



Perioperative Quality Improvement Programme

INTRODUCTION PACK FOR LOCAL TEAMS

INTRODUCTION

What will PQIP do?

- Measure patient outcomes after major elective non-cardiac surgery for a sample of patients across the UK

Why?

- To IMPROVE patient care by reducing the burden of perioperative complications

How?

- By feeding back information for hospitals to identify their own improvement needs
- By suggesting tools for teams to track their own progress
- By sharing success stories between hospitals so good ideas can be replicated

How many patients will be recruited?

- Hospitals should aim to recruit either all their eligible patients, or a random sample of 5 patients each week
- Resources are available for research nurses to help with consent and recruitment

Who will collect the data?

- This will depend on local needs and resources, but is likely to be a mixture of clinicians and research nurses

Who will design and implement improvements?

- Anyone! This is a great opportunity for everyone to assemble and use a large validated dataset to improve services and systems in their local hospitals

How will trainee contributions be recognized?

- Local PQIP leads will be able to award certificates to anyone who makes meaningful contributions to local data collection and/or improvement projects

How do I get involved?

- Talk to your local PQIP lead
- Check out the website (www.pqip.org.uk) for more information and resources (including podcasts and short videos)

WHICH DATA WILL PQIP COLLECT?

PRE-OPERATIVE DATA

Patient demographics

Pre-operative assessment

Pre-operative risk measures

- P-POSSUM variables

- ARISCAT variables

- Patient social habits

OPERATIVE DATA

Intra-operative processes

Operative findings

Recovery data

POST-OPERATIVE DATA

Enhanced recovery measures

Post-operative level of care

Post-Operative Morbidity Survey (POMS) on day 7

Clavien Dindo (classification of surgical complications)

Early screening of complex pain

Bauer patient satisfaction

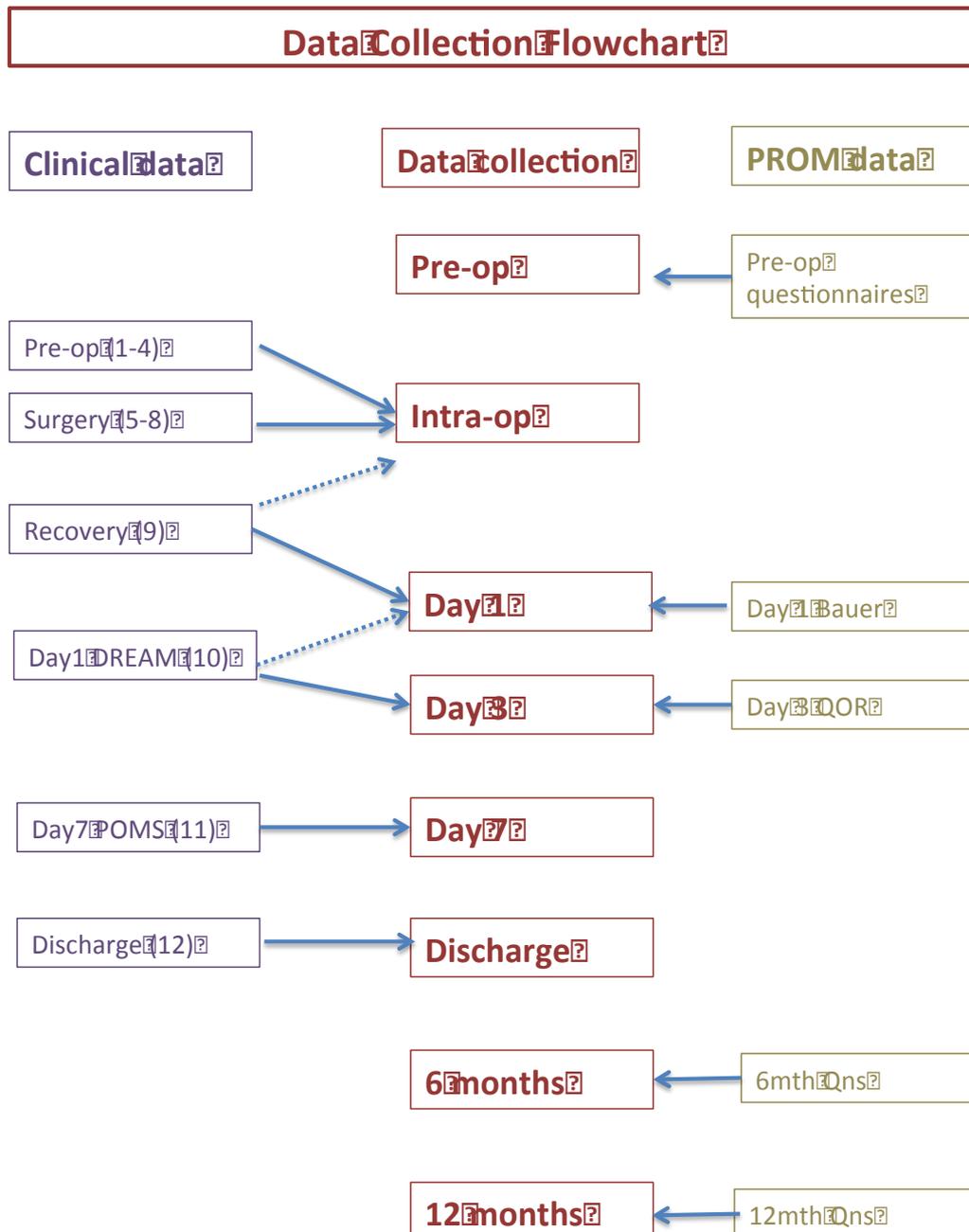
QoR15- Quality of Recovery after anaesthesia

EQ-5D - measurement of generic health status pre and post operatively

WHODAS- disability assessment pre and post operatively

DATA COLLECTION FLOWCHART

This schematic flowchart outlines when data should be collected:



MAKING THE DATA USEFUL - THE “HELP” BOX

Each variable in the webtool has a “Help” box with the following features to help you to make the most of your data:

HELP

Answers FAQs on how that data should be collected

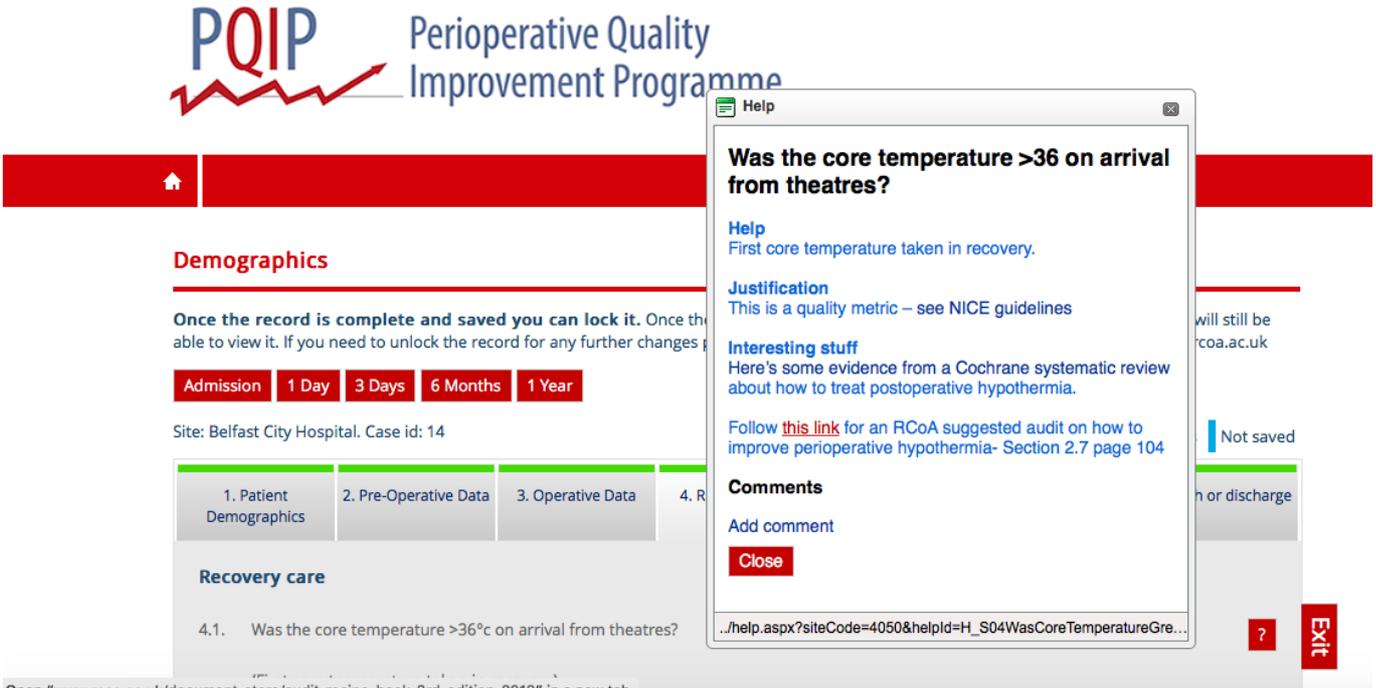
JUSTIFICATION

This contains links to guidelines and evidence justifying why that indicator is important

INTERESTING STUFF

This provides ideas of how this information may be used in a quality improvement project of your choice. There are links to national guidelines, previous studies on these variables or to the audit recipe handbook from the Royal College of Anaesthetists.

For example, Question 4.1 asks what the patient’s first core temperature is on arrival from theatre. There is a link to the NICE guidelines and suggested ways of preventing inadvertent hypothermia. There is also a link to the RCoA audit recipe handbook that gives guidance on standards and possible audits.



The screenshot shows the PQIP webtool interface. At the top, the PQIP logo and name are displayed. Below the logo is a red navigation bar with a home icon. The main content area is titled 'Demographics' and includes a note: 'Once the record is complete and saved you can lock it. Once the record is locked you will not be able to view it. If you need to unlock the record for any further changes you can do so here.' Below this note are buttons for 'Admission', '1 Day', '3 Days', '6 Months', and '1 Year'. The site information is 'Belfast City Hospital. Case id: 14'. There are four tabs: '1. Patient Demographics', '2. Pre-Operative Data', '3. Operative Data', and '4. Recovery care'. The '4. Recovery care' tab is active, showing question 4.1: 'Was the core temperature >36°C on arrival from theatres?'. A 'Help' box is open over this question, containing the following text:

Was the core temperature >36 on arrival from theatres?

Help
First core temperature taken in recovery.

Justification
This is a quality metric – see NICE guidelines

Interesting stuff
Here’s some evidence from a Cochrane systematic review about how to treat postoperative hypothermia.
Follow [this link](#) for an RCoA suggested audit on how to improve perioperative hypothermia- Section 2.7 page 104

Comments
Add comment
Close

At the bottom of the page, there is a red 'Exit' button and a question mark icon.

USING YOUR DATA

PQIP has the following features to help you use your data to improve your local services and systems.

ACCESSING YOUR DATA

Every PQIP contributor will be able to access their hospital's data by viewing it online in the webtool. It can also be exported as an (anonymised) spreadsheet so that you can manipulate and analyse it however your need to.

IMPROVEMENT TOOLS

The Quality Improvement tab in the website contains customised resources to help you:

- Analyse and display your data
- Map your local processes
- Design your improvement projects
- Evaluate the impact of your initiatives

SHARING IDEAS & SUCCESS STORIES

In addition, PQIP will share ideas and case studies from hospitals across the UK to provide inspiration and learning from each other's experiences. Watch out for these vignettes as they arrive via a range of multimedia platforms, including:

- Monthly newsletter
- Twitter
- Podcasts
- Youtube channel

MONITORING PROGRESS - THE DASHBOARD

The PQIP webtool will include a dashboard which will be updated in as near real-time as possible.

This will display how selected results for your hospital have changed over time – enabling you to monitor the quality of care and evaluate the impact of improvement initiatives. It will include the following 10 parameters:

ENGAGEMENT MEASURES

1. Data acquisition (cases per week added to database)
2. Data completeness – percentage of records locked within 14 days of discharge

PROCESS MEASURES

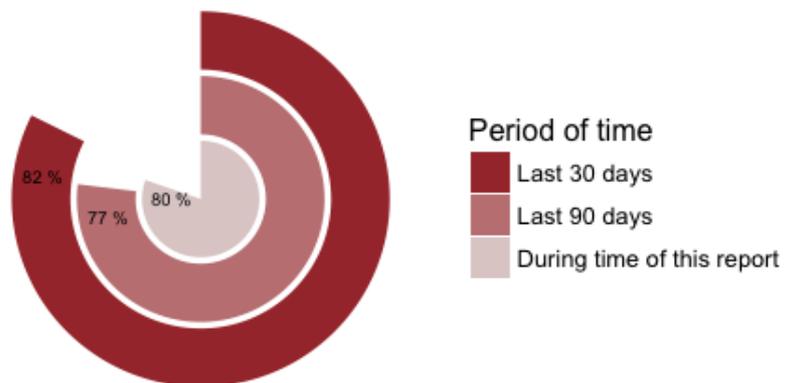
3. Preoperative risk assessment made and documented
4. Proportion of patients on an enhanced recovery pathway
5. Unplanned HDU/ICU admissions

OUTCOME MEASURES

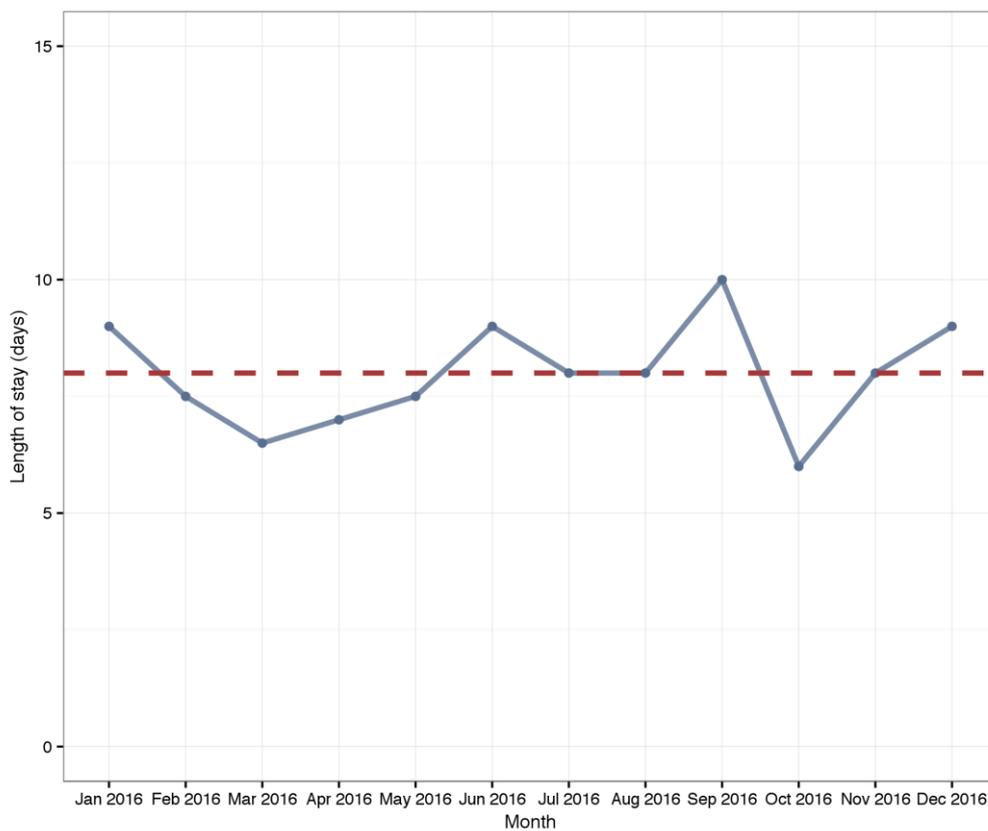
6. Proportion of patients with a temperature $>36^{\circ}\text{c}$ on arrival in recovery
7. Bauer patient satisfaction scores – day 1
8. Proportion of patients DrEaMing in day 1 (Drinking, eating and mobilising)
9. Post-operative morbidity (POMS and Clavien Dindo measures)
10. Hospital length of stay (unadjusted)

EXAMPLE DASHBOARD DISPLAYS

PATIENTS ARRIVING IN RECOVERY WITH A BODY TEMPERATURE ABOVE 36C



LENGTH OF STAY



MONITORING PROGRESS - QUARTERLY REPORTS

In addition to the PQIP dashboard, the PQIP team will produce quarterly reports tailored to individual hospitals. These will provide an overview of the dashboard parameters over the preceding 3-month period, together with some additional measure relevant to specific stakeholder groups, such as Nursing, Surgeons, Anaesthesia & Management. Other metrics that are not available on the dashboard will also be available on request for specific projects that may be undertaken in individual centres.

RECOGNISING YOUR CONTRIBUTION

You will be able to download a certificate of acknowledgement to document your contribution to PQIP at your hospital. You will be asked to self-certify your involvement in the following aspects of the quality improvement cycle at your hospital at your hospital:

- Data Collection
- Data Analysis & Presentation
- Implementation of QI projects
- Evaluation of impact
- Sharing learning from QI projects
- Supervising/coordinating QI projects

Your local PQIP Lead will be able to sign the certificate which you can then add your portfolio for purposes such as Appraisals, ARCP and Revalidation.

CONTACT

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