

**ANNUAL REPORT 2017-18**



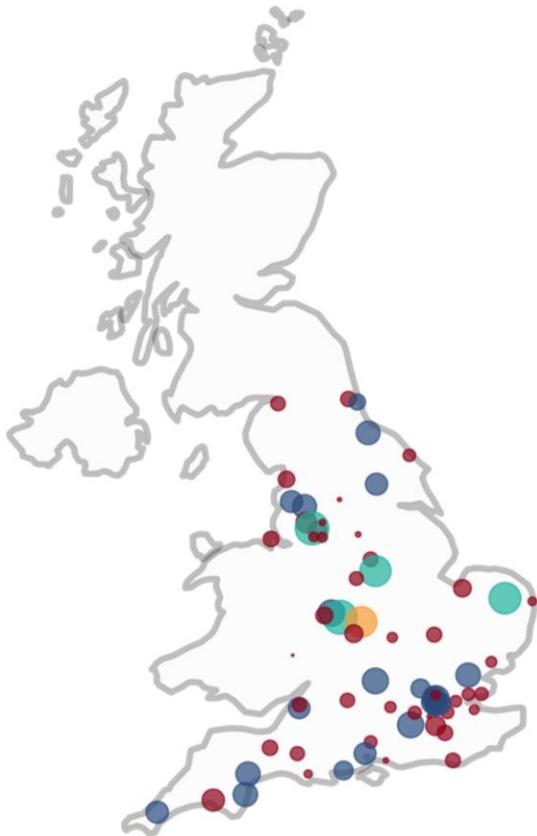


# Major findings from year 1

Dr James Bedford  
Prof Ramani Moonesinghe

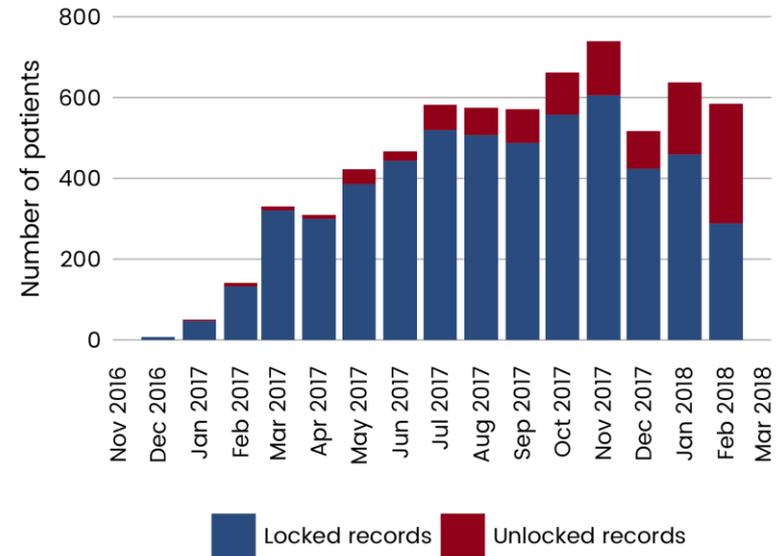
PQIP collaborative event - London 2018

# Recruitment



Total number of patients recruited ● 50 ● 100 ● 150 ● 200 ● 300

Average patients recruited per week ● 0-2 ● 2-4 ● 4-5 ● >5



Locked records Unlocked records

# What do PQIP patients look like?



Median age 67 (range 18-95 years)

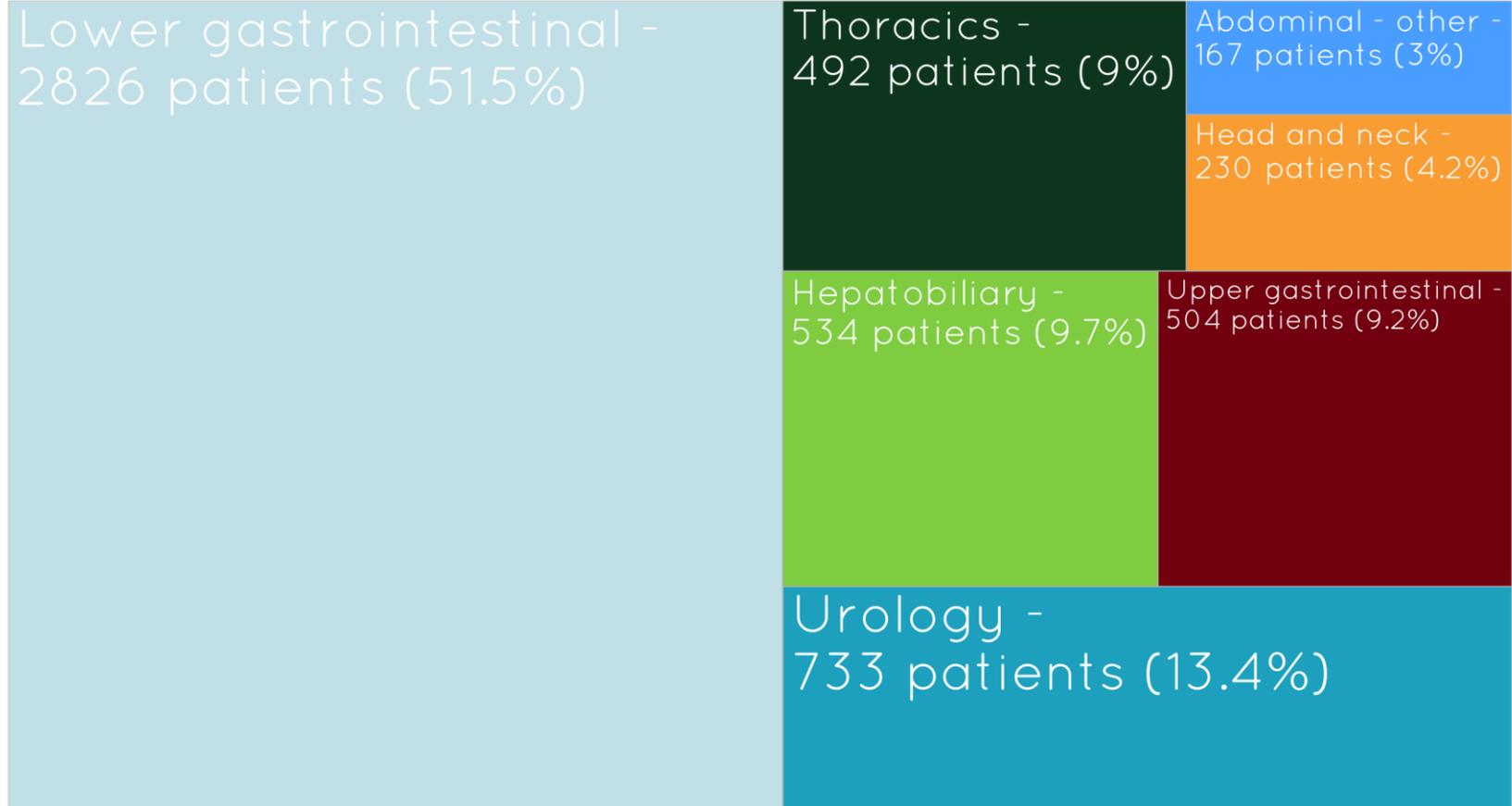


61% male, 39% female



Median BMI 27 (IQR 24 to 30)

# PQIP specialties



# Preoperative assessment



98% of patients underwent face-to-face assessment



67% of patients had an individualised risk assessment

41% of patients were anaemic (Hb <130g/L)



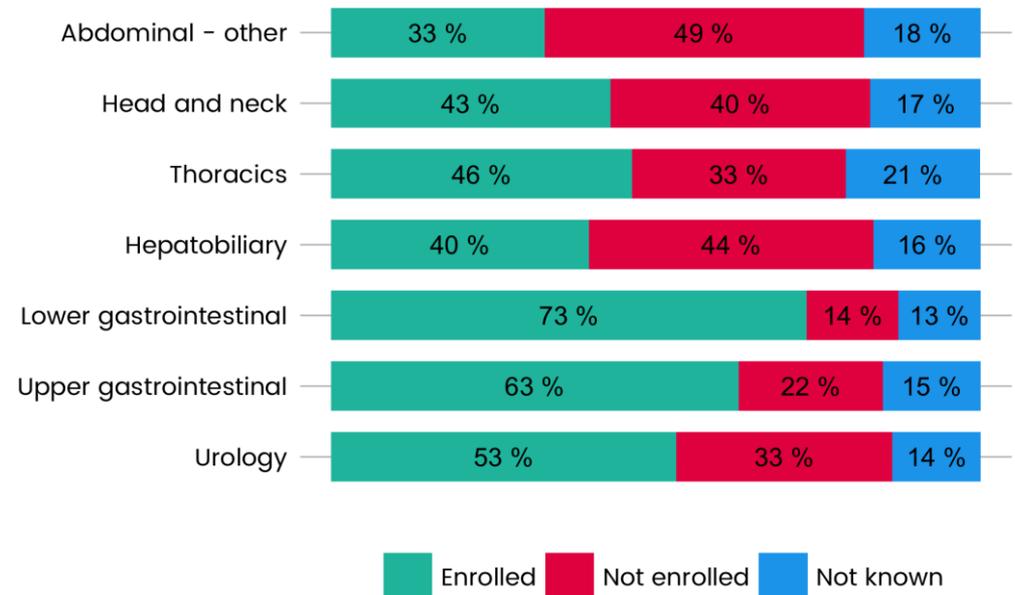
% of patients undergoing CPET    ● 0.1-24.9%    ● 25-49.9%    ● 50-74.9%    ● 75-100%

Total number of CPET tests performed    ● 25    ● 50    ● 75    ● 100

# Enhanced recovery

- 61% of patients enrolled on ER pathway
- Range between hospitals 0-100%

## Enrolment by specialty



# Compliance with ER principles

Carbohydrate preloading



47%

64% for patients on ER pathway

Warming devices



97%

CO monitoring



31%

No NGT in recovery



91%

\*Lower gastrointestinal patients

No drains in recovery



57%

\*Lower gastrointestinal patients



Perioperative Quality Improvement Programme

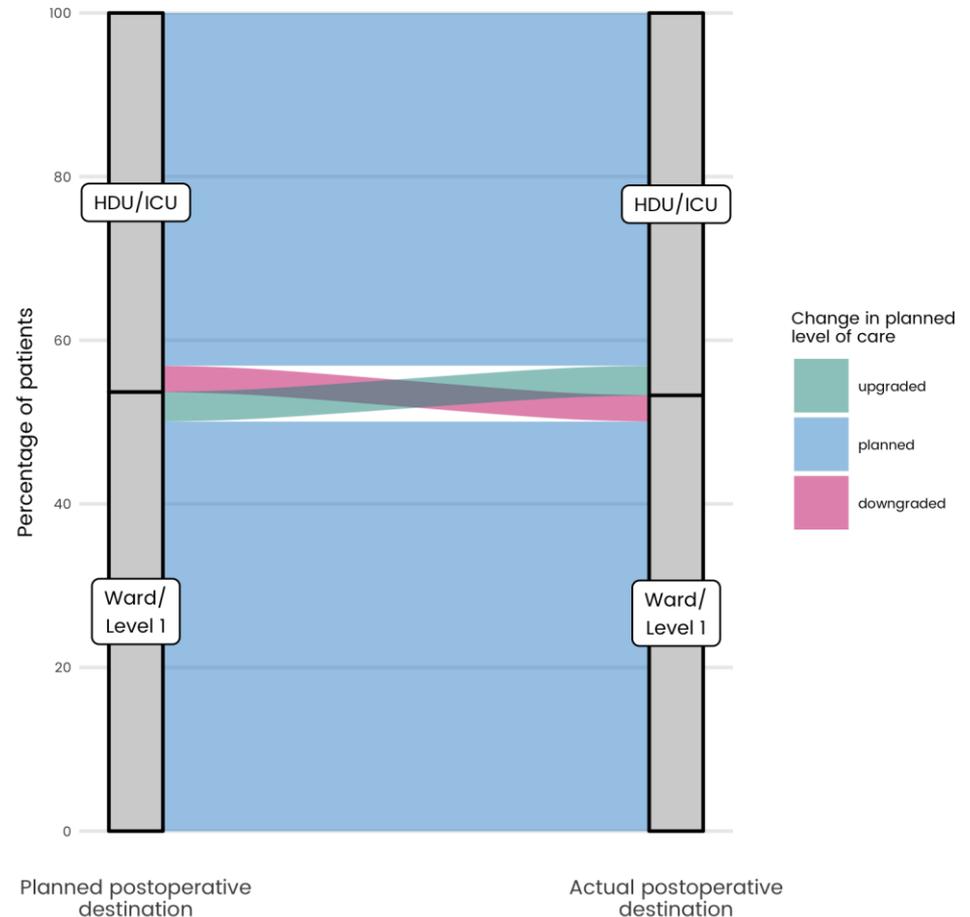


# Postoperative destination

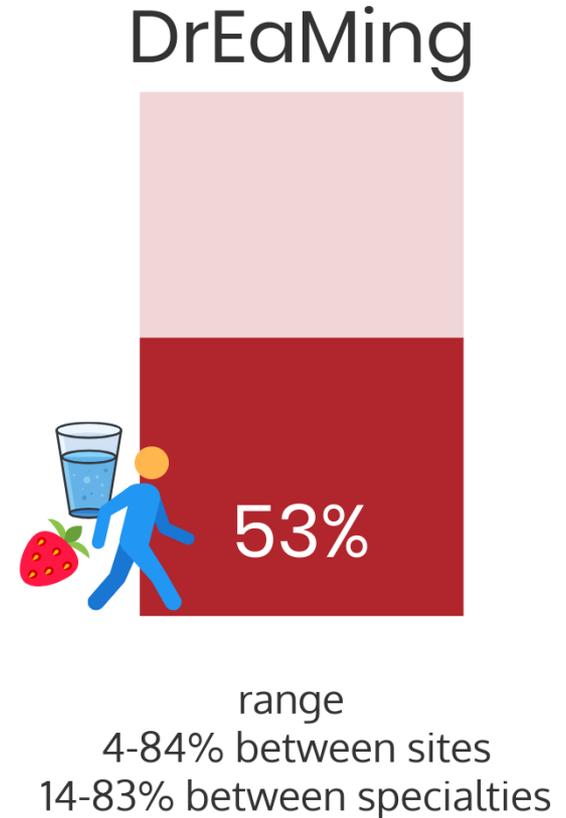
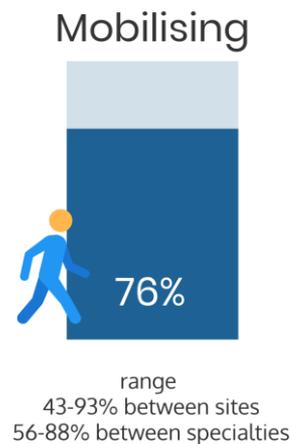
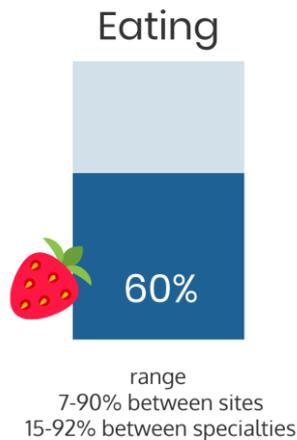
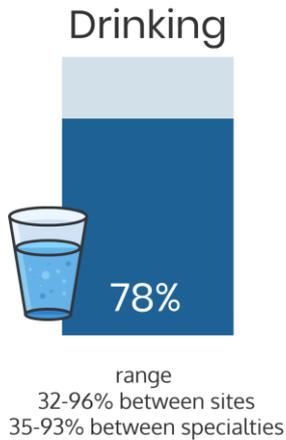
330 patients (6.4%) had a predicted mortality  $\geq 5\%$  (using SORT tool)

Of those patients, 192 (58.2%) were admitted to level 2/3 care after surgery

(<http://www.sortsurgery.com>)



# DrEaMing: Drinking, eating and mobilising on postoperative day 1

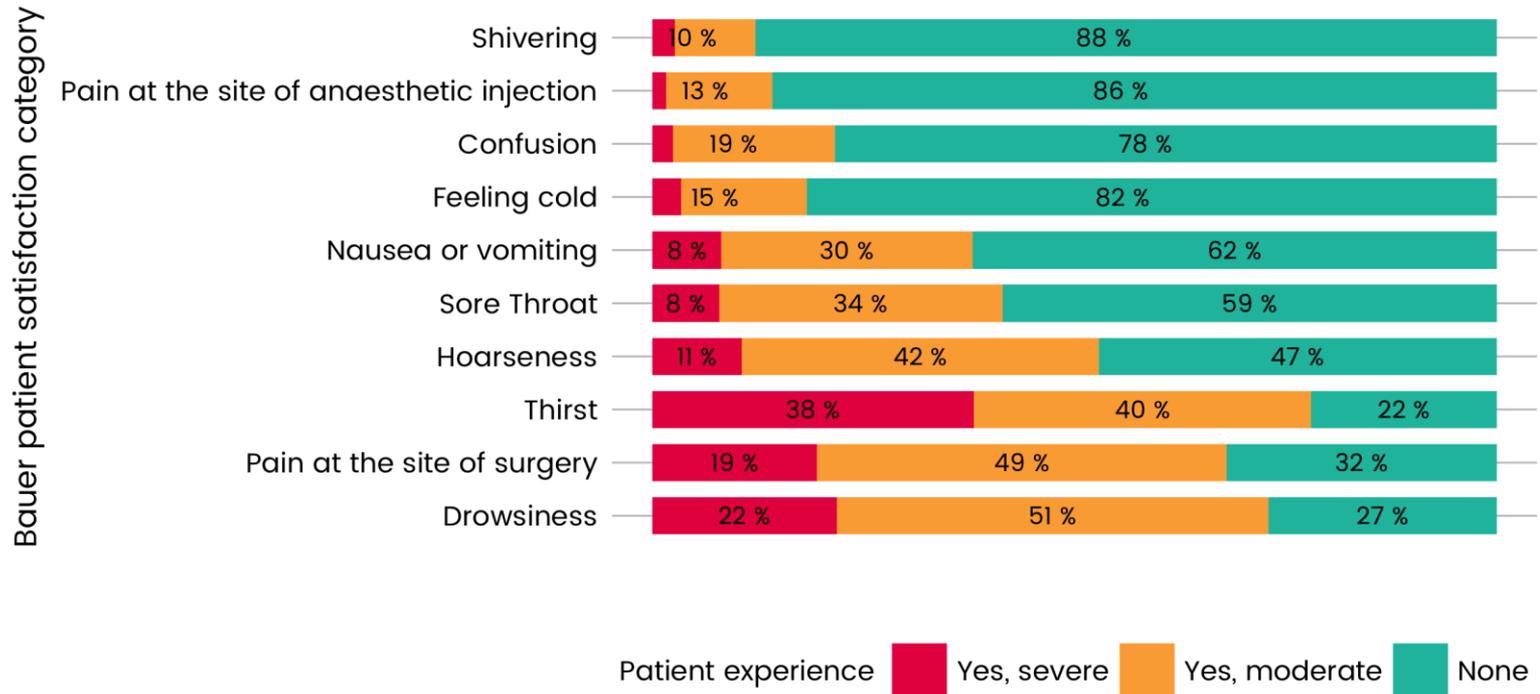


# Postoperative measures

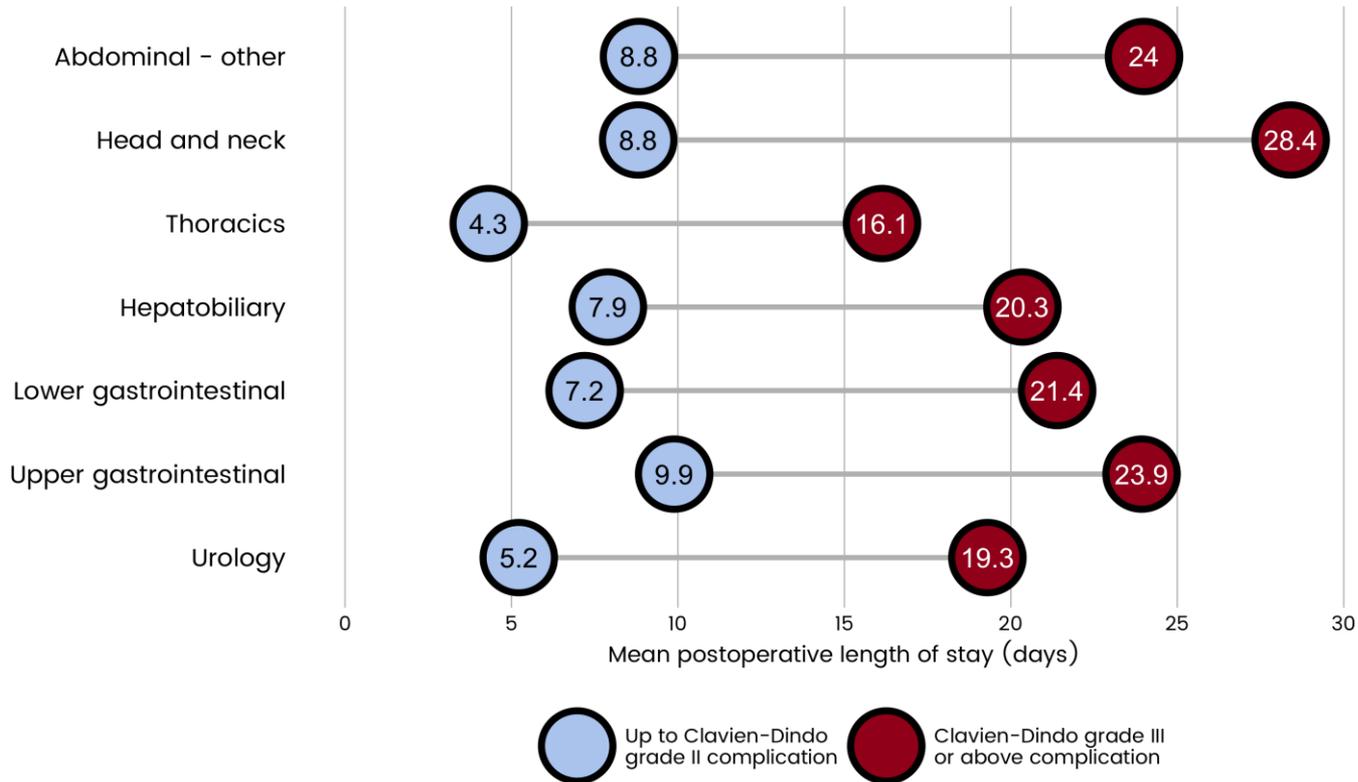
31% of patients reported either moderate or severe pain in recovery

7% of patients were still requiring opioid analgesia on postoperative day 7

# Patient reported outcomes



# Postoperative complications and length of stay



## Using evidence and data to improve the care of surgical patients

PQIP's Top 5 National Improvement Opportunities for 2018-19

1



### Anaemia & Diabetes

Anaemia and poorly controlled diabetes both lead to postoperative complications.

Both are modifiable through best patient care

Avoiding transfusion and hyperglycaemia are key goals



Aim Hb > 13 for all elective major surgery and HbA1C < 8.5% or < 69 mmol/mol for all diabetics

2



### Individualised Risk Assessment

Individualised risk assessment is important for shared decision making and is a legal requirement

A combination of objective evaluation and clinical judgement is recommended

Scores (e.g. P-POSSUM or SORT), frailty evaluation or CPET are all valid ways to assess risk



Aim to build individualised risk assessment into your patient pathway

3



### Enhanced Recovery

Enhanced recovery pathways (ERPs) provide individualised, protocolised care to reduce complications, which can prolong length of stay

ERPs generally include carbohydrate loading, minimally invasive surgery, avoidance of fluid overload, tubes and drains, and early nutrition and mobilisation



Sharing pathways between hospitals may aid knowledge dissemination

4



### Individualised Pain Management

Severe perioperative pain is common and impacts on patient experience and recovery

Good pain management begins with preoperative assessment and planning

A regular pain service led by appropriately trained clinicians is recommended for best patient care



Use multimodal approaches, including LA blocks, and ideally minimise use of opioids

5



### Drinking, Eating, Mobilising (DrEaMing)

Aiming to return patients to DrEaMing within 24hrs of the end of surgery is a key goal of enhanced recovery

Taking down IV fluids as early as possible supports return to usual homeostasis.

Early mobilisation reduces the risk of thromboembolic events.



Empower patients to DrEaM through high quality preoperative preparation and use of patient diaries

# Positive deviance

Arrowe Park  
Cumberland Infirmary  
Royal Preston  
Warwick  
Queen Elizabeth University Hospital (Gateshead)  
Royal Lancaster Infirmary  
Royal Sussex County Hospital  
Broomfield  
Queen Victoria, East Grinstead  
Derriford  
Russells Hall  
Royal Blackburn  
Royal Devon and Exeter  
York

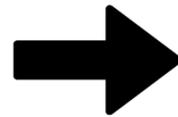
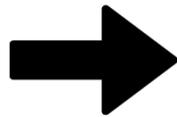
Bristol Royal Infirmary  
East Surrey  
Southmead  
Queen's Burton  
Watford General  
Torbay  
Churchill Oxford  
University College Hospital  
East Surrey  
Kings Mill  
Royal Bolton  
Royal Surrey  
King's Mill

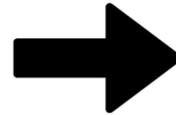
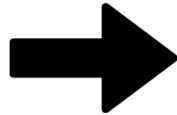
Sunderland  
James Cook  
Royal Cornwall  
St George's  
Musgrove Park  
RCOA  
National College of Anaesthetists  
NAA  
HSRC  
Health Services Research Centre



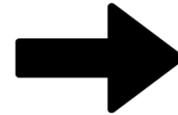
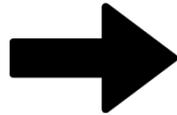
Perioperative Quality  
Improvement Programme





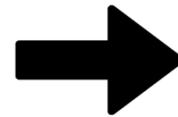
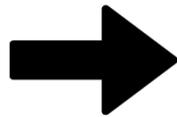


**Structure**



**Structure**

**Process**



**Structure**

**Process**

**Outcome**



# Structure

# Sharing good practice

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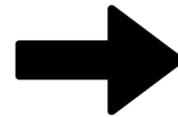
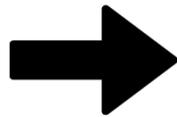
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HSRC  
Health Services Research Centre



Perioperative Quality  
Improvement Programme





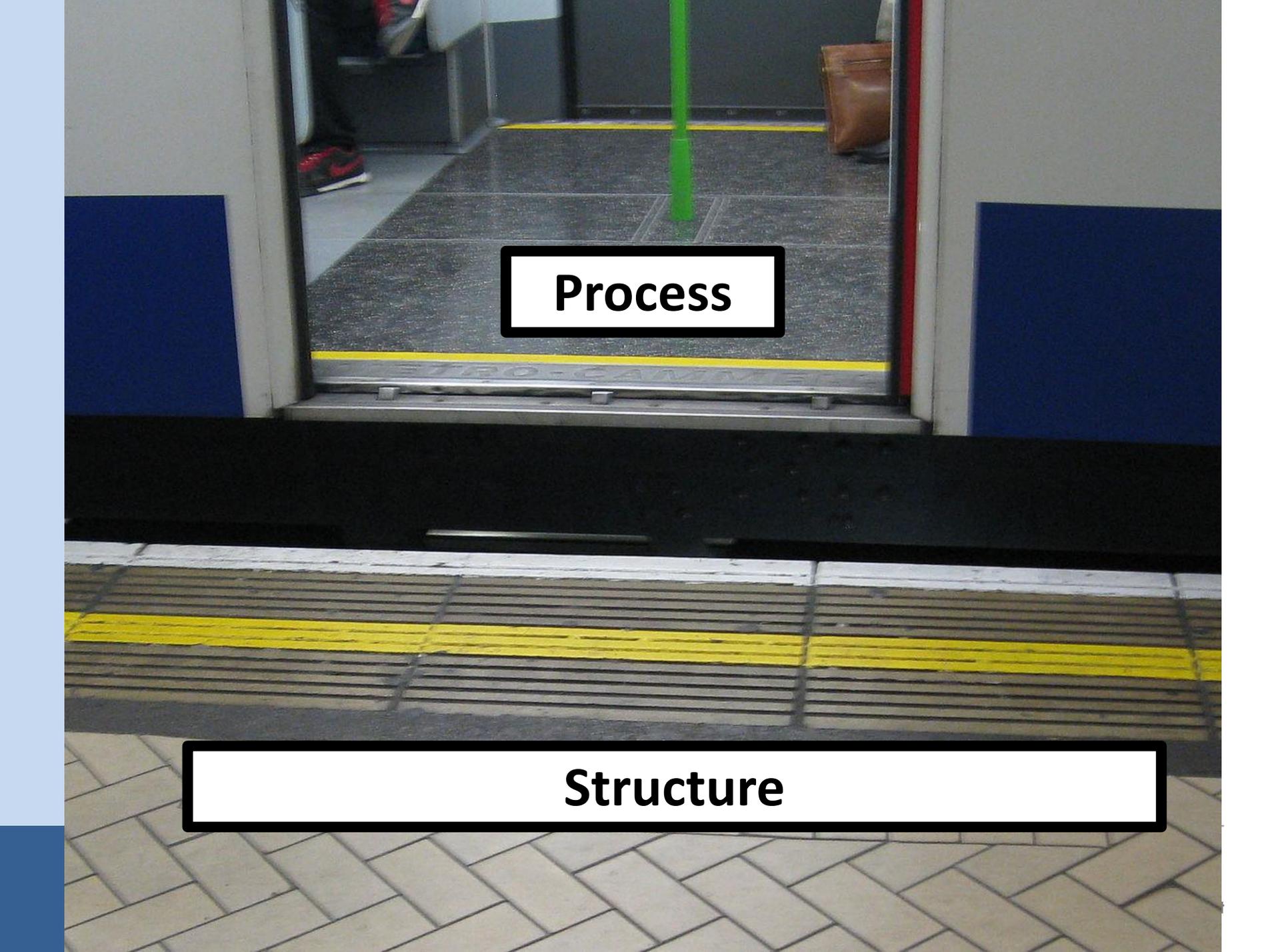
**Structure**

**Process**

**Outcome**

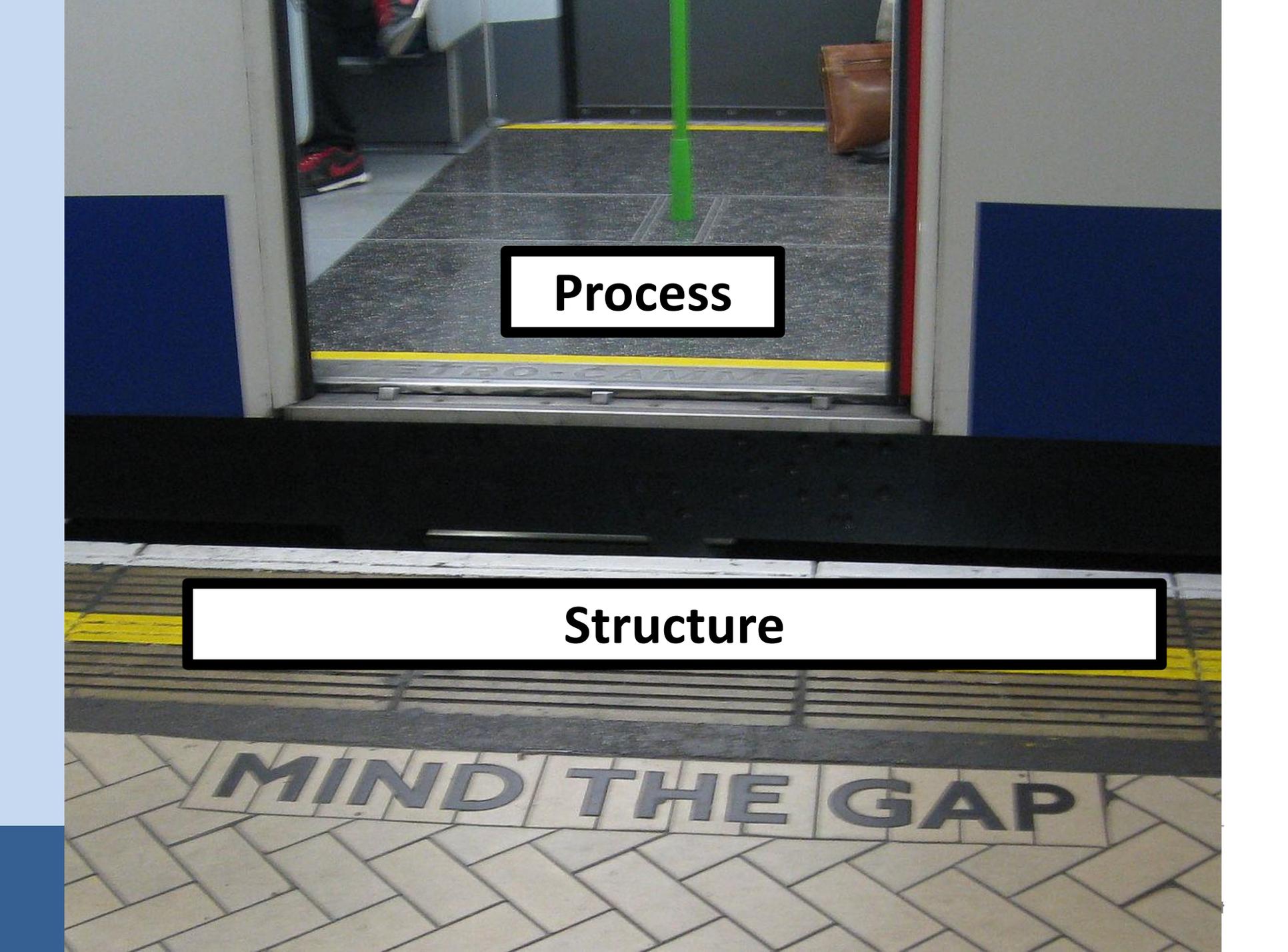


**Structure**



**Process**

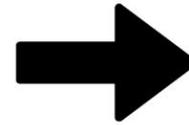
**Structure**



**Process**

**Structure**

**MIND THE GAP**



# Communication

# Communication





Perioperative Quality  
Improvement Programme

**RCOA**  
Royal College of Anaesthetists

**NIAA** **H** **S** **R** **C**  
National Institute of Academic  
Anaesthesia Health Services Research Centre

 **The  
Health  
Foundation**  
Inspiring  
Improvement

# Challenges

“The data are wrong”

“The sample is biased”

“Our patients are more tricky”



# PQIP approach

- No blame, no shame – only opportunities and sharing success
- Be confident in the data quality
- Outcome data with risk adjustment will come...but for now, focus on processes
  - Sampling less important for process measures

## Using evidence and data to improve the care of surgical patients

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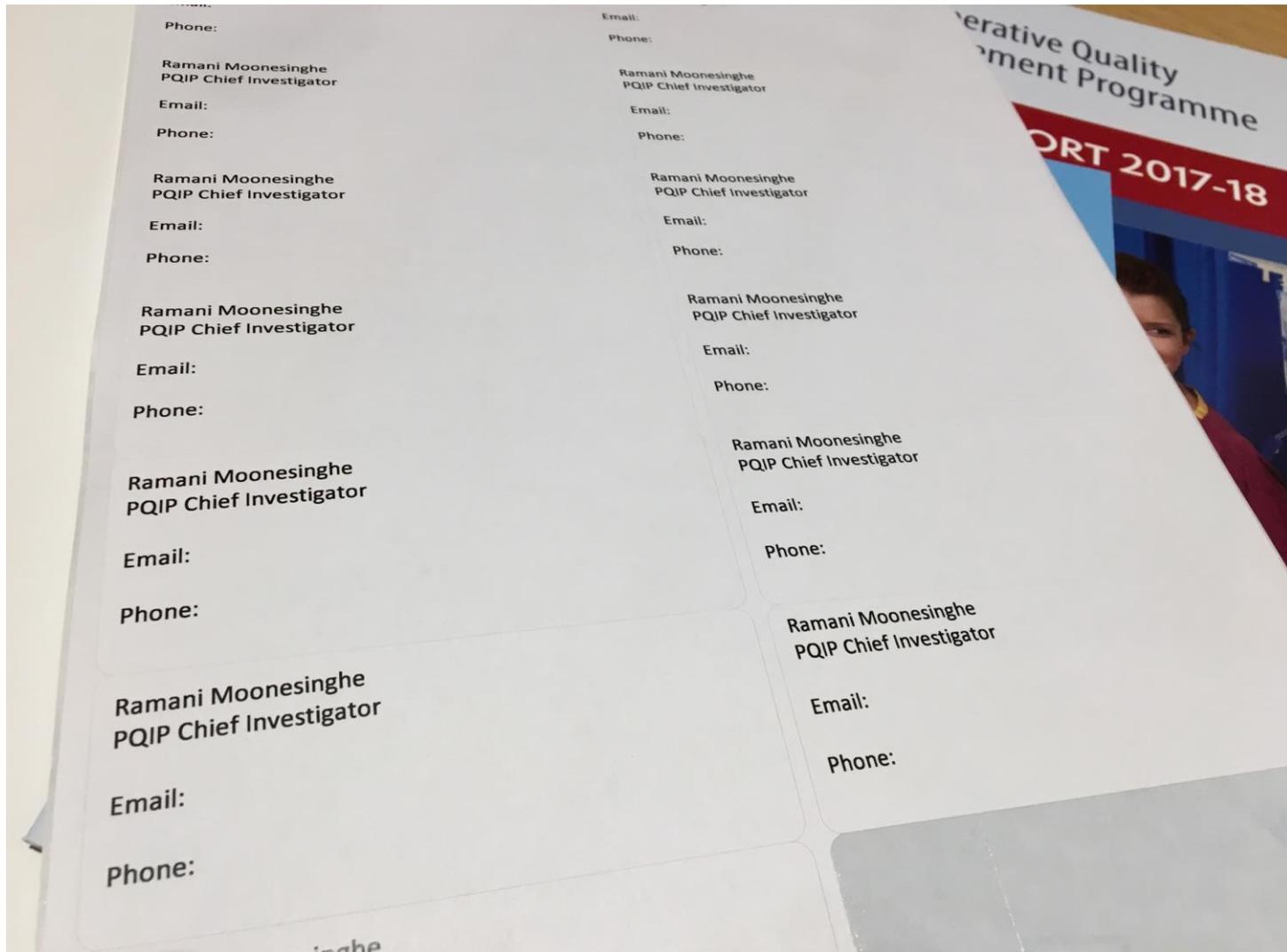
Empower patients to DrEaM through high quality preoperative preparation and use of patient diaries

# Why these priorities?

- Important to patients
- Support improved outcomes
- **Achievable**

# How?

- Organise your structures
  - Share best practice with your colleagues
    - Here and now; online; use us!
    - Come to our workshops on risk assessment and pain mx
- Look at your processes
  - Use PQIP & QI methodology
- Facilitate change
  - Recruit colleagues to help
  - Think about your local context



Perioperative Quality  
Improvement Programme



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# Don't get overwhelmed!

## #changeonething



**Questions at end of session**

**Thanks for listening**

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