

MEMORANDUM

DATE: April 13, 2022

TO: All Surgeons in South Island and their office staff

FROM: Alison Dormuth, Director, Surgical Services
Dr. Stephen Hentschel, Medical Director, Surgical Services
Dr. Desmond Sweeney, Medical Director, Anesthesia Services

RE: **Pre-operative Health History and Physical Exam**

As you are aware, a complete medical history and physical exam are requirements of the surgical booking process in order to ensure that patients are appropriately screened preoperatively. In the South Island, there has been a reliance on primary care to provide this information via a general practitioner (GP) Health History Form.

Over the past two years, Surgical Services has worked with the Divisions of Family Practice in the South Island to develop alternative solutions that reduce the burden on primary care, while still ensuring that patients undergoing surgery are appropriately screened.

As of June 2021, South Island surgical patients (RJH, VGH and SPH) referred for an Anesthetic or Internal Medicine consult were no longer required to have a pre-operative health history and physical completed prior to their procedure.

Despite these efforts, the current pressures on primary care mean that the reliance on GPs to complete a preoperative health history is no longer tenable. As of **May 1, 2022**, GPs in the Greater Victoria area will no longer provide preoperative screening history and physical examination.

Surgical Services is in the process of implementing an electronic patient-completed pre-surgical screener as a mechanism to gather complete health history information. This implementation will start with two surgical offices in April 2022 before a wider roll out to all surgical divisions in the South Island. In the interim, it is imperative that the patient's MRP ensures that an appropriate health history is provided to ensure there are no delays or cancellations of surgical patients. **In lieu of the GP History/Physical, information regarding the patient's medical history should be submitted with the booking package. Surgeons have the option of submitting this information through 4 different mechanisms:**

- 1) **Surgeon's consultation letter (see Appendix A for sample consult),**
- 2) **The surgical screener used by the surgeon's office,**
- 3) **The appropriate "Powerform" on Powerchart, or**
- 4) **Dictation directly into Powerchart**

Surgical Services

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Suggestions to include in the consultation:

1. History - include applicable information as RELEVANT to the patient:

Respiratory:

- Smoker; if yes, # of packs per day
- COPD
- Asthma
- OSA; if yes, CPAP at home?
- Other

Cardiac:

- MI, Stents or Bypass
- Atrial Fibrillation
- Able to climb 2 flights of stairs (yes or no)
- Other

Neurologic:

- Previous TIA or CVA
- Previous Seizure
- Other

Metabolic/Endocrine:

- Diabetes
- Insulin dependent
- SGLT2 inhibitor (includes Canagliflozin (Invokana), DapaGliflozin (Forxiga), Empagliflozin)
- Thyroid
- Autoimmune disorder
- Recent steroid use
- Other

History of Substance Use

Other Relevant Medical History

2. Current Medications List

3. Assessment of patient's ASA Classification:

Class	Physical Status	Example
I	Healthy patient	A fit patient, non-smoking, no or minimal alcohol use
II	Patient with mild systemic disease	Mild diseases only without substantive functional limitations. Current smoker, social alcohol drinker, pregnancy, obesity (30<BMI<40), well controlled DM/HTN
III	Patient with severe systemic disease	Substantive functional limitations; one or more moderate to severe diseases. Poorly controlled DM or HTN, COPD, morbid obesity (BMI>40), alcohol/drug dependence
IV	Patient with severe systemic disease that is constant threat to life	Recent (<3 months) MI, CVA, TIA or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, shock, sepsis.
V	Moribund patient who is not expected to survive without the operation	Ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
VI	Declared brain-dead patient	

Adapted from: <https://www.asahq.org/standards-and-guidelines/asa-physical-status-classification-system>

Please also note the following:

- The requirement for patient history information to be included also pertains to patients having their procedure at View Royal Surgical Centre and at Saanich Peninsula Hospital (SPH). It does not pertain to cataract surgery patients (Clinic 6 and SPH). A separate streamlined process to ensure the necessary information for these ambulatory patients is being finalized with the Division Head.
- The preoperative history and physical and surgeon consult must have been completed within the last 52 weeks prior to the surgery date.
- The physical exam will be completed by Anesthesia as part of the surgical check in process on the day of the patient's procedure.
- The IHealth team will be working on a Powerform template that can be added to your Powerchart options. They will also provide instructions on how to create an encounter number for any patient for whom you want to dictate directly into Powerchart.

Failure to include the necessary health history information outlined above on your patients pre-operatively in the surgical consult could result in delays and/or cancellations.

Thank you for your cooperation and for ensuring that the necessary information on your patients is provided at the time of surgical booking. We anticipate that this interim solution will be replaced by the pre-surgical screener within 6 months.

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