Dear Colleague

Following our November 2005 conference, John Carlisle decided to step down from the position of chair. John has been instrumental in bringing the Preoperative Association into the national arena, and to securing our support from the AAGBI and RCA. With support from the AAGBI and RCA, the Preoperative Association has begun its life as an inter professional enterprise. Our overriding aim is to promote good patient led pre operative assessment.

On an interim measure Jane Jackson, Consultant Nurse in POA has accepted the position of chair. Jane has been central in the development of the POA service, setting up POA in 1993 for patients due to undergo elective surgery and is a founding member of the association. We currently have a wide inter professional membership of some 700 people. Our membership is open to all who have an interest in promoting best practice for patient care in the preparation for surgery.

Jane has several key goals for the coming year. We seek to provide the forum across all healthcare environments, independent and NHS sectors, to discuss the current pre operative assessment process, and thus to advance practice through discussion and sharing of POA developments.

What's new at the Preoperative Association?

Current Officers of the Preoperative Association

- Mrs Jane Jackson — Chair
- Sister Jackie Bell — Secretary
- Mrs Amanda Bassett — Marketing
- Mrs Pam Parry — Marketing
- Dr John Carlisle — Finance
- Mrs Marie Digner — Membership
- Mrs Jenny Bramhall — Webmaster

For all enquiries about the Preoperative Association please contact:

The Specialist Societies Unit
21 Portland Place
London
W1B 1PY

Tel: 020 7631 8896 or Email: info@pre-op.org
Web-site: www.pre-op.org
In order that the PA becomes self sufficient and representative of the wide inter professional team that support patient led care, the board needs to be fairly elected. Elections will be so organised, that the board positions will be advertised. All members of the association will have the opportunity to apply for board positions, and all members will have the opportunity to vote for the applicants.

Since its inauguration, the Preoperative Association has been led by the individuals who brought together the concept inter professional working group, and together began the association and its links with multiple professional organisations.

The Preoperative Association has firm inter professional acceptance, and it is time that an officially elected board take the association into the next phase of its life.

The structure of the association is anticipated to be as follows. The inaugural members will remain as voting members.

The Preoperative Association will have an elected board - consisting of those individuals who will reach decisions on the future of the association. We view those taking on board responsibilities as being inter professional body of people, who view pre operative assessment as being essential to best practice patient care. The following posts will be available for appointment - Chairperson, Treasurer, Membership support officer, Conference organiser, Meetings secretary, Sponsorship officer, Website support officer.

The board will be supported by non-voting co-opted advisors. These will hold post for one year tenure and will provide advice and support to the board. For instance, a typical post holder would be a representative from the National Blood service or the British Hypertension society. There is no restriction to the number of association/societies that are represented.

Membership will be open to all with an interest in good patient led care, and it is not anticipated that membership will be restricted to inter professionals, indeed, as patient awareness is integral part of pre operative assessment, it is anticipated that there will be patient representation at all levels of the association.

Invitations from interested parties are invited to give a short resume of their professional reasons for applying for election. All members will be then sent details of the applicants.

Send your expressions of intent to:

Jane Jackson, SRN Mphil MCGI
Chair, Preoperative Association
21 Portland Place, London, W1B 1PY

Preoperative Association
www.pre-op.org

Founding Members (voting ability)

Preoperative Association Board
(elected board—voting ability)

Co-opted advisors
(non-voting advisors to the board. 1 year tenure)

MEMBERSHIP

Elections Schedule

All nominations to be received by 5th June
Ballot Papers will be sent out by 6th June 2006
All Ballot papers to be returned by 30th June
Successful candidates will be notified by telephone and letter on 30th June. Results will be posted on web-site on 3rd July 2006.
Chairman—Elect
The role of the chair person is paramount in steering the Preoperative Association and supporting the requirements of its membership, promoting inter-professional developments. Promotion of best practice, and providing the opportunity for dissemination of best practice is the key aim of the Preoperative Association. The chair person will have the support of the appointed officers and the co-opted membership to provide insight into developments within the field of preoperative assessment and healthcare. A key role of the chair person is one of promoting the Preoperative Association, and may be invited to speak to healthcare audiences on behalf of the Association.

Treasurer
The treasurer will advise the board on the financial situation of the Association, liaising with the AAGBI monthly to ensure accurate, updated reports. The treasurer will also be expected to support the Preoperative Association and its projects, and to contribute to members’ newsletters.

Sponsorship Officer
The Preoperative Association receives no funding from any other source and is required to generate its own income. All income is self generated through membership and sponsorship. This post holder will source sponsorship and be the person to invite companies to purchase a stand at the Association conferences. The post holder will support the Preoperative Association, and contribute to the members’ newsletter.

Website Officer
The purpose of this role is to ensure that the best use is made of the Preoperative Association website. The website is used by any person with an interest in pre operative assessment, as well as to access latest information from the Association. The post holder will check presentation of the association details on the web site, ensuring that information contained on the site is updated and relevant. The post holder will explore avenues to support delivery of information requested by site users, ensuring frequently asked questions are responded to appropriately - this may require forwarding specific queries to appropriate parties for their response. The post holder will support the Preoperative Association, and contribute to the members’ newsletter.

Conference Organiser
The conference organiser is charged with arranging and finalising the venue for the conference, co-ordinating the call for abstract and abstract selections, and generally co-ordinating all conference activity e.g., the arrangement of facilities /equipment / rooms available / dinner / entertainment / accommodation and contributes to providing information for the website and the members newsletter.

Meetings secretary
The meetings secretary is responsible for setting and confirming dates for pre-operative association meetings, arranging a venue, producing and circulating an agenda, taking, producing and circulating minutes of meetings. They are also required to collect and co-ordinate feedback and issues / matters arising from the meetings. Acting as the central point of contact for any meetings business including any letter writing required on behalf of the Preoperative Association. The meetings secretary also contributes to providing information for the website and the members newsletter.

Membership Support Officers (2)
The membership support officers co-ordinate all activity relevant to members and membership of the Preoperative Association and facilitate requests for information from members, maintain membership records, act as a central point of contact for new members, produce the newsletter.
The Preoperative Association aims to produce a newsletter every quarter – the next issue is due in August 2006.

There are few Associations that have such a wide ranging inter professional membership. I believe that is a direct result of professionals working together with a single aim - best patient care. The Preoperative Association does not promote change for the sake of change, but rather wants to encourage the spread of good practice.

Developments in the field of healthcare are moving at a rapid pace, they encompass all professions. Pre operative Assessment considers all patient needs, and is not segregated by clinical divisions, primary or secondary care, independent or public sectors. As a body we can influence change and direction, we can spread good practice. I invite you to share your experiences of good practice formally and in detail at our conference, and in synopsis form in this newsletter.

Jane Jackson
Chair
Preoperative Association

Please send articles and/or comments to:

The Specialist Societies Coordinator
Preoperative Association
21 Portland Place
London
W1B 1PY

Fax: 020 7631 4352
Email: Info@pre-op.org
Introduction

The following information provides a summary of the PoISE research project. This project has received MREC approval subject to minor amendments. All acute NHS trusts in the UK are invited to participate. Other key clinical contacts identified through specialist networks will also receive details of the project.

Background: A recently published RCN guideline on peri-operative fasting for adults and children has been chosen to evaluate three guideline implementation strategies. Peri-operative fasting is a significant health issue affecting a large proportion of the UK’s population (over 6 million per year) who are admitted for surgery. Previous guidance on reducing fasting times has recommended significant reduction in fasting times from traditional practice of, for example, nil by mouth from midnight for a morning list operation (ASA 1999). There continues to be variance in practice of fasting times across the world and within the UK (Grimshaw, 2004).

It has been suggested that educational strategies, feedback on performance, mass media campaigns and facilitative approaches might have some effect in implementing guidelines. However further evaluation is required.

Aim: To evaluate which implementation strategy is most effective in implementing a guideline on peri-operative fasting in order to improve patient care.

NHS Trust Staff Involvement Role descriptions

NHS trust staff are requested by the project team to be involved in a number of different ways to facilitate the research project, these are as data collectors, research participants and as recipients of the interventions.

Dissemination of findings

NHS Trusts will be able to identify their own average fasting times for their own purposes. In brief, dissemination of the findings by the project team will include reporting back to the NHS trusts, all participants and the funders, The Health Foundation.

Please reply to poise@rcn.org.uk

Regards

Jackie Chandler
Research Fellow
Implementation of Peri-operative Fasting Guideline Project
RCN Institute