Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNet)

Pre-anaesthetic Evaluation Framework Implementation Guideline

Statement

The Pre-Anaesthetic Evaluation Framework aims to deliver safe, high quality healthcare and improve the efficiency of service delivery and patient outcomes through the utilisation of a suite of resources to support the appropriate and effective triage and assessment of patients undergoing procedures requiring anaesthetic.

Hospital attendance is minimised and optimal patient outcomes are maintained by streamlining processes and reducing duplication, investigation, assessment, unplanned cancellations and unexpected post-operative complications.

The resources provide a standardised model of care to support appropriate patient evaluation, risk assessment and delivery of information.

The framework has been designed with a patient focus and facilitates the involvement of patients in decision making about the care they receive.

Purpose

The Pre-anesthetic Evaluation Framework Implementation Guideline has been developed to support Hospital and Health Services to implement the framework and includes tools to support implementation, evaluation, improvement and sustainability.

Scope

This guideline applies to the implementation of the pre-anaesthetic evaluation framework in Queensland Health facilities.

Related documents

- SWAPNet Pre-anaesthetic Evaluation Framework Investigations Guideline
- SWAPNET Pre-anaesthetic Evaluation Triage Guidelines
- National Health and Medical Research Council: a guide to the development, implementation and evaluation of clinical practice guidelines
- Queensland Health Adult Integrated Pre-Procedure Screening Tool
- ANZCA Guideline on pre-anaesthesia consultation and patient preparation (PS07)
- ACI NSW Agency for Clinical Innovation: The Perioperative Toolkit
- Australian and New Zealand Society of Blood Transfusion: Guidelines for the administration of blood products

Document details

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Disclaimer:

These guidelines have been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. Information in this guideline is current at time of publication.

Queensland Health does not accept liability to any person for loss or damage incurred as a result of reliance upon the material contained in this guideline.

Clinical material offered in this guideline does not replace or remove clinical judgement or the professional care and duty necessary for each specific patient case.

Clinical care carried out in accordance with this guideline should be provided within the context of locally available resources and expertise.

This Guideline does not address all elements of standard practice and assumes that individual clinicians are responsible to:

- Discuss 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
- Advise consumers of their choice and ensure informed consent is obtained
- Provide care within scope of practice, meet all legislative requirements and maintain standards of professional conduct
- Apply standard precautions and additional precautions as necessary, when delivering care.
- Document all care in accordance with mandatory and local requirements.

IMPLEMENTATION GUIDELINE

Implementing the Pre-anaesthetic Evaluation Framework requires change. Change can be particularly challenging in the diverse, complex healthcare environment. The changes required to effectively implement the framework will not occur simply by sending out the guidelines and expecting change to happen. A project officer / lead is required to facilitate the change process.

The implementation of the framework requires the development of a project plan that addresses the purpose of the project, constraints / dependencies, benefits, strategic linkages, budget, a project schedule and incremental milestones. It should clearly define governance, scope, stakeholder management, modes of communication, risk management and expectations in terms of roles and responsibilities and deliverables within designated timeframes.

Monitoring including the identification of selected measures and effective data analysis are key to demonstrating improvement and achieving long term sustainability

1. Project plan

Creating a project plan is the first step in the implementation process. The project plan is a set of living documents that change over the life of the project.

A 'kickoff' meeting is an effective way to bring key stakeholders together to discuss the project and initiate the planning process. It provides an opportunity to demonstrate commitment from the project sponsor/s; build trust among team members and ensure everyone's ideas are taken into account.

An example of a project plan is provided (Refer to Appendix 1) or if preferred, locally developed templates may be utilised.

1.1 Introduction

The project plan introduction outlines the purpose of the project, deliverables, constraints, benefits, strategic imperative and budget.

1.2 Governance

Project governance is a critical element of any project because it defines the process through which decisions are made and provides a pathway for escalation of issues and / or barriers. It includes the identification of an executive sponsor, project lead and change champions and clarifies roles and expectations/accountability.

The role of the executive sponsor or delegate is to set executive expectation; champion the project at the executive level; provide support and advice in relation to identified barriers and review project reports. It is suggested that this could be the Executive Director of Medical Services or the Executive Director of Clinical Services or equivalent. A local project sponsor or advocate may also be required as a direct conduit to the Executive Team (this may be the Director of Anaesthesia or Service Director).

The role of the project lead is to manage and integrate the overall project; identify and manage stakeholders; manage change and communication and track and report progress.

A multidisciplinary working party may also be required to facilitate actions and data collection.

Project reporting is essential. The project lead is required to provide regular (weekly / fortnightly / monthly) reports to the project sponsor to keep them informed of project developments and a sustainability report at the end of the project to close the process. Examples of a project update report and project sustainability report are provided (Refer to Appendices 2 and 3).

Note:

It is recommended that the project lead and change champions be staff members working in the pre-anaesthetic unit or area and / or staff members who have the necessary knowledge, experience and ability to influence the change required to implement the framework.

1.3   Scope

A clear and concise definition of the scope is the key to clearly defining the parameters of the project. The scope should describe what is to be expected from a qualitative perspective and should state specifically what will be done, how it will be done, how much it will cost and when the project will be completed.

In scope

The Pre-anaesthetic Evaluation Framework is limited to all adult patients requiring surgery in a Queensland Health facility and the scope of the implementation project should be limited to the confines of the framework (other initiatives should not be incorporated into this process).

Out of scope

• Paediatric patients as they require specialist paediatric guidelines
• Specialist surgery requiring specific assessment and intervention e.g. cardiac, transplant,neurosurgery
• Emergency surgery including obstetrics
• Private healthcare facilities

1.4   Stakeholder management

Stakeholder management is the approach used to appropriately and successfully manage stakeholders (different stakeholders will require different levels of engagement). There may be a long list of people that are affected by the project. Some of these may have the power to either block or advance the project and there will be varying levels of interest.

Stakeholders will react in different ways to different project actions, however by identifying triggers and mitigation measures, complaints may be avoided. Having a change management plan and working with stakeholders through the change process will also improve buy-in, credibility and ownership.

It may be tempting to focus on stakeholders considered most likely to cause disruption to the project however stakeholders who are supportive of the project are equally important because they provide advocacy opportunities.

Once stakeholders have been identified, the project lead may choose to assess stakeholders using a stakeholder assessment tool (Refer to Appendix 4) or rate stakeholders using an Influence / Impact matrix (Refer to Appendix 5).

1.5   Communication management

For the purpose of the pre-anaesthetic evaluation project, a template is provided to support effective communication management (Refer to Appendix 6). Newsletters / notifications including key messages, posters, fact sheets and screen savers may also be useful communication tools.

1.6   Risk management

Risk management is the process of identifying risks, assessing risks and developing strategies to manage risks. Understanding potential risks and finding ways to minimise their impacts, will ensure smooth delivery and the achievement of project objectives within designated timeframes.

Risks that significantly threaten the delivery of the project should be escalated to the Executive / Local Sponsor as soon as possible.

An example of a risk and issues register template is provided (Refer to Appendix 7).

2.   Project schedule

The project schedule communicates what work needs to be performed, the resources that will perform the work and the timeframes in which the work needs to be performed. The project schedule should reflect all of the work associated with delivering the project on time. An example of a project schedule is provided (Refer to Appendix 8).

2.1 Project milestones

A project milestone is a way to observe, measure and monitor the progress and / or performance of a project. A project milestone is a task of zero duration that shows an important achievement in a project. The milestones should represent a clear sequence of events that incrementally build up until the project is complete.

Milestones provide opportunities for course correction and learning experience and can be used to maintain accountability and motivate staff.

3. Measuring, monitoring and evaluation

In addition to reporting on the status of the project, project measures are developed from the outset of the project to demonstrate improvement related to the implementation of the framework. The SMART criteria for setting goals and objectives can be used to guide decision making:

Specific   should target a specific area of improvement or answer a specific need

Measurable   must be quantifiable or at least allow for measurable progress

Attainable   should be realistic, based on available resources and existing constraints

Relevant   should align with other business objectives to be considered worthwhile

Timely   must have a deadline or defined end.

Measures (over designated timeframes) for this project may include:

- Booked patient cancellations on the day of surgery (any reason)
- Avoidable day of surgery cancellations due to poor preparation
- Percentage of patients managed through the pre-procedural process
- Percentage of patients who attended a pre-procedural assessment (ranked against ASA) via:
  - Telephone interview
  - Telehealth
  - General pre-admission clinic (face to face)
  - Multidisciplinary pre-admission clinic (complex)
- Patient experience (voice of the consumer)
- Tests ordered - compliance against guideline (retrospective chart audit- can include number of COAGS, LFT's etc. and may be available via Auscare)
- Unplanned overnight admissions and ICU admissions for anaesthetic reasons.

Patient satisfaction is an important and commonly used indicator for measuring quality in healthcare. Patient satisfaction affects clinical outcomes (timely, efficient and patient centred delivery of quality care).

Tools have been developed to assist with measures including a data collection plan template (Refer to Appendix 9); KPI status tracking report (Refer to Appendix 10) and a Pre-Anaesthetic Assessment Patient Satisfaction Survey (Refer to Appendix 11).

4. Sustainability planning

Sustainability must be planned (don't assume the idea is good and it will automatically attract future support). Ongoing monitoring, measuring and evaluation to identify ongoing improvement and opportunities for improvement are recommended. Consider incorporating project outcomes into business as usual activities and reporting.

The National Health Service (NHS) Institute for Innovation and Improvement, Sustainability model and guide provides practical advice on increasing the likelihood of sustainability.

A project sustainability report is completed as soon as possible after the completion of the project (Refer to Appendix 3).

5. Hospital and Health Service responsibilities

The Pre-anaesthetic Evaluation Framework was developed to assist hospital and health services to improve the efficiency of service delivery and patient outcomes through the utilisation of a suite of resources to support the appropriate and effective triage and assessment of patients undergoing procedures requiring anaesthetic.

Hospital and health services are responsible for the implementation of the framework (including the appointment of a project lead and other hospital and health service staff as required) and providing the necessary resources and support to complete implementation and ensure sustainability.

Hospital and health services are required to tailor the SWAPNet Triage Guidelines for Pre-anaesthetic Evaluation (designed to provide guidance of an appropriate assessment method for patients undergoing elective surgery in Queensland public hospitals) to reflect individual requirements.

6. SWAPNet responsibilities

The SWAPNet Steering Committee will act in an advisory capacity to assist hospital and health services to implement the framework.

All enquiries for assistance and support are to be progressed through the SWAPNet email account (SWAPNET@health.qld.gov.au) and / or the SWAPNet Coordinator on 3328 9164.

7. References and resources

- Institute for Healthcare Improvement, Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP San Francisco, California, USA: Jossey-Bass Publishers; 2009, The improvement Guide: *A Practical Approach to Enhancing Organisational Performance.*
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8. Version control

Version No.	Modified by	Amendment schedule	Approved by
v0.1	Karen Hamilton	Initial draft	Owain Evans, Project Lead
v0.2	Corrina Green / Karen Hamilton	Following consultation with experts	Owain Evans, Project Lead
v0.4	Corrina Green / Karen Hamilton	Final review	Owain Evans, Project Lead
v1.0	Karen Hamilton	Endorsed on 1 September 2017	SWAPNet Steering Committee
v1.1	Karen Hamilton	Revised to ensure currency on 18 August 2021.	Owain Evans, Project Lead
v2.0	Karen Hamilton	Endorsed on 10 September 2021	SWAPNet Steering Committee