Clinical Improvement Initiative
Project initiation Document

Preoperative assessment and management for adult elective surgery in South Australia

10 February 2017
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1. **Background**

Preoperative medical and allied health assessment and management aims to optimise patients’ health and ensure appropriate infrastructure and services are in place for pre-, intra-, and post-operative care. 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 service needs is increasing, along with the increasing incidence of patient comorbidities, such as obesity, cardio-respiratory disease and diabetes, requiring more detailed assessment and management. A substantial increase in capacity is therefore essential if an increase in poor outcomes, including morbidity and mortality, is to be prevented.

A best practice model for South Australian needs to address quality through best practice care, as well as optimise the use of resources, in order to meet these challenges of increased capacity in an environment of limited resources. With changes in our patient population we must review how we are providing this service, in order to prevent increases in poor outcomes. The STEEEP model of quality in healthcare acknowledges the need to address a range of factors (Safe, Timely, Effective, Efficient, Equitable and Patient-centred) when considering best practice. This is in line with the Transforming Health six Quality Principles of:

- Patient centred
- Safe
- Effective
- Accessible
- Efficient and
- Equitable.

There are a wide range of current practices across South Australia, with a varying evidence base. There are a number of examples of models or practices currently in place, or being piloted at a local, nationally or international level, which provide evidence of best practice.

There is therefore the potential to assemble a single model of care based on available evidence which consistently addresses the elements of STEEEP, but which can be modified for local needs. This has the potential to:

- optimise patient outcomes,
- meet the increased demand for services, and
- provide the flexibility needed to best match patient needs and available services.

### 1.1 Objective of the project:

The aim of the Preoperative Assessment and Management for Adult Elective Surgery in South Australia project is to develop a consistent standardised approach to preoperative assessment and management of adult elective surgery in South Australia which addresses the principles of quality embodied in STEEEP. This will be achieved by:

- identifying and reviewing existing models of care and practice elements across the state system, nationally and internationally
obtaining data relating to the project to inform decision making
> holding a workshop to highlight the challenges facing the service, to explore existing services, and to seek input into the process from a range of stakeholders
> establishment of a working party and related sub groups to explore and make recommendation/s relating to the development of an evidence based best practice model of care
> delivering on the Transforming Health strategic objectives of ensuring the best care, the first time, every time by ensuring that the project outcomes is patient-centred, safe, effective, accessible, efficient and equitable are met through this clinical improvement initiative.

1.2 Improvement to Standards of Care

Of the 284 Clinical Standards of Care that aim to ensure a quality health system, the Preoperative Assessment and Management for Adult Elective Surgery in South Australia Improvement Project will meet:

> 163. There should be adequate allied health services to support our elective surgery pathways.
> 164. Referral criteria should be established and consistently applied for commonly presented conditions.
> 165. Pre-operative assessment should be carried out to determine and optimise fitness for procedure; effective models should be introduced. For example SA Health model of telehealth care.
> 166. Pre-admission assessment must be performed by professionals with the right skills, and should be standardised, comprehensive and benchmarked for quality.
> 167. Day surgery should be performed where possible; rates should rise to meet international norms.
> 170. The decision to operate on the frail and elderly should be taken at the consultant level, using a risk categorisation tool and geriatric input where possible.
> 175. Day surgery anaesthesia should be a consultant led service. Enhanced recovery should be used for all patients. Domains include: pre-operative preparation, intra-operative issues and post-operative factors. For example comorbidities, type of anaesthetic, drains and mobilisation.

In addition the project will meet:

> The STEEP standards which are: Safe, Timely, Effective, Efficient, Equitable, Patient-centred and align themselves with the Transforming Health strategic objectives.

1.3 Project team

The State-wide Preoperative Assessment and Management for Adult Elective Surgery in South Australia has identified two co-chairs to lead the Project and a project manager has been appointed from the Transforming Health Clinical Engagement and Strategy team.

> Dr Simon Jenkins – Director Anaesthesia Lyell McEwin Hospital
> Professor Guy Ludbrook – Professor of Anaesthesia, Royal Adelaide Hospital
> Ms Jenny Tonks – Project Manager Transforming Health
2. The Project Scope

The project will focus on the development of a State-wide Model of Care for preoperative assessment and management for adult elective surgery in South Australia and a Clinical Governance Framework to deliver the Model of Care within each LHN.

2.1 State-wide Preoperative assessment and management for adult elective surgery in South Australia Model of Care

The project team will identify best practice models and work in collaboration with key stakeholders to develop a state-wide Model of Care to be delivered within each LHN based on the Transforming Health Quality Standards.

2.2 Outcomes:

The outcomes that will be delivered are:

- Clear definition of the elements required for pre-operative assessment and management, including:
  - Patient identification and referral
  - Pre-screening / pre-assessment
  - Consultation by relevant craft groups
  - Management of investigations and specialist referral
  - Risk and needs assessment
  - Development and implementation of a management plan for the relevant clinical craft groups
  - Patient communication and informed consent

- Assembly and summary of data providing an evidence-base for the elements in the Model.

- Generation of a report and recommendations, arising out of the workshop and work group meetings, outlining the background to the Model and providing a detailed Model of Care to be considered by MCAG.

- An implementation and evaluation plan for discussion with the regions.

2.3 Clinical Governance Framework:

The Expert Work Group will develop in consultation with each LHN a Clinical Governance Framework for the implementation of the Model of Care. To ensure that:

- The model is safe, effective, appropriate, consumer focussed, accessible and efficient.
- Clinical performance is monitored and managed so that identified targets for quality and safety are used to continuously improve services.
- Clinical risks are being managed effectively, with an emphasis on preventing adverse outcomes through proactive risk identification and management.
- Development and implementation of a Clinical Governance structure that includes the appointment of members, objectives, terms of reference, role descriptions and responsibilities to deliver the Model.
3. Expected benefits

Patient benefits:

- Better access to care and less inconvenience through a reduction in:
  - Time
  - Travel

- Increased engagement in their care by:
  - Improved communication
  - Improved informed consent
  - Improved satisfaction

- Reduction in 30-day mortality and morbidity

- Reduction in length of stay in hospital

System benefits:

- Reduced duplication of services
  - Within preoperative clinics/services
  - Across institutions

- Better matching of perioperative needs to capacity
  - Investment of resources in higher-risk patients pre-operatively
  - Referral to institution better matched to patient need

- Reduction in cancellation or delay to surgery
  - Inadequate patient preparation
  - Inappropriate facility/hospital

4. Key stakeholders

<table>
<thead>
<tr>
<th>STAKEHOLDER LIST</th>
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<tbody>
<tr>
<td>All LHN’s – Country Health SA, CALHN, NALHN, SALHN, WCHN.</td>
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<tr>
<td>Clinicians across all SA Health regions, Anaesthetists, Nurses, Surgeons (including resident staff), Physicians (high-risk eg cardiology, respiratory), Allied Health Professionals, GPs, Pharmacists.</td>
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<tr>
<td>Administrative staff – Surgical Unit coordinators (those managing waiting lists and bookings, nomenclature varies), Outpatient administrative/clerical staff (preoperative clinics, other PD clinics with innovative Models/elements).</td>
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<tr>
<td>Hospital management – Unit directors, Executive representatives from Regions and SA Health (including finance, quality and safety, legal, IT, HR).</td>
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<tr>
<td>Management, other services – pathology, radiology, transport services.</td>
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<tr>
<td>Professional / Industrial organisations – Colleges, Unions.</td>
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<tr>
<td>Patient representatives.</td>
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</tbody>
</table>
5. **Interfaces**

The services/groups this project and its deliverable will interface with are as follows:

- Preadmission clinics
- Anaesthetists, Surgeons, Nursing and general Medical staff
- Allied Health staff
- Pathology, medical imaging, cardiology

6. **Expected timeframe**

<table>
<thead>
<tr>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
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</thead>
<tbody>
<tr>
<td>Project Initiation</td>
<td>PID Approval</td>
<td>MCAG</td>
<td>Planning</td>
<td>Workshop</td>
<td>Stage 1: work group established and development of the Model of Care</td>
<td>MoC &amp; Governance Framework approved</td>
<td>MCAG</td>
<td>Consultation</td>
<td>Implementation Committee</td>
<td>Roll out</td>
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**References**