

# Enhancing Practice 2022 Conference

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*20:20 Vision – Transforming Our Future  
Through Person-Centred Practices*

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**WEDNESDAY 6 – FRIDAY 8 APRIL 2022**  
**SAGE HOTEL WOLLONGONG, NSW AUSTRALIA**

**#enhancingpractice2022**



working together  
to develop practice



# What is the experience of the effectiveness and efficiency of a Pre-Admission Centre?

## Does a stitch in time save nine?

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UNIVERSITY of  
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# Aims

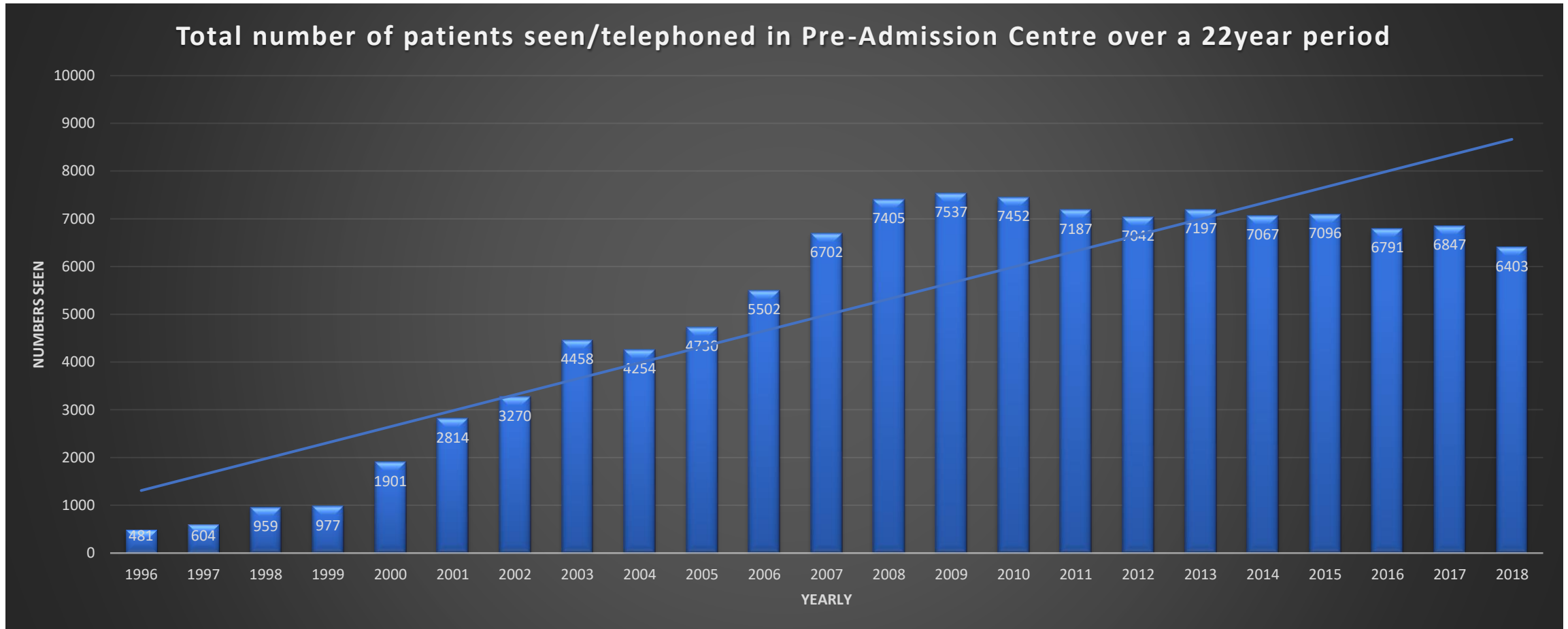
**The study explored Pre Admission Centre processes and structures in the pursuit of excellence in patient care, safety and satisfaction.**



The background of the slide is a photograph of a coastal landscape, featuring a body of water, a sandy beach, and a hillside with some buildings. The entire image is covered with a semi-transparent blue overlay.

# Why this research?

# Number of patients assessed over a 22yr period



The background of the slide is a photograph of a coastal landscape, featuring a body of water, a rocky shoreline, and a steep, forested hillside. The entire image is covered with a semi-transparent blue overlay. The text is positioned on the left side of the slide.

**Nurse-led**

**Anaesthetist led**

**Telephone Pre-Admission Centres**

**(Craig 2005; Law et al. 2009; Ireland 2012; Nicholson 2013; Hines, S, Munday & Kynoch 2015;**

**Edwards 2016)**

**Facility focused** (Craig 2005; Law et al. 2009; Ireland 2012; Nicholson 2013; Hines, S, Munday  
& Kynoch 2015; Edwards 2016)

**Patient satisfaction alone** Heaney & Hahessy 2011; Mazloomian & Gutierrez 2011; O'Brien,  
McKeough & Abbasi 2013)



Australia	
-	Emmanuel & Macpherson 2013
-	Hines et al 2010
-	Ireland 2012
-	O’ Brien, Mckeough & Abbasi 2013
United Kingdom	
-	Fraczyk & Godfrey 2010
-	Guo 2015
-	Harries et al 2012
USA	
-	Mazloomian & Gutierrez 2011
-	Parisien et al 2012
-	Tariq et al 2016
China- Yang et al 2012	
Hong Kong- Conny & Ip 2016	
Netherlands- Ettema, Schuurmans, Schutijser, van Baar, et al 2015	
Saudi Arabia- Davidson, McKendrick & French 2016	
Ireland- Heaney & Hahessy 2011	







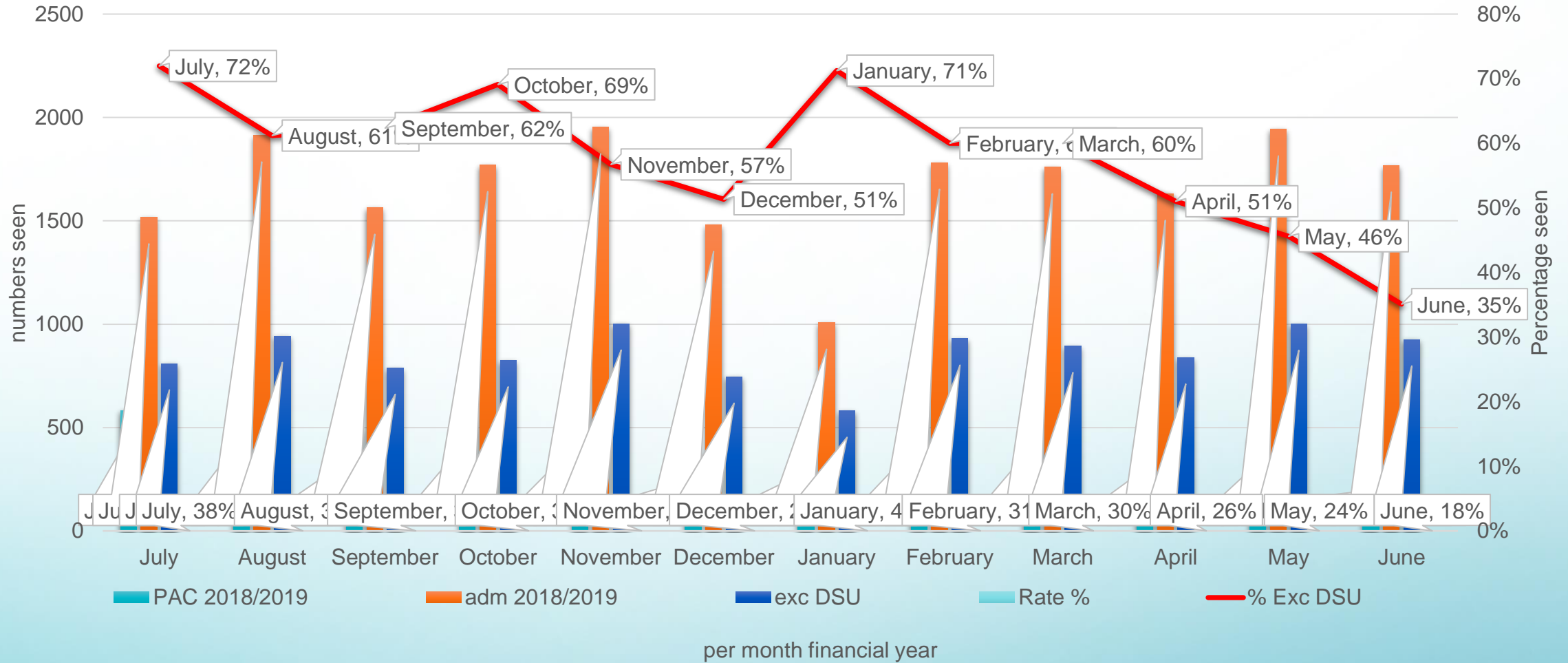
# Methodology

**An explanatory sequential design employed case study program evaluation  
and a mixed methods approach**

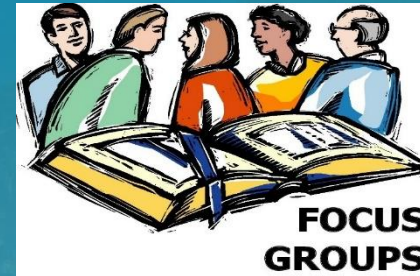
Phase one	Phase two	Phase three
Retrieval of retrospective secondary data	Semi-structured interviews - recorded	Analysis of quantitative data collected in phase one counting various response alternatives
Ratio of patients seen	Patient surveys	Analysis of qualitative data collected in phase two for patterns ideas or themes
Referral numbers to anaesthetists or medical officers	Focus groups- recorded	Focus group data will be analysed concurrently
Referral numbers to multidisciplinary team		
% of patients seen by anaesthetists		
Patient satisfaction surveys		
Reported variances or near misses		



# Surgical Admissions



## ➤ Surveys



## ➤ Focus group

## ➤ Semi-structured interviews



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# Interview and focus group questions

- What is your experience of the Pre-admission Centre?
- What disadvantages do you think there are to having a Pre-admission Centre visit?
- What value does the Pre-admission Centre add to health care organisations?
- What outcomes has the Pre-admission Centre achieved?
- Are there any other comments you would like to make now?

# Some Key Survey Questions

Did your appointment include an assessment by your anaesthetist?

Did you understand everything the anaesthetist and Pre-Admission Nurse discussed with you?

At your Pre-Admission appointment, did your nurse discuss discharge-planning needs?

Did you attend a group education session?

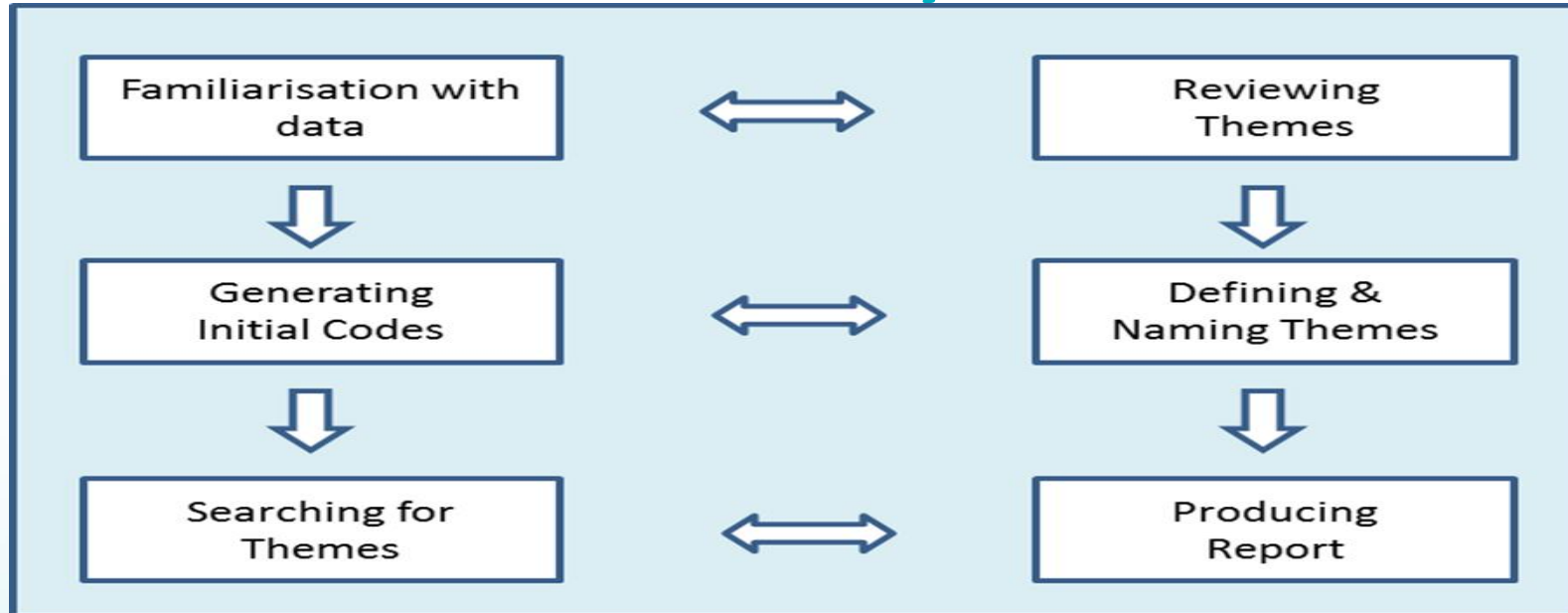
What health promotion information was provided to you at your appointment?

Did you prefer written or verbal information?

What was your experience of the Pre-admission Centre face-to-face visit or telephone interview?



# Data analysis



Phases of thematic analysis. Adapted from “Using Thematic Analysis in Psychology,” by V. Braun and V. Clarke, 2006, *Qualitative Research in Psychology*, 3(2), p. 2. Copyright 2006 by the University of the West of England.

Advantages of Pre-Admission Centre	
1 = Efficient/ effective -	Carried out in an organised way and is successful in producing the desired results
2 = Patient education -	The procedure in which individuals with an occupation in health provides information to patients and in particular about pre and post-operative care
3 = Patient safety -	Prevention of harm to patients
4 = Reduced length of stay	Reduces the number of days a patient is hospitalised
5 = Reduces anxiety -	Reduces someone's doubts or fears, reassuring
6 = screening mechanism -	Identifies patients who may be at risk of harm and mitigating those risks

Perceived Impact of PAC for elective surgical patients	
1 = Helpful -	Something/someone that is useful, provides assistance or aid
2 = excellent and efficient -	Excellent -indicates approval or pleasure. Efficient indicates was carried out in an organised way
3 = informative -	The sharing of knowledge and education of patients
4 = Reassuring -	intended to remove someone's doubts, fears or reduce anxiety
5 = thorough -	carried out with care and attention

Impact PAC has on the Quality & Safety of care provided	
1 = Early detection of risks -	Identifies patients who may be at risk of or already have a disease or injury and to identify strategies to mitigate this harm
2 = Patient education -	The procedure in which individuals with an occupation in health provides information to patients and in particular about pre and post-operative care
3 = Allays fears and anxiety of patient -	Reduces someone's doubts or fears, reassuring
4 = Cost -	a. Expense incurred to deliver healthcare services to patients. b. The amount payers pay to providers for services rendered. C. The amount patients pay out-of-pocket for health care services
5 = Reduces cancellations -	Reduces numbers of cancellation of surgery on the day of admission
6 = shortens length of stay -	Reduces the number of days a patient is hospitalised
7 = Time saving -	Reducing the amount of time needed to carry out something



Perceived impact of the PAC for clinicians	
1 = Early detection of risks -	Identifies patients who may be at risk of or already have a disease or injury and to identify strategies to mitigate this harm
2 = Essential part of the hospital -	Extremely important
3 = Experience -	knowledge gained through involvement in or exposure to an event or occurrence which leaves an impression on someone which can be positive or negative

# Findings

**Quality and safety**

**Informing and educating patients**

**Allays fears and anxiety**

**Effective and efficient**

**Perceived disadvantages and possible solutions**

# Patient Safety

*“Trying to see them on the day is fraught with problems, and as an anaesthetist, often patients with multiple illnesses and having major surgery, and trying to work them out on the day when you've got the pressure of time, surgeons wanting their lists to progress efficiently and rapidly, and you're there forced to assess these patients on the fly without appropriate time to discuss it in a measured manner with the patients, and it's a recipe for problems, because one of the strongest indicators of anaesthesia complications and issues and associated with anaesthesia morbidity and mortality is inadequate pre-anaesthesia consultation and assessment” Anaesthetist #13*

# Informing and educating patients

Patients reported advantages of the education provided *“Both have advantages -verbal immediate and can ask questions to clarify. written can study afterwards. can forget info provided verbally particularly if there is a lot to take in.”* Patient # 74 and

*“Written info could be read later when I was able to absorb more data”* Patient # 20.



# Allays fears and anxiety

In this study respondents stated that they found the visit to the Pre-Admission Centre seamless and reassuring  
which made them feel more confident about coming into hospital

*“I believe the Pre-Admission process is an excellent way of getting a full understanding of the procedure and making  
the actual admission seamless and easy. It also reduces anxiety on the day of admission” Patient # 99.*

# Effective and efficient

*“I think the clinic has been very efficient in assessing all my patients preoperatively because I send all my patients to the clinic”*

Surgeon S05. Others agreed with this statement *“I think your pre-op interviews are much more effective”* Anaesthetist #61 *“it*

*brings things together much more efficiently”* Registered Nurse #73. Many respondents perceived that the Pre-Admission

visit was useful for them as they were treated with empathy and given helpful advice in what to expect during their stay

*“the whole process was handled efficiently and empathetically”* Patient #23 Others commented that the process was efficient

and carried out in an organised way *“helpful advice on what to expect”* Patient #65 Effectiveness and efficiencies are also

discussed in relation to reduced length of stay.

# Perceived disadvantages and possible solutions

Patients would like their appointment to coincide with seeing their anaesthetist - *“it might be better if it took place two weeks or more before the procedure in order to ensure timely cessation of medications i.e. fish oil multivitamins”* Patient #74.

*“The only area that I would specifically target for improvement is this issue of surgeons rooms directly booking patients because that obviously doesn't allow them to coordinate it with my schedule”* Anaesthetist #60.

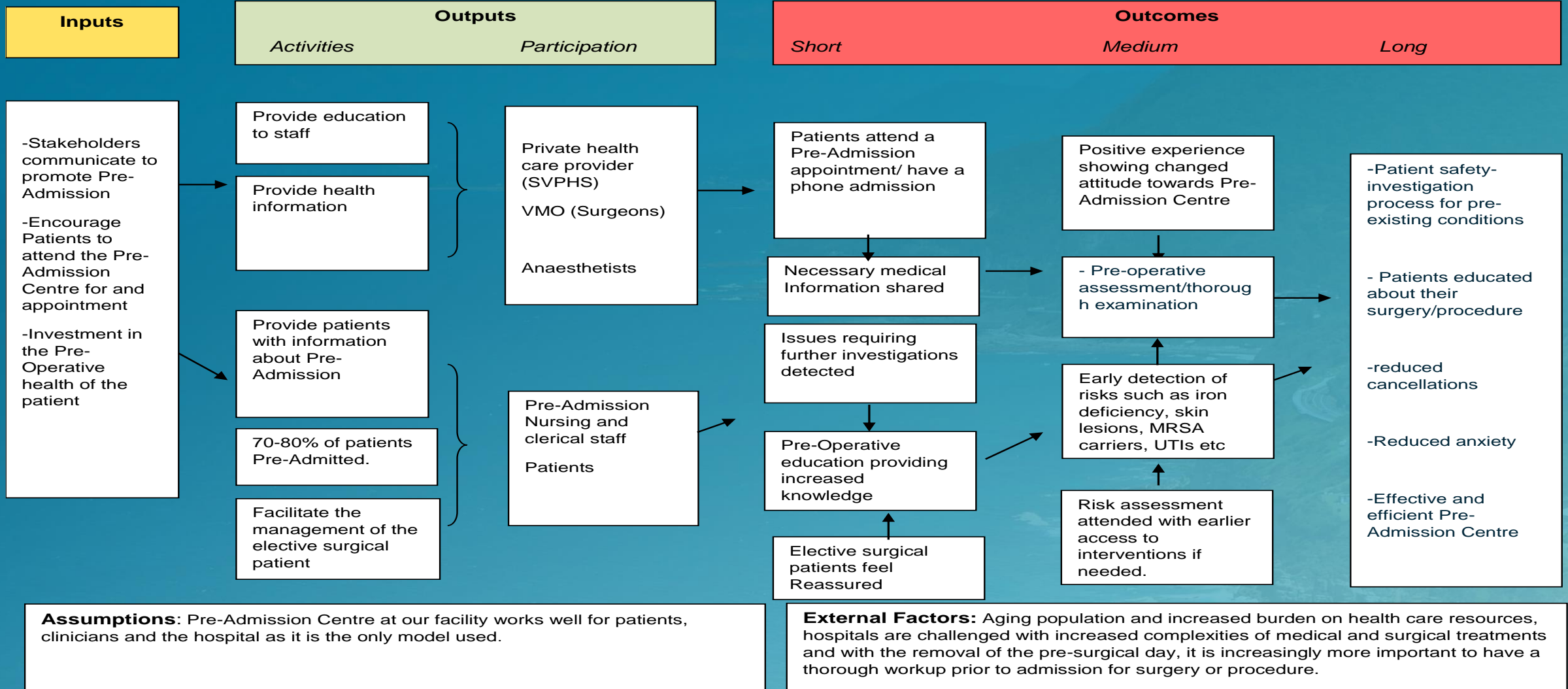
# Discussion

**Healthcare needs to be affordable and accessible to meet future healthcare priorities. There is a need to focus on patient safety, quality, experience as well as sustainability of the Pre-Admission Centre.**

**Leadership, quality and safety along with operational excellence are imperative to the success of the Pre-Admission Centre.**



## Logic model- What is the experience of the effectiveness and efficiency of a Pre-admission Centre: Does a stitch in time save nine?



## Take Home Message

1. This study differs from others in that all stakeholders' experiences were explored not only patient experience or satisfaction.
2. The Pre-Admission Centre provides screening and early detection of risks for patients who are having large and complex procedures and identifies strategies in conjunction with anaesthetists and surgeons and the multidisciplinary team in order to mitigate harm.



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