PQIP API Collaborative

Session One Summary
27/09/23

Perioperative Quality Improvement Programme

Thank you so much for joining us for the first API collaborative event on September 27th. It was great to meet some of you and to start some useful discussions.
We hope you found it helpful but please do let us know if there is anything you would like us to include in the future.

Summary of Key themes discussed

Dr Eleanor Warwick talked through what a collaborative means and why QI collaboratives can be helpful to help implement QI. Working across the whole perioperative MDT is crucial for implementing change so why not start thinking about who you could start to collaborate with in order to drive improvement in care in your organisation.

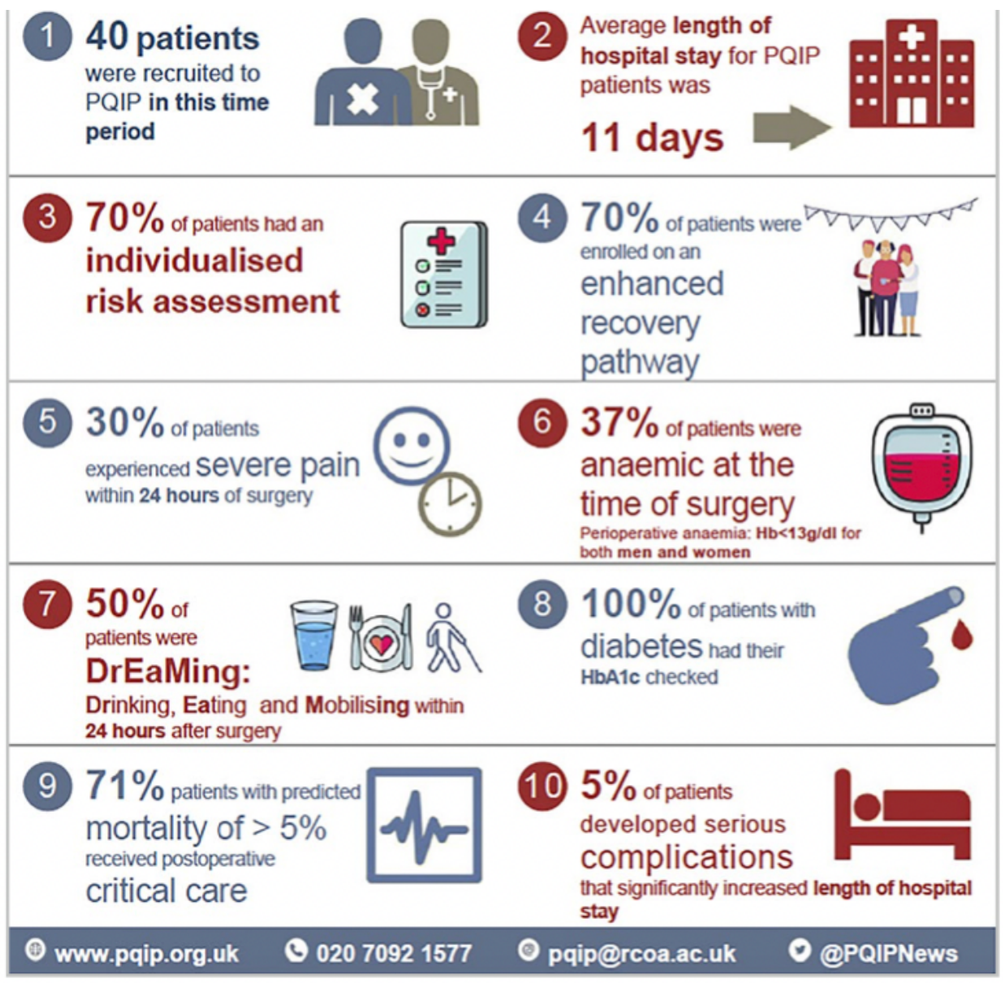
Professor Moonesinghe talked us through the background to PQIP and then highlighted where we are now. Some of the key things she discussed were:

- PQIP is about positive deviance, celebrating successes to drive improvement and not blame
- Learning from what works well but also what doesn't in a non judgemental way
- 12,000 new patients were reported on in cohort 4 for the recent PQIP report and as with previous reports, GI surgery makes up the largest number of patients.
- The top five improvement priorities are key to PQIP, and evidence based from our patients. In addition they tie int the NHSE standard contract for early screening and risk assessment.
- She also highlighted the importance of risk adjusted morbidity and mortality data to demonstrate performance and make it easier to discuss trends at a local level.

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



Dr Rachael Brooks talked through how to get the most out of the PQIP website and how to use the data tools available. The data available can be used to drive improvement so it is a great place to start when considering local PQIP based QI. She also highlighted how easy it is to make an easy poster to report data back to your local stake holders. So why not have a go at doing this yourself locally and present some of your recent data to the perioperative MDT.

Check out the New Fourth PQIP Annual report! It is essential reading to understand PQIP and how data can be used locally. It also brings together all the most up-to-date national perioperative policies!

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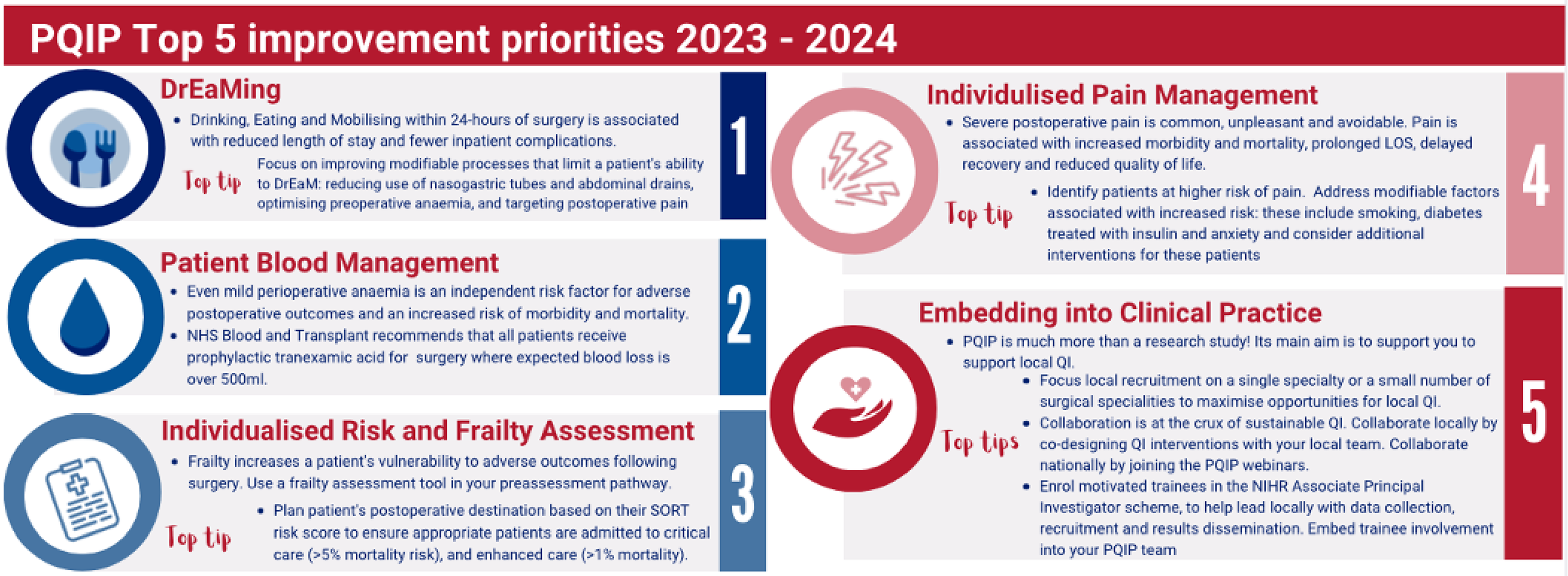
Key Themes from Collaborative Discussion

It was great to be able to have some time for discussion and to hear more about your local sites. Some of the key themes that came out of the discussion were:

- Consolidated recruitment to one speciality has helped create more robust data that is more meaningful at a local level. This ties in with our national findings and what we would advise. We know data collection take time so having a recruitment strategy can maximise what you get out of your data.
- Research nurses are currently involved most heavily in the recruitment of patients. In some centres this is well funded but in others they are understaffed and pulled between many studies which can make it difficult. As an API, you can help with recruitment, and this may help to spread the work load
- One site has moved to employing a dedicated member of staff for PQIP which is brilliant to hear. This has been driven from the anaesthetic side and now she is exploring their PQIP data and beginning to collaborate with all the many stakeholders in perioperative care. We look forward to hearing how this role evolves and learning from it.
- Local QI can be in place e.g. ER pathways but then a change in systems e.g. from paper reporting to online has lead to the improvement initiatives disappearing. We discussed how this could be avoided and how previously well run pathways can be rejuvenated.
- We touched on DrEaMing and although we will talk about this more at the next event. A key theme that was already emerging was that nurses need to be empowered to deliver this themselves post op, rather than waiting for ward rounds and permission.



The PQIP top priorities are a great place to start when considering a QI project!

Save the Date

22nd November for our next API session!