

PRINCIPLES OF PERIOPERATIVE MANAGEMENT

- Appropriately comprehensive information about the patient's health status should be documented prior to the planned procedure.
- The patient should be assessed to be in their best reasonably achievable health status prior to a planned procedure.
- Information about the patient should be readily available to any health professional caring for the patient to enable appropriate clinical decision-making.
- The patient should have an appropriate understanding of the rationale for the planned procedure, the expected benefits, the alternative treatments available, and the risks of having the procedure and associated care.
- The plan of care for the procedure should be determined by a process that integrates requirements arising from procedure-specific issues, patient health issues, the patient's personal preferences, and the requirements of the system or hospital.
- The plan of care should be documented either as in accordance with predetermined 'routine management' for that procedure, or where relevant or at variance from usual process, as separate aspects of planned care.
- Persons caring for the patient should know of the requisite observations that must be performed to identify possible adverse outcomes, and be able to respond appropriately to 'unexpected' outcomes.
- At all times there should be a clearly understood hierarchy of responsibility for decision-making regarding any aspect of care for the patient.

NOTE: *The NSW Health Pre-Procedure Preparation Toolkit (2007) lists the following principles of Pre-Procedure Preparation:-*

- *The Pre-Procedure Preparation (PPP) process prepares the patient and carer for the whole surgical or procedural journey*
- *All patients require pre-admission review using a triage system*
- *The PPP process optimises the patient's condition for their planned surgery or procedure*
- *The Multidisciplinary team collects, analyses and integrates information for the surgical or procedural journey*
- *Effective corporate and clinical governance underpins the PPP process*

OVERVIEW OF THE PERIOPERATIVE PREPARATION PROCESS **- A MULTI-DIMENSIONAL MODEL**

The perioperative or pre-procedural preparation process can be conceptualised in a framework divided into four dimensions:

- The planned procedure
- The patient's health status
- The characteristics, capacity and limitations of the system (e.g. hospital)
- The patient's personal situation, preferences and concerns.

This is shown graphically (see figure, 'Perioperative Process Framework').

In each dimension, the various issues and factors that will affect the delivery of patient care for the anticipated procedure must be identified by a process of information gathering, analysis and documentation.

Information about each dimension, but particularly the patient's health status, may need to be available at later stages of the patient's care. It should thus be documented in a format that is readily accessible as required.

In the case of the patient's health status, initial information gathering must be accompanied by optimisation of the patient's health, so that the patient reaches their 'best achievable' health status.

After the requisite information in each dimension has been gathered, the four dimensions must be considered simultaneously and the varying conflicting issues analysed. This requires:-

- A risk-benefit analysis to clarify the risks and benefits for the particular patient having the proposed procedure
- The identification of various options of treatment (procedural alternatives, different intensity of anaesthetic/critical care delivery; post-operative care options; monitoring requirements, etc etc)
- Integration of all these issues into an overall perioperative management plan.

This Perioperative Management Plan forms the basis for detailed planning including preoperative preparation, procedural care, the anticipated post-operative care plan, and proposed discharge plan.

The overall Perioperative Management Plan, and detailed planning, provides the basis for patient education/instruction; communication to clinical units and staff involved in care; and implementation of the plan.

NOTE: This 'Perioperative Process Framework' represents a paradigm shift from the traditional model of care that was defined unidimensionally by the planned procedure, with patient health factors, preferences and system considerations considered secondarily. This paradigm shift is discussed in more detail separately.

PERIOPERATIVE PROCESS FRAMEWORK

