

CONFERENCE ABSTRACT

Implementation of Model of Care for Pre Admission Units

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Introduction: The cancellation of surgery in hospitals is costly for our health service and highly stressful for the patient, family/carer and staff. One of the main aims of the Pre Assessment process is to reduce the number of unnecessary cancellations.

A well established and managed Pre Admission service will contribute to achieving the National Target of 75% same day surgery rate and 75% of patients having surgery as day cases.

Pre-operative assessment is now recognised as part of the elective surgical process for the following reasons:

It ensures that the patient is fully informed about their proposed surgery and post-operative care required

It identifies patient risk factors, thereby ensuring optimum health prior to surgery

It identifies any necessary tests or investigations

It ensures the patient has made arrangements for admission, discharge and post-operative care at home

It provides education to both patient and carer

It is an efficient and cost effective method of reducing length of stay and cancellations

Practice Change: The National Clinical Programme for Anaesthesia published the Model of Care for Pre Admission units in December 2014 which outlines best practice in the establishment and continuous improvement of units both locally and within a hospital group.

Phase 1 of the implementation process involved:

Gaining an understanding of the current status of Pre Admission units nationally

Ascertaining the challenges being experienced by the multi-disciplinary team

Identifying and measuring Key Performance Indicators for improvement

Developing a national standardised education programme for nurses in Pre-Admission units.

Ultimately improving care and access for all surgical patients

Targeted Population & Stakeholders: It is recommended that in excess of 80% of patients should be pre assessed prior to scheduled surgery.

Stakeholders: Surgical & Medical Teams, Nursing Staff, Management, General Practitioners, Health & Social Care Professionals, Administration and I.T.

Methods: A project plan with timelines was devised to include

Site visits to all units nationally to present Model of Care

Follow up reports issued to all sites

RAG status reports issued with 5 identified KPIs i.e.

Governance

Infrastructure

Dedicated workforce

DOSA

% of patients pre assessed.

Working group established to develop national Education Programme.

Impact/outcomes: In summary we found, strong Governance Structures were not evident, dedicated consultant sessions were inadequate, I.T. and administration support was poor, data collection is still primarily paper based.

Infrastructure was variable and requires investment. A consensus view emerged that an education programme for Pre Admission Nurses was essential.

Further RAG status information gathered 6 months after initial visit will be reported in the poster.

Sustainability: The Model of Care was developed by a group of multidisciplinary practitioners based on evidence based practice and value for money.

RAG status reports enable solutions by highlighting issues.

Transferability: The Model of Care encompasses the requirements for Pre Admission units across Model 2 to Model 4 hospitals and taking into consideration the advantages of networking within the Hospital Group structures.

Keywords: reduced cancellations; reduced waiting lists; increased dosa; education; kpis
