PQIP data

API session one

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PQIP Perioperative Quality Improvement Programme

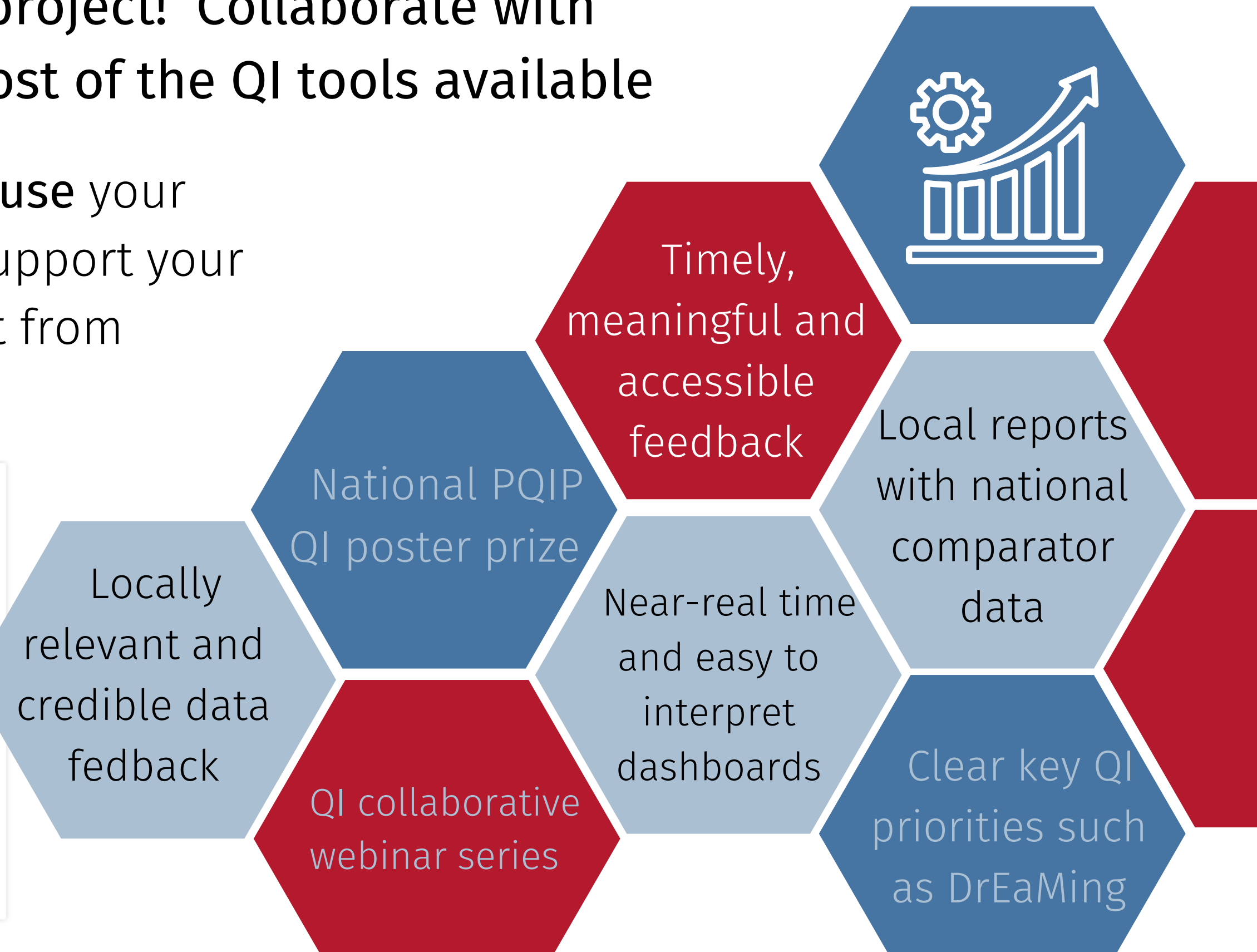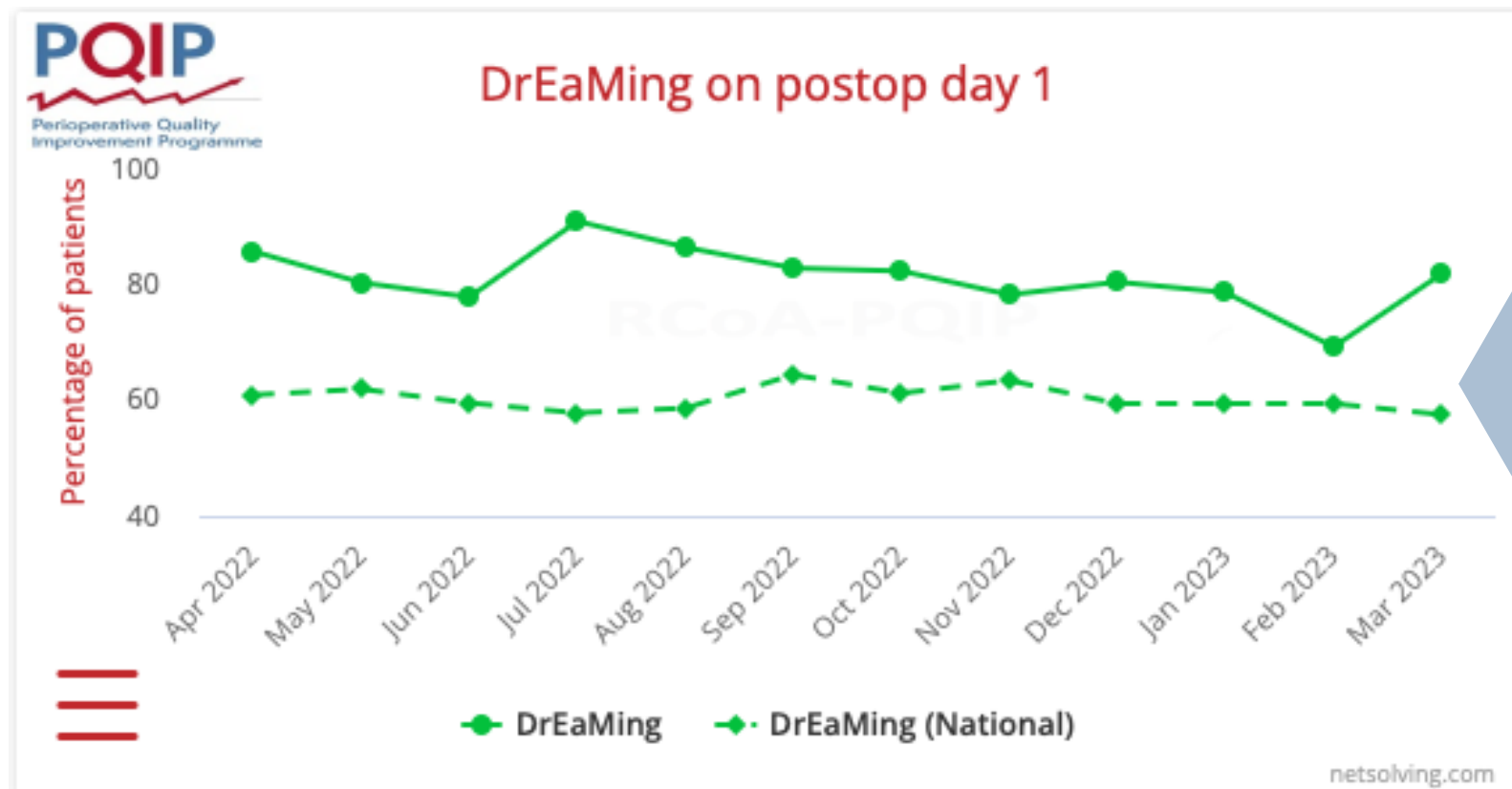NIAA National Institute of Academic Anaesthesia HSRC Health Services Research Centre

Agenda

- Why is data important for QI
- PQIP data available
- pomVLAD and POMS
- Dashboards - PQIP top priorities
- Bauer anaesthetic
- Poster Generator
- Data Query

The QI in PQIP

PQIP is more than just a research project! Collaborate with your clinical teams to make the most of the QI tools available

PQIP aim to support your local site to **use** your own data to drive improvement and support your QI efforts to success which will benefit from clinical staff engagement!

Hexagon labels:
- Timely, meaningful and accessible feedback
- Local reports with national comparator data
- National PQIP QI poster prize
- Near-real time and easy to interpret dashboards
- Locally relevant and credible data fedback
- QI collaborative webinar series
- Clear key QI priorities such as DrEaMing

Data for improvement

Data Collection and Use
Regular use of data can help identify positive or worrying trends leading to earlier interventions to improve patient care
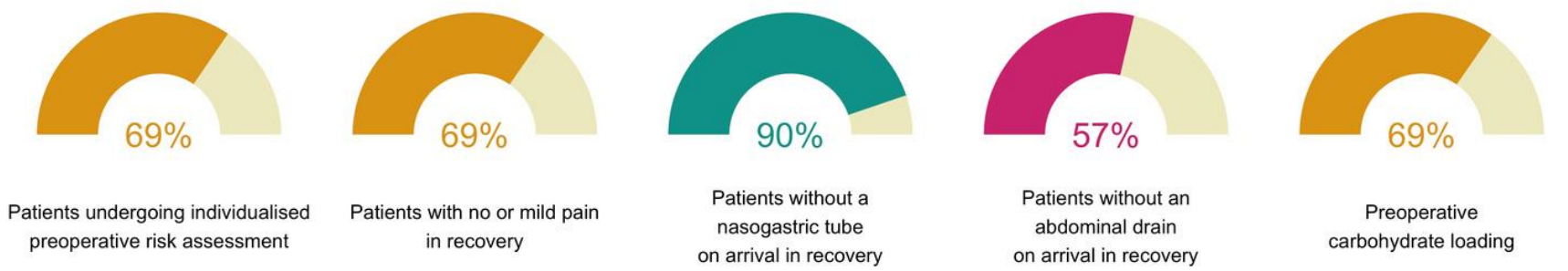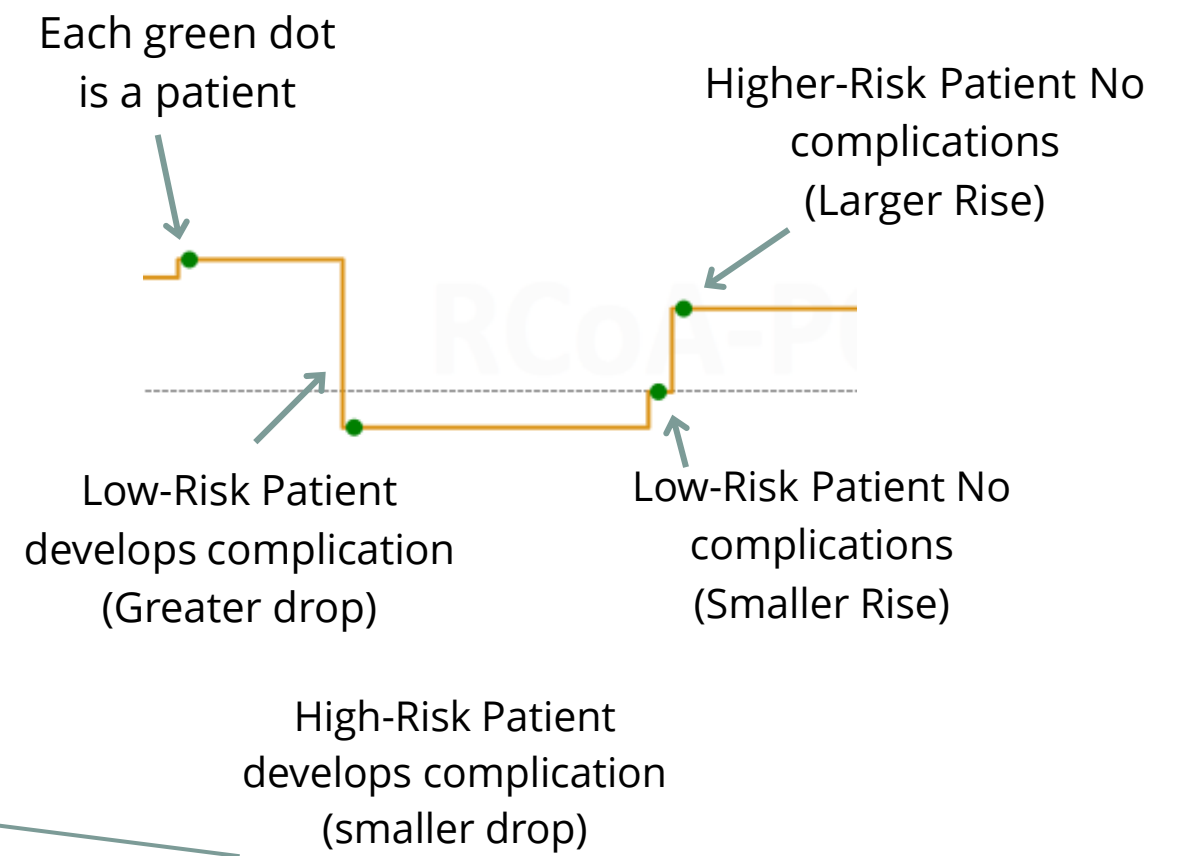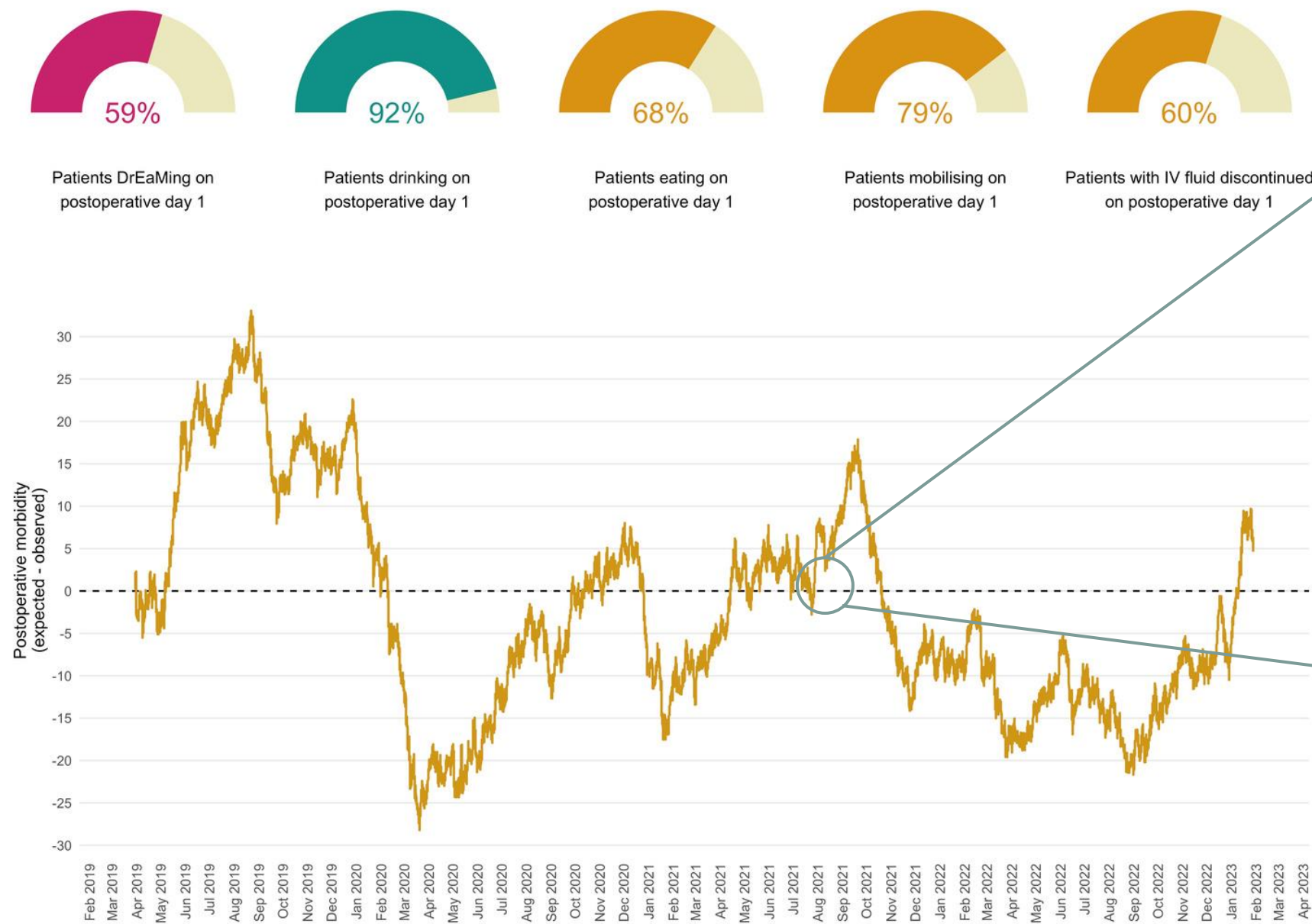improved when automated, electronic, dedicated person, reduces duplications

Data Representation
Simple or already interpreted and visual to reduce cognitive load, tailored comparison/bench marking, near-real time, representative of patient mix

Data Feedback
Regular active data review, large social aspect, delivered by credible member of team,in group to stimulate discussion, positive deviance and limit negative / critical feedback

pomVLAD
variable life-adjusted display

Each green dot is a patient

Higher-Risk Patient No complications (Larger Rise)

Low-Risk Patient develops complication (Greater drop)

Low-Risk Patient No complications (Smaller Rise)

High-Risk Patient develops complication (smaller drop)

PQIP-colorectal risk model developed from PQIP cohort of 11,646 colorectal patients and includes 12 PQIP variables

Monitors complication rates at day 7 using the Postoperative Morbidity Survey (POMS)

59% Patients DrEaMing on postoperative day 1

92% Patients drinking on postoperative day 1

68% Patients eating on postoperative day 1

79% Patients mobilising on postoperative day 1

60% Patients with IV fluid discontinued on postoperative day 1

69% Patients undergoing individualised preoperative risk assessment

69% Patients with no or mild pain in recovery

90% Patients without a nasogastric tube on arrival in recovery

57% Patients without an abdominal drain on arrival in recovery

69% Preoperative carbohydrate loading

Watch our last webinar at PQIP.org.uk where we discussed pomVLAD in depth!
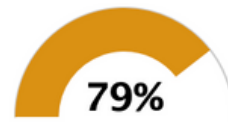
Postoperative Morbidity (POMS)

Unadjusted postoperative morbidity from D7 complications for all procedures except colorectal

18 point tool divides complications into 9 organ systems

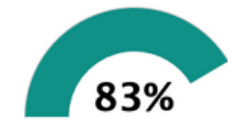Table of clavier-dindo grade of complications

Discharged = no POMS

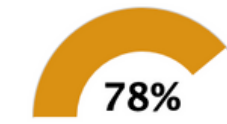79% Patients **DrEaMing** on postoperative day 1

95% Patients **Drinking** on postoperative day 1

83% Patients **Eating** on postoperative day 1

92% Patients **Mobilising** on postoperative day 1

78% Patients **without** Intravenous fluids within 24 hours of surgery finishing

PQIP Perioperative Quality Improvement Programme

Post-operative morbidity

Percentage of patients that are POMS morbidity positive at day 7
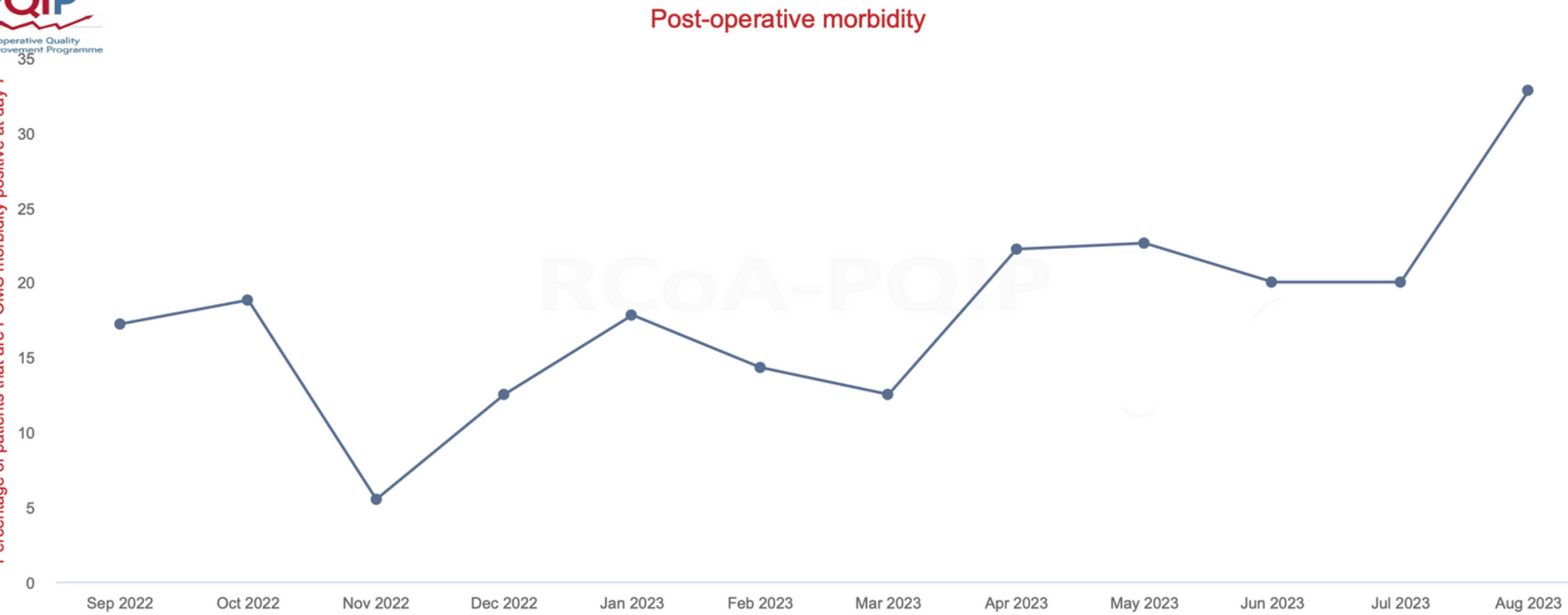
(click to choose which values are hidden/displayed)
→ POMs at day 7

Sep 2022 Oct 2022 Nov 2022 Dec 2022 Jan 2023 Feb 2023 Mar 2023 Apr 2023 May 2023 Jun 2023 Jul 2023 Aug 2023

Dashboards
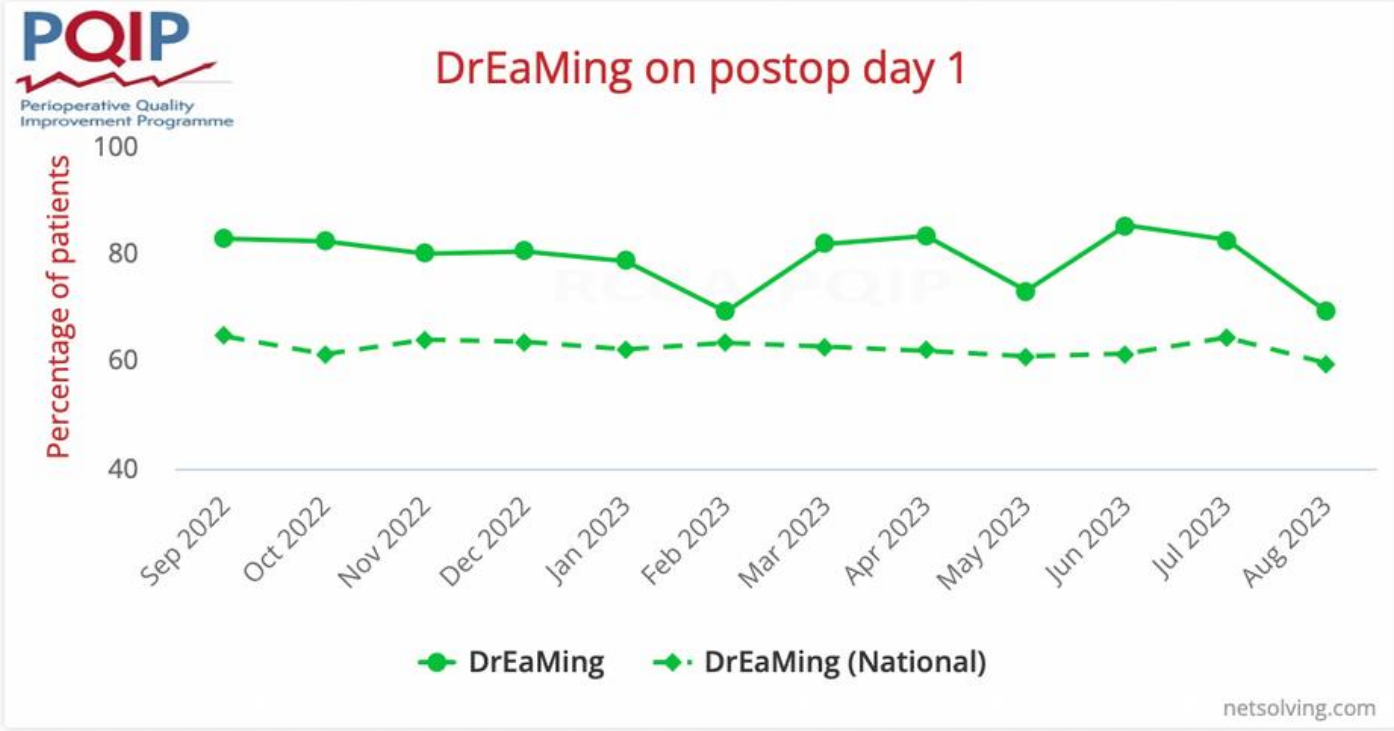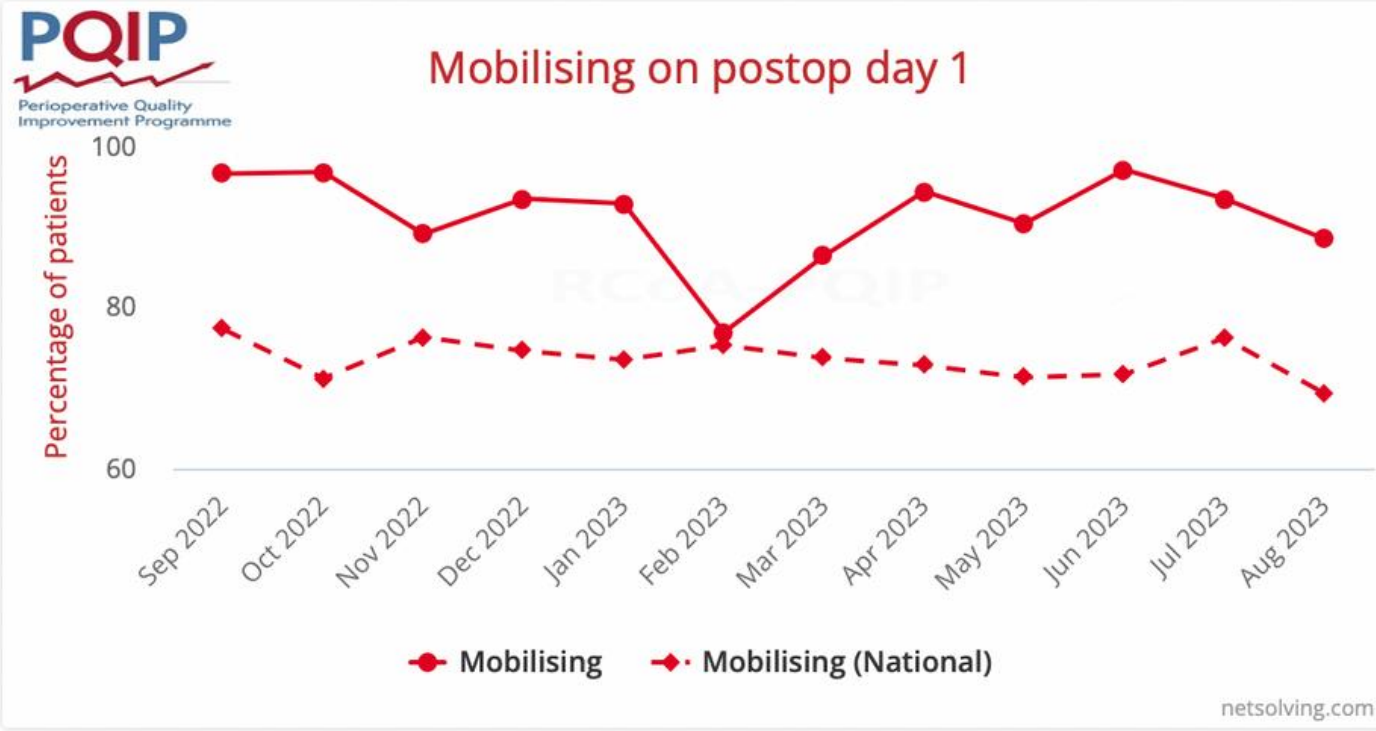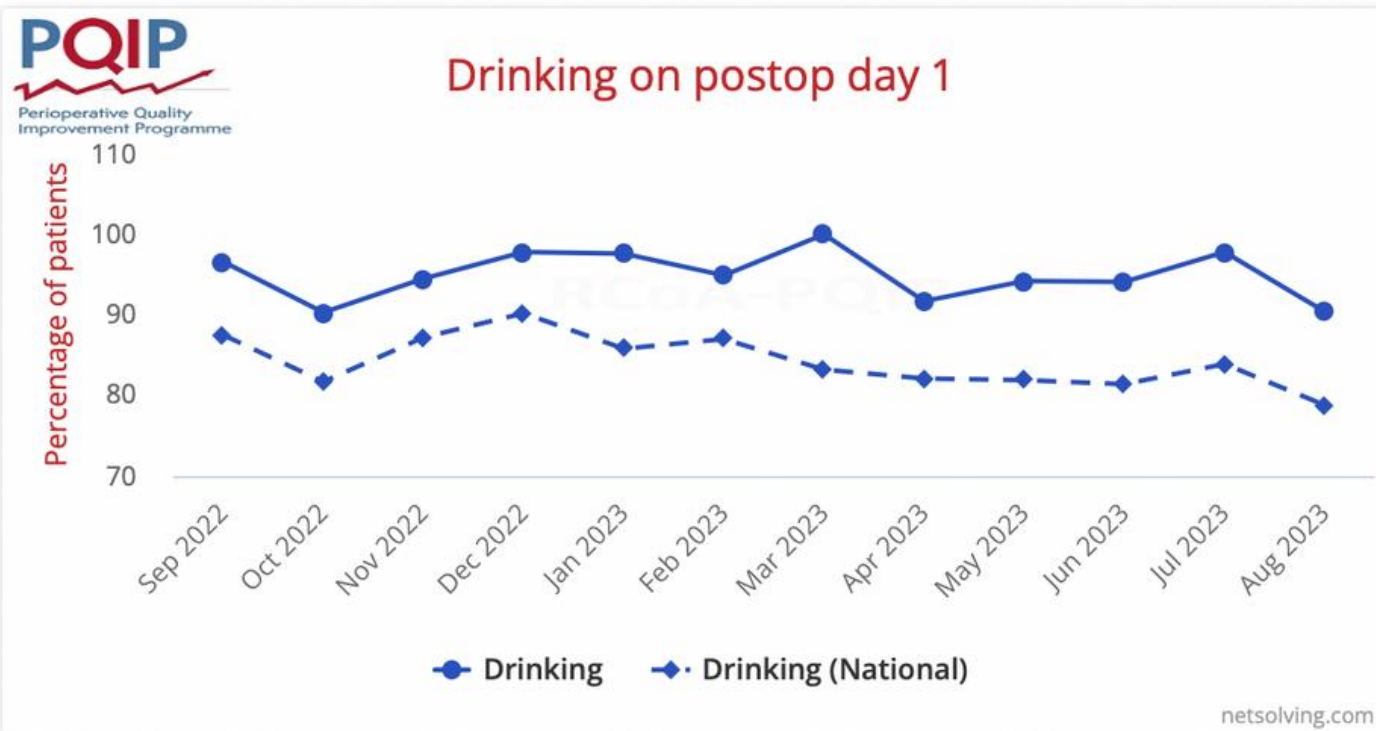
Shows data in a simple format demonstrating positive and concerning trends with a national average
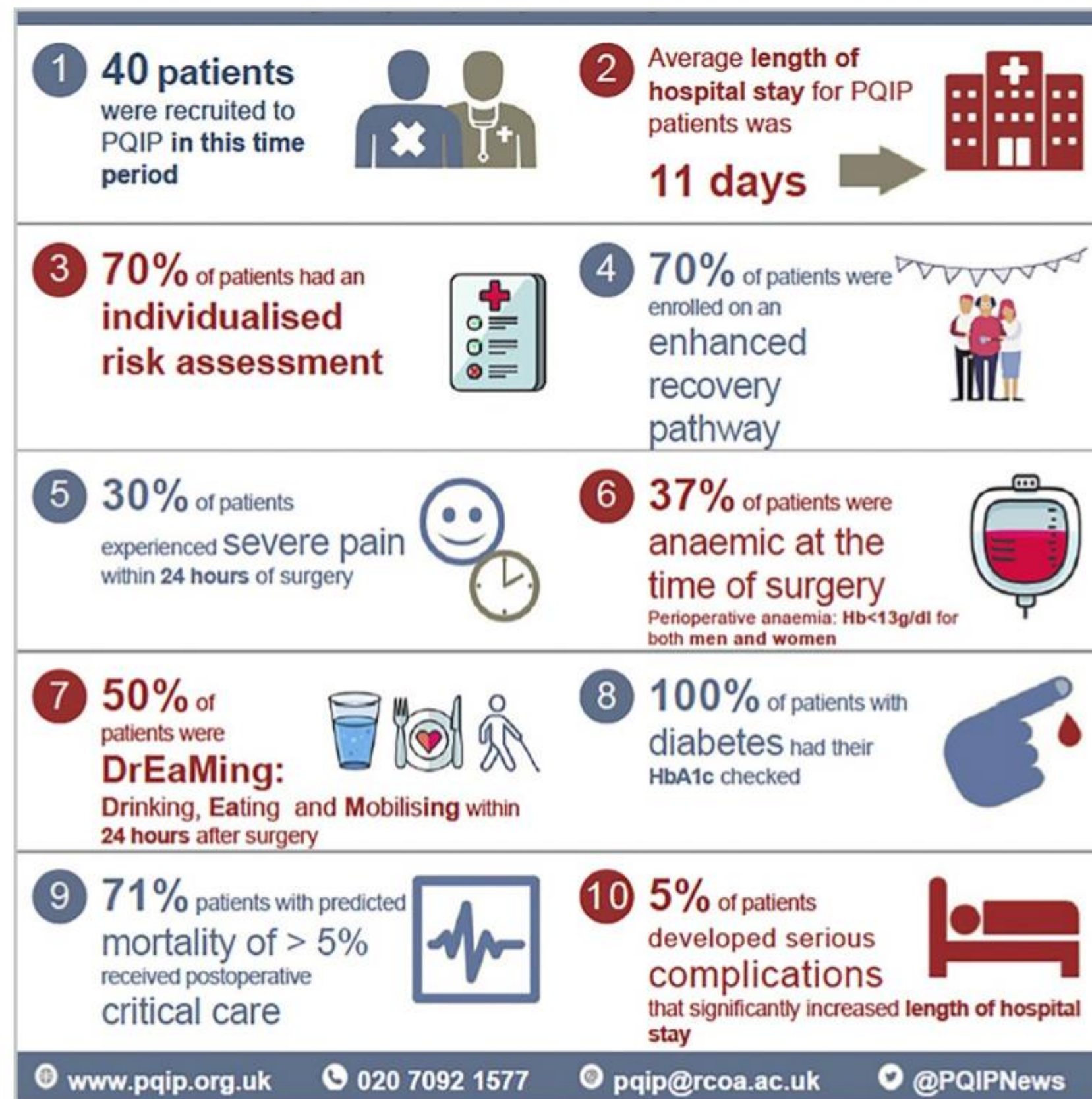
Poster generator

Did you know... sharing your PQIP results with your team is easy!

- Use our **automated poster generator** to highlight your hospital's key results. Posters can be created bespoke for your site by visiting the PQIP website: Go to the reports tab -> poster generator.

- **Regularly feedback your PQIP results:** use multiple means regularly – posters, emails, messaging, department meetings and newsletters. Multimodal and multidisciplinary communication will support your local PQIP efforts and will also help prevent siloed teams replicating local audits/data collection and duplicating work, ultimately saving time for everyone.

- **Present your data:** Stimulate discussion of PQIP results to increase the whole teams' awareness about PQIP, and also potentially help improve recruitment and data input.

- **Highlight areas of great practice:** celebrate your whole MDT's hard work and share the wealth of data available. Regular collaboration can help the team to gain insight into where QI efforts should be focused.

Figure 1 Automated poster export of local data from PQIP website

1. **40 patients** were recruited to PQIP **in this time period**

2. Average **length of hospital stay for PQIP** patients was **11 days**

3. **70%** of patients had an **individualised risk assessment**

4. **70%** of patients were enrolled on an **enhanced recovery pathway**

5. **30%** of patients experienced **severe pain** within **24 hours** of surgery

6. **37%** of patients were **anaemic at the time of surgery** Perioperative anaemia: Hb<13g/dl for both **men and women**

7. **50%** of patients were **DrEaMing:** **Dr**inking, **Ea**ting and **M**obilis**ing** within **24 hours** after surgery

8. **100%** of patients with **diabetes** had their **HbA1c** checked

9. **71%** patients with predicted **mortality of > 5%** received postoperative **critical care**

10. **5%** of patients developed serious **complications** that significantly increased **length of hospital stay**

www.pqip.org.uk   020 7092 1577   pqip@rcoa.ac.uk   @PQIPNews

Recruitment Top tips

Recruitment	People	Communication

Recruitment

PQIP is on the **NIHR's research portfolio**: get support for recruitment from local Clinical Research Networks through the National Institute for Health Research (NIHR)

Identify eligible patients in advance - some sites consent in preassessment clinic or by telephone

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Develop a **sampling strategy** that is locally feasible. Start with a single specialty.

Regularly review the recruitment process. Be open to trialing different methods of recruitment

People

Collaborate with your whole MDT to engage the clinical teams to make the most of your local data!

Engage trainees in recruitment and data collection. They may find the 6- and 12-month follow-up phone calls particularly enlightening and educational. It is an excellent opportunity to get GCP trained and use those skills!


PQIP is on the NIHR's Associate Principal Investigator scheme. Another great way to get trainees and other colleagues involved.

Communication

Set-up a **local PQIP communication networks** to support data collection on the day of surgery and on day 1.

Raise the profile of study participation locally – get a **regular slot to celebrate research successes** in local governance / research / audit meetings.

PQIP

PQIP collaborative Webinars
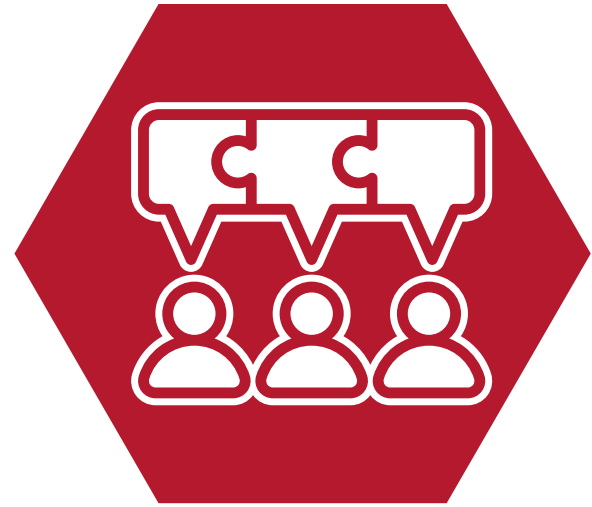
PQIP Collaborative quarterly webinar series aims to provide a framework for collective learning through educational sessions and collaborative member information sharing.

All the past webinars are free to access to all on the PQIP website!

www.PQIP.org.uk

Save the Date

Save the date for our next free webinar!

12-1pm 12th October