

Nurse directed pre-admission clinics

Ann-Marie Green *

Campbelltown Hospital, Campbelltown, NSW, Australia

Received 10 October 1999; accepted 26 November 1999

Abstract

The purpose of this article is to highlight the importance of the pre-admission process and that experienced nurses can play a vital role. The different methods of pre-operative screening will be discussed. The article will demonstrate that the Nurse Directed PreAdmission Clinic at the Day Surgery Unit, Campbelltown is effective. The objectives of the clinic to provide best possible patient care, minimise cancellations and complications, ensure patients have a well planned stay and that the post discharge and recovery period are supported will be demonstrated. © 2000 Elsevier Science B.V. All rights reserved.

Keywords: Nurse directed; Pre-admission; Clinic

1. Introduction

A Nurse Directed Pre-Admission Clinic has been in operation at Campbelltown Hospital, Sydney, Australia, for the past 10 years. Campbelltown Health Service has a dedicated Day Surgery Unit which is freestanding within the hospital grounds. The Unit consists of two operating theatres, an endoscopy procedure room, admission, recovery and discharge areas as well as the pre-admission clinic (PAC). The Day Surgery Unit is responsible for its own admissions and has a separate booking list from the main hospital. Over the past 10 years, the average number of cases treated each year was 4300. A wide range of surgical procedures are performed from toenail removal to laparoscopic tubal ligation, removal of impacted wisdom teeth and squint surgery. The Unit services a wide geographical area of South West Sydney incorporating rural and urban areas. The objectives of the PAC are:

- to provide the best possible patient care, in order to ensure a successful outcome,
- to minimise cancellations and complications on the day of surgery,
- to ensure patients have a well planned and trouble free stay in the Unit,

- to support the post discharge and recovery period by effective patient education.

It is vital that nurses establish a congruent relationship with patients and the preadmission communication plays an important role in this. Good preparation and education for the entire episode of care can only have a positive effect on the patient and the staff. Apfelbaum (1989), from the University of Chicago Hospital wrote 'We are looking to provide quality care for our patients by resolving problems in advance of the day of surgery and thereby minimise the number of cancellations and the number of complications' [1].

Good pre-operative evaluation reduces cancellations and complications, thereby increasing operating theatre usage and facility profitability [2,3]. Day surgery patients have special needs as they are more in control of their own care than inpatients. They need accurate information and it is the nurse's role in the PAC to provide this.

Patient assessment at Campbelltown is conducted within 2 weeks of the day of surgery. The patient is interviewed by an experienced Registered Nurse with the aid of a comprehensive anaesthetic questionnaire. The nurse is able to highlight any problems and consult with the anaesthetist who will be attending the patient during surgery. Pathology tests, ECG's or X-rays can be ordered by the nurse, for review by the anaesthetist prior to surgery. Patients are seen by the anaesthetist on the day of surgery. Patients who have been identified

* Present address: 53 Lagonda Drive, Ingleburn 2565, Australia.
Fax: + 61-2-46291415.

by the nurse to be at risk will have an appointment prior to the day of surgery. Unsuitable day surgery patients are also identified and arrangements made for their procedures to be done as full hospital admissions.

2. Pre-operative screening

A report on the First Continuing Medical Education Meeting states that a team approach ideally includes:

1. assessment by the surgeon or proceduralist
2. nursing assessment — oral interview, questionnaire, record of vital signs
3. clinical examination and interview by an anaesthetist [4].

A comprehensive referral by the general practitioner could also be added to this list. Penn, wrote that day surgery units need to work in close liaison with general practitioners, who having a better insight into the patient's medical and social history, should ideally indicate on their referral letters, if the patient is suitable for day surgery [5]. As the Unit services such a broad geographical area it is necessary to use pre-operative screening. There are several methods of pre-operative screening. These may be used separately or in conjunction with one another. (1) Telephone interview, (2) Facility visit -assessment clinic and pre-admission interview, (3) Formal visit with the anaesthetist as arranged by the surgeon, (4) Visit on the morning of surgery.

2.1. Telephone interview

This is a particularly good tool where distance is a factor. If the patient is unable to attend the PAC in person, the assessment is conducted via the telephone using a comprehensive health questionnaire. The episode of care is planned at this time, pre and post operative instructions are given and home care arrangements are confirmed. The patient is asked to attend their general practitioner for specific tests if required. The assessment nurse then contacts the general practitioner and discusses the necessary tests and arranges to receive the results before the day of surgery. Approximately 20% of clinics at the present time are telephone interviews.

2.2. Facility visit

This method of pre-operative assessment is used for 78% of patients at Campbelltown. The registered nurse with the aid of the health questionnaire is able to identify patients who may be at risk. The registered nurse refers patients with chronic medical disorders or other risk factors to the anaesthetist for further review

prior to the day of surgery: remaining patients are seen by the anaesthetist on the day of surgery. This system saves time yet assures comprehensive assessment of all patients, and allows the anaesthetist to focus on those patients with specific medical problems [4]. Assessment nurses become very skilled at identifying those patients who may be at risk. In addition, the questionnaire should identify patients who may require further assessment to be classified correctly. Millar et al., [6] identified that patients should be:

- properly prepared for day surgery
- not cancelled on the day of surgery for a preventable reason
- safe to undergo the procedure
- able to go home safely.

2.3. Formal visit with the anaesthetist

At the initial visit with the surgeon or proceduralist, a patient may be identified to be at risk or have special requirements. The surgeon will then make an appointment with the anaesthetist who will be attending the patient on the day of surgery. This will affect $\approx 2\%$ of patients at the present time.

The Day Surgery Report also states that 'nursing assessment should not be seen as a replacement for the clinical evaluation of the patient by the anaesthetist which is both mandatory and pivotal to optimum management of each day care patient' [4].

There needs to be good communication between the nurse and the medical staff. The assessing nurse needs to be able to contact the anaesthetist or surgeon and discuss any concerns that have been identified. Nurses should not adhere to rigid rules but be prepared to be flexible as the need arises.

A survey of the eleven anaesthetists at Campbelltown Hospital confirmed a very high level of satisfaction with the present system. They recognise that effective interaction and communication between the clinic nurse and the medical staff as central to the success of the PAC. They acknowledged the expertise of the nurse in the assessment of patients and the time saving for them.

2.4. Visit on the morning of surgery

When used alone this method has a high incidence of cancellations and associated problems for the patient and is not used at Campbelltown Hospital. A patient may take time off work and arrange transport, only to have the planned surgery postponed or deferred, and the patient has to start all over again. Alternatively, the patient may be found unsuitable for day surgery and require admission to hospital. Cancellations reduce operating theatre utilisation and cost effectiveness.

3. Patient education

Good patient education has many advantages. It alleviates patient's fear and anxiety by increasing knowledge and control and patients also have the opportunity to ask questions. Patients gain the knowledge and confidence to be responsible for their own recovery. Good education aids patient satisfaction and results in the desired clinical outcomes. Health education empowers patients to share the responsibility for their own health care [7].

Studies by Pica-Fury [8], Swindale [9], Kempe and Gelarzis [10], have found that day surgery patients were more satisfied with their health education than inpatients, and that nursing input influences the anxiety level of patients. Sutherland wrote that if a nurse is able to decrease a patient's anxiety level pre-operatively, it has been shown that this reduces the amount of anaesthesia needed, the amount of post-operative pain and decreases the recovery time [11]. Sutherland referred to Hayward (1995) when she noted that it had been suggested that lack of information has a direct bearing on the anxiety level suffered. This is useful information when nurses are required to justify the time taken to talk to patients before the day of surgery [11].

Patients need orientation to the unit, the clerical staff, the nursing staff, the procedure in the Day Surgery Unit and special orientation is required for paediatric patients, e.g. tour of the theatre, day surgery colouring-in book. Children are less fearful if the surroundings are familiar to them.

The Draft Day Surgery Policy of the Department of Health advocates greater attention being paid to comprehensive pre-admission protocols which can incorporate Nurse Directed Pre-Admission Clinics and pre-operative patient questionnaires [12]. These are used by the registered nurse in the PAC as the basis for the clinical interview. The policy also states an important factor contributing to best practice is where the staff see themselves as one component of a larger process which commences before the patient presents on the day of the procedure. This process includes a structured education program, pre-operative information packages and discharge information (which ideally is discussed when the admission is planned) [12]. The pre-admission interview is the best opportunity not only to give instructions, but to actually plan the patient's episode of care from beginning to end. Written information is also useful to re-inforce verbal instructions and should be readily available both pre- and post-operatively to gain maximum co-operation. Day surgery patients require more education and support than inpatients, as they are to go home and care for themselves with the help of relatives or friends, a few hours after surgical intervention and a general anaesthetic. The nurse conducting the pre-admission inter-

view recognises these needs. Sutherland noted that many patients have unrealistic expectations and anticipate being perfectly fit before discharge because of a short hospital stay [11].

Instructions for the day of procedure include: confirmation of the booking, fasting instructions, medications (what to take, what not to take), escort and home care arrangements, dress (what to wear and to bring), colds and illness, shaves and preps, diets, special instructions peculiar to procedure, e.g. physiotherapy prior to arthroscopy, instructions for children, recovery expectations, post discharge instructions are also discussed at this time. Millar, Rudkin and Hitchcock refer to several studies which have demonstrated that preadmission clinics reduce cancellations, investigations, overnight admissions and costs [6].

The Day Surgery Report lists the following risk factors which must be identified and also some considerations for the assessment of chronic disease.

Risk factors include: concomitant medical disorders, previous anaesthetic problems, obesity, special preoperative or postoperative care, extreme anxiety, significant psychiatric problems, severe intellectual disabilities, no responsible care-giver at home, excessive travelling distance, inability to follow instructions, a high requirement for nursing care and an unreliable or uncooperative patient [4].

Criteria used for the assessment of chronic disease are:

1. stability of disease — four levels which are stable, labile, deteriorating and previous problems with anaesthesia and surgery.
2. Extent of disease — complications, associated conditions.
3. Current therapy — pharmacodynamics, drug interactions, side effects.
4. Ability to cope at home — responsible adult at home, insight and interest [4].

In the present economic climate more complex procedures and 'less fit' patients are being included on day surgery lists. Rudkin states that "Streamlined' assessments are important, to deal with the greater patient numbers and 'less fit' patients presenting for day surgery Individual day surgery facilities must modify an assessment system to suit their facility capacity and patient needs. Emphasis must be placed on the selection of staff all of whom should be skilled in communication [13]."

Rudkin advocates patient screening by nursing and medical staff which can clearly identify the 'less fit' patients, facilitated by structured interviews, either in person and/or by phone, a written questionnaire and in the future a computerised questionnaire. To prepare the patient fully for their day of surgery brochures and videos are useful and in the future computer generated individualised instructions will assist. Teamwork and streamlined methods will minimise cancellations, surgical delays and post operative discharge problems [13].

Sutherland states that a logical, organised and problem-solving approach to care is essential when large numbers of patients are treated quickly [11].

4. Conclusion

The Nurse Directed Pre-Admission Clinic has proven to be effective at Campbelltown as indicated by the consistently low hospital admission rates of between 0.6 and 1.2% over the 10 years. Also the rate of avoidable cancellations on the day of surgery is low at 1 in 417 (Campbelltown Hospital Statistics, 1997). Careful pre-operative screening and patient education ensures a well planned episode of care with a good outcome. Those of us who work in day surgery need to be good communicators, flexible and proficient. Since our time with our patients is so limited we need to get it right. At Campbelltown, we believe our Nurse-Directed Pre-Admission Clinic plays a valuable part in the quality of care of our patients and the efficiency of our unit.

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