



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

<p>1</p>  <p>Anaemia & Diabetes</p>	<p>2</p>  <p>Individualised Risk Assessment</p>	<p>3</p>  <p>Enhanced Recovery</p>	<p>4</p>  <p>Individualised Pain Management</p>	<p>5</p>  <p>Drinking, Eating, Mobilising (DrEaMing)</p>
<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>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>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>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>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>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

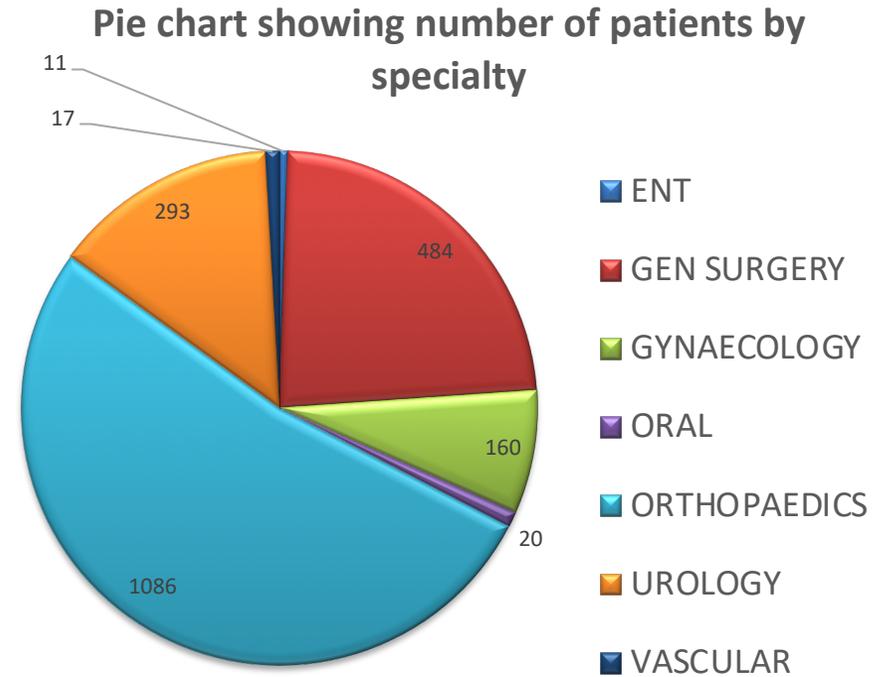
Green: Proceed to surgery

Amber Nurse-led preassessment

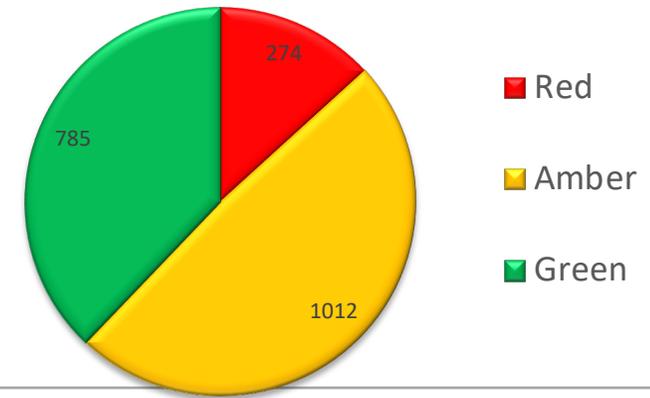
Red Notes review +/- anaesthetic clinic appointment

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

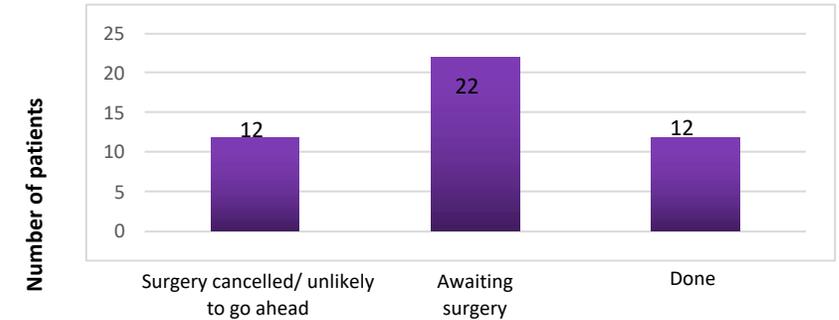
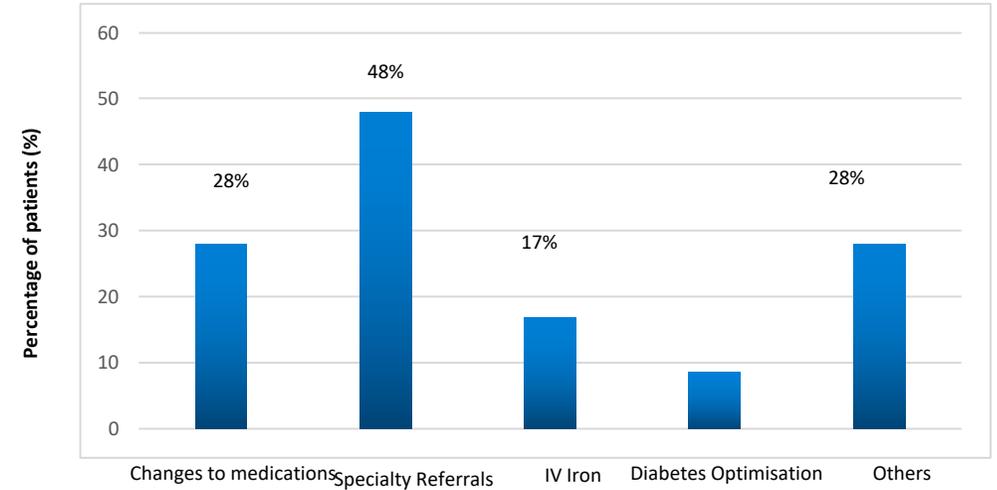


Figure 2: Number of patients with surgery cancelled, still awaiting surgery and completed surgery.

Our PQIP reports

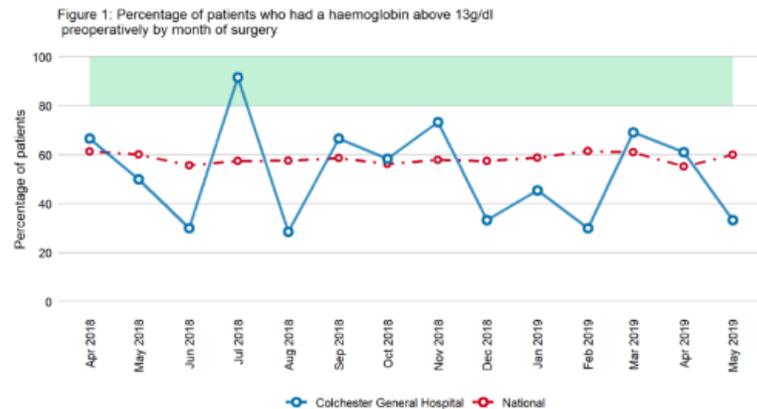
1 PQIP's Top 5 Improvement Opportunities for 2018-19

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

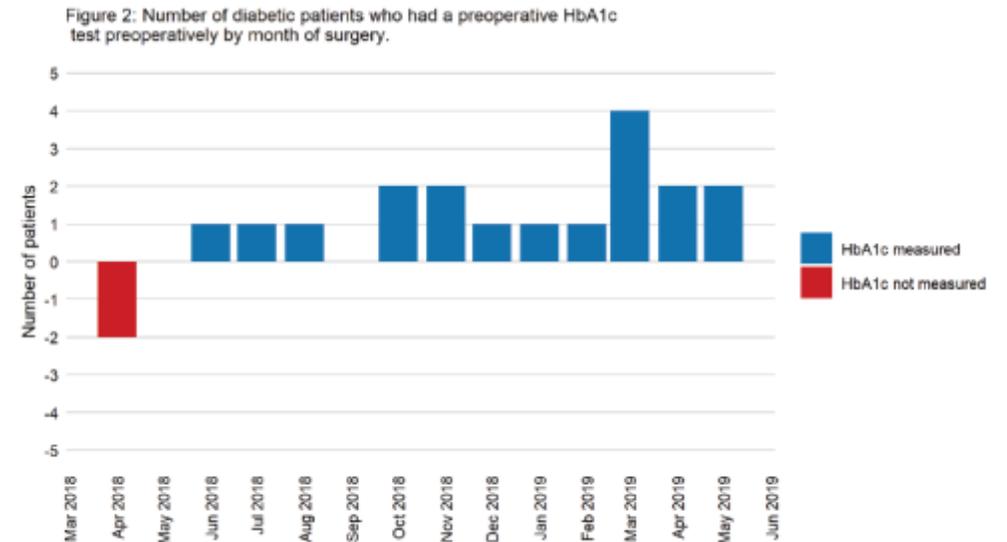
New guidelines suggest that men and women should be considered anaemic if their haemoglobin is less than 13g/dL. Preoperative anaemia is associated with higher morbidity, length of stay and mortality in major non-cardiac surgery. The 2017 consensus statement on the perioperative management of anaemia 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