

“Tricks and Traps” in Developing Better Preoperative Systems

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Internationally, during the last decade or more, there has been a shift to centralised assessment and preparation of preoperative patients.

The following is a selection of ‘tricks and traps’, to developing a “high-performing” preoperative system. It is based on the published literature, the grey literature, personal observations, and shared experience.

Getting Started

- Any new service must be 'sold' across the hospital - particularly to the key stakeholders.

Clinical

- Don't focus on the esoteric and rare clinic conundrums. Most clinical challenges are common and simple, but unglamorous.
- Find the hot topics that are of interest across the hospital, and that are not being done well. Be the solution to these problems. A current example is Blood Transfusion issues.
- One of the most valued roles of the preoperative service is to reconcile the needs of the surgeon and anaesthetist with the need for cardiological assessment and management. Hence develop closer links with cardiology - accept being patronised!

Operational

High-functioning preoperative services present multiple operational challenges (i.e. just getting the job done.) Availability is the first requirement for success.

- Effective triage is fundamental as a way of coping with the clinical workload. Triage requires a hierarchy of reference up to someone (available) with the authority to make the 'final' decision.
- Preoperative phone calls should be calls 'out' to the patient, rather than 'in' by the patient.
- There is no 'perfect' design for a clinic or preoperative area. Pragmatically, the available 'real estate' has been used and adapted.

Workforce

- Avoid getting into a Doctor vs. Nurse fight. Doctors ALWAYS lose.
- Do not underestimate the importance of clerical staff.
- Beware of 'Occupational Refugees'.

Audit

Management and Audit requires data and KPIs. That said, the narrative (the 'real' story) is more engaging and informative, and possibly a better guide to improvement.

Cultural challenges

The development of high-functioning preoperative clinics is predicated on changing roles for both anaesthetists and surgeons. This requires a major shift in "culture" that will be impossible for some.

Change Management

Change must be seen in an organisational context. Whether we like it or not, all large organisations are political, and getting the best results from change requires political skills and effort. No matter how good the 'evidence' is, it is not enough to drive or achieve change.

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