



Service Priorities and Programmes Electronic Presentations

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Facilitating Patient Access to Ambulatory Surgery Care- New Service Model for Ambulatory Surgery Care: Nurse-led Pre-anaesthetic Assessment

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Introduction

Pre-anesthetic assessment is the key to safe and efficient ambulatory surgery. In the past, patients very often needed to pay several clinic visits for pre-anaesthetic assessment, optimization of medical condition and pre-operative education. Ambulatory Surgery Centre (ASC) was established in TKOH in 2007. To improve our ambulatory surgery service, Peri-operative care workflow re-engineering was carried out in 2008.

A nurse-led pre-anaesthetic assessment service, Peri-operative Care Nurse Clinic (PCNC), was developed in our ASC. The clinic aimed at providing one-stop comprehensive peri-operative care services, including pre-anaesthetic assessment, disease optimization and patient education. It greatly reduced the waiting time for pre-anaesthetic assessment clinic appointment and satisfied the fast growing demand for ambulatory surgery services in the KEC.

Objectives

- 1.To assess patients' anaesthetic risks followed by optimization before surgery
- 2.To enhance peri-operative care and patient education
- 3.To reduce patients' waiting time for pre-anaesthetic assessment
- 4.To reduce patients' number of visits for peri-operative preparation
- 5.To facilitate continuity of care

Methodology

1. One-stop Service

PCNC allows patients to have surgical consultation, pre-anaesthetic assessment and pre-operative education completed within the same day. Besides, PCNC is arranged right after the surgical consultation. It allows PCNC nurse to discuss with referring surgeon immediately whenever necessary to enhance surgical safety. Undoubtedly,

one-stop service greatly reduces the waiting time for anaesthetist consultation.

2. Clinical Scoring

Patients are categorized by the ASA grading system after pre-anaesthetic assessment and investigation screening performed by PCNC nurses. Only those with higher anaesthetic risk are referred to the anaesthetist for further management.

3. Referral Mechanism

PCNC nurses make referrals according to patients' condition and types of operations. For example, some patients are referred to GOPC/GP for optimization prior to anaesthetist consultation.

4. Phone Follow Up

Phone follow up is used to review patients' condition before surgery. For example, nurses ask about their home blood pressure reading for evaluating their blood pressure control so as to reduce the number of clinic visits for reassessment. This also helps reduce the operation cancellation rate.

Result

1. Increased service throughput: more than 300 attendances per month (2016)
2. Shortened patient waiting time for assessment to within 1 day – achievable in over 70% of patients (2016)
3. The service had been extended to UCH patients since 2011
4. Surgery cancellation rate was reduced to 3.8% and patient default rate was 1.8% (2016)
5. Over 98% of the patients were satisfied with the service as reflected in our Patient Satisfaction survey (2016)