

## Guidelines for ensuring patient suitability for admission and care

The decision to perform surgery or a procedure rests principally with the doctors. The admitting practitioner takes responsibility for appropriate patient selection for elective admission and suitability for Southern Cross (hospital) care.

Patients are rarely refused admission to a Southern Cross hospital. However, the General Manager may refuse admission for specific reasons.

This page outlines how the whole-of-system elective processes operate to provide appropriate patient services for ensuring patient suitability for admission to, and ongoing care within, a Southern Cross hospital. It also covers associated team responsibilities.

### Process

The following whole-of-system flow chart shows how the risk is mitigated when admitting, treating and continuing to care for a patient who is potentially or actually unsuitable for Southern Cross Healthcare's care.

### Consumer has health issue

Consumer has health issues and goes to GP or other health provider.

### Patient entry into healthcare system

1. Patient accepts offer for referral to specialist (typically a surgeon)
2. Specialist receives referral letter with details of the health issues and general health information
3. Specialist may request other health information from any other healthcare providers

### Patient progresses into healthcare referral system

Appointment for consultation made between patient and specialist.

### Specialist's care

Specialist assesses patient's presenting problem and overall health status, noting significant co-morbidities; the specialist provides treatment options e.g. elective surgery or a procedure.

Specialist may consult with other doctors if there are patient risk factors e.g. the GP and or anaesthetist (taking into consideration [ASA physical status score](#) if patient is ASA 2-4.

Anaesthetist may seek further information from any healthcare provider.

Specialists: usually a surgeon, or anaesthetist, are the medical decision-maker/s to determine if:

- a) a specific patient is suitable for the procedure/s (anaesthesia or surgery or other procedure)
- b) under their medical care
- c) at a Southern Cross Hospital

## **Specialist offers hospital admission for treatment and care**

Specialist provides 'Southern Cross Healthcare: Your Admission Pack' and formalises informed consent processes with patient.

Patient makes decision to undergo elective surgery or procedure and is requested to complete Southern Cross Healthcare forms: Agreement to treatment, Patient Admission and Health Questionnaire including others as appropriate.

Admitting specialist takes further steps, as indicated, which may include (but are not limited to):

- ordering tests or investigations
- arranging blood, equipment, devices, supplies
- 'work-up' for the surgery or procedure
- involvement of other practitioners for more complex cases e.g. ASA 3, 4, or patients with matter/s of concern  
identifying suitable hospital facility
- communicating with the General manager or (as appropriate to the information to be conveyed) other manager or nursing staff or 'bookings' administration e.g. significant alerts, co-morbidities including high BMI, special patient or theatre equipment needs or administration matters.

Admitting specialist ensures patient is aware of the need to provide completed forms ideally at least 7 days prior to admission or at least three working days before (except in short-notice situations where acceptable to hospital management).

## **Specialist requests patient admission**

Specialist (or practice secretary or manager) notifies Southern Cross Healthcare and makes a booking for the patient and specified procedure (procedure corresponds with the surgeon's credentialed defined scope of practice).

Specialist may also pre-book higher risk patients for higher-level of post-op care, for example, ASA 3 patients/ complex procedures.

Southern Cross Healthcare administrator:

- enters initial details into WebPAS
- may refer to pre-admission service at this stage or appropriate nurse or manager

## **Patient progresses admission to hospital process**

Patient ensures forms are despatched to be received by the hospital ideally 7, days (ideally minimum 3 working days) prior to the day of admission see 'Specialist offers hospital admission for treatment and care' above.

Patient forms are reviewed by a designated:

- administrator who checks forms for completeness, completes initial WebPAS entry arranges pre-admission deposit to be paid, if non-NZ resident follows procedure

- a registered nurse/s (ward/day-stay or preadmission service) who performs nursing assessment checks forms for completeness and identifies potential issues and special needs e.g. alerts, reviews NMW/NHI alerts warnings download, ward staffing, need for higher level of post-op care, health questionnaire.

Responses may trigger a need to: contact the specialist/s i.e. surgeon, anaesthetist, physician, practitioner or hospital manager such as an ASA 3 patient, ensure safe handling equipment as required or other considerations. Nurse may call patient or request attendance at pre-admission service.

Additionally, a review may be undertaken if indicated by:

- nurse (theatre) who performs perioperative nursing assessment checks for completeness and identifies potential issues and patient's special needs including theatre equipment and supplies, safe handling equipment
- doctors e.g. anaesthetist who considers details of intended mode of anaesthetic procedure and other clinical issues

Pre-assessment nurse completes the 'response checked' section of the [Patient Health Questionnaire form](#).

Patient may be contacted by practitioners, nurses or administrator for further information or patient may be requested to attend nurse pre-admission assessment service and /or attend anaesthetic pre-assessment consultation.

Team members may contact the admitting specialist. The admitting specialist (usually a surgeon) is the primary decision maker regarding suitability of the patient for admission and needs to be entirely satisfied each patient is suitable for the procedure and ongoing care in the Southern Cross Healthcare

The anaesthetist on reviewing the patient may decide that the patient is not suitable for admission to the Southern Cross Healthcare due to anaesthetic risk and, in the patient's best interest may decline to provide anaesthetic care.

If anticipated needs appear to not meet hospital service capability (from a nursing or hospital management perspective) the General Manager is informed and the case may be postponed or (in rare situations) [declined](#).

## **Hospital pre-admission planning**

Theatre Manager designates a nurse to review the pre-admission theatre bookings list to ensure additional requirements are in place prior to admission.

Ward or Day-stay Nurse Manager or designate e.g. administrator, ensures patient forms have been received and reviewed and, where not received, follows up with admitting specialist's rooms and the patient.

Forms are needed to inform planning (see Patient progresses admission to hospital process above), which includes planning resources, staffing and ward bed allocation or arranging a higher level of care or that a higher risk (ASA3) patient is close to nurses' station. Nurses may use the ASA physical classification global score as a guide, anaesthetists medically assess and determine the ASA.

Administration manager ensures previous patient hospital clinical records held are accessible i.e. retrieved and included in the current folder or available such as via SpeedScan.

Other types of admissions – planned and unplanned

**NOTE:** these will vary according to the local General Manager's procedures and are subject to the procedures for assessment and decline.

## **Planned**

*Hospital pre-admission planning for accepting admission of an elective post-operative patient needing routine post-operative care services.*

Anticipated or pre-arranged transfer-in of an elective patient who has had surgery at another facility and is making an uneventful recovery e.g.

Auckland: Gillies Hospital Epsom, which has a planned weekend closure and a patient is transferred during the post-operative period to Brightside for in-hospital ward care for a day or two

Christchurch: Southern Endoscopy or Christchurch Eye Surgery.

## **Unplanned**

*Hospital pre-admission planning for accepting admission of another facility's elective post-operative patient needing higher level of post-operative care services.*

An elective patient has surgery at a neighbouring 'associated' organisation which has a planned weekend closure and a patient is transferred during the post-operative period to the hospital for in-hospital ward care for an additional day or two. The additional period of care was not anticipated.

*Unanticipated request for transfer-in or acute/semi-acute admission of another facility's elective patient. The surgery has been performed by the other facility. If the patient is not accepted for admission to the Southern Cross Healthcare they will be admitted to the DHB hospital as an acute admission.*

An elective patient who has had surgery at another facility e.g. a doctor owned day-stay or in-rooms/office facility that does not have overnight beds and or the patient is requiring a higher level of care due to either:

- the complexity of the procedure
- the complexity or duration of the post-operative care
- or special healthcare needs of the patient
- or the ASA physical risk profile of the patient

*Hospital re-admission of a previous patient*

A previously discharged patient may need unplanned readmission for observation or intervention e.g. management of nausea, vomiting, dehydration, pain or catheterisation under the care of their original admitting specialist.

## **Clinical assessment and good judgement for private elective hospital admission**

**NOTE:** Patient suitability is governed by good clinical assessment and judgement of:

1. The health of the patient - ASA Physical Score is a standard tool
2. Completeness of health information (sought by doctors and provided by patient)
3. Complexity or length of the procedure
4. Capability of hospital to provide safe quality services

## Risk table

Procedure	ASA 1	ASA 2	ASA 3	ASA 4
Minor/moderate	Green	Green	Orange	White
Major	Yellow	Yellow	Red	White
Potentially life-saving ****	White	White	Red	Dark Red
KEY	<p>Explanatory notes</p> <p>* All procedures carry risk. A risk of mortality:</p> <ul style="list-style-type: none"> <li>— associated with anaesthesia is: ASA 1&amp;2 25:100,000 ASA 3 469:100,000</li> <li>— fatal pulmonary embolism: elective 8:100,000</li> <li>— Surgical site infection is risk also: ranging above 1.4% and below 10%</li> </ul> <p>** Lengthy or complex surgery is associated with a higher risk</p> <p>*** Patient overall health and co-morbidities, or underlying familiar conditions increase risk.</p> <p>In addition to a range of doctors providing health information the surgical team relies on the veracity of the patient to disclose all personal risks factors and clinical history.</p>			
ASA 1	Low risk*			
ASA 1	Low-moderate risk* *			
ASA 2	Low risk*			
ASA 2	Moderate risk* ** *** e.g. patient who is a smoker or has a blood disorder may be more prone to VTE.			
ASA 3	Moderate risk* ** *** current data confirms patients experience more complications.			
ASA 3	High risk* as per above Are admitted to private surgical service but attract a higher level general surveillance e.g. located in ward closer to nurses' station if not booked for higher level of care.			
ASA 3	Very high risk* ** **** e.g. this could be a return to theatre situation to treat complications, or a patient with active terminal cancer needing surgery to provide comfort care (relieve bowel obstruction).			
ASA 4	Extremely high risk***** e.g. a patient is significantly disabled and has poor quality of physical life, needs cardiac surgery, the mortality risk is very high but patient and family wish to take the risk as agrees life unbearable in current state of health; surgeon, anaesthetist and intensivist in agreement to provide care. Hospital has Cardiac Level 1 ICU and DHB Cardiac level 2 ICU aware of admission should transfer be required for higher level of support.			

## Patient admission process includes

An initial check with the patient is carried out on admission by the receptionist so any anomalies with patient's details can be addressed immediately.

The admitting nurse completes an identity check with the patient using at least two unique identifiers i.e. patient given first and last names, date of birth.

Admitting nurse checks with the patient the wrist band name label is correct with identification 'sticky' labels and Agreement to Treatment form, 'Allergies, Adverse Reactions, Alerts' in place and communicated.

Admitting nurse reviews forms with patient and completes the 'responses checked' section on the [health questionnaire form](#) having sought more information as applicable.

Admitting nurse completes baseline observations and a nursing assessment as per care pathway and escalates concerns, for example VTE or other risks, and follows pre-op instructions/orders.

## Pre-operative assessment and informed consents

Anaesthetist completes medical assessment and consents.

Surgeon checks in with patient and 'site marks' so it is visible in operative field.

Patient is satisfied or raises questions or concerns with doctors or nurses.

## **Perioperative and post-operative care is provided**

If complications arise then a longer PACU stay, a return to theatre for emergency procedure or a transfer to a higher level of care may be required.

Anaesthetist does not leave the hospital if patients are still in PACU unless he/she is entirely satisfied patient/s' is awake and their condition is stable.

Admitting specialist (for entire patient stay) and anaesthetist (first 24 hours or longer by arrangement with admitting specialist) are immediately available to take phone call and return to the hospital if there are patient change of condition concerns.

## **Hospital handovers of care**

A range of care-handover situations are described according to the patient need or the hospital's models of care.

### **Higher risk situation**

Theatre or PACU to ICU, Intermediate care/special nursing/ or higher dependency service; or transfer to DHB for tertiary or diagnostic services (doctors' decision).

### **Routine care situation**

PACU to Ward or Day-stay patient condition is stable and there is no clinical variance. Observations meet PACU discharge and or ward/day-stay criteria.

Ward or Day-stay 're-warding' observations stable and there is no clinical variance. Care pathway in place.

If NZEWS escalation protocols need to be activated i.e. senior nurse/doctor/s, may lead to return to theatre or transfer to higher level of care.

On-call nurse manager and admitting specialist, if not involved, must be kept informed. Other assessment frameworks may assist to guide clinical decision-making.

'Shift handovers' performed. Rounding by nurses (or management) may be undertaken according to local Hospital procedures.

Surgeon visits patient at least once daily to assess, monitor, review, record and communicate orders.

## **Transfer to higher level of care**

Patient condition and potential for deterioration or need for more than routine care as a result of the procedure

- may be pre-booked for transfer to in-house higher level of care (nurse or doctors' decision) or

- may be pre-booked for transferred out to DHB (terms of specific contractual agreement between a DHB and SCH or between doctors' decision).

### **Patient condition deterioration:**

- may transfer to or have provided a higher level of in-house care (nurse or doctors' decision) if a higher level of facility is available; or
- may be transferred out to DHB or another tertiary level hospital (doctors' decision); in a potentially life-threatening emergency nurse may be required to make decision to call 111 for ambulance to DHB. On-call nurse or manager informed and specialists informed.

### **Discharge from hospital**

Patient condition meets Ward or Day-stay criteria and is consistent with care pathway (doctors' decision). Nurses and hospital management may communicate with doctor regarding the situation or concerns.

### **Patient is at home and has concerns**

Patient phones surgeon or GP or goes immediately to DHB emergency service, or calls 111 for emergency services.

If a patient phones Southern Cross Healthcare the nurse taking the call documents on patient hospital clinical record (or records on other suitable document) and advises action as per the sentence above. The nurse re-affirms the clinical advice given on discharge (for example, when to change the dressing or a reminder about VTE minimisation etc). Nurses do not give additional post discharge clinical or medical advice, they advise the patient to go to their doctor e.g. specialist surgeon or GP or DHB.

If a patient returns to the hospital seeking advice the actions are as above.

### **Nurse may make post-discharge follow-up phone call**

Nurse may follow a script and records call has been made.

If Patient reports clinical concerns – see Patient is at home and has concerns above.

### **Patient makes planned out-patient visit to Southern Cross Healthcare**

If any clinical concerns e.g. dressing change or suture removal, the nurse ensures the admitting specialist is informed and the patient is promptly referred to the appropriate provider for diagnosis and treatment.

### **Clinical Safety quality and risk management**

Incident/events are reported and investigated to identify system or individual causes.

Systems improvements may be communicated as lessons learned to drive quality improvements. Critical event de-briefing undertaken.

Individual issues will be addressed by the Hospital Manager and may include local doctor/s and the National Clinical Medical Committee (NCMC).

Clinical events, complaints/feedback and outcomes are monitored may be measured through Quality Markers, Clinical Indicators, identification of incident event clusters or trends.

Clinical governance structures function to ensure safety, improve quality and manage risks e.g. HCMC, NCMC, BCRC, SQR, Consumer Advisory and Health and Safety at Work groups.

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### **References (Southern Cross Healthcare)**

- Your Admission Pack and associated Forms and enclosures
- Decline of Admission guideline
- Risk assessment
- Site/side verification guidelines
- SQR Data sources table
- Clinical Review of Eventful Cases
- Critical Incident De-brief Management and Employee Assistance Programme
- Reporting and Management Procedures
- Adult Observation and escalation
- Care Pathways
- Transfer another facility (i.e. higher level of care)
- Safe staffing
- Open Disclosure: Informing Patients Guidelines
- Southern Cross Healthcare: Credentialing and Defining Scope of Practice 2014
- Discharge guidelines and Discharge form and Post-discharge telephone scripts (under development February 2015)
- Models of Care 'At glance' table
- Non NZ Resident Travelling to NZ for Medical Treatment
- VTE – the Nurse's Role Risk Assessment, Prevention and Initial Management
- Incident Event Assessment and Guide to Action
- Adult Observations and NZEWS
- Accurate patient identification

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### For more information:

- ANZ Journal of Surgery: [Splenic autotransplantation: a systematic review](#)
- Southern Cross Healthcare: [Credentialing and Defining Scope of Practice Guide](#) for surgeons, anaesthetists and other clinical team members
- Southern Cross Healthcare: [Declining Referral/Entry, Admission or Provision of Services](#)
- Ministry of Health: [Elective services](#)
- National Center for Biotechnology Information: [Recognising and responding to acute illness in adults in hospital: summary of NICE guidance](#)
- [American Association of Anesthesiologists](#)

### Definitions

- **Registered Healthcare Practitioner** is a person who holds registration as a healthcare provider under the Health Practitioners Competency Assurance Act.
- **Specialist** is a registered healthcare practitioner who holds vocational registration with the Medical Council of New Zealand e.g. surgeons, anaesthetists, physicians, radiologists.
- **Practitioner** is registered healthcare practitioner who holds vocational registration a health practitioner's regulatory body within New Zealand e.g. doctors, dentists
- **Admitting Specialist or Admitting Practitioner** means admitting practitioner and is usually a surgeon. However anaesthetists, physicians, radiologists, dentists and other practitioners may also admit patients.
- Healthcare consumers may be patients or friends/family/whānau of a patient.
- **Electives** are medical or surgical services for people who do not need to be treated right away."
- **Observations** is a term encompassing physiological observations which includes 'vital signs' and other parameters or signs that may be relevant to tracking a patient's condition, status or progress or provide trigger/s for further action.

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Published Date: **14 Jun 2015**

Version: **28**

Site: **Network**

Content Owner: **Carey Campbell**

Authorised By: **Director of Nursing (DON)**



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