



Patient-centred Preoperative Assessment

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PQIP Collaborative Event 2019

Me

- Jobbing Consultant Anaesthetist
- Preoperative Assessment Lead
- PI for PQIP in Colchester
- Interests in perioperative medicine, vascular and obstetric anaesthesia

The Problem

Nationally 10 million people undergo surgery annually and 25% of the population have a long term condition.

In England in 2014-15, 2.5 million patients over 75 years old underwent surgery compared to 1.5 million in 2006-7 (Lin et al. BMC Geriatrics 2016 16:157). The population is aging with increasing numbers of comorbidities, and associated frailty.

This national picture is reflected in Colchester's population; 1 in 4 people over the age of 65 are living with 2 or more long-term conditions (5 Year Forward View for North East Essex and East and West Suffolk 2016-2021).

Background

- Colchester hospital is a district general hospital, within ESNEFT serving 730,000 people
- Colchester runs a centralised preoperative assessment service seeing in excess of 12,000 patients per year from all specialties (excluding gynaecology, paediatrics and obstetrics)
- Service restructure, September 2018
- Initial Preoperative Assessment (IPA) Clinic
- Subsequently the Colchester Older Persons Evaluation for Surgery (COPES) clinic
- Bespoke care, in a timely fashion, addressing the PQIP priorities

Priorities

Using evidence and data to improve the care of surgical patients

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

| | | | | |
|--|--|--|---|---|
| 1 | 2 | 3 | 4 | 5 |
| | | | | |
| Anaemia & Diabetes | Individualised Risk Assessment | Enhanced Recovery | Individualised Pain Management | Drinking, Eating, Mobilising (DrEaMing) |
| <p>Anaemia and poorly controlled diabetes both lead to postoperative complications.</p> <p>Both are modifiable through best patient care</p> <p>Avoiding transfusion and hyperglycaemia are key goals</p> <p style="text-align: center;"></p> <p>Aim Hb >13 for all elective major surgery and HbA1C <8.5% or <69mmol/mol for all diabetics</p> | <p>Individualised risk assessment is important for shared decision making and is a legal requirement</p> <p>A combination of objective evaluation and clinical judgement is recommended</p> <p>Scores (e.g. P-POSSUM or SORT), frailty evaluation or CPET are all valid ways to assess risk</p> <p style="text-align: center;"></p> <p>Aim to build individualised risk assessment into your patient pathway</p> | <p>Enhanced recovery pathways (ERPs) provide individualised, protocolised care to reduce complications, which can prolong length of stay</p> <p>ERPs generally include carbohydrate loading, minimally invasive surgery, avoidance of fluid overload, tubes and drains, and early nutrition and mobilisation</p> <p style="text-align: center;"></p> <p>Sharing pathways between hospitals may aid knowledge dissemination</p> | <p>Severe perioperative pain is common and impacts on patient experience and recovery</p> <p>Good pain management begins with preoperative assessment and planning</p> <p>A regular pain service led by appropriately trained clinicians is recommended for best patient care</p> <p style="text-align: center;"></p> <p>Use multimodal approaches, including LA, blocks, and ideally minimise use of opioids</p> | <p>Aiming to return patients to DrEaMing within 24hrs of the end of surgery is a key goal of enhanced recovery</p> <p>Taking down IV fluids as early as possible supports return to usual homeostasis.</p> <p>Early mobilisation reduces the risk of thromboembolic events.</p> <p style="text-align: center;"></p> <p>Empower patients to DrEaM through high quality preoperative preparation and use of patient diaries</p> |

Initial Preoperative Assessment Clinic

- Walk-in clinic, attended directly from surgical outpatient appointment
- Run by newly appointed band 6 nurse
- 5 days a week, in main outpatients
- Triage patients
- Identifies PQIP priorities: anaemia and poorly controlled diabetes (and uncontrolled hypertension, thyroid function and high BMI)
- Low risk 'green' no need for further appointments



Initial Preoperative Assessment Clinic

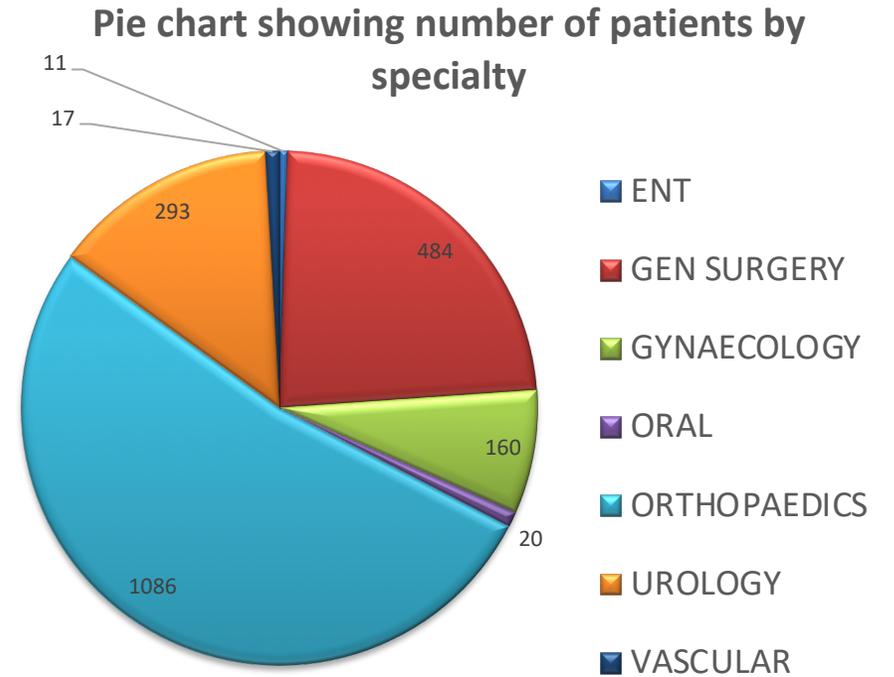
Green: Proceed to surgery

Amber Nurse-led preassessment

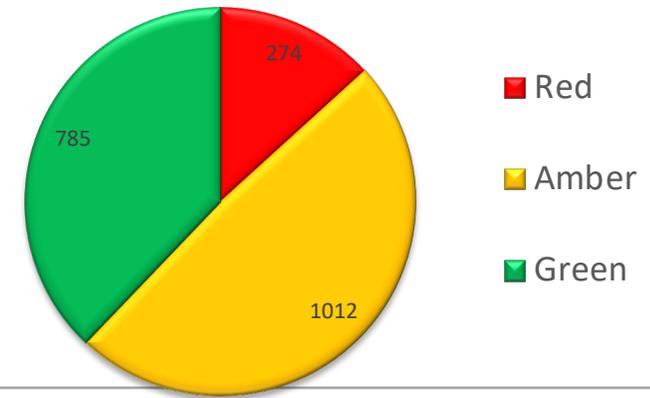
Red Notes review +/- anaesthetic clinic appointment

Our results

- 2071 patients (in 10.5 months)
- Mean wait 11 minutes
- Mean appointment 15 minutes
- 785 green patients ready to go
(up to 392 hours of nurse time saved??)



Triage results



| Problems addressed | |
|-----------------------------|-----|
| Anaemia | 59 |
| Uncontrolled hypertension | 129 |
| BMI above threshold (ortho) | 25 |
| Poorly controlled diabetes | 19 |

COPEs

- Joint (Consultant Anaesthetist and Geriatrician) preassessment for frail, elderly with multiple comorbidities

The objectives of the clinic are to

- medically optimise patients comorbidities
- facilitate shared decision making
- Make necessary preparations for surgery

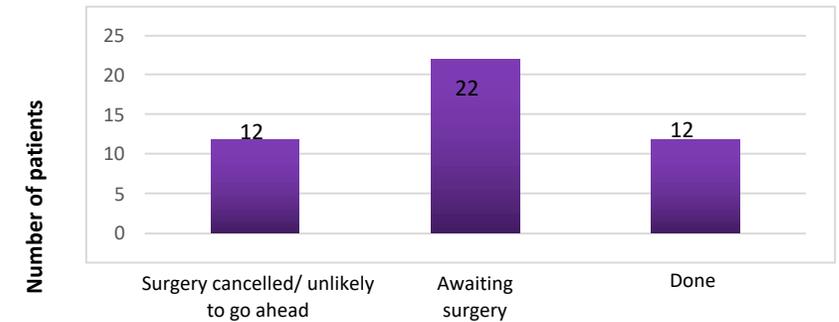
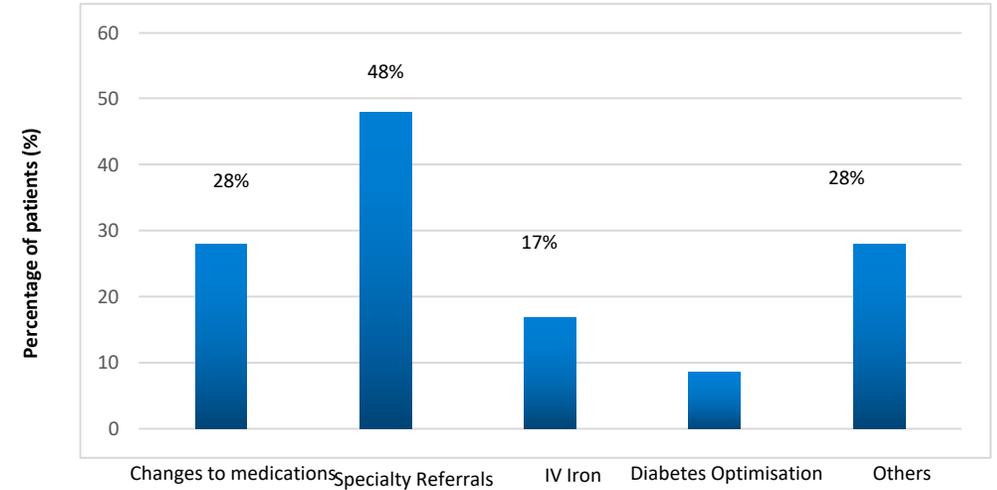


Figure 2: Number of patients with surgery cancelled, still awaiting surgery and completed surgery.

Our PQIP reports

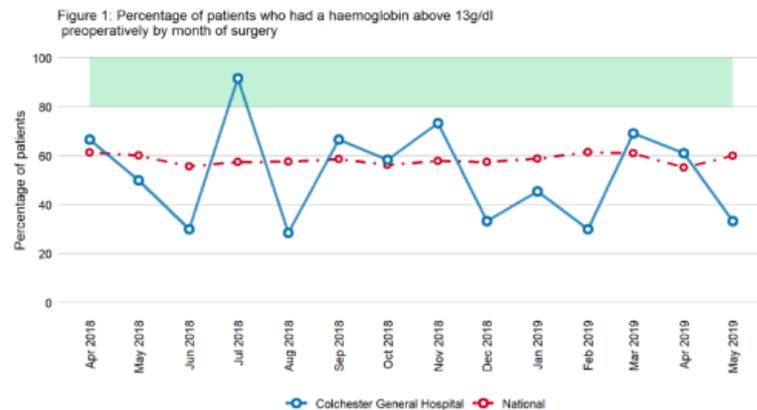
1 PQIP's Top 5 Improvement Opportunities for 2018-19

PQIP released the first annual report in April 2018 which is available to download and view on the PQIP Website. As part of the annual report the top 5 national improvement opportunities have been highlighted in section 1 of the report.

1.1 Anaemia & Diabetes

1.1.1 Anaemia

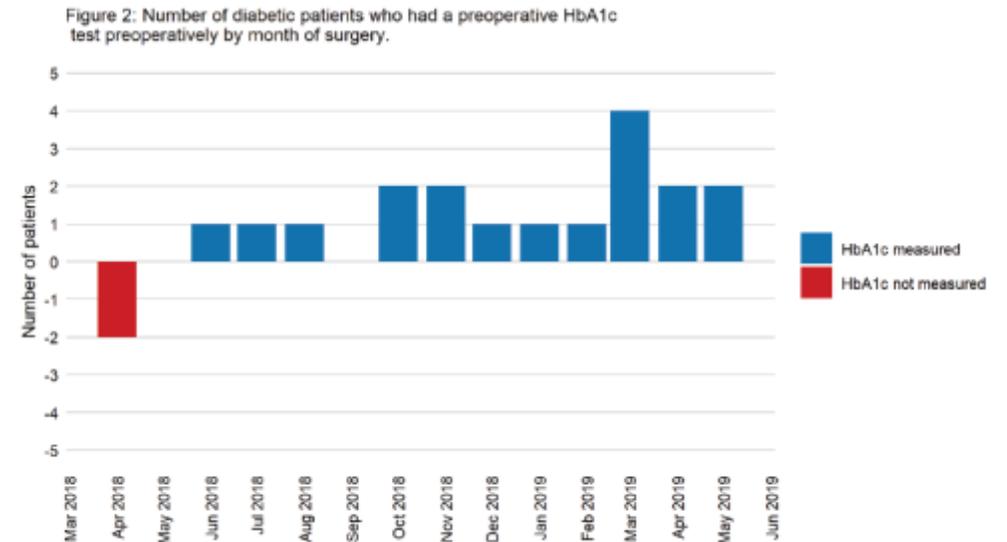
New guidelines suggest that men and women should be considered anaemic if their haemoglobin is less than 13g/dL. Preoperative anaemia is associated with higher morbidity, length of stay and mortality in major non-cardiac surgery. The 2017 consensus statement on the perioperative management of anaemia and iron deficiency can be adapted to your local context, it can be found here. Figure 1 below shows the percentage of patients who had a recorded preoperative haemoglobin that was above 13g/dL. Between 12 April 2018 and 31 May 2019 67 patients were anaemic. Of these 67 (100%) were having elective operations rather than expedited or urgent operations.



1.1.2 HbA1c testing

National Guidelines state that all diabetic patients should have a HbA1c measured before elective surgery. At Colchester General Hospital 13.1% of patients recruited to PQIP were recorded as being diabetic.

Figure 2 below shows the number of diabetic patients who did and did not have a recorded preoperative HbA1c test



The recommended upper threshold for preoperative HbA1c is 8.5 mmol/mol. If higher than this consideration should be made to postponing the surgery if possible. Between 12 April 2018 and 31 May 2019 18 HbA1c tests were performed, of which 6% were above 8.5 mmol/mol.

Challenges and enablers

- Space
- Clinics in other locations
- Committed, experienced nurses working in a team
- New band 6 nurse to lead service
- Tracy collecting our data



Conclusion

- Restructuring to streamline our preassessment service
- Ensures patients get a preassessment tailored to their needs
- Facilitated targeting PQIP priorities

For the future

- Digital system
- Incorporate more specialties at distant sites