PQIP Perioperative Quality Improvement Programme

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.

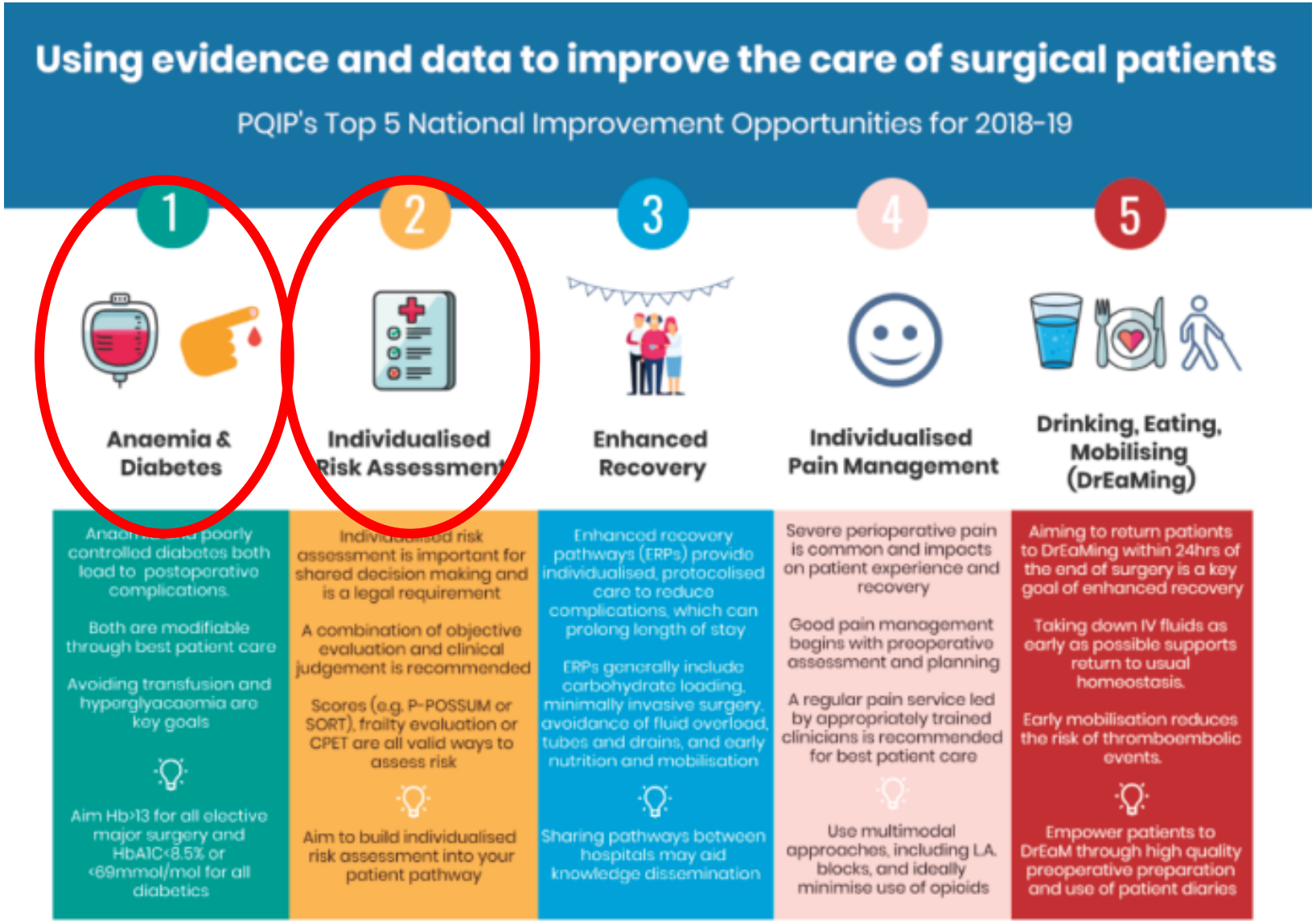
In England in 2014-15, 2.5 million patients over 75 years old underwent surgery compared to 1.5 million in 2006-7 (Lin et al. BMC Geriatrics 2016 16:157). The population is aging with increasing numbers of comorbidities, and associated frailty.

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



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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
- Triages 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

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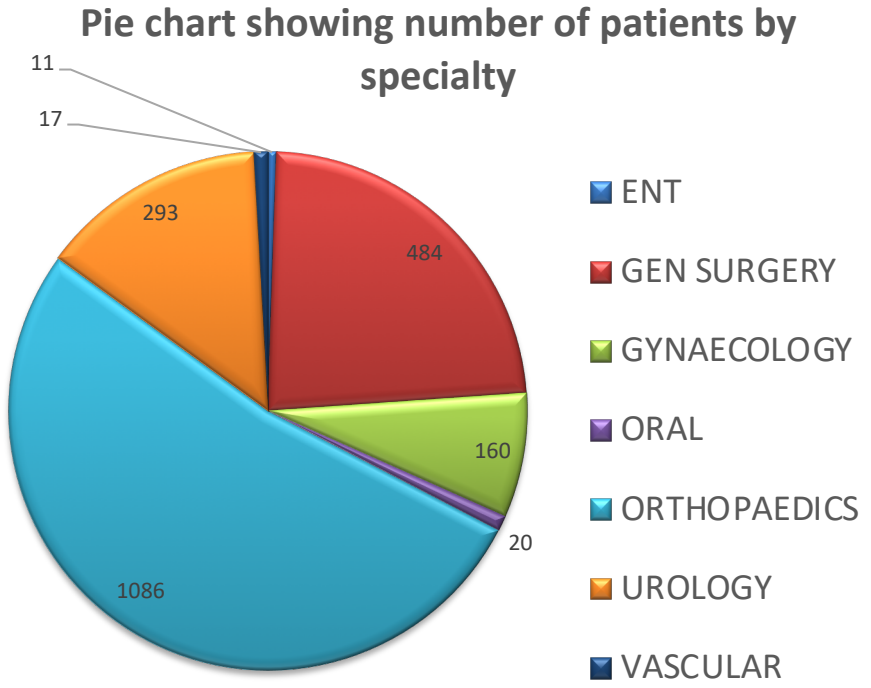
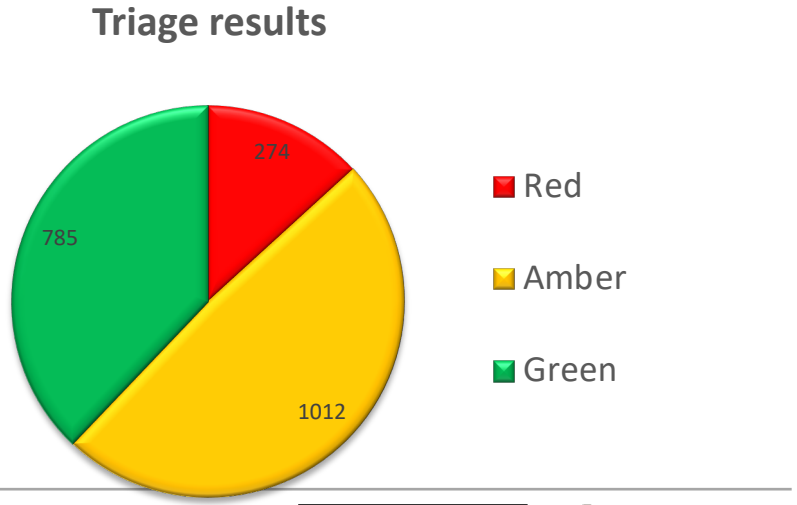
Our results

- 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??)

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





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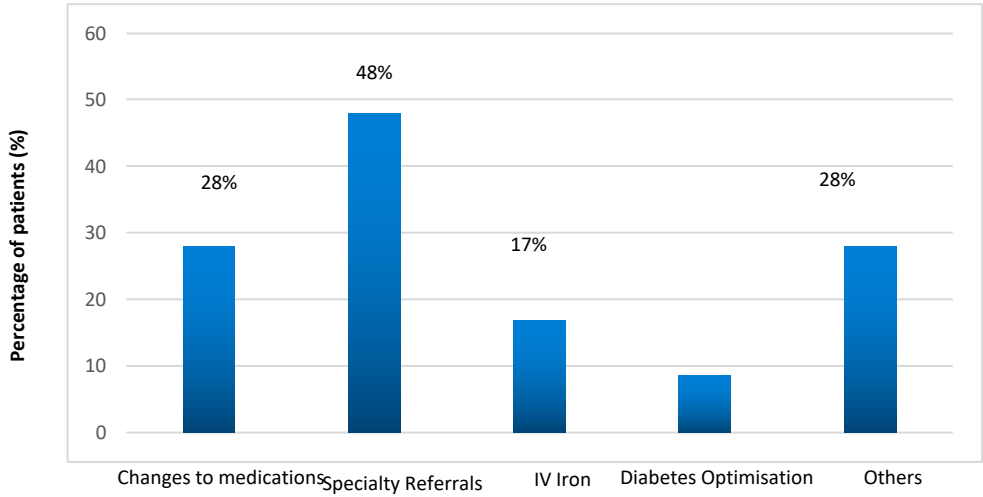
COPES

- 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

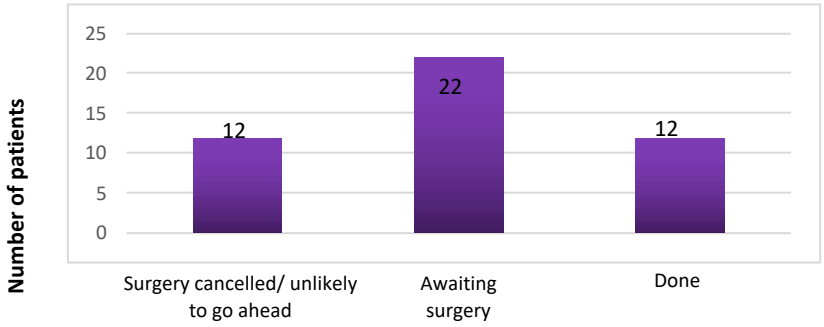


Figure 2: Number of patients with surgery cancelled, still awaiting surgery and completed surgery.

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Our PQIP reports

PQIP Perioperative Quality Improvement Programme

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

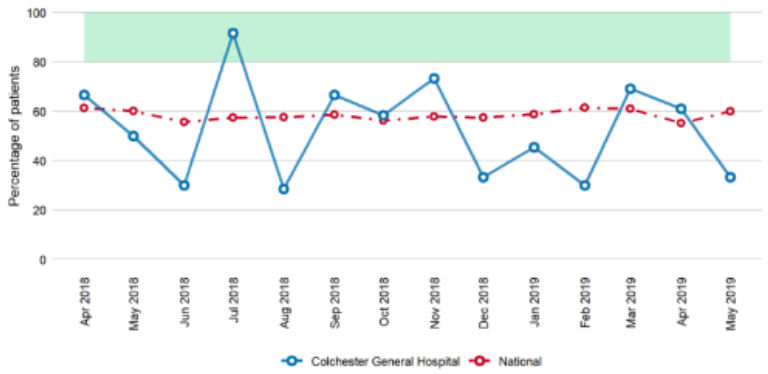
PQIP released the first annual report in April 2018 which is available to download and view on the PQIP Website. As part of the annual report the top 5 national improvement opportunities have been highlighted in section 1 of the report.

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 peri-operative 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.

Figure 1: Percentage of patients who had a haemoglobin above 13g/dl preoperatively by month of surgery



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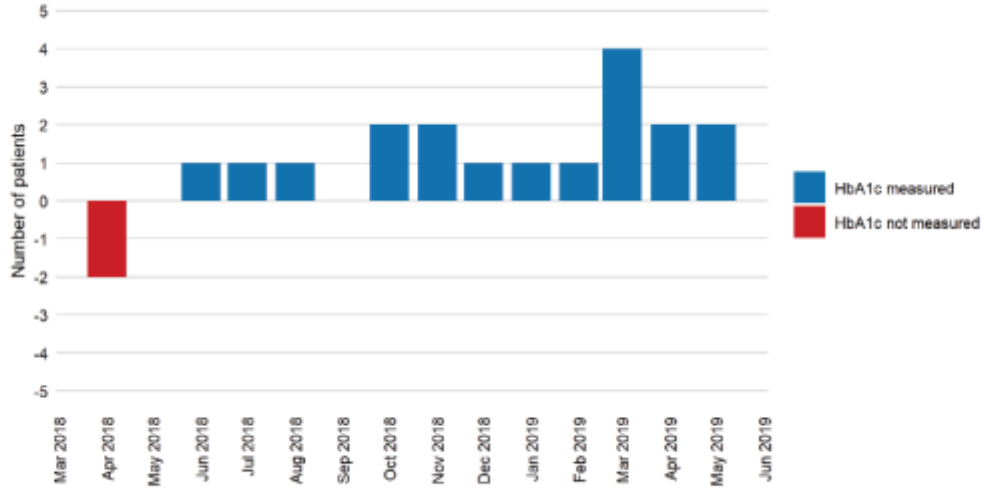
1 PQIP'S TOP 5 IMPROVEMENT OPPORTUNITIES FOR 2018-19

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

Figure 2: Number of diabetic patients who had a preoperative HbA1c test preoperatively by month of surgery.



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.

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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