

Developing Nurse-Led Pre-Assessment

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Good Afternoon my name is Mary Wilson and I currently work as a Pre-Assessment Sister

within the ENT and Maxillofacial Unit at Monklands Hospital Airdrie which is part of Lanarkshire Acute Hospitals Trust in Scotland.

Within the Unit I work alongside:

6 ENT Consultants

2 Staff Grade Registrars

2 Training Registrars

5 SHO'S

2 Maxillofacial Consultants

1 Associate Specialist

1 Senior Registrar

1 Registrar

4 SHO'S

Aim of Session

- To demonstrate how Nursing Staff can fulfil the Lead Role in Establishing, Running and Developing Pre Assessment Clinics.

This afternoon my aim is to demonstrate how Nursing Staff can fulfil the Lead role in Establishing, running and furthermore Developing Pre-Assessments Clinics

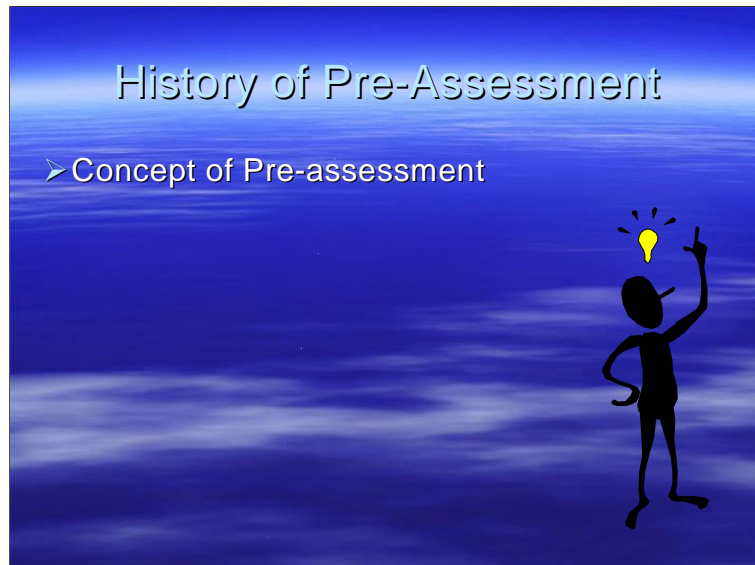
Learning Outcomes

- Demonstrate an understanding of the Protocol Based Pre-Assessment
- Outline the nature and function of a Pre-Assessment Clinic
- Highlight the Advantages of Nurse-Led Pre-Assessment

I would also like to demonstrate an understanding of Protocol Based Pre-Assessment.

Outline the nature and function of the clinic.

And lastly highlight the advantages of Nurse-Led Pre-Assessment.



HISTORY OF PRE-ASSESSMENT

Pre-Assessment clinics have been discussed since 1940 as documented by (Ferner 1976)

In the early 1990's the UK saw the introduction to the concept of Pre-Admission assessment of patients, within dedicated clinics in the attempt to provide a more efficient and affective mode of care.

According to Livingston et Al (1993) General Surgery Pre-Assessment clinics had 3 initial key functions.

- Assessment for anaesthetic fitness.
- Undertake a physical examination, take a medical history and carry out the clerking procedure in advance of admission.
- To undertake or arrange any necessary pre-operative testing and investigations required.

In turn Pre-Assessment led to:

- Increased admission rates
- Identification and sorting out of potential problems which may delay surgery.
- Better utilization of theatre time and bed occupancy.
- Reduction in length of hospital stay for the patient.

There is now known to be many types of pre-Assessment clinic in operation across the many sites these include:

Pre-Assessment undertaken by Medical Staff

Anaesthetic Pre-Assessment clinics

Nurse Led Pre-Assessment

To name but a few.

This now leads me onto Pre-Assessment within the ENT and Maxillofacial unit within Lanarkshire.

Local Context

- Lanarkshire ENT service Centralisation
- Area's covered
- Satellite hospitals

LANARKSHIRE ENT SERVICE CENTRALISATION

The ENT service in Lanarkshire was centralised on 6th October 1997 in Monklands Hospital Airdrie.

Covering a population of 500,000 and treating 4,000 ENT AND Maxillofacial inpatients per year the unit is the second largest in Scotland. With the approach of the centralisation it was decided to introduce and develop a pre-assessment clinic to assist with the management of the higher activity of inpatients expected. This clinic in turn was the first Pre-Assessment clinic within the hospital.

Based in ward 9 Monklands Hospital the ENT and Maxillofacial unit has 32 inpatient beds and 2 speciality specific High Dependency beds.

ENT Paediatric inpatient surgery is also carried out within the unit but is limited to 24 children over 3 theatre sessions monthly due to a specific Paediatric Unit not being available on site.

Areas of surgery covered range from minor examination under GA to more complex head and neck cancers.

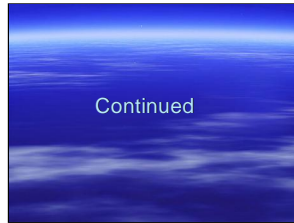
Day surgery patients are treated in a dedicated Day Surgery Unit within the hospital and also in units within the outlying satellite hospitals.

SATELLITE HOSPITALS

The Satellite hospitals within Lanarkshire are: Wishaw General Day Surgery and out patient clinics

Hairmyres Hospital Day surgery and outpatient clinics

Stonehouse Hospital only for outpatient follow up



Following the centralization of the ENT and Maxillofacial surgery service within Lanarkshire in 1997, a speciality specific pre-assessment clinic was established within the department. Whilst Nurse Led from commencement, a multidisciplinary approach was taken based on the concept of providing "complete care". SHO cover was present at the clinic at this stage.

The resulting clinic provided a one stop pre-assessment service staffed by experienced ENT and Maxillofacial surgery nurses an SHO to perform the medical clerk-in. The main aim of the clinic was to ensure all investigations were performed, relevant clinical information collected and collated and any problems resolved prior to the patients admission for surgery. Documentation, guidelines and protocols were developed within the department and clinical information recorded for a variety of professional disciplines including Anaesthetics, Nursing, Theatre staff, Pams and Surgeons.

During the development of the clinic through a number of patient questionnaires and auditing of documentation it was clear that patients felt and documentation was also highlighted that the medical clerk-in by the SHO was repetition of what the Pre-Assessment nurse had just gone through with the patient.

With extensive discussions with Consultants and the Anaesthetic department and carefully written guidelines and protocols to support and guide nursing staff and it was established that many of the Pre-assessment clinics within Lanarkshire sites would no longer require the attendance of sho's to be on site at time of pre-assessment. This in turn allowed for more productive and stimulating training for the SHO's

(Hancock,1993) documented "To undertake nurse led clinics, the nurse must be competent and confident at the procedures he/she is going to perform and show evidence of up-to-date research based practice."

It has since been shown that Patient clerking is one of the duties which nurses can undertake safely and as effectively as junior doctors. In the work of Jones et al (2000) fewer complications were reported amongst patients who were clerked by nurse specialists than those clerked by medical staff.

Since 2001 the pre-assessment clinic through regular development and evaluation has become totally Nurse led with access to specific medical and anaesthetic staff (only if required).

The Pre-assessment clinic takes place within a designated area within the unit Monday-Friday.

This allows patients an insight into the ward environment

This has been very successful to patients from the satellite hospitals who have only experienced smaller cottage type hospital visits, many living a great distance from Monklands hospital see their pre-assessment appointment as a route finder not only to the area but to the ward of admission.

Easy access of casenotes for medical and anaesthetic staff pre-operatively

Operation of clinic

- Nurse led
- Ward based

The development of the nursing role in pre-assessment undeniably stems from the publication of the “new deal for doctors (NHSME 1991) and the Scope of Professional Practice (UKCC now NMC 1992).

The new deal for example gave explicit government support to widening the scope of nursing practice in order to cut junior doctors’ hours. Financial resources to enable nurses to undertake interventions previously carried out by medical staff were also made available.

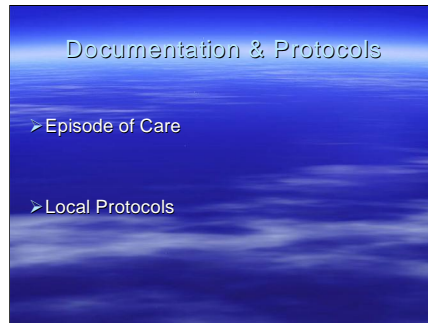
The scope of professional Practice UKCC (1992) set out 6 principles to underpin practice development for nurses and midwives with the emphasis on

Knowledge

Judgement

Accountability and skill

(UKCC 1992) stated “These principles had the potential to equip nurses and their employers... with the means to develop responsive and flexible services in the 21st century”. Thus replacing the guidelines set out in earlier Department of Health Circular which stated that nurses could extend their role only in an emergency or on delegation by a doctor..” who had been assured of the competence of the individual nurse concerned”.



EPIISODE OF CARE

A major initial problem for the service was the range of differing unit numbers and case-notes which follow the patients through the system. There was also a need to bring all professional groups working with the patients closer together, improving communication. By developing a unified Multi-Disciplinary document we cover all the aspects of the patients stay in the unit including nursing, medical, anaesthetic and paramedical input. This document is initiated at Pre-Assessment where the pre-assessment nurse carries out a clerk-in which includes

The Nursing admission

The Medical Clerk-in

The Anaesthetic assessment

This in turn has seen a reduction in the need for medical clerk-in on admission. It was discussed and decided that only patients who **do not meet day of surgery admission** require a separate medical clerk-in.

The document then follows the patient throughout their hospital stay and is placed in the relevant casenote on discharge allowing availability for review at future appointments. This document can be downloaded from our unit website which can be found in your further reading list.

www.gmgibbon.freemove.co.uk

LOCAL PROTOCOLS

There is no strict definition of what makes a Protocol, although these are usually developed for a specific group and have defined outcomes.

Protocols offer an explicit framework for the process of care and members of the care team can follow precise steps of practice.

Local protocols usually include decision support systems to assist the practitioner make decisions about the appropriate care for specific patients and circumstances.

Many of the patients who present at pre-assessment have lifestyle related health issues and within the 3 Acute sites in Lanarkshire guidelines and Protocols have been developed ensuring continuity of pre-operative investigation and screening these deal with items such as:

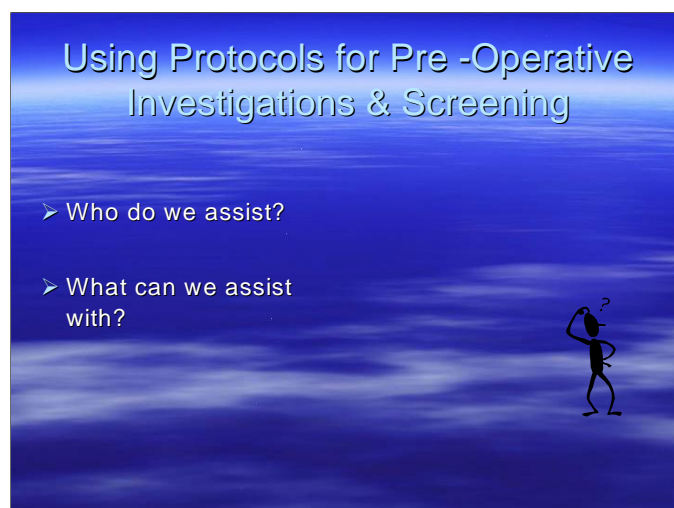
BMI scoring

Hypertension

Reflux disease

Phlebotomy

CXray and ECG requirements



The National Institute for clinical excellence has issued guidance on the use of routine pre-operative tests in elective surgery. The aim was to reduce the variance in tests performed across the country and to ensure the tests are appropriate.

Mark Jones discusses that Protocols can be misused just as easily as they can be of benefit.

We need to remember that their usefulness for achieving the best possible care but also avoid falling into the trap of seeing them as providing a a single quick and easy answer to every diagnostic and care scenario.

Blanket routine pre-operative investigations are inefficient, expensive and unnecessary. By the taking of a concise history medical and anaesthetic problems can be identified.

The ENT and Maxillofacial department like others have their own policies on which investigations should be performed and these reflect on the patients age co-morbidity and complexity of surgery.

Who do we assist

Patients and their families: Increasing the patients involvement, supporting informed consent, improving safety and improving the quality of information available.

Through research and audit patients' have reported higher satisfaction levels and preparedness for admission.

Ward nursing and medical staff: With the introduction of pre-assessment and specific clinic protocols there has been a significant reduction in the amount of repetitive documentation and unnecessary pre-operative blanket investigations which were both expensive and unnecessary. There is now a standardised process for handling the patients passage through their stay which can be easily adapted as required.

What can we assist with

By using protocols we can gather specific information which can help with clinical governance, audit information, team working and local planning.

Using protocols also allows us to make best use of our staff skills and knowledge and helps clarify roles and responsibilities helping to Promote multidisciplinary team working. This in turn helps streamline the delivery of care.

Summary

Questions?

Whilst the development of Nurse-Led pre-assessment appears to have been driven by a need to reduce doctors' hours, reduce costs and improve waiting list management, it has been clearly documented that surgical pre-assessment can not only be safely and effectively carried out by nurses, but is well accepted by patients.

The literature also demonstrates that the nurse-led approach offers not only a more holistic approach than the traditional medical model but is characterised by a much wider social and emotional assessment to also meet post-op and discharge needs of the patient.

I would like to take this opportunity to thank you for your time and if anyone wishes a copy of the presentation notes they will be available to download from the unit website in your further reading notes.