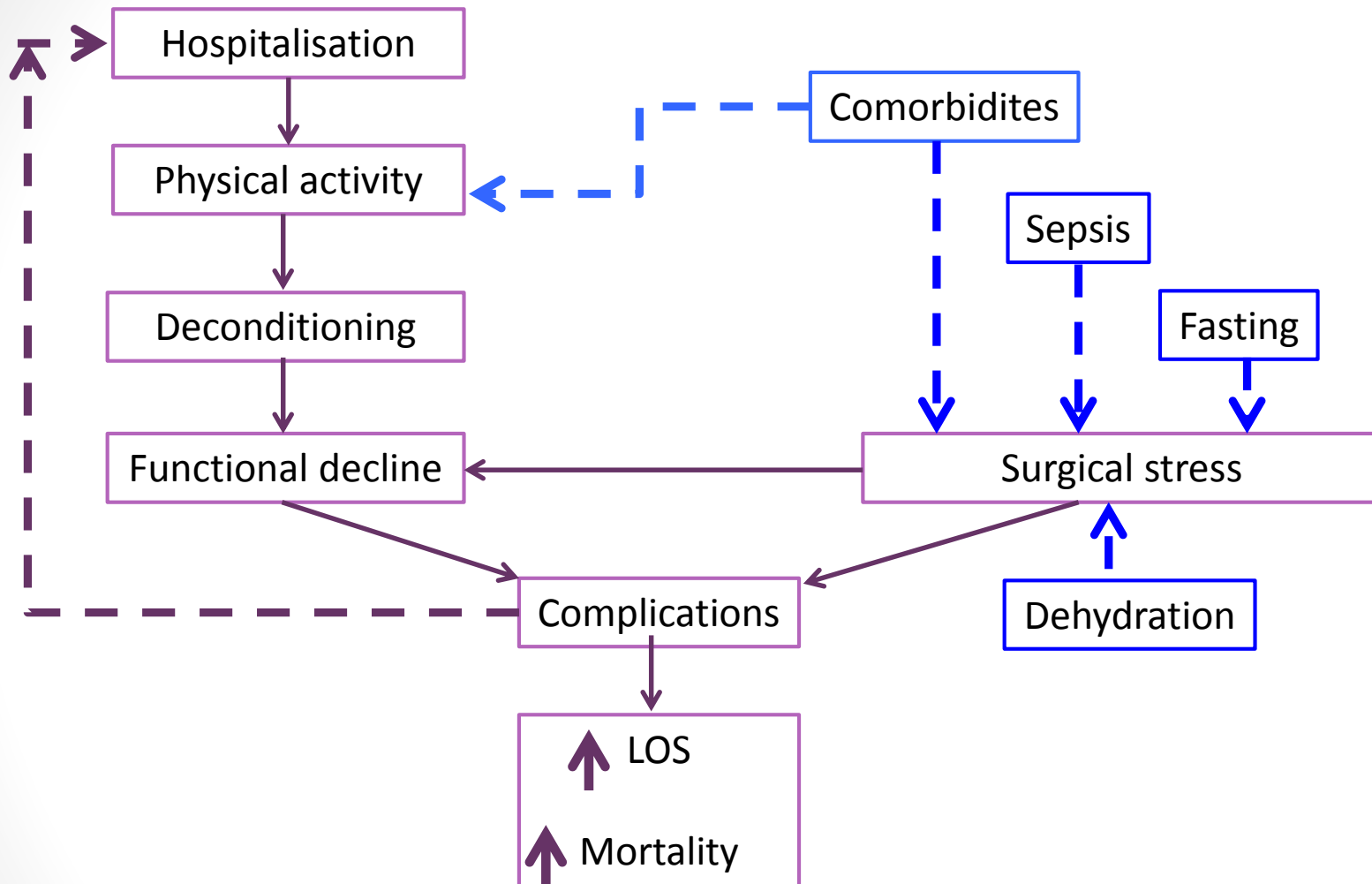
- Predicted date of discharge
- Patient diary

Nutritional assessment

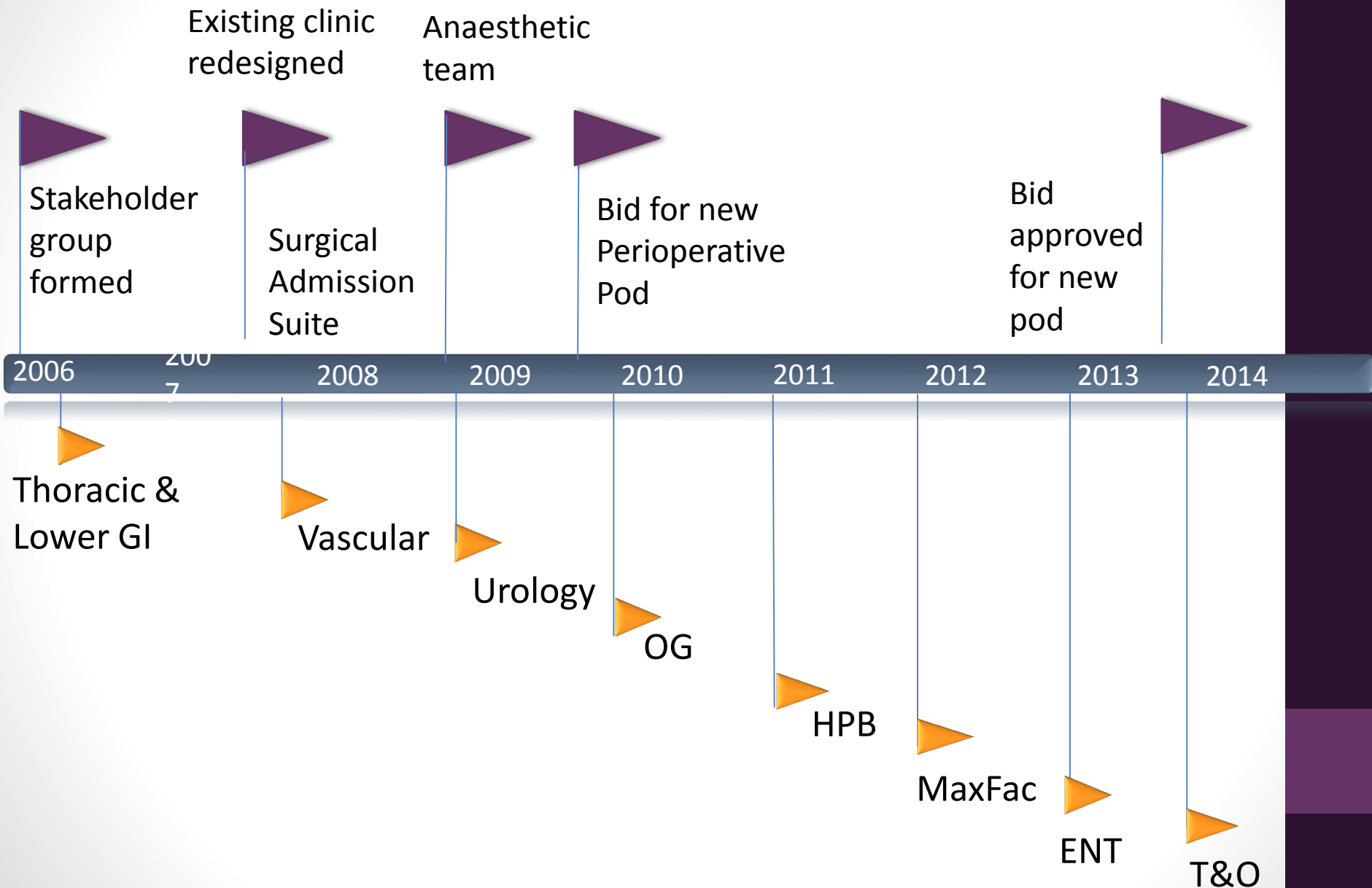
Prehabilitation

Day of- surgery admission

- Avoidance of fasting
- Carbohydrate loading
- Maximise hydration with oral fluids
- Avoid sedatives



Timeline of POA & Surgical Admission Suite Development











Integrated Care Pathway - paper

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Preoperative Assessment Screening

Version 1

Authors: SH&N POA Team Review date: September 2011

Abbreviations: Preoperative Assessment (POA);
Methicillin-resistant Staphylococcus aureus (MRSA); Venous Thromboembolism (VTE)

Case manager (print name):
POA Nurse Screening Assessment Date:
POA appointment required Yes ☐ No ☐
Anaesthetic review required Yes ☐ No ☐
Hospital transport Yes ☐ No ☐
Overnight bed required Yes ☐ No ☐

☐ Echocardiogram Date
☐ Pulmonary Function Tests Date
☐ Cardiology review Date
☐ Exercise Tolerance Test Date
☐ Previous notes Date
☐ 24/48hour Electrocardiogram Date

Allergies
Group & Screen Expiry Date:
MRSA result:
VTE Risk assessment performed: Yes ☐ No ☐

Anticoagulation
Warfarin
Aspirin
Clopidogrel
Prasugrel

Admission Requirements:

☐ Repeat Group & Screen ☐ Bloods
☐ Repeat MRSA Screen (result): ☐ Enema

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Preoperative Assessment Care Pathway Thoracic Surgery Version 2

Author: BRI POA

Pre-assessment Clinic

Abbreviations: Preoperative Assessment (POA); Methicillin-resistant Staphylococcus aureus (MRSA);
Venous Thromboembolism (VTE); American Society of Anaesthesiologists (ASA); Metabolic Equivalent Tasks (METs);
Sequential Compression Device (SCDs); Cardiopulmonary Exercise Test (CPET); Anti-embolic Compression Stockings (TEDS);
Occupational Therapy (OT)

POA clinic Date Anaesthetic Review Date
Operation Date Length of Stay
Hospital transport Yes ☐ No ☐ Booked Yes ☐ No ☐
Critical care bed Yes ☐ No ☐ HDU ☐ ITU ☐ Booked Yes ☐ No ☐
Patient hotel booked Yes ☐ No ☐

<input type="checkbox"/> Echocardiogram	Date	Results Obtained <input type="checkbox"/>
<input type="checkbox"/> CPET Test	Date	Results Obtained <input type="checkbox"/>
<input type="checkbox"/> Spirometry	Date	Results Obtained <input type="checkbox"/>
<input type="checkbox"/> Cardiology review	Date	Results Obtained <input type="checkbox"/>
<input type="checkbox"/> ETT	Date	Results Obtained <input type="checkbox"/>
<input type="checkbox"/> Previous notes	Date	Results Obtained <input type="checkbox"/>
<input type="checkbox"/> OT/Physio referral	Date	Results Obtained <input type="checkbox"/>
<input type="checkbox"/>	Date	Results Obtained <input type="checkbox"/>

Allergies
Group & Screen Expiry Date:
MRSA result:
VTE Risk assessment Yes ☐ No ☐
Outcome TEDS ☐ Enoxaparin ☐ SCD's ☐
Drug chart ☐

Anticoagulation/ Antiplatelet therapy:
Warfarin Yes ☐ No ☐
Aspirin Yes ☐ No ☐
Clopidogrel Yes ☐ No ☐
Dipyridamole Yes ☐ No ☐
Prasugrel Yes ☐ No ☐
Other Stop date

SAS Admission Requirements:

☐ Group & Screen ☐ Enhanced Recovery Programme
☐ Bloods: ☐

Consensus Guidelines – online Trust wide

167
guidelines

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Clinical Guideline
DABIGATRAN – PERIOPERATIVE MANAGEMENT FOR PATIENTS UNDERGOING PLANNED SURGERY

SETTING Preoperative Assessment Clinics and inpatient areas

ment
re planned surgery

patients with atrial fibrillation
hip and knee replacement.

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Clinical Guideline
APIXABAN – PERIOPERATIVE MANAGEMENT FOR PATIENTS UNDERGOING PLANNED SURGERY

SETTING Division of Surgery, Head & Neck

FOR STAFF All clinical staff performing preoperative assessment

PATIENTS Adult patient

Apixaban is an oral anticoagulant used to prevent thromboembolism (VTE) following surgery. It is also used to prevent thromboembolism in patients with atrial fibrillation.

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Risk assessment and management of warfarin in adult patients undergoing elective non-cardiac surgery

Patient Forename(s):
Patient Surname:
D.O.B.:
Hospital number:
NHS number:
Consultant and Ward:
Gender:

Successful management depends on:

- Assessing the patient's thrombotic risk and generating a management plan according to the guidelines below
- Informing the patient about the plan
- Early involvement of cardiologists, haematologists, anaesthetists and surgeons where appropriate
- For other anticoagulants i.e. phenindone, acenocoumarol, dabigatran, rivaroxaban, and apixaban, seek separate advice.

Consider the type of surgery and the patient's underlying thrombotic risk using the definitions below

Type of Surgery	Tick all that apply ✓	Patient's Thrombotic risk	Tick all that apply ✓
Low bleeding risk surgery		Low Thrombotic Risk	
		<ul style="list-style-type: none">Atrial fibrillation (with no history of stroke / Transient	<input type="checkbox"/>

What does POA pathway look like for Orthopaedic surgery?

- Elective
- Urgent – via Fracture Clinic
- Frail elderly patient
- Younger fitter patients

Consider:

- Hybrid model of POA
- Self assessment, possibly online
- Multi-professional POA – for complex patient & higher risk surgery
- Input from therapists

Is it the team or the institution?

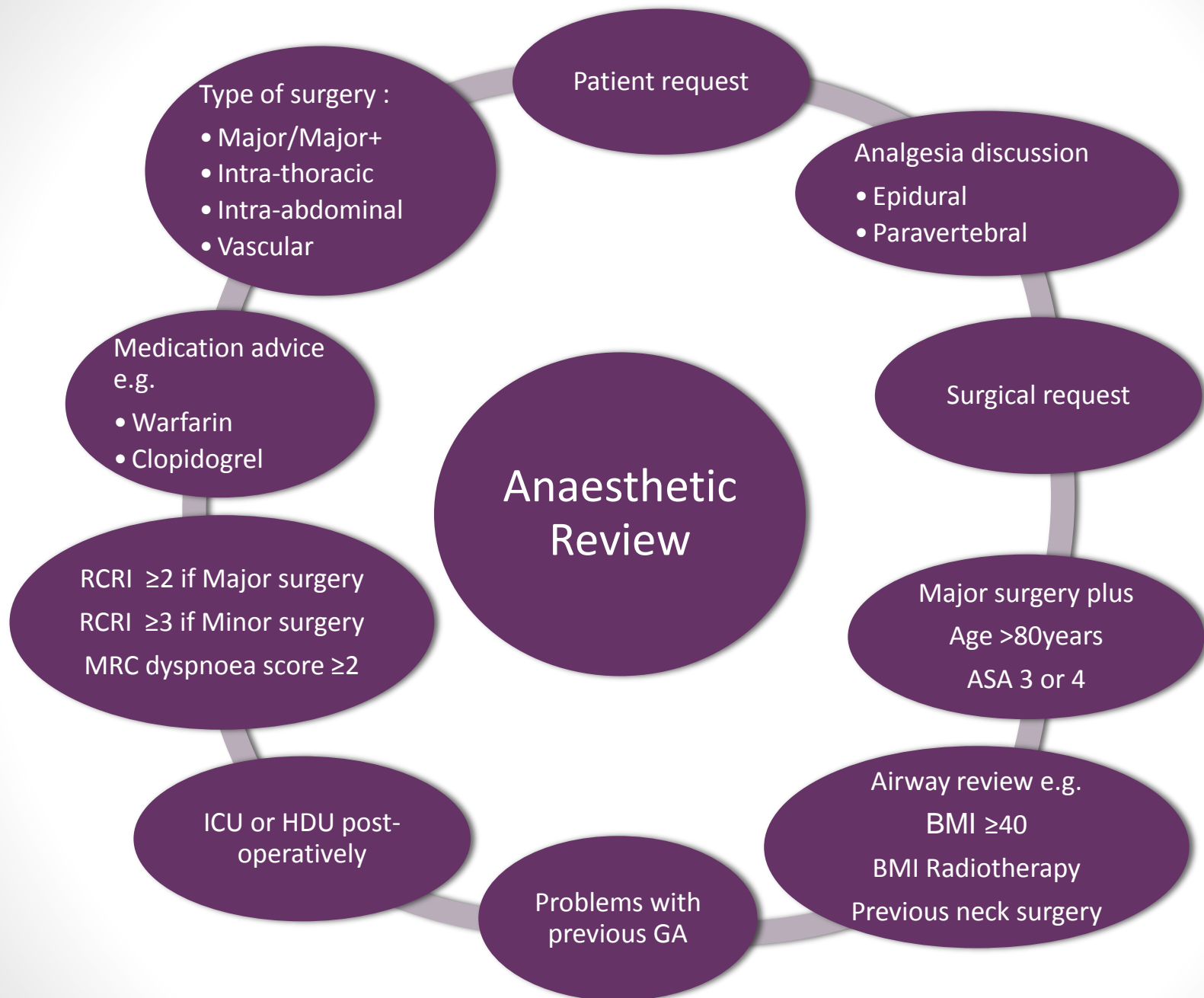
- Person dependent rather than standardised processes
- Resources
- Infrastructure
- Lack of clinical/management engagement
- Staff education
- Inability to audit

Roles within a POA Service – who & what

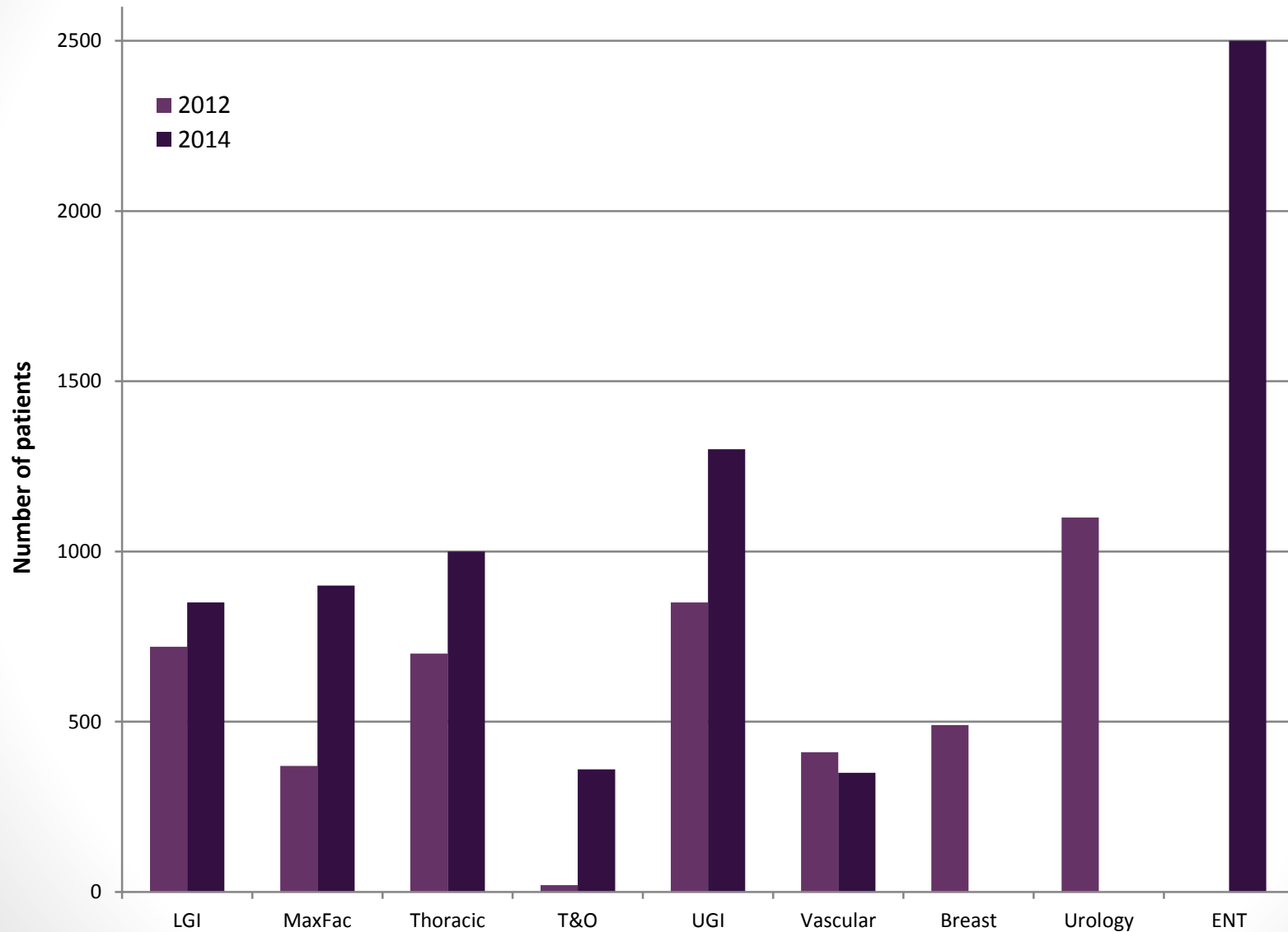
- Registered Nurses
- Health Care Assistants/Assistant Practitioners
- Nurse Practitioners
- Physicians Assistants
- Anaesthetists
- Therapists
- Receptionists
- Administrative Staff
- Volunteers

Number of patients seen per month (UHB POA)

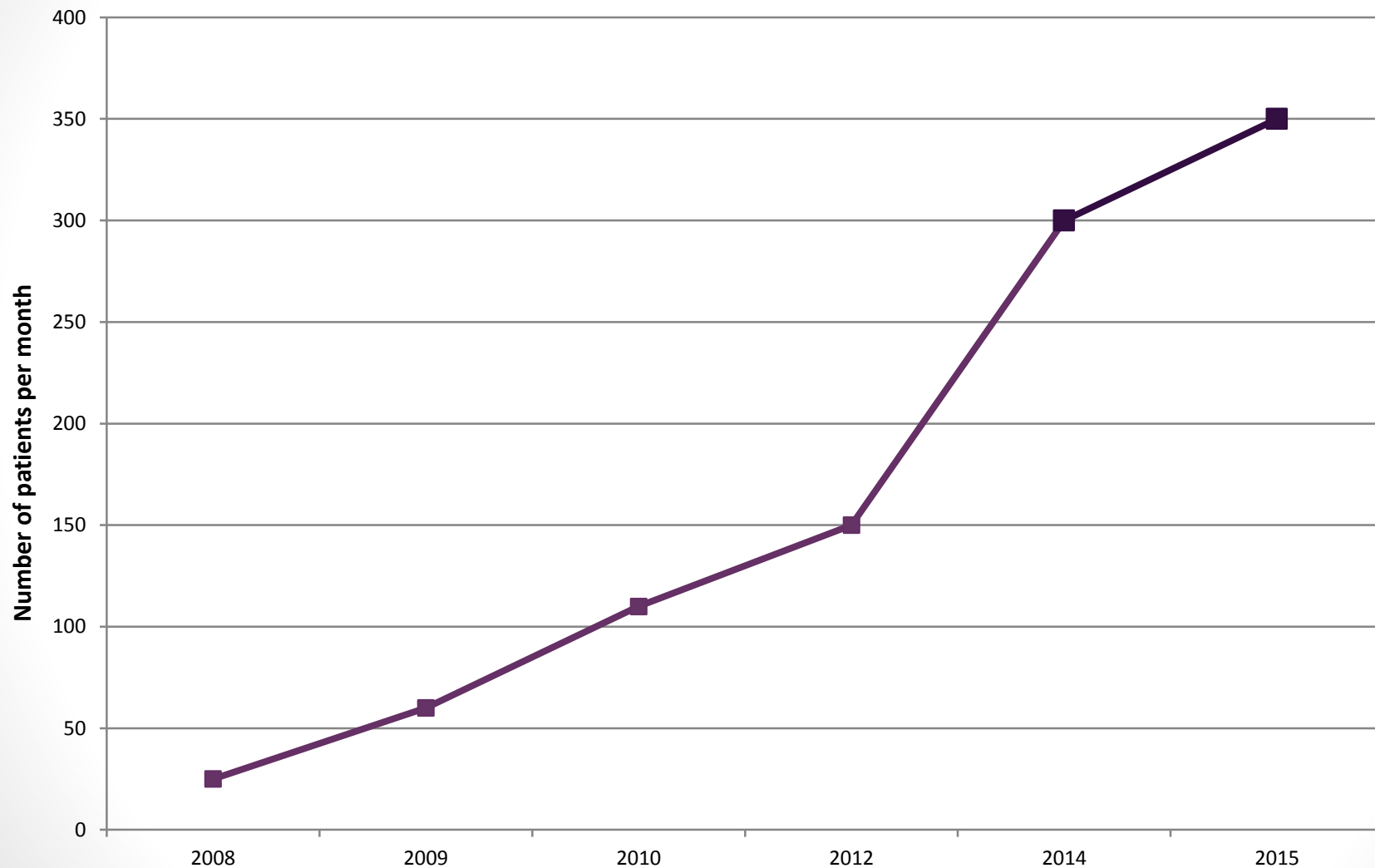
	September 2008	March 2010	July 2014
By nurse	375	495	581
By anaesthetist	18 (5%)	112 (25%)	192 (35%)



POAC reviews 2012/2014



Number of patients admitted on day of surgery through Surgical Admissions Suite



Leading Preoperative Assessment: How & who?

- Anaesthetic Lead
- Nursing Lead
- Surgical Lead

- Often combination of above as required

- Dedicated role with attached SPA time

- Requires: Vision, Commitment, Collaboration

Report Viewer

Case manager

Status

1 of 1

Pre Operative Department

Please note: There is a time delay for Patient Information updated on Medway displaying on this screen

Patient: **M**

T Number:

DoB: 29/12/34

Case manager: **Ruth Evans**

Reviewing Anaesthetist: **Howes, Ben (Dr)**

Procedure:

Pending Results:



Ready for Procedure

Shared care

TCI Date: 15/01/15



Menu



Gender: Male Born: 29-Dec-1934 (79y) NHS Number:
WESTON-SUPER-MARE, Trust Number:

Pre Operative Department

Proforma

Print Documents

W

Pre Operative Department

06-Oct-2014 00:00

Surgical

Assessment 1

Assessment 2

Assessment 3

Investigations & Risk

Review & Sign Off

Risk assessment

ASA grade

3 Severe systemic disease

Surgery Grade

2

Revised Cardiac Risk Index

2 - 6% risk

Other Risk Score

Thoracoscore 2.3%

[View Text](#)

<http://riskprediction.org.uk>

Pending Results

echo & CPET

[View Text](#)

POAC plan

Shared care

POD Plan details

Back

Next

Close

Complete

Navigation

My Work...

Close

The Future – or is it now?

- Perioperative Care – the way forward
- Technology – patient facing IT systems
- Hub & Spoke models with satellite clinics in community
- Role of Community providers & G.P's