

Worcestershire Acute Hospitals NHS Trust
ASSESSMENT OF COMPETENCY

Nurse Led Pre-operative Assessment Competency

Key Document code:	WAHT-KD-017	
Key Documents Owner:	Dr Harsha Mistry	Clinical Lead for Pre-Op Assessment
Approved by:	Pre-op Directorate Governance Meeting	
Date of Approval:	4 th January 2021	
Date of review: This is the most current version and should be used until a revised document is in place	12 th November 2025	

Key Amendment

Date	Amendment	Approved by
4 th January 2021	Pre-operative assessment Key Documents approved for 3 years	Pre-op Directorate Governance Meeting
27 th December 2023	Extended document for 6 months whilst under review. Updated owner details.	Dr Harsha Mistry
12th November 2024	Document extended for 12 months whilst awaiting National Guidelines to inform if changes are required	Dr Harsha Mistry

Worcestershire Acute Hospitals NHS Trust

ASSESSMENT OF COMPETENCY

ASSESSMENT SPECIFICATION: Nurse Led Pre-operative Assessment Competency

The practitioner demonstrates the knowledge and skills to accurately assess a patient's fitness to proceed to surgery and is able to recognise areas of risk which may compromise the patient's safety in the peri-operative period.

Nurse Practitioners that have completed accredited training in clinical assessment and examination, and Anaesthetists can act as a sign off mentor. The assessment of five patient consultations is required to complete the competency, by two or more assessors.

KNOWLEDGE EVIDENCE:

Clinical Supervisor (*please print*) Signature Date:
.....

Candidate (*please print*)..... Signature Date:
.....

Ward/Department: Directorate/PCT Location:
.....

Comments by Supervisor

Comments by Candidate:

When you have completed your competencies a copy should be retained as evidence of your competency for your professional portfolio and a PHOTOCOPY of this completed record sent to your manager for your personal folder and to Learning and Development Department, Charles Hastings Education Centre, WRH.

PERFORMANCE CRITERIA FOR ASSESSMENT OF COMPETENCY

PERFORMANCE CRITERIA	COMPETENT- Mentor Initial & Date Registered Nurses that have completed accredited training in clinical assessment skills, and Anaesthetists can act as a sign off mentor.				
Works to guidance and policies to ensure a consistent approach (NHS Modernisation Agency, 2003). (Worcestershire Acute Hospitals NHS Trust (WAHT) policy and guidance)	1	2	3	4	5
Demonstrates knowledge and understanding of the, 'Caldicott' principles relating to information governance.					
Works to Nursing and Midwifery Council (NMC) code of conduct as outlined in 'The Code: Standards of Conduct, Performance and Ethics for Nurse and Midwives' (NMC, 2015) and maintains competencies in any extended scope of professional practice.					
Demonstrates an understanding of the pre-operative assessment process and the referral to treatment pathway (18 week pathway)					
Demonstrates knowledge and understanding of the American Society of Anaesthesiologists classification (ASA grade), and the implications for anaesthesia					

Demonstrates knowledge and understanding of the grade of surgery (National Confidential Enquiry into Patient Outcome and Death NCEPOD)					
Demonstrates the correct identification of patient (three forms of ID) and discussed rationale for correct identification of patient. (name, date of birth, NHS/Case note number)					
Demonstrates correct identification of the patient and the proposed surgical procedure, including the site (GP referral letter, Consultant Surgeon's clinic letter and e consent) and discuss the rationale for correct site surgery and in the event of a discrepancy discuss the action required.					
Demonstrates knowledge and understanding of the management of the patient with abnormal vital signs, in a timely manner, and ensures appropriate safety netting of the patient.					
Demonstrates an understanding of the risks of hospital acquired infections.					
Correctly identifies patients that should be screened for MRSA and MSSA and undertakes screening as per the WAHT policy.					
Demonstrates knowledge and understanding of the management of an MRSA and MSSA positive patient and ensures appropriate safety netting of the patient, as per the WAHT policy.					

Demonstrates competency in the recording of a resting electrocardiogram (ECG)					
Undertakes a targeted history (NHS Modernisation Agency, 2003) in a suitable environment, using interpersonal skills to facilitate assessment of a patient for minor surgery.					
Undertakes a targeted history (NHS Modernisation Agency, 2003) in a suitable environment, using interpersonal skills to facilitate assessment of a patient for major surgery.					
Identifies patients with specific problems such as dementia (with risk of postoperative delirium) and poor nutritional status (with increased risk of morbidity) (Jones, Swart and Key, 2014) and undertakes risk scoring as appropriate.					
Undertakes an in depth assessment of the past medical, operative and anaesthetic history.					
Demonstrates competency in the use of information technology (IT) system (review of medical notes, ordering of pre-operative tests and the anaesthetic work list).					
Demonstrates appropriate review of previous Anaesthetic Chart and is able demonstrate knowledge and understanding of the key factors that would require referral to the Anaesthetist.					

Demonstrates accurate record keeping according to the NMC Code (2014)					
Provides the opportunity for further explanation and discussion of the information given by the Surgeon (Association of Anaesthetists of Great Britain and Ireland, 2010).					
Demonstrates an understanding of the specific surgical procedure and anaesthetic that the patient is listed for, and provides written patient information on the proposed surgical procedure from e consent. (The decision on the type of anaesthetic rests with the Anaesthetist)					
Ensures that the patient fully understands, as far as possible, their planned procedure.					
Provides information about any specific pre-operative instructions, e.g. any fasting instructions (Association of Anaesthetists of Great Britain and Ireland, 2010), as per the WAHT policy.					
Undertakes a history relating to allergies and sensitivities and documents the specific reaction to the substance/medicine.					
Able to access a summary of past medical history and list of current prescribed medicines from primary care records, following consent from the patient.					

Undertakes a comprehensive medicines history.					
Identifies any condition that may require intervention prior to admission and surgery and take appropriate action, e.g. patients taking warfarin, oral contraception etc. (Association of Anaesthetists of Great Britain and Ireland, 2010) Demonstrates knowledge and understanding perioperative medicines management as outlined in the WAHT policy and ensures that the patient fully understands how to manage their medicines pre operatively and provides written information supporting the appropriate intervention (stopping of medicines).					
Demonstrates knowledge and understanding in the perioperative management of antiplatelet drugs as per the WAHT policy.					
Demonstrates knowledge and understanding in the perioperative management of anticoagulants as per the WAHT policy.					
Demonstrates knowledge and understanding in the perioperative management of the patient prescribed Warfarin and other oral anticoagulants, as well as the rationale and procedure for the management of the patient requiring bridging therapy, as per the WAHT policy.					
Demonstrates knowledge and understanding in the perioperative management of the patient presenting with diabetes, as per the WAHT policy.					

<p>Demonstrates knowledge and understanding in the perioperative management of the patient with a pacemaker or ICD particularly with regards to nature of device and ensuring function.</p>					
<p>Demonstrates knowledge and understanding of inherited conditions relevant to anaesthesia e.g. malignant hyperthermia and pseudocholesteras deficiency (suxamethonium apnoea)</p>					
<p>Identifies the appropriate POA pathway dependent on the fitness of the patient as determined by the results of the Pre-operative assessment triage questionnaire, ASA grade, grade of surgery, vital signs and the 'body mass index' (BMI).</p> <p>Triage the patient to an appropriate level of preparation complexity, with selective use of out-patient attendances prior to admission (Kerridge, 2011).</p>					
<p>Demonstrates knowledge and understanding of the elective surgical admission criteria for Kidderminster Treatment Centre and Evesham Community Hospital.</p>					
<p>Demonstrates referral to the Anaesthetist and liaises actively with the anaesthetic department (NHS Modernisation Agency, 2003)</p>					
<p>Assesses the patient's suitability for day surgery, if the operation could be performed as a day surgery procedure (See <i>National Good Practice Guidance on Pre-operative Assessment for Day Surgery</i> (2002) and <i>Day Surgery: Operational Guide</i> (2002))</p>					

Provides an opportunity to discuss with patients any self-help matters to improve the outcome of their surgery, e.g. stopping smoking, losing weight, etc. (Association of Anaesthetists of Great Britain and Ireland, 2010)					
Identifies any cultural requirements and any communication or other special needs (Association of Anaesthetists of Great Britain and Ireland, 2010) and demonstrates knowledge and understanding of how to meet the patient's needs (communication passport, Specialist Nurse for patients with a learning disability).					
Identifies requirements to aid scheduling of the surgical procedure, including specialist equipment, approximate length of surgery and any special requirements for the postoperative stay, e.g. critical care beds (Association of Anaesthetists of Great Britain and Ireland, 2010).					
Demonstrates competency in taking a peak flow reading and in the management of the patient presenting with an abnormal result (<80% of the predicted expiratory volume).					
Demonstrates knowledge and understanding of latex allergy and the management of the patient with latex allergy as per the WAHT Policy,					
Arranges and perform investigations in accordance with National Institute for Health and Care Excellence guidance on pre-operative testing.					

Demonstrates knowledge and understanding of the indications for Echocardiography and the management of a patient requiring Echocardiography, result referred to the Anaesthetist and a copy sent to the GP.					
Ensures that the results of tests are evaluated and refers abnormal investigation results to the available Anaesthetist, surgeon and/or primary care (NHS Modernisation Agency, 2003).					
Ensures patients are referred back to the GP with anaemia (Hb <13 for men and <12 for women) particularly for surgery where significant blood loss is predictable (Jones, Swart and Key, 2014)					
Demonstrates knowledge and understanding in the management of a patient presenting with an abnormal MSU result (microscopic haematuria, urinary tract infection), acting on the results in a timely fashion.					
Refers the patient, if necessary, for optimisation of their health before surgery, e.g. to a primary care and/or a secondary care specialist (Association of Anaesthetists of Great Britain and Ireland, 2010)					
Determines fitness or otherwise to proceed to surgery					
Demonstrate an understanding of what action to take in the event that a patient is unfit for their planned surgery, by informing the patient, secretary/booker and GP. Informs the GP of the reason for cancellation, in writing.					

<p>Takes responsibility for following up referrals to ensure the patient remains in the preoperative system (NHS Modernisation Agency, 2003), acting as a case manager.</p>					
<p>Following assessment, seeks advice where necessary, to ensure the appropriate level of post-operative care can be determined and booked in a</p> <ul style="list-style-type: none"> • day surgery facility • ward • high dependency unit • critical care unit <p>enabling both optimum care and efficient planning (Jones, Swart and Key, 2014)</p>					
<p>Arranges and co-ordinates any assessment and/or investigations needed near time of surgery (NHS Modernisation Agency, 2003).</p>					
<p>Takes responsibility for all communication with the patient throughout their preoperative journey (NHS Modernisation Agency, 2003).</p>					
<p>Commences necessary planning for the perioperative stay and to ensure a timely discharge (NHS Modernisation Agency, 2003).</p>					
<p>Identifies factors that may influence the dates of surgery offered, e.g. school holidays (NHS Modernisation Agency, 2003).</p>					
<p>Prepares the multi-disciplinary pre-operative documentation (Association of Anaesthetists of Great Britain and Ireland, 2010).</p>					

Communicates any special requirements and essential resources to the waiting list office, bed management, operating theatre department and/or theatre scheduler (NHS Modernisation Agency, 2003).					
Assesses the home support available to the patient post-discharge, and identify any special requirements to facilitate prompt discharge, e.g. co-ordinating with social services, where appropriate (Association of Anaesthetists of Great Britain and Ireland, 2010).					
Acts on the reason for the management of DNAs in preoperative assessment (NHS Modernisation Agency, 2003), by liaising with the POA lead.					
Demonstrates the rationale for cancellation of surgery and informs the appropriate personnel in the event of a cancellation (ward, secretary, Consultant, patient, theatres).					
Completes National Joint Registry consent					
Ensures compliance regarding the administration of Patient Reported Outcome Measures (PROMs).					
Provides a contact point for any further queries, or if they want to cancel the operation (Association of Anaesthetists of Great Britain and Ireland, 2010)					

<p>Provides verbal information regarding the anticipated post-operative recovery, e.g. rate of mobilisation, measures to relieve pain, etc.</p>					
<p>I declare that I have supervised this practitioner and found him/her to be competent as judged by these knowledge and performance criteria</p> <p>Main Clinical Mentor (<i>please print</i>).....</p> <p>Signature Date:</p>	<p>I declare that I have expanded my knowledge and skills and undertake to practice with accountability for my decisions and actions</p> <p>Candidate (<i>please print</i>)</p> <p>Signature Date:.....</p>				

References

- Jones K, Swart M, Key W., 2014. Anaesthesia services for pre-operative assessment and preparation. In: The Royal College of Anaesthetists., 2014. *Guidelines on the provision of anaesthetic services*. London: The Royal College of Anaesthetists. Ch.2.
- Kerridge, R., 2011. The challenge of implementing 'new' preoperative systems. In: Radford M, Evans C & Williamson, 2011. *A Pre-operative assessment and perioperative management*. London: M&K Update Ltd. Ch.
- NHS Modernisation Agency., 2003. *National good practice guidance on pre-operative assessment for inpatient surgery*. London: NHS Modernisation Agency.
- Nursing and Midwifery Council., 2015. *The code: professional standards of practice and behavior for nurses and midwives*. London: Nursing and Midwifery Council.
- The Association of Anaesthetists of Great Britain and Ireland., 2010a. *Pre-operative Assessment and Patient Preparation: The Role of the Anaesthetist*. London: The Association of Anaesthetists of Great Britain and Ireland.
- The Association of Anaesthetists of Great Britain and Ireland., 2010b. *The Anaesthesia Team*. London: The Association of Anaesthetists of Great Britain and Ireland.