SA Health

Pathway for Pre-Operative Assessment for Booked Adult Elective Surgery

February 2019

Government of South Australia

SA Health

Disclaimer
Information in this statewide pathway is current at the time of publication.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the pathway to that clinical situation.

If for good clinical reasons, a decision is made to depart from the pathway, the responsible clinician must document in the patient's medical record, the decision made, by whom and detailed reasons for the departure from the pathway.

This statewide pathway does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for:

- discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes the use of interpreter services where necessary,
- advising consumers of their choice and ensure informed consent is obtained.
- providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct and
- documenting all care in accordance with mandatory and local requirements.

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Contents

About this Pathway

This pathway was developed by an Expert Working Group and associated sub-working groups with membership from various adult South Australian Local Health Networks. For a complete list of members refer to Appendix 1.

The purpose of this document is to outline an optimal pathway for the pre-operative assessment of adults undergoing elective surgery in South Australian public hospitals. It aims for early differentiation of low and high risk patients to enable streaming of patients into the most appropriate care pathway. In doing so, a comprehensive assessment of the patient can be completed to identify risk factors and appropriately managed them. Early streaming of patients according to their surgical and anaesthetic risk will allow:

- Adequate preparation to ensure that patients are fit for surgery.
- Appropriate use of limited resources towards those who are at higher risk.
- Patients to be inconvenienced as little as possible.

It is intended that this pathway will evolve and refine over time in line with best practice and to meet operational needs. As such this pathway should be treated as a living document which will adapt as required without the need to revisit the development phase.

The pathway described in this document is designed for the pilot phase of implementation. As such, the final version of the State-wide pathway may be a refined version of the pathway presented in this document.

Principles

The principles underpinning this pathway are:

- Early assessment of a patient's risk and needs is fundamental to planning their care.
- Care planning must be multidisciplinary and involve the consumer and their primary care provider.
- Coordinated care across hospital departments is essential to ensure seamless management of patients.
- The Baylor STEEEP™ principles of Safe, Timely, Effective, Equitable, Efficient and Patient-centred care should be considered at each stage of the patient journey.
- An evidence base should underpin each step in the processes, whenever possible.
- Appropriately qualified staff should be empowered to make clinical decisions about patient care and should be supported through a collaborative interdisciplinary approach to care.
- Consistent pre-operative pathways, practices and training should occur across institutions to allow flexibility in the use of limited surgical resources.
- The requirements for groups with specific needs are respected at each step of the pathway.

Definition of Pre-Operative

For the purposes of this document the term 'pre-operative' refers to the period of time from the clinical decision that surgery is indicated until the time that surgery is performed.

Scope

The scope of this pathway includes all adults undergoing elective surgery in South Australian public hospitals. This pathway also provides recommendations for implementation in particular population groups

including patients of Aboriginal or Torres Strait Islander descent, patients residing in residential aged care, country patients and prisoners.

This pathway relates to Category 1, 2 and 3 elective surgery patients who are ready for care as described in *Elective Surgery Policy Framework and Associated Procedural Guidelines.* Category 4 patients or 'Not ready for Care' patients are out of scope of the pathway.

This pathway should be considered in conjunction with other relevant SA Health pre-operative policies and directives. Likewise, the pathway is designed to complement existing Local Health Network pre-operative processes. This includes consideration of the need for advanced care planning as outlined in section 4.7.2 of the Policy Directive: Resuscitation Planning – 7 Step Pathway.

Introduction

It is well documented that a systemised, coordinated, evidence-based approach to preoperative preparation and planning can improve quality of care, reduce morbidity and mortality, improve length of hospital stay and ensure optimised use of healthcare resources.

The size and scope of preoperative preparation services is increasing due to the increasing incidence of patient comorbidities, such as obesity, cardio-respiratory disease and diabetes which require more detailed assessment and management. In addition, as the population ages so does the number of patients at risk of surgical and anaesthetic complications. This is particularly relevant in South Australia, which has the highest proportion of older people on mainland Australia.

In order to meet this growing demand, there is a need to adopt innovative and efficient pre-operative assessment processes in our hospitals. This pathway is underpinned by four main foundations of best practice management of pre-operative assessment. These are:

1. Use of self-assessment checklists
2. Early screening and identification of at risk patients
3. Efficient use of limited resources
4. A multi-disciplinary approach to patient care
5. Person centred care and shared decision making.

An explanation of the way in which these elements have been incorporated into the pathway is described below.

<u>Use of Self-Assessment Checklists</u>

As part of this systematic approach to risk stratification, self-assessment checklists have been shown to be a cost-effective and safe way to identify a patient's surgical and anaesthetic risk. This pathway draws on this evidence, with a health questionnaire (Appendix 2) forming the first step of the pre-operative pathway.

The use of questionnaires to supplement a pre-operative consultation process is also consistent with the *Guidelines on Pre-Anaesthesia Consultation and Patient Preparation* set out by the Australian and New Zealand College of Anaesthetists, which states:

> *'As part of the pre-admission process, written or computer-generated questionnaires, screening assessments, or documented telephone assessment by medical or nursing staff may be used to supplement the consultation...*'

<u>Early Identification of at Risk Patients</u>

The *Guidelines on Pre-Anaesthesia Consultation and Patient Preparation* stipulate the need for the early identification of at risk patients to ensure that '*all factors related to assessment and optimisation for surgery, anaesthesia and pain management'* are considered. This pathway encourages early identification of moderate to high and indeterminate risk patients to ensure that they are appropriately managed in the pre-operative phase. It does so through the distribution of health questionnaires at the point at which a decision is made that surgery is indicated and by stipulating clear timeframes (2 working days) to conduct a first line

assessment. Similarly, clear timeframes are specified for conducting the second line assessment process to ensure that pre-operative plans are developed and enacted for moderate and high risk patients.

Efficient use of Limited Resources

The identification of patients who have a low surgical and anaesthetic risk provides an opportunity to ensure that they avoid unnecessary tests and appointments as recommended by *Choosing Wisely Australia*. In this pathway appropriately qualified and credentialed Nurses are tasked with the responsibility of stratifying patients according to their self-reported risk factors. The ability of nurses to accurately assess a patient's pre-operative health status and readiness for surgery has been demonstrated in a number of studies and, in doing so, limited anaesthetist resources can be directed towards patients with known risk factors.

The use of telephone based structured pre-operative consultation has shown to be a reliable mechanism by which to assess a patient's surgical and anaesthetic risk. The use of a telephone based service is also a more cost effective model and is more convenient for patients than attending an outpatient clinic. This pathway incorporates a nurse-led telephone based consultation, which has the function of not only confirming information provided by the patient in their health questionnaire, but also as a means of communicating important information to the patient prior to the day of surgery and answering any questions the patient may have. Where the telephone conversation identifies that the patient is of higher risk than initially assessed, the patient is streamlined into a second line assessment process to ensure that an appropriate pre-operative plan is developed and implemented.

Where clinically appropriate and where resources exist, telemedicine should also be utilised to create additional efficiencies as well as more timely and accessible care for patients. This is particularly relevant to those patients described under the heading '*Recommendations for Application to Particular Patient Groups*'.

Multi-Disciplinary Approach to Patient Care

There is strong evidence to support the use of a multi-disciplinary approach to patient care, particularly due to the growing complexity of patients as described above. The benefits of using a multi-disciplinary approach to the management of high risk surgical patients include ensuring an evidence based approach, more timely management of patients, greater patient experience and better clinical outcomes. This pathway incorporates a multi-disciplinary approach to the second line assessment process so that collaborative care planning can occur for patients identified as having an intermediate, moderate or high surgical and anaesthetic risk.

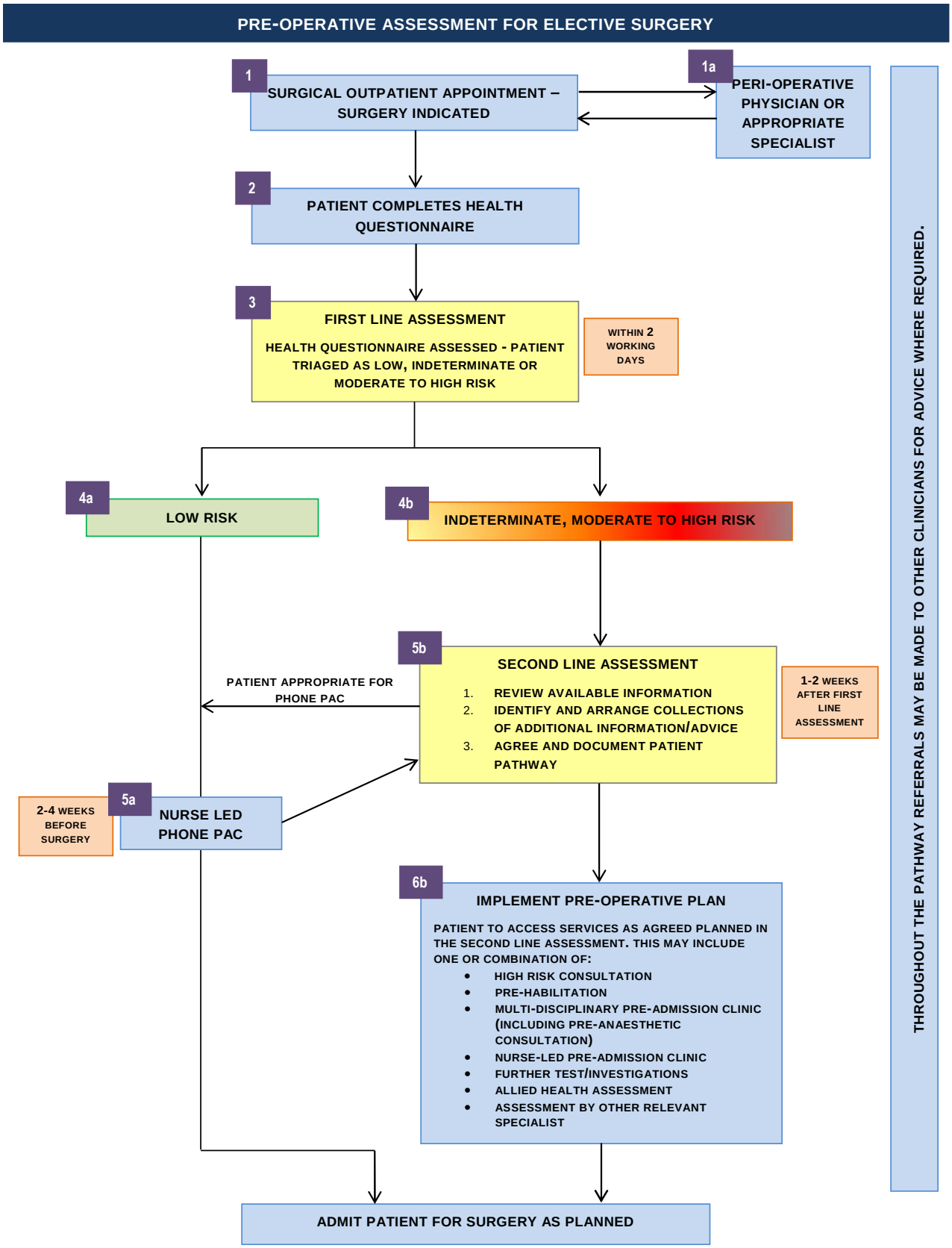
Person centred care and shared decision making

SA Health's eight principles of patient centred care are:

1. Respect for the patient's values, preferences and expressed needs
2. Coordination and integration of care
3. Information, communication and education
4. Physical comfort
5. Emotional support and alleviation of fear and anxiety
6. Involvement of family and/or carers
7. Continuity and transition
8. Access to care.

This pathway supports these principles by facilitating early assessment of the patient to ensure better coordinated and integrated clinical care as the patient transitions between inpatient and outpatient care. The pathway also provides multiple opportunities for communication with the patient and their family/carers to identify the patient's values and preferences and to discuss their physical and psychological comfort as well as inform and educate the patient.

Pathway



THIS PATHWAY ASSUMES THAT THE PATIENT IS FIT FOR SURGERY AND REMAINS FIT. WHERE THE PATIENT BECOMES UNFIT FOR SURGERY, THEY SHOULD FLOW BACK TO THE SECOND LINE ASSESSMENT FOR FURTHER REVIEW AND CARE PLANNING.

How to Use the Pathway

The following provides steps for use of the pathway:

1. The patient attends a surgical outpatient appointment and a decision is made that surgery is indicated. As part of this consultation, the surgeon is encouraged to refer the patient for any tests and investigations that are considered necessary for the safe conduct of the surgical procedure. This will assist the streamlining of the patient's care and is particularly important for Category 1 elective surgery patients where there is a short timeframe to undertake surgery.

1a. This recognises that opinion may be sought from a peri-operative physician prior to decision making about the patient's appropriateness for surgery.

2. The patient is provided with a health questionnaire to complete from either administrative or nursing staff. If the patient requires assistance in completing the health questionnaire, this should be provided by surgical outpatient nursing staff, or equivalent. Once the patient has completed the questionnaire it should be provided to the pre-admission nursing staff for assessment.

3. Within 2 working days the pre-admission nurse should assess the patient's surgical and anaesthetic risk. The nurse should refer to the 'Statewide Adult Pre-Admission Health Questionnaire – Guide for Use' for guidance where necessary. The 'Surgical and Anaesthetic Assessment and Pre-Operative Plan' form should be completed to record the outcome of this assessment. This process makes up part of the pre-anaesthetic assessment, which assists in the decision-making around whether a pre-anaesthetic consultation with an anaesthetist occurs weeks or months pre-operatively, or on the day of surgery. As part of this process, consideration should be given to the identification of any supports the patient will need to facilitate timely discharge following their surgical procedure.

Low Risk Patients

For patients who are low risk, follow pathway steps 4a and 5a below.

4a. The patient has been assessed as low risk and a reminder should be set 2-4 weeks prior to the estimated or planned surgical date for a phone based pre-admission clinic to occur.

5a. The nurse completes a phone based pre-admission assessment and, based on this, decides whether the patient's initial assessment of being low risk is accurate or whether the patient requires a further face-to-face assessment. This decision is documented on the '*Surgical and Anaesthetic Assessment and Pre-Operative Plan'* form. As part of this process the nurse should also identify any pre-surgical tests and investigations considered necessary for the safe conduct of the surgical procedure and mail referral forms to the patient to complete these. Where the patient remains low risk they are to be admitted as planned. The pre-anaesthetic consultation should occur on the day of surgery for these patients, with appropriate staff time and facilities to support this process. Where the patients risk profile has changed, the patient is to be booked into a face-to-face clinic and a consultation with an anaesthetist should occur.

Indeterminate, Moderate or High Risk Patients

For patients who are assessed as having an indeterminate, moderate or high risk, the steps below should be followed:

4b. In assessing the results of the health questionnaire, it has been determined that the patient has an indeterminate, moderate or high risk and therefore further advice or investigations are warranted. Where further diagnostic testing or investigations are required, referrals for these should be arranged. Should

advice be needed from a particular specialty area, this should be sought. Once this information has been collected, a multi-disciplinary second line assessment process should occur.

5b. A multi-disciplinary second line assessment meeting is held. During this meeting all available information about the patient is reviewed and any additional information required to facilitate decision making is identified. Where necessary an additional meeting may be required when further information has been obtained. The outcome of the assessment should be documented on the *Surgical and Anaesthetic Assessment and Pre-Operative Plan'*. This will include any referrals to other clinics or specialties and the recommended pre-admission clinic. As part of this process it may be identified that the patient may be most appropriately cared for through a nurse-led phone PAC and anaesthetic consultation on the day of surgery. This may include patients who have recently had a face-to-face assessment.

6b. Implement the care plan for the patient. When the plan has been achieved and the Anaesthetist is satisfied that the patient is ready for surgery, complete section 5 of the *Surgical and Anaesthetic Assessment and Pre-Operative Plan'* form indicating that the patient is ready for surgery. A timely pre-anaesthetic consultation should occur as part of this process.

The patient should then be admitted for surgery as planned as per local processes.

Recommendations for Application to Particular Patient Groups

Aboriginal and Torres Strait Islander Patients

Consideration should be given to the most appropriate pre-operative assessment process for Aboriginal and Torres Strait Islander patients. Where patients reside in rural and remote locations, consideration should be given to the delivery of pre-operative services in a location close to home such as a local health service or through the patient's usual doctor or health care worker. The *Primary Care Pre-Operative Assessment* form (Appendix 4) can be used for this purpose and it is the responsibility of the pre-operative clinic to liaise with local health professionals to arrange the assessment. In cases where the patient needs to travel to a hospital for clinical reasons an Aboriginal Liaison Officer should be utilised.

Country Patients

Many country patients must travel long distances to attend clinics in metropolitan hospitals. These patients benefit greatly when their care is streamlined through the use of pathways which allow them to be assessed without having to travel to the city on multiple occasions. Many will be suitable for phone-based PAC or have face-to-face assessments performed by their local doctor using the *Primary Care Pre-Operative Assessment* form. It is the responsibility of the pre-operative clinic to make contact with the patient and/or their local doctor to request that the assessment be completed. These patients would subsequently have an anaesthetic consultation on the day of surgery unless the information gained indicates a need for anaesthetic consultation at the metropolitan hospital regardless. The patient should also be made aware of the process.

Patients Residing in Residential Aged Care Facilities (RACF)

Bringing a patient residing in a Residential Aged Care Facility to an outpatient clinic is a significant imposition to them, their family and the facility. As such, these factors should be considered when determining whether patients should attend face-to-face consultation in hospital. Alternative options, such as phone-based PAC and pre-operative assessments performed by medical professionals visiting RACF's should be considered. This should be scheduled in conjunction with the facility and the *Primary Care Pre-Operative Assessment* form should be utilised.

Prisoners

Similar logistic issues arise when prisoners require elective surgery. Alternative options, such as phone-based PAC and medical professionals visiting prisons should be considered for pre-operative assessments

for prisoners. The *Primary Care Pre-Operative Assessment* form should be used for this task. It is the responsibility of the pre-operative clinic to liaise with relevant staff at the prison to ensure this occurs.

Culturally and Linguistically Diverse (CALD) Patients

The cultural and spiritual needs of all patients and their carers/families should be considered when providing care. The provision of culturally appropriate care should be informed by local and SA Health policies and procedure. Consideration should also be given to the best way to communicate with patients from culturally and linguistically diverse backgrounds. This is of particular importance when patients are completing written material, such as the health questionnaire contained in this pathway. Assistance such as access to an interpreter should be offered to patients who require it.

Support Following Surgery

As part of the pre-operative assessment process, consideration should be given to the living arrangements of the patient and the impact that these arrangements may have on post-operative recovery. For example, one in four households in Australia is a lone-person household[1]. These patients may not have access to informal care and assistance following surgery, such as personal grooming and assistance with cooking and cleaning. Identification and communication with the patient about the post-surgical supports they require should be integrated into the pre-operative assessment irrespective of the pathway they are streamed into. Additionally, identification of patient goals through a shared decision making process should be undertaken.

Measuring Success

A number of outcome measures will be used to inform whether the pathway has achieved its objectives and inform the need to refine and improve the pathway and associated documents prior to broader roll-out. These measures of success include:

1. How often was something missed in the workup of sufficient significance to risk deferring surgery/anaesthesia or affecting outcome?
    - This will be reported by the reported by the Clinician treating on the day of surgery.
    - Comparisons will be made prior to and following implementation of the pathway.
2. What is the estimated cost of the old and new models?
    - This will consider both clinical time and resources needed to support the pathway compared to the existing pathway.
    - This will also consider some estimate of the costs to individual patients in time and/or financially
3. Consumer satisfaction with the pathway.
    a. This will be reported by patient surveys
4. The proportion of patients that are successfully managed in the first line assessment pathway alone?
5. The proportion of patients who move to the second line assessment but ultimately do not attend clinic?

Baseline pre-implementation measures will be developed as the first phase of the implementation phase.

[1] Australian Institute of family studies

Appendices

Appendix 1

Pathway for Pre-Operative Assessment for Adult Elective Surgery Expert Working Group Membership

Guy Ludbrook, Head of Acute Care Medicine Discipline and Professor of Anaesthesia, Royal Adelaide Hospital and University of Adelaide (Co-Chair)

Simon Jenkins, Director of Anaesthesia, Lyell McEwin Hospital (Co-Chair)

Penny Joyes, Project Manager, System Redesign and Clinical Improvement, Department for Health and Ageing (Executive)

Christine Aldridge, Nurse Consultant Preadmission, Noarlunga Hospital

Chris Beare, Head of Service, Perioperative Internal Medicine, Division of Medical Sub-Specialties, Northern Adelaide Local Health Network

Teresa Bueti, Nurse Unit Manager Consulting Rooms Mount Gambier and Districts Health Service

Dianne Callahan, Nurse Unit Manager Pre Admission Service, Northern Adelaide Local Health Network

Aileen Craig, Specialist Anaesthetist, Flinders Medical Centre

Christopher Dobbins, Head of Unit Trauma Service, Royal Adelaide Hospital

Melissa Franco, Assistant Administrative Manager Surgical Directorate, Royal Adelaide Hospital

Catherine Gibb, Consultant Physician Perioperative High Risk Clinic, Royal Adelaide Hospital

Mathonsi Jila, Specialist Anaesthetist, Northern Adelaide Local Health Network

Cathy Miller, Vascular Physician, Flinders Medical Centre

Shona Osborne, Senior Consultant Anaesthetist, Royal Adelaide Hospital

Richard Walsh, Specialist Anaesthetist, The Queen Elizabeth Hospital

Lyn Whiteway, Consumer representative

Ann Wilkie, Clinical Services Coordinator Pre-Operative Assessment Clinic, Royal Adelaide Hospital

First Line Assessment (Health Questionnaire) Working Group Membership

Aileen Craig, Specialist Anaesthetist, Flinders Medical Centre (Chair)

Penny Joyes, Project Manager, System Redesign and Clinical Engagement, Department for Health and Ageing (Executive)

James Black, Anaesthetic Consultant, Flinders Medical Centre

Christopher Dobbins, Head of Unit Trauma Service, Royal Adelaide Hospital

Kelly Galuszka, Senior Clinical Pharmacist Pre-Operative Assessment Clinic, Royal Adelaide Hospital

Conor Marron, Consultant Vascular and Endovascular Surgeon, Flinders medical Centre

Shona Osborne, Senior Consultant Anaesthetist, Royal Adelaide Hospital

Pat Ranieri, Senior Project Officer Safety and Quality Department for Health and Ageing

Lyn Whiteway, Consumer representative

Second Line Assessment Workshop Attendees

Guy Ludbrook, Head of Acute Care Medicine Discipline and Professor of Anaesthesia, Royal Adelaide Hospital and University of Adelaide (Co-Chair)

Simon Jenkins, Director of Anaesthesia, Lyell McEwin Hospital (Co-Chair)

Christine Aldridge, Nurse Consultant Preadmission, Noarlunga Hospital

Chris Beare, Head of Service, Perioperative Internal Medicine, Division of Medical Sub-Specialties, Northern Adelaide Local Health Network

James Black, Anaesthetic Consultant, Flinders Medical Centre

Dianne Callahan, Nurse Unit Manager Pre Admission Service, Northern Adelaide Local Health Network

Lisa Consalvo, Elective Surgery Coordinator, Country Health SA Local Health Network

Christopher Dobbins, Head of Unit Trauma Service, Royal Adelaide Hospital

Melissa Franco, Assistant Administrative Manager Surgical Directorate, Royal Adelaide Hospital

Kelly Galuszka, Senior Clinical Pharmacist Pre-Operative Assessment Clinic, Royal Adelaide Hospital

Mathonsi Jila, Specialist Anaesthetist, Northern Adelaide Local Health Network

Penny Joyes, Project Manager, System Redesign and Clinical Improvement, Department for Health and Ageing

George Kiroff, Consultant Surgeon, The Queen Elizabeth Hospital

Conor Marron, Consultant Vascular and Endovascular Surgeon, Flinders medical Centre

Elizabeth Murphy, General Surgeon, Lyell McEwin Hospital

Amy Ross, Manager, Acute Systems Service Improvement, Department for Health and Ageing

Julia Strawbridge, Nurse Unit Manager 23hour surgical unit and preadmission clinic, Modbury Hospital

Angie Tomlin, Nurse Unit Manager Pre-admission Clinic, Flinders Medical Centre

Lyn Whiteway, Consumer representative

Ann Wilkie, Clinical Services Coordinator Pre-Operative Assessment Clinic, Royal Adelaide Hospital

Appendix 2

Government of South Australia
SA Health

Adult Elective Surgery Pre-Admission Pack

UR no: _____

Surname: _____

First Name: _____

DOB: _____ Sex: _____

1. PATIENT DETAILS

Office Use Only

Height: _____ Weight: _____ BMI: _____

Communication considerations? ☐ Interpreter required Language: _____

☐ Auslan ☐ Other: _____

Does the patient have a carer? ☐ No ☐ Yes

Carer details _____

_____

Does the patient require mobility support? ☐ No ☐ Yes

_____

Post surgical social supports? _____

_____

MRO status ☐ MRSA ☐ VRE ☐ Hepatitis ☐ Other _____

Readiness for Surgery

☐ Patient health questionnaire completed Date: _____

☐ Received by pre-admission clinic Date: _____

☐ Assessed by PAC nurse ☐ Phone PAC ☐ 2nd assess needed Date: _____

Phone PAC

☐ Phone PAC completed

Date: _____

☐ Patient suitable for DOSA **OR**

☐ Further assessment/advice needed

2nd Line Assess

☐ Assessment completed

Date: _____

☐ Patient ready for surgery

Date: _____

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SA Health

Surgical and Anaesthetic Patient Health Questionnaire

UR no: _____

Surname: _____

First Name: _____

DOB: _____ Sex: _____

2. PATIENT/CARER TO COMPLETE

Name of person completing this form _____

You are the ☐ Patient ☐ Patient's carer ☐ Other _____

Date _____

For the questions below, 'you' refers to the patient

Please list ALL the medication you are currently taking below—include medications from Doctors, Pharmacies, health shops and supermarkets (attach another page if you need more space). Refer to last page for medications to include.

Medication name	Strength	How do you take it?
Eg. Coloxyl	*50mg*	*2 tablets in the morning*

Do you use a Webster Pack or dosette/pill box for your medications at home? ☐ No ☐ Yes

If yes, who fills the pack/box? _____

Please provide the name and phone number of usual community pharmacy (if known):

_____

Do you have any allergies/sensitivities to medications, food or other substances? ☐ No ☐ Yes

Allergy to (please list)	Reaction (what happens to you)

Have you ever had a problem with anaesthetics? (If yes, write details below) ☐ No ☐ Yes

_____

_____

_____

Has a blood relative ever had problems with anaesthetics? (If yes, write details below) ☐ No ☐ Yes

_____

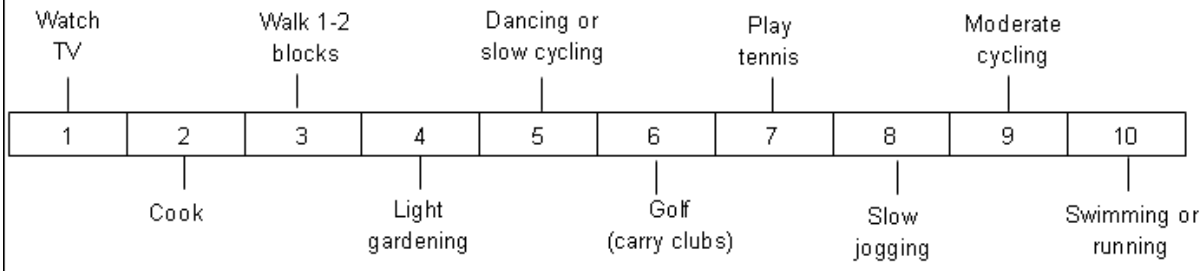
_____

_____

Do you smoke? ☐ No ☐ Yes

How many alcoholic drinks do you have a week? _____

On the scale below, please rate your fitness:



Please list all the surgeries you have had below:

Type of surgery	Where you had surgery	When you had surgery

For the conditions below, please tick all conditions that you currently have or have had in the past:

☐ Heart condition? If so, what condition? _____

☐ Stroke/mini-stroke/TIA ☐ Pacemaker ☐ High blood pressure

☐ Asthma (If yes, specify severity) ☐ Mild ☐ Moderate ☐ Severe

☐ Smoking-related lung disease ☐ Recurrent pneumonia

☐ Home oxygen ☐ Cold, flu or respiratory infection in the last 4 weeks

☐ Obstructive sleep apnea (stop breathing during sleep) ☐ Regular use of a CPAP

☐ Other lung/breathing conditions? Please specify _____

☐ Acid reflux or heartburn

☐ Arthritis? If so, what type? _____

☐ Diabetes If, so, how is it controlled? ☐ Diet ☐ Tablet ☐ Insulin / Other Injected

Please indicate usual blood sugar level (if known) _____

☐ Steroid use in the past year ☐ Tablets ☐ Steroid puffer ☐ Steroid cream ☐ Other

☐ Other endocrine or hormonal conditions (specify)

☐ Cancer (specify type) _____

How was/is it treated? ☐ Chemotherapy ☐ Radiotherapy ☐ Surgery

Is your cancer ☐ Still being treated ☐ In remission

☐ Liver or kidney disease or condition (specify) _____

☐ Autoimmune disease (specify) _____

☐ Neurological condition (specify) _____

☐ Other blood disorder (specify) _____

☐ Mental health condition (specify) _____

Are you currently pregnant or breastfeeding? ☐ Pregnant ☐ Breastfeeding

Are you able to lie still for over an hour? ☐ No ☐ Yes

Are you able to lie flat (with one pillow) for up to an hour? ☐ No ☐ Yes

If you answered no to either question, specify why below:

_____

_____

_____

If you have any medical conditions not already listed on this form, please list them below:

_____

_____

_____

_____

Do you see any medical specialists other than a GP? ☐ No ☐ Yes

If yes, please provide details _____

_____

_____

_____

If yes, do you consent to us contacting them to obtain medical information? ☐ No ☐ Yes

If required, would you accept a transfusion of blood or blood products? ☐ No ☐ Yes

Before the day of surgery

You will see the anaesthetist on the day of surgery and will have an opportunity to ask any questions you may have.

Would you like to see the anaesthetist prior to the day of surgery? ☐ No ☐ Yes

If yes, what would you like to speak to them about? _____

_____

_____

Do you have an Advanced Care Directive? ☐ No ☐ Yes

MEDICATIONS TO INCLUDE

When completing a list of medications, please remember to include the following:

- Blood thinners
- Pain killers (including anti-inflammatories)
- Complementary /herbal/natural medicines
- Indigestion/reflux tablets
- Puffers/inhalers for your lungs
- Medications you use occasionally
- Patches applied to the skin
- Regular injections
- Eye, ear or nose drops/sprays
- Creams/ointments containing medications
- Laxatives/antidiarrhoeals
- Non-prescription medications
- Hormone tablets
- Sprays/tablets under the tongue
- Sleeping tablets
- Weekly/monthly tablets
- Recreational drugs
- Clinical trial medications
- Steroid medications

Appendix 3

Statewide Adult Pre-Admission Health Questionnaire

Guide for Use

Version No.: 1

1. Purpose

The purpose of this document is to provide guidance for staff in SA public hospitals regarding the use of the Statewide Adult Pre-admission Health Questionnaire (Health Questionnaire) (see Attachment 1) for patients undergoing elective surgery. This includes key considerations for interpreting patient responses to the questionnaire as well as recommendations for streaming patients according to these responses.

It should be noted that this guide is not intended to replace the clinical judgement of health professionals and provides broad guidance only.

2. Background

In February 2017 a statewide project commenced to develop a consistent, standardised approach to the pre-operative assessment and management of adult elective surgery across South Australia (see Attachment 2). As part of this patient pathway it was agreed that an initial process was required to stream patients into two groups:

1. Low risk
2. Indeterminate or moderate to high risk.

A multi-disciplinary working party was established to develop a process to stratify patients into these two groups and the outcome of this was the development of the Statewide Adult Pre-admission Health Questionnaire.

3. Aim of Health Questionnaire

It is intended that this Health Questionnaire will be completed by patients at the time of the surgical outpatient appointment when a decision is made that elective surgery is required. The Health Questionnaire will then be provided to a suitably experienced Nurse in the Pre-admission Clinic to stratify patients into two groups:

1) Patients who have a low surgical and anaesthetic risk. These patients will have access to a phone based nurse-led pre-admission clinic.
2) Patients who have an indeterminate, medium to high surgical and anaesthetic risk. These patients will be subject to a second line assessment process in order to decide on the most appropriate pre-admission pathway including the option of attending a face-to-face pre-admission clinic.

Patients should be advised to bring in all their medications to their surgical outpatient appointment in advance to assist with completing the questionnaire (a list alone is not sufficient) in their original packaging.

4. Principles

Use of the Health Questionnaire in SA public hospitals to stream patients according to their anaesthetic and surgical risk is underpinned by the following principles:

- A holistic approach to assessment should be taken, which considers the patient's medical and social circumstances.
- Assessment and subsequent decision making should be patient-centred and consider the needs and wants of the patient and their carer. Where there is a patient preference to attend a face-to-face clinic, this request should be met.
- Where there is doubt or concern about the patient's surgical or anaesthetic risk, decision making should err on the side of caution. This may include the use of additional diagnostic testing, seeking advice from other health professionals or requesting that the patient attend a face-to-face pre-admission clinic.

5. Communication with Patients about the Health Questionnaire

Patients may express concerns about completing the Health Questionnaire. It is important that they be reassured about the purpose of the questionnaire and that they are informed about the way in which the information will be used. In particular the following should be communicated to the patient:

- The Health Questionnaire provides meaningful information about their health that will assist with decision making regarding their care. For this reason it is important that information is accurate and complete.
- Inform patients about who will see the information contained in their Health Questionnaire
- Explain how the information provided in the Health Questionnaire will inform their treatment (eg. Particular medication will need to cease prior to surgery to reduce anaesthetic risk).

6. Guide to Decision-Making

6.1 High risk and complex operations

It is recommended that all patients who are undergoing a major or complex operation attend a face-to-face pre-admission clinic and are not assessed via a phone based pre-admission clinic. Consideration should be given to liaising with other health professionals to obtain additional information for country, high acuity residential care and custodial patients.

6.2 Patient age

Consideration should be given to the age of the patient and whether this will put them at higher risk of an adverse surgical or anaesthetic outcome. The presence of aged related conditions such as dementia, delirium and frailty should also inform decision making regarding the need for a face-to-face assessment. Engagement of carers for older patients should be considered. Engagement of carers and/or GPs for older patients should also be considered as it is often possible to collate large amounts of information on patients within these groups.

6.3 Medications

The number of medications as well as the presence of high risk medications used by the patient should be considered. The medications a patient is taking will give an indication of the patients' co-morbidities that may put them at a higher anaesthetic or surgical risk.

Advice to patients about the withholding of particular medications prior to surgery, or the temporary adjustment of dosage (eg. insulin), may be required. It is also important to ensure that certain essential regular medications are taken as directed on the morning of surgery, where appropriate. Where patients are using a high number of medications or high risk medications, it is recommended that patients are placed in the indeterminate or moderate to high risk stream and that advice be sought from a hospital pharmacist about the peri-operative management of these medications. Patients' ability to comprehend instructions relating to the pre-operative management of their medications also needs to be assessed and appropriate supports put in place where necessary.

It is recommended that patients are placed in the indeterminate or moderate to high risk stream and that advice be sought from a Pharmacist for patients who meet any of the following criteria:

- On any antiplatelets or anticoagulants (eg aspirin, clopidogrel, ticagrelor, prasugrel, dipyridamole, warfarin, dabigatran, rivaroxaban, apixaban, enoxaparin)
- Diabetics on treatment (eg Insulin, non-insulin injectables, oral hypoglycaemic agents)
- On any opioid medication or opioid substitution program
- Have a Dose Administration Aid (DAA) packed by their pharmacy (eg Webster Pack, Medico Pak, Medi-sachets)
- Patients who have Myasthenia Gravis, Parkinson's Disease or Epilepsy
- On clozapine
- Have ≥5 regular medications
- Age ≥ 70 years

6.4 Social circumstances of the patient

The social circumstances of the patient should be considered including:

- Assistance with activities of daily living post-surgery.
- Mobility/access concerns eg. The presence of stairs in their home, ability to drive post-surgery
- Assistance with tasks such as caring for children.
- Where the patient is a carer, the need to arrange respite.
- Post-surgical transportation, particularly for country patients.

Where these are of concern, it may be appropriate to contact the patient to discuss strategies.

6.5 Co-morbidities

The presence of co-morbidities that place patients at higher surgical or anaesthetic risk should be considered. It is important to review the medications listed by the patient as well as identified medical conditions when evaluating the presence of co-morbidities.

6.6 Inability to complete the health questionnaire

It is recommended that patients who are unable or unwilling to complete a health questionnaire should be contacted via phone in the first instance to understand barriers and provide assistance. If the patient is unable to be contacted or is a poor historian it may be advisable for the patient to attend a face-to-face pre-admission clinic. These patients should be offered appropriate support in attending a clinic including access to an interpreter where required.

6.7 Special needs groups

There are a number of 'special needs' groups that will be identified as part of the health questionnaire including:

- Aboriginal and Torres Strait Islander patients
- Patients who reside in residential aged care
- Prisoners
- Patients with mental health conditions
- Culturally and linguistically diverse patients
- Country patients

Consideration should be given to ensuring that additional information is sourced as required to inform clinical decision making. This information may be sourced through the engagement of the patient, carers, GP or other health professionals either in writing, face-to-face or via telephone.

7. Attachments

Attachment 1 – Statewide Adult Pre-admission Health Questionnaire
Attachment 2 – State-wide Adult Pre-admission Pathway flowchart

Document developed by: Service Redesign and Clinical Engagement
Next review due: 8/05/2022

Approval Date	Version	Who approved New/Revised Version	Reason for Change

Appendix 4

Government of South Australia
SA Health

Primary Care Pre-Operative Assessment

To be completed by GP or MO

UR no: _____

Surname: _____

First Name: _____

DOB: _____ Sex: _____

1. SURGERY DETAILS

Surgeon: _____

Procedure: _____

Date of surgery: _____

2. ASSESSMENT

Age: _____ Weight (kg): _____ Height (cm): _____ BP: _____

Pulse (bpm): _____ SaO^2: _____

Clinical summary: _____

_____

_____

Past medical/surgical history: _____

_____

_____

Current medication (including dosage): _____

_____

_____

Anaesthetic history (including familial history): _____

_____

_____

Allergies: _____

_____

_____

Smoker: ☐ Yes ☐ No Rate: Duration: Date ceased:

Alcohol: ☐ Yes ☐ No Amount: Frequency:

Reflux: ☐ Yes ☐ No

Dentition (tick) ☐ Loose teeth ☐ Caps/Crowns ☐ Poor dentition ☐ Dentures Part or Full

Sleep studies/OSA: CPAP used

Airway/ASA status:

CVS:

Government of South Australia
SA Health

Primary Care Pre-Operative Assessment

To be completed by GP or MO

UR no:
Surname:
First Name:
DOB: Sex:

Respiratory: _____

_____

_____

Neurological: _____

_____

_____

Head/ Neck/ ENT: _____

_____

_____

GIT: _____

_____

_____

Other (please include any significant changes in health within the past 12 months ie. Increased episodes of chest pain, exacerbation of chronic health issues):

_____

_____

_____

Does the patient have an advanced care directive? ☐ Yes ☐ No

Investigations completed as part of patient's assessment (tick):

☐ CBE ☐ EUC ☐ LFT ☐ TFT ☐ ECG ☐ HbAIC

Other: _____

Please attach copies (or details of laboratory) of prior investigations that may be pertinent to this anaesthetic

3. ASSESSOR DETAILS

Name: _____

Address: _____

_____

Phone: _____ Fax: _____

Signature: _____ Date: _____

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DRAFT - For consultation

For more information

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