A WALK-IN INITIAL PREOPERATIVE ASSESSMENT CLINIC IMPROVING QUALITY AND SAVING TIME FOR SURGICAL PATIENTS



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Introduction

Treating anaemia and optimising diabetes management as early as possible prior to surgery is one of PQIP's Top 5 National Improvement opportunities.¹ Nationally 10 million people undergo surgery annually and 25% of the population have a long term condition.² Patients are getting older and more frail; in England in 2014-5 2.5 million >75s underwent surgery compared to 1.5 million in 2006-7, and frailty is associated with worse post-operative outcomes.³ The preassessment clinic at Colchester hospital assesses just over 15,000 patients annually, from a variety of surgical specialties including vascular, orthopaedics and colorectal surgery. There is therefore a need to streamline our service to ensure that resource is appropriately allocated to optimise our highest risk patients.

Method

In Colchester in September 2018, a walk-in clinic 'Initial Preoperative Assessment' (IPA) was introduced for patients to be seen directly after they are booked for surgery. This aims to identify patients with comorbidities who need early optimisation of anaemia, diabetes and hypertension. It also identifies low-risk patients having minor or intermediate surgery who can be given all necessary pre-operative information and proceed directly to surgery. It was started initially one day per week and built up to five. Patients come to IPA straight after being booked for elective surgery in adult surgical outpatient clinics. Patients are triaged as RED AMBER or GREEN according to a predefined criteria. Due to clinic locations, general surgery, orthopaedics and urology have easiest access to this service.

IPA is run by senior preassessment nurses led by a newly appointed band 6 nurse, with oversight by the Sister and Consultant lead for preassessment. There are regular team meetings and data is kept on all patients coming through the service.

Results

In the first 4.5 months there were:

- 71 clinics
- Mean of 10.4, median 11 patients seen per day
- A mean waiting time of 10 minutes
- A mean appointment time of 13 minutes

Initial Preoperative Assessment Clinic

Green: Proceed to surgery
Amber Nurse-led preassessment
Red Notes review */anaesthetic clinic appointment

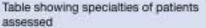


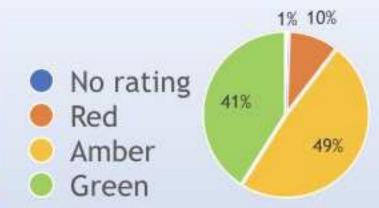
Conclusion

The new clinic has streamlined our preassessment service to ensure that we identify our high-risk patients early and optimise their comorbidities in line with the PQIP top 5 national improvement priorities. It also provides a more efficient service for our low risk patients. It has been made possible by a dedicated team of experienced preassessment nurses.

Challenges encountered include a lack of space in main outpatients. It is also difficult to see patients whose clinics are at distant sites, including ENT, oral surgery, breast and ophthalmology patients, though it is hoped that am 'onsite' clinic can be set up for those specialties. Staffing of this clinic has also been challenging, but it is hoped that this will improve as IPA reduces the number of patients requiring face-to-face appointments.







Pie chart showing RAG ratings of patients assessed

303 patients met GREEN criteria

- 30 minutes per patient of face-to-face appointment time saved
- Many patients save additional hospital appointments

359 patients met AMBER criteria

- 33 patients were hypertensive referred to GP
- 43 patients anaemic and on anaemia pathway
- · 5 poorly controlled diabetes so diabetic control
- 6 BMI >35 for joint replacement (above CCG's threshold)

73 patients met RED criteria

 Identified as high-risk, needing a Consultant Anaesthetist review (either notes review or face-to-face)

QUALITY IMPROVEMENT

- Early identification and optimisation of comorbidities
- Information given to patients about anaesthetics early to facilitate informed consent
- Time saved per patient giving us more time and resources to take care of sick/complicated patients

References

TIME

SAVED

EARLY

OPTIMI-

SATION

SAFE

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