Pre-Procedure Preparation Toolkit

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 patients 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.

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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

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

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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).

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

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).
### 2. Key Principles

Effective PPP processes depend on the following key principles:

<table>
<thead>
<tr>
<th></th>
<th>The PPP process prepares the patient and carer for the whole surgical or procedural journey.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>All patients require pre-admission review using a triage system.</td>
</tr>
<tr>
<td>3</td>
<td>The PPP process optimises the patient’s condition for their planned surgery or procedure.</td>
</tr>
<tr>
<td>4</td>
<td>The multidisciplinary team collects, analyses and integrates information for the surgical or procedural journey.</td>
</tr>
<tr>
<td>5</td>
<td>Effective corporate and clinical governance underpins the PPP process.</td>
</tr>
</tbody>
</table>
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 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 2: PPP as part of the perioperative patient journey**

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>PRE-PROCEDURE PREPARATION</th>
<th>ADMISSION</th>
<th>SURGERY</th>
<th>POST SURGERY</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient referred to surgeon/proceduralist who refers the patient for admission to hospital.</td>
<td>Patient Health Questionnaire (PHQ) and Discharge Planning Questionnaire (DPQ) are reviewed by the clinical screener and triaged for Pre-Procedural Preparation (PPP).</td>
<td>Patient presents to hospital for admission on the day of their surgery/procedure. Pre-procedure/surgery preparation is completed. Patient is reviewed by their procedural anaesthetist.</td>
<td>Patient readied for surgery/procedure +/- anaesthesia and transported to appropriate area. Surgery/procedure is performed. Patient transferred to Recovery area.</td>
<td>Post surgery/procedure protocol care given. Post surgery/procedure instructions recorded in patient’s record. Patient returned to EDO unit/ward for post surgery/procedure protocol driven postoperative care.</td>
<td>When clinical protocol for discharge is satisfied, patient is given information on post surgery/procedure care and pain management. Emergency contact details provided. Patient provided with follow up appointment and further information as required.</td>
</tr>
</tbody>
</table>
Diagram 3: The Service Framework for PPP

**Perioperative Service Leadership**
- **Senior Surgeon or Proceduralist**
- **Clinical Champion**

**Multidisciplinary team (shared care)**
- **Para Clinical Clerk, Nurse**
- **Anaesthetist, Nurse**
- **Nurse**

**The Patient Journey - Components of Care**
- **Recieves & registers**
  - Recommendation for Admission.
  - Schedules procedure & lases with operating theatres.
  - Receives Patient Health Questionnaire & Discharge Planning Questionnaire and files for review.

- **Patient Health Questionnaire Review & Triage**
  - Triage by preset guidelines for further anesthetic review if required.
  - Patient/Surgeon/Procedural Anaesthetist may request review.

- **Collation of recent investigations**
  - and medical reports from GP, surgeon, proceduralist, other specialist or other hospitals.

- **Discharge Planning**
  - Questionnaire-Assessment, Triage & Coordination of Allied Health, Sub specialty team, Interpreters, GPs.

- **Pre-Admission Clinic Bypass**
  - Patient for admission on day of surgery.
  - Patient Education & Instructions by preset guidelines (fasting & medications) via telephone.
  - Setting patient/carer expectations (length of stay).

- **Patients triaged to Pre Admission Clinic**
  - Further Anaesthetic, Discharge Planning review required and/or Multidisciplinary team review for major surgery.

- **Day of Surgery**
  - Final review by procedural Anaesthetist (gatekeeper) & Nursing review.

**Process Review**
- **Example:** PHQ completed
  - Patient scheduled

- **Example:** Patient triaged appropriately

- **Example:** No duplication of tests
  - All information available

- **Example:** Appropriate home support services organised

- **Example:** Patient arrives on day of surgery with optimal preparation

- **Example:** Patient optimised for hospital stay & discharge

- **Example:** Patient proceeds safely to surgery

**Feedback & Review**
- Example:
  - PHQ completed
  - Patient scheduled

- Example:
  - Patient triaged appropriately

- Example:
  - No duplication of tests
  - All information available

- Example:
  - Appropriate home support services organised

- Example:
  - Patient arrives on day of surgery with optimal preparation

- Example:
  - Patient optimised for hospital stay & discharge

- Example:
  - Patient proceeds safely to surgery
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.

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**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).
Surgeon/proceduralist distributes PHQ & DPQ to patient

RFA receipt and register

Patient Health Questionnaire (PHQ) / Discharge Planning Questionnaire (DPQ)

PHQ & DPQ triage by Clinical Screener and commences education as appropriate

PAC attendance requested by:
patient (and carer), Surgeon or Procedural Anaesthetist

Phone interview for further information

Written education & instructions

Pre-admission Clinic Review:
a) General PAC (Anaesthetist and Nurse)
b) Multidisciplinary PAC

Pre-admission Clinic Review

Phone call on day prior to surgery with nurse - education and instructions

Day of Surgery Review by Procedural Anaesthetist

Diagram 4: PPP Triage Process
Rescinded

Rescinded

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.

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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.
<table>
<thead>
<tr>
<th>Frontline PPP team member</th>
<th>Role</th>
</tr>
</thead>
</table>
| **Clerk/Para Clinical Clerk** | ■ 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.  
■ Collates PHQ, DPQ and other paperwork required.  
■ Checks patient details and ensures PHQ is complete.  
■ Requests patient medical records.  
■ Updates Patient Administration & scheduling systems.  
■ Arranges and coordinates patient appointments.  
■ Collates investigations and test results for review.  
■ Medicare processing.  
■ Assists in collecting data for KPIs. |
| **Nurse** | ■ Screens PHQ, RFA for PAC or PAC bypass.  
■ Coordinates the Pre-Procedural Preparation process.  
■ Collates investigations and flags abnormal results to the anaesthetist.  
■ Organises or performs blood tests, ECG and spirometry in ‘one stop’ PAC.  
■ Provides patient with pre operative education information and instructions necessary for their hospitalisation.  
■ Organises discharge planning for all patients including identifying patients who may require community-based services (e.g. Community Acute/Post Acute Care).  
■ Provides information on patient’s rights and responsibilities. |
| **Anaesthetist** | ■ Screens PHQ, RFA for PAC or PAC bypass.  
■ Medical assessment of triaged PAC patients.  
■ Orders relevant investigations and consultant referrals to ensure optimal patient condition for surgery or procedure.  
■ Follows up abnormal results.  
■ Liaises with procedural anaesthetist.  
■ Liaises with surgeon.  
■ Refers to and organises post-operative High Dependency Unit (HDU), Intensive Care Unit (ICU) as appropriate.  
■ The anaesthetist may be assisted by an anaesthetic registrar in the PAC. |
<table>
<thead>
<tr>
<th>Multidisciplinary Team Member</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allied Health staff</strong></td>
<td>- 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)</td>
</tr>
<tr>
<td><strong>Sub specialty Clinical Nurse Consultant</strong></td>
<td>- Provides sub specialty surgical or medical nursing advice, information, education individualised to the patient.</td>
</tr>
<tr>
<td><strong>GP</strong></td>
<td>- Provides advice to the perioperative team as the patient’s primary physician.</td>
</tr>
<tr>
<td></td>
<td>- May be involved in pre operative assessment of the patient.</td>
</tr>
<tr>
<td></td>
<td>- Provides pathology and radiology results to the team.</td>
</tr>
<tr>
<td></td>
<td>- Advises and refers patients to services that may be required post-operatively.</td>
</tr>
<tr>
<td><strong>Sub specialty Surgical Junior Resident and Career Medical Officers</strong></td>
<td>- Arranges medical admission for patients presenting for major surgery.</td>
</tr>
<tr>
<td></td>
<td>- Manages the patient’s medications during the perioperative period in consultation with relevant specialists.</td>
</tr>
<tr>
<td><strong>Hospitalist</strong></td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td>- Reports to the anaesthetic clinical leader.</td>
</tr>
<tr>
<td></td>
<td>- Provides medical/surgical admission for patients presenting for major surgery and for patients with significant comorbidities.</td>
</tr>
<tr>
<td><strong>Other consultants</strong></td>
<td>- Provide specialist consultation services to assess specific condition (e.g. cardiac, respiratory, endocrine).</td>
</tr>
<tr>
<td></td>
<td>- Provide advice and treatment in relation to optimising the patient for surgery.</td>
</tr>
<tr>
<td><strong>Surgeon or proceduralist</strong></td>
<td>- Completes RFA and distributes PHQ, DPQ to patient.</td>
</tr>
<tr>
<td></td>
<td>- Provides baseline clinical history and information on the procedure/surgery required.</td>
</tr>
<tr>
<td></td>
<td>- Obtains written informed consent from the patient for the surgery or procedure.</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Governance</th>
<th>Activities/Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Area Health Service</strong></td>
<td>- Executive sponsorship for the establishment of Perioperative Services.</td>
</tr>
<tr>
<td></td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td>- Directly engages frontline clinical leaders in this task.</td>
</tr>
<tr>
<td><strong>Hospital/Facility</strong></td>
<td>- Frontline clinician as the Director of the Perioperative Service.</td>
</tr>
<tr>
<td></td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td>- Supports the establishment of a Perioperative Service of anaesthetists, nurses, and para clinical clerks for PPP.</td>
</tr>
<tr>
<td></td>
<td>- Engages the Director of the Perioperative Service in meeting KPIs for access, wait list, EDO, DOSA and cancellations on the day of surgery targets.</td>
</tr>
<tr>
<td><strong>Perioperative Service</strong></td>
<td>- 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:</td>
</tr>
<tr>
<td></td>
<td>- Develop the service framework for Pre-Procedure Preparation including standardised systems and processes.</td>
</tr>
<tr>
<td></td>
<td>- Develop the multidisciplinary perioperative team.</td>
</tr>
<tr>
<td></td>
<td>- Liaise with and facilitate the work of key stakeholders also responsible for the surgical or procedural patient journey.</td>
</tr>
<tr>
<td></td>
<td>- Take responsibility for reviewing and managing key performance indicators and other clinical or operational process outcomes.</td>
</tr>
</tbody>
</table>
4. Key Performance Indicators

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

<table>
<thead>
<tr>
<th><strong>State KPIs</strong></th>
<th><strong>Benchmark</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Booked patient cancellations on the day of surgery (any reason)</td>
<td>&lt; 2.0%</td>
</tr>
<tr>
<td>% of patients cancelled due to a medical condition (subset)</td>
<td>&lt;1.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Suggested local KPIs</strong></th>
<th><strong>Benchmark</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients through a PPP process</td>
<td>100%</td>
</tr>
<tr>
<td>% of patients who attended PPP assessment through:</td>
<td></td>
</tr>
<tr>
<td>- telephone interview</td>
<td></td>
</tr>
<tr>
<td>- General pre-admission clinic (anaesthetist and nurse)</td>
<td>Depends on local service</td>
</tr>
<tr>
<td>- Multidisciplinary pre-admission clinic (PAC)</td>
<td></td>
</tr>
<tr>
<td>Average time spent by patient in PAC</td>
<td></td>
</tr>
<tr>
<td>- General PAC (anaesthetist and nurse)</td>
<td>2 hours</td>
</tr>
<tr>
<td>- Multidisciplinary PAC</td>
<td>4 hours</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients who ‘did not attend’ on the day of surgery</td>
<td>&lt; 0.5%</td>
</tr>
</tbody>
</table>
5. Reference List & Further Reading


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

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)

<table>
<thead>
<tr>
<th>Operation</th>
<th>Hospital</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>When taken?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Patient Health Questionnaire

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

- High blood pressure
- Chest pain or ‘angina’
- Heart attack
- Any other heart condition e.g. heart valve, pacemaker
- Lung problems needing hospital
- Troublesome shortness of breath
- Chronic bronchitis
- Asthma
- Should you be using a puffer (e.g. Ventolin)?
- Other lung or breathing problems (e.g. sleep apnoea)
- Reflux of acid or food - heartburn, gastritis
- Diabetes
- Epilepsy or fits
- Stroke
- Blackouts or fainting
- Blood clots or a bleeding disorder
- Anaemia
- Previous blood transfusion
- Kidney condition
- Hepatitis or liver condition
- Has your doctor prescribed for you Prednisone, cortisone or other steroids
- Is there a condition that runs in the family e.g. thalassemia, muscle dystrophy?
- Do you have any other health issues not mentioned above e.g. hormone therapy, poor teeth, rheumatoid arthritis?
- Any infectious disease (‘golden staph’, HIV, TB)
- Are you pregnant?
- Do you smoke?
- Do you drink alcohol?
- Have you completed this questionnaire for yourself

□ No □ Yes 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.

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)

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>How much?</th>
<th>How often?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?.................................................................
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of any problems your child has with general anaesthetics?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>In your child’s family are you aware of any problems with general anaesthetics?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you or your child have any questions about the anaesthetic?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does your child have at present or have they ever had:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A recognised medical condition or syndrome?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Heart problems</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asthma</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Should your child be using a puffer (e.g. Ventolin)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other lung or breathing problems (e.g. snoring, stops breathing during sleep-sleep apnoea)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reflux of acid or food - haemorrhoidsian hernia</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Previous exposure to cortisone, similar steroids</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Epilepsy or fits</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bleeding or bruising problems</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Bleeding or bruising problems in a family member</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Anaemia or previous blood transfusion</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Kidney condition</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hepatitis or liver condition</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is your child’s immunisation up to date?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Has your child had exposure to measles, chicken pox or any other infectious disease in the last 3 weeks?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is there a condition that runs in the family e.g. thalassemia, muscle dystrophy?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Appendix 3: Discharge Planning Questionnaire

Template form for Adult patients

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 do 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
   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 ... ..........................................................................................................

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

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:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing/Showering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toileting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business matters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Nurse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Care Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals On Wheels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Care/Therapy Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Department</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNC Discharge Liaison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomal Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA/PAC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D &amp; A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Requires Pre-Admission Clinic Yes No

Appointment made by (administrative staff) Signature Date

Appointment date
Appendix 4: Pre-Admission Medical-Anaesthetic Assessment

<table>
<thead>
<tr>
<th>Date:</th>
<th>By:</th>
<th>Anaesthetic Fellow</th>
<th>Unit No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgeon / Team:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planned Procedure:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General: ASA 1 2 3 4 5**

<table>
<thead>
<tr>
<th>Age:</th>
<th>Sex:</th>
<th>Weight:</th>
<th>Height:</th>
<th>BMI:</th>
<th>kg/m²</th>
</tr>
</thead>
</table>

**History of present illness:**

<table>
<thead>
<tr>
<th>Cigs:</th>
<th>Pack/ys</th>
<th>Alcohol:</th>
<th>g/d</th>
</tr>
</thead>
</table>

**Intercurrent Illnesses:**

- Nil

**Relevant Anaesthetic History:**

- Nil

**Perioperative Management Plan:**

- Admission process explained: [ ]

**Take usual medications on DOS [ ] except:**

- Perioperative Options Discussed: [ ]
- Perioperative Risks Explained: [ ]

**Admission Status:**

- Day Only
- Extended Day Only
- [ ] Day of Surgery Admission (>night)
- [ ] Full Admission

**Signature:**
# PRE-ADMISSION EXAMINATION & EVALUATION

## CARDIOVASCULAR
- **Exercise tolerance:**
- **Limited by:**
- **BP:**
- **HR:**
- **JVP:**
- **Carotids:**
- **HS:**
- **Ankle oedema:**
- **Pulses:**

## RESPIRATORY
- **SpO₂:** %
- **Breadthness:**
  - Nil
  - Moderate Exertion
  - Mild Exertion
  - At Rest
- **Examination:**
  - CXR / CT:
  - Spirometry, Lung Function Tests:
  - ABCs on:
  - %O₂:
  - pH:
  - pCO₂:
  - Base:
  - BE:

## AIRWAY & TEETH
- **Malampulla / Call Bears:**
- **Class:**
  - Class 1
  - Class 2
  - Class 3
  - Class 4

## NEUROLOGICAL
- **Power:**
  - **UL:** 15
  - **LL:** 15
- **Pupils:**
  - **R:**
  - **L:**

## OTHER

## BLOOD RESULTS
- **BIOCHEM:**
  - Na:
  - K:
  - Cl:
  - TacO₂:
  - BSL:
  - Creat:
  - Ca:
  - LFTs:
- **HABEM:**
  - Hb:
  - WCC:
  - PLTs:
  - INR:
  - APPT:
- **GROUP & SCREEN:**

---

**NSW HEALTH The Pre-Procedure Preparation Toolkit 2007 PAGE 27**
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:

<table>
<thead>
<tr>
<th>Medications</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Chronic Problem</th>
<th>Duration (years)</th>
<th>Control / Stability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>☐ Well controlled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Poorly Controlled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Well controlled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Poorly Controlled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Well controlled</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Poorly Controlled</td>
</tr>
</tbody>
</table>

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? ☐ 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.

<table>
<thead>
<tr>
<th>Information for patients should include:</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of the operation to be performed.</td>
<td></td>
</tr>
<tr>
<td>Expected benefits of the surgery and risks involved.</td>
<td></td>
</tr>
<tr>
<td>Approximate length of stay in hospital.</td>
<td></td>
</tr>
<tr>
<td>Overview of usual recovery for the patient’s procedure including:</td>
<td></td>
</tr>
<tr>
<td>■ When the patient will usually eat and drink.</td>
<td></td>
</tr>
<tr>
<td>■ Mobilise.</td>
<td></td>
</tr>
<tr>
<td>■ Return home.</td>
<td></td>
</tr>
<tr>
<td>Degree of pain anticipated and how the pain is relieved, e.g. details of techniques e.g. patient controlled analgesia.</td>
<td></td>
</tr>
<tr>
<td>Approximate time off work needed.</td>
<td></td>
</tr>
<tr>
<td>When will it be safe to resume normal activities e.g. driving?</td>
<td></td>
</tr>
<tr>
<td>The perioperative screener’s contact details for the patient to ring if:</td>
<td></td>
</tr>
<tr>
<td>■ They cannot attend.</td>
<td></td>
</tr>
<tr>
<td>■ There has been a significant change to their medical condition.</td>
<td></td>
</tr>
<tr>
<td>■ Their medication has changed.</td>
<td></td>
</tr>
<tr>
<td>■ They need advice.</td>
<td></td>
</tr>
<tr>
<td>What to bring on the day of admission?</td>
<td></td>
</tr>
<tr>
<td>Car parking/hospital map and or other transport arrangements.</td>
<td></td>
</tr>
<tr>
<td>Hospital visiting times for relatives.</td>
<td></td>
</tr>
<tr>
<td>Fasting times and other pre operative preparation can be discussed.</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 7: Referral Guidelines for Allied Health Personnel

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

<table>
<thead>
<tr>
<th>Allied Health Personnel</th>
<th>Referral guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietician</td>
<td>Patients for PEG insertion to organise feeding systems.</td>
</tr>
<tr>
<td></td>
<td>Cachectic patients for perioperative nutritional support.</td>
</tr>
<tr>
<td>Drug &amp; alcohol</td>
<td>Life style advice e.g. smoking cessation, reducing alcohol intake.</td>
</tr>
<tr>
<td></td>
<td>Acute management of withdrawal with perioperative cessation of recreational drugs.</td>
</tr>
<tr>
<td>Interpreter service</td>
<td>Patient request.</td>
</tr>
<tr>
<td></td>
<td>The patient’s principal language used at home is not English.</td>
</tr>
<tr>
<td></td>
<td>Also refer to interpreter service guidelines.</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>Patient may need assistance with activities of daily living post operatively e.g. operating on ‘good’ eye or limb.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>For patients staying two or more nights in hospital, a pharmacist may obtain a full medication history (including complementary medicines).</td>
</tr>
<tr>
<td></td>
<td>In consultation with medical staff may assist in providing information to patients on particular medications (e.g. insulin) prior to surgery.</td>
</tr>
<tr>
<td></td>
<td>Arrange specific medications to be available (if not normally available) for the patient’s admission.</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>Patient is having a major procedure that requires specific education e.g. use of crutches, deep breathing and coughing exercises, circulation exercises, mobility assistance.</td>
</tr>
<tr>
<td></td>
<td>Specifically, cardio and/or thoracic surgery; upper abdominal surgery; joint replacement surgery; and significant medical comorbidities e.g. CAL.</td>
</tr>
<tr>
<td>Podiatry</td>
<td>Specific to lower limb amputation process &amp; assessment of viable limb and mobilisation.</td>
</tr>
<tr>
<td>Social work</td>
<td>Patient lives alone.</td>
</tr>
<tr>
<td></td>
<td>Patient is a primary carer for a family member.</td>
</tr>
<tr>
<td></td>
<td>Patient needs advice regarding transport, accommodation, financial support, and access to community services.</td>
</tr>
<tr>
<td>Speech pathology</td>
<td>Patients undergoing major head and neck surgery where speech and swallowing may be a problem post procedure.</td>
</tr>
</tbody>
</table>
## Glossary: List of Acronyms and Abbreviations

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

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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 Trusket, Surgeon, Prince of Wales Hospital
Ms Jacqueline Van Der Waals, NUM, Auburn Hospital
Dr Drew Fitzpatrick, Cardiologist / Proceduralist, Nepean Hospital

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