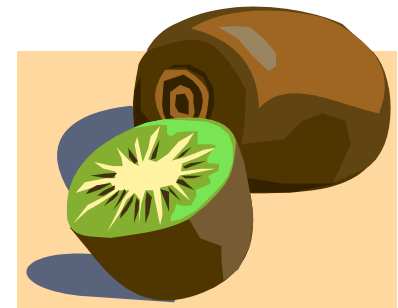
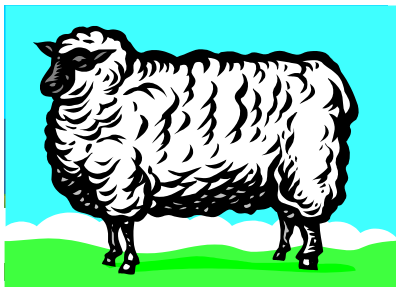


Nurse-led Preadmission at Waikato District Health Board

Debi Whitham, Elective Services
Manager
Waikato Hospital, New Zealand

- Improving the Preoperative Journey through Innovation





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Waikato Hospital

- Plans, funds and provides hospital and health services to more than 360,000 people and tertiary/trauma services to a regional population of more than 860,00
- 600 bed teaching hospital
- Employs more than 5800 people
- Almost 40% of the DHB population live rurally
- Geographical area is almost 8% of NZ

- 92,316 ED presentations
- 15,261 Elective operations
- 76,234 Inpatient discharges
- 200,894 Outpatient attendances



What is Preadmission?

- **Preadmission is essentially a clinical risk identification tool with experienced nurses assessing, planning and implementing expert preoperative education, assessment and communication**

Preadmission- Old world

- **3- 6 hours visit to PAC**
- **Clerical staff making decision on patient management**
- **Overtesting**
- **Under educating**
- **Clinics cancelled**
- **Patients cancelled on DOS**

INNOVATION.. Change was required



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Key outcomes

- Decreased cancellation of clinic
- Decreased theatre cancellations
- Maximise alternate preadmission process
- Decrease average length of stay
- Increased patient satisfaction

Method

- Implement generic health and discharge questionnaire- RN review and triage
- Preoperative plan implemented
- Patient history and assessment by RN
- Alternate preadmission process instigated

Discharge Planning Questionnaire

Although preparing for surgery can sometimes be stressful, organising care for when you go home is very important and can help alleviate some of your anxiety. As part of your discharge plan we will anticipate the day of discharge for you prior to your arrival at the hospital. This can help you to get things ready at home.

The questions below will help us to see what support and care you will require to ensure you have a safe and speedy recovery. You may not be admitted until your discharge arrangements are in place and we may be able to assist with some arrangements.

General support

What are your current living arrangements?

- Live alone
 With others (i.e. partner/children)
 Sole caregiver for someone who is dependent on you

If you are the sole caregiver for a dependent, you will need to consider making arrangements for their care during your hospital stay and up to five days after your discharge or as advised by your surgeon.

Who will be caring for you on your discharge to help with your recovery?

Name _____

Relationship _____

Contact details including address _____

Formal supports

Do you currently have any formal supports (i.e. home help, meals on wheels)? Please state who, and for how many hours per week.

Once you have a theatre date please notify your formal supports of your hospital admission.

If you think that you require resthome/hospital care for a short time after discharge you are responsible for making the arrangements. You may also be responsible for any costs associated with this arrangement.

Discharge / transport

Please let your transport person that discharge time is 10am.

Who will pick you up and take you home on your day of discharge?

Name _____

Phone number (mobile / landline) _____

If you are in Waikato and unable to be collected by 10am Waikato Hospital Transit Lounge is a comfortable and safe place to wait until your transport arrives. It is staffed by nurses and volunteers who will provide refreshments, recliner chairs, television and toilet facilities. There are 10 minute car parks outside the Transit Lounge making it easy for you to be picked up from there.

Please feel free to add any further comments / concerns regarding your discharge.

Patient Label
Name: _____
NI: _____ DOB: _____
Address: _____

Preoperative Screening - Patient questionnaire

- You have been given this form as you are being considered for an operation/procedure for which you will need an anaesthetic.
- We need the information requested in this form to assess your needs and plan your care accordingly.
- For your safety and to avoid delays in your treatment, please fill it in as accurately and completely as possible.
- This form will initially be reviewed without your clinical notes. So when answering the questions, please do not write "See my notes" or words to the same effect.
- Complete the contact and procedure/operation section below, then answer ALL the questions on pages 2, 3 and 4, even if you think they are irrelevant to your circumstances.

In your own words, what procedure/operation are we assessing you for? *(Clinical staff may have completed this question for you)*

What is your home phone number? _____

What is your mobile phone number? *(if appropriate)* _____

What is your email address? *(if appropriate)* _____

The section below is for hospital use. Please turnover and start at the top of page 2.

Review date _____

Signature _____ Date _____

Name _____ Designation _____

Action taken: _____

Investigations required (please review any existing results)

As per guidelines	U&E	Urea	Coag	Cl-B	WY	ECG	ECGD	Other - specify:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

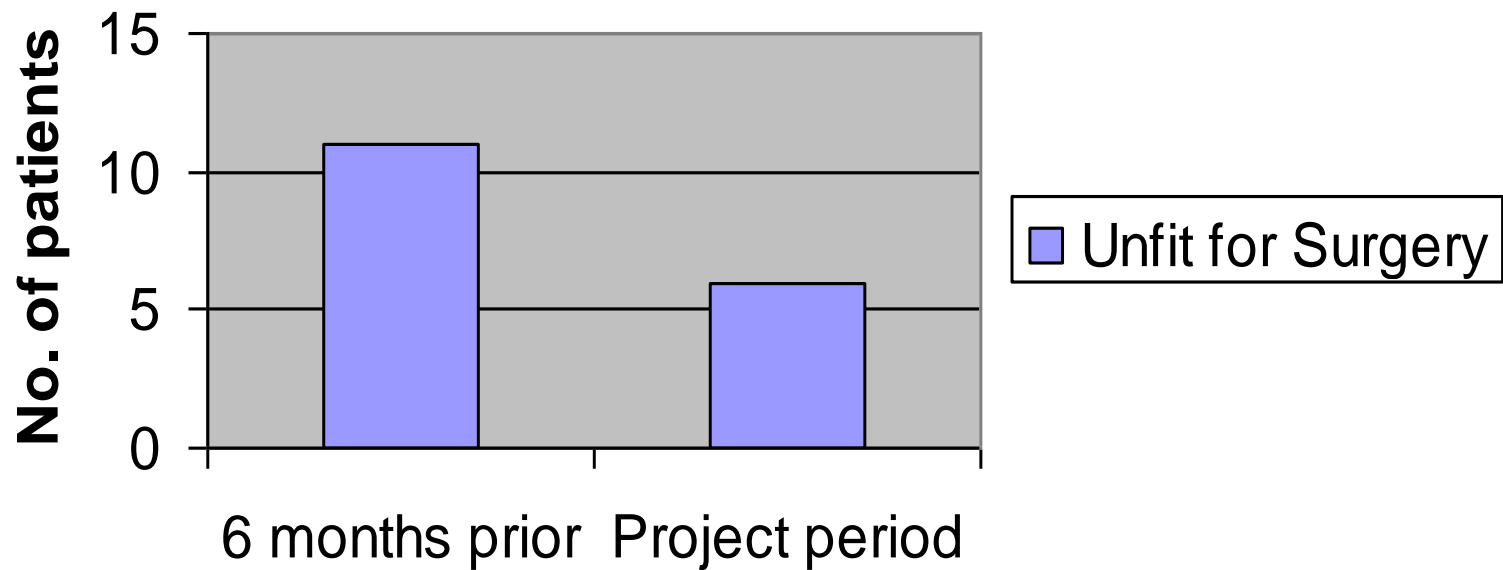
Date _____ Signature _____

To be kept in the Clinical Record under the anaesthetic section 1 of 4

Preoperative Screening

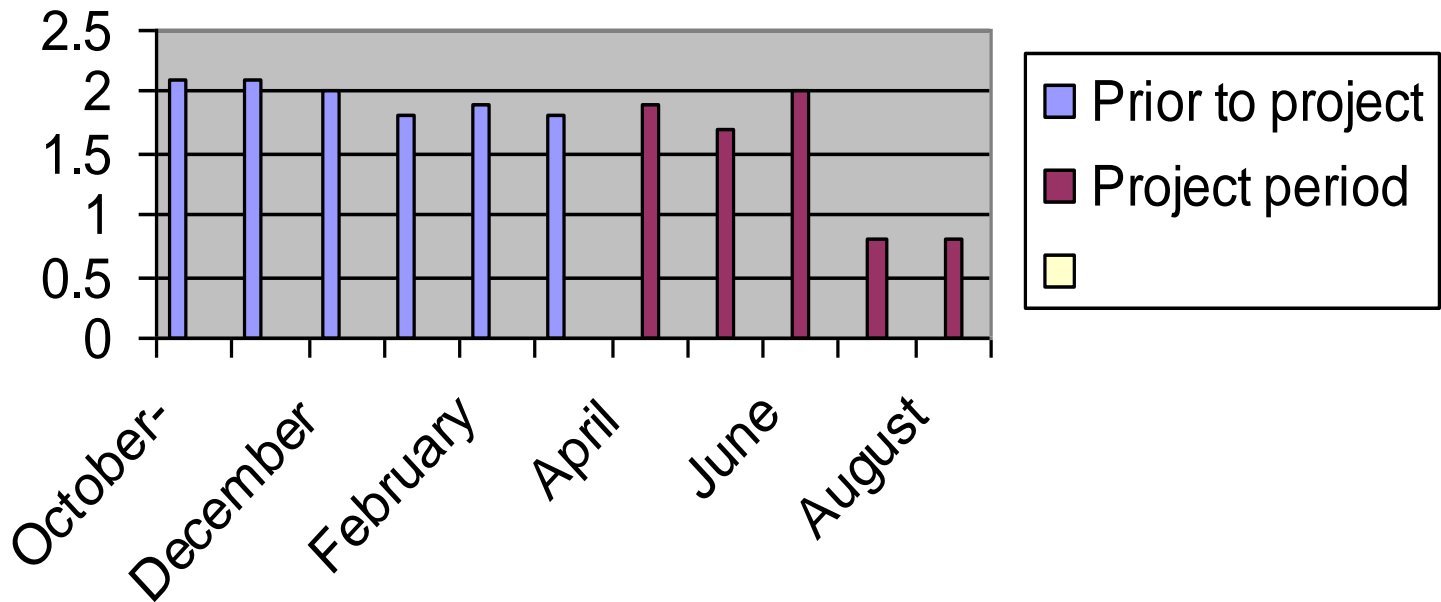


Theatre Cancellations Pre and During Project

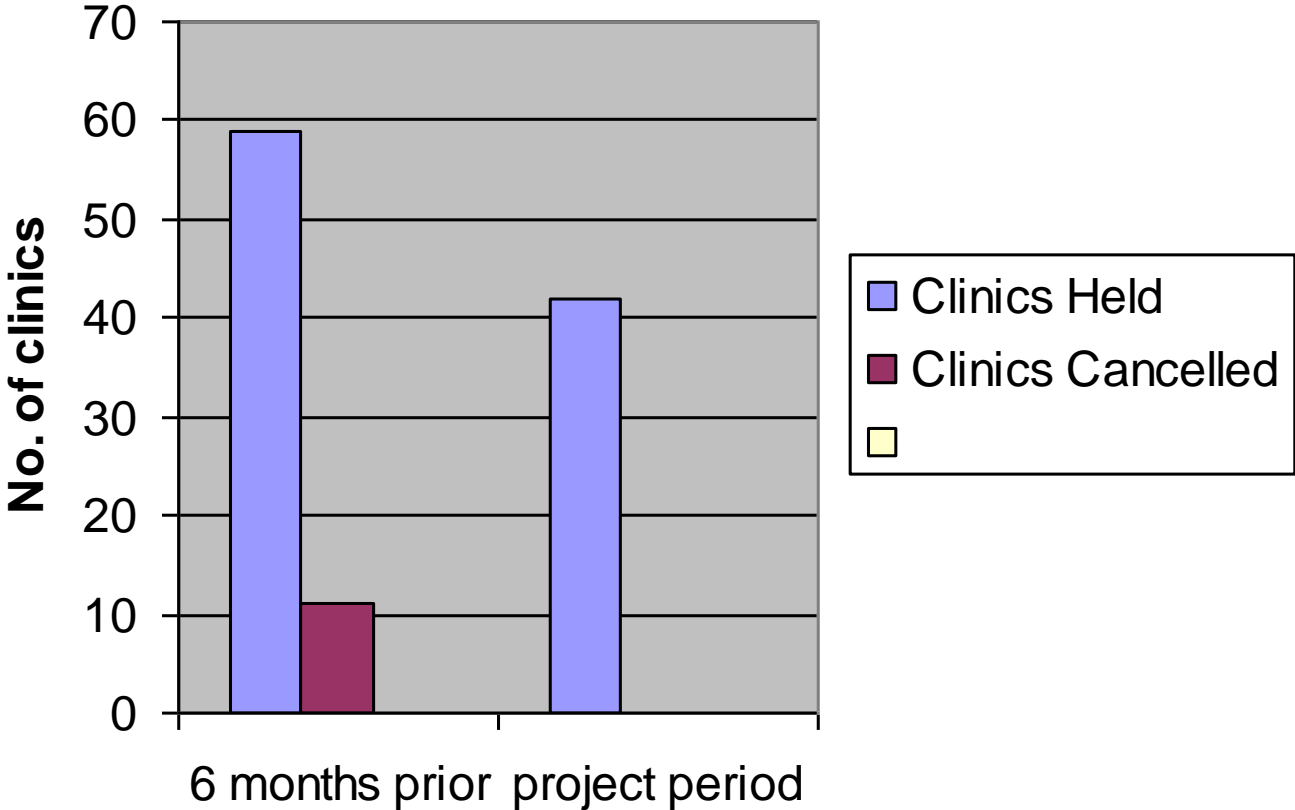


Average length of stay- Gynaecology

No. of Days stay



Preadmission Clinics



Preoperative pathway for elective surgical patients

- OPD appointment
- Waitlist referral and health questionnaire completed
- Preoperative pathway planned by Elective care coordinator
- 2 pathways to surgery- PAC or Fit and well
- Ready, fit and able
- Admission
- Procedure
- Discharge



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Achievements...

- Nurse led initiative funding secured from the Ministry of Health.
- Evaluated to be successful by Ministry of Health
- Awarded the NZ Health Innovation Award
- National demonstration site for Nurse-led preadmission

What difference has it made

- Booking clerks are not making clinical decisions
- Staff are ESPI aware so care is delivered in a timely manner according to Ministry guidelines
- Relationships have been built encouraging collaboration between medical and nursing staff
- Clinician buy-in has been sporadic depending on specialty

Preadmission Service 2009/10

- **2009/10**
- Anaesthetist, CNS, clinic nurse
- CNS- Gynae, Gen Surg, Ortho and ENT,
- 2.0- 2.5 hrs visit
- 3780 pts seen at preadmission clinic
- Discharge plan completed with every elective patient directly or during phone interview
- 1000 health questionnaires reviewed monthly by 3 CNS

Learnings

- I have learnt a lot about time, organisations and having total belief in my success
- I would go straight to “the powers that be” now as I learnt that ultimately they have the authority to give it the big tick faster and without the frustrations.
- Don't trust someone else to sell your idea to the top, they wont have your interest or passion

Where to from here ...



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Evolving Preadmission service at WDHB

- Health Target-10/11 12,545. Elective discharges
- 3192 pts seen at PAC
- 7.5 FTE Senior RNs with health assessment paper
- Team approach to facilitate cover and consistency
- ECC works closely with Preadmission service but lead and plan the patient journey

Just remember

“A vision is not just a picture of what could be..
It is an appeal to our better selves,
a call to become something more”

Unknown author.



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