

Transforming POAC into Peri-Op Assessment

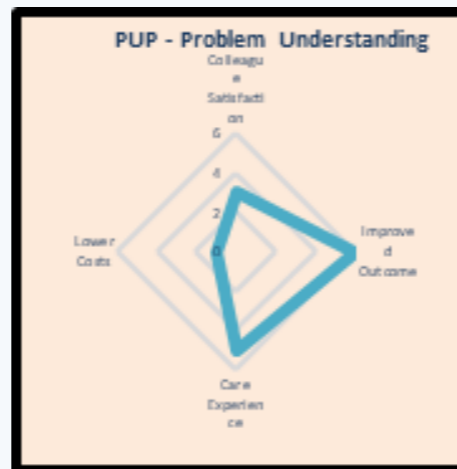
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PROBLEM

Elective surgical patients are routinely assessed too close to surgery, leading to last-minute cancellations, increased complications, longer hospital stays, and readmissions. This negatively impacts patient outcomes and experience.

This project sought to:

- Improve the health and wellbeing of elective surgical patients by: proactively managing co-morbidities (e.g., diabetes, anaemia).
- Reduce delays, cancellations, length of stay, and readmissions
- Support patient wellbeing through interventions targeting smoking cessation, alcohol reduction, mental health, exercise, nutrition, and weight management.



TEAM AND STAKEHOLDERS

A diverse team of peri-operative, anaesthetic, POAC, Peri-Op, digital, and patient partner representatives collaborated to ensure comprehensive stakeholder engagement.

TEST AND LEARN

Multiple Plan-Do-Study-Act (PDSA) cycles were conducted. For example:

Plan/Do: Posters placed in OPD clinic rooms and waiting areas, with clinicians informing patients about upcoming Pathpoint Questionnaires.

Study: Questionnaire return rate increased from 40% to 60%.

Act: Strategy adopted, with ongoing audit spot checks in OPD departments.

CLINICIANS
PLEASE INFORM ANY NEWLY LISTED SURGICAL PATIENT THEY WILL RECEIVE A 'PATHPOINT' HEALTH QUESTIONNAIRE (BY TEST MESSAGE OR BY EMAIL) FROM THE PRE-OPERATIVE ASSESSMENT DEPARTMENT FOR COMPLETION AND RETURN

AIM

To improve surgical outcomes we will increase screening from 0% to 80% of all patients who require elective major inpatient surgery at Musgrove Park Hospital. To improve surgical outcomes we will offer optimisation to those with diabetes, anaemia and to those who smoke from 01/09/23 to 01/04/2024

LEARNING

Aim: Initial project aim was overambitious. Refining it with stakeholder input and considering external factors (e.g., IT delays, staffing changes) was crucial for progress.

Data Insights: Manual data collection revealed the prevalence of comorbidities in the patient population informing a more targeted approach.

Measures: Evaluating outcome, process, and balancing measures highlighted unintended consequences of project and helped refine focus.

Change Ideas: Generating change ideas was relatively easy, but prioritising and implementing them amidst resource limitations and manual data collection was challenging. Tools like DeBono's Six Thinking Hats helped.

PDSA Cycles: The iterative PDSA approach proved invaluable, learning from each cycle, and adapting strategies based on data and experience.



The helter-skelter embodies our QI journey — a ride of anticipation, challenges, faith, and achievement

SPREAD AND SUSTAINABILITY

Successful Launch: First-year funding secured to launch the enhanced Peri-Operative Service.

Transformation: Progressive transformation of existing POAC resources into the new Peri-Operative Service.

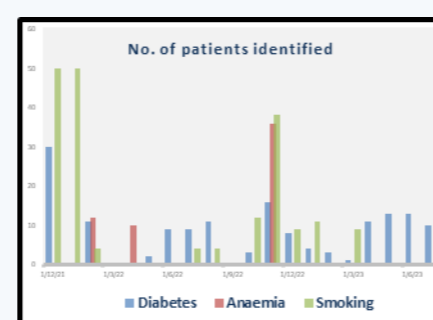
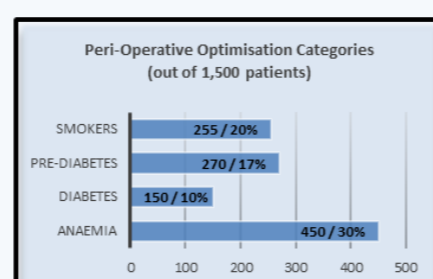
Efficiency Gains: Digital improvements will enable patient risk stratification and streamline resource allocation.

Future State: Reduced POAC appointments (20 min) for final checks after comprehensive Peri-Op assessments (45-60 min).

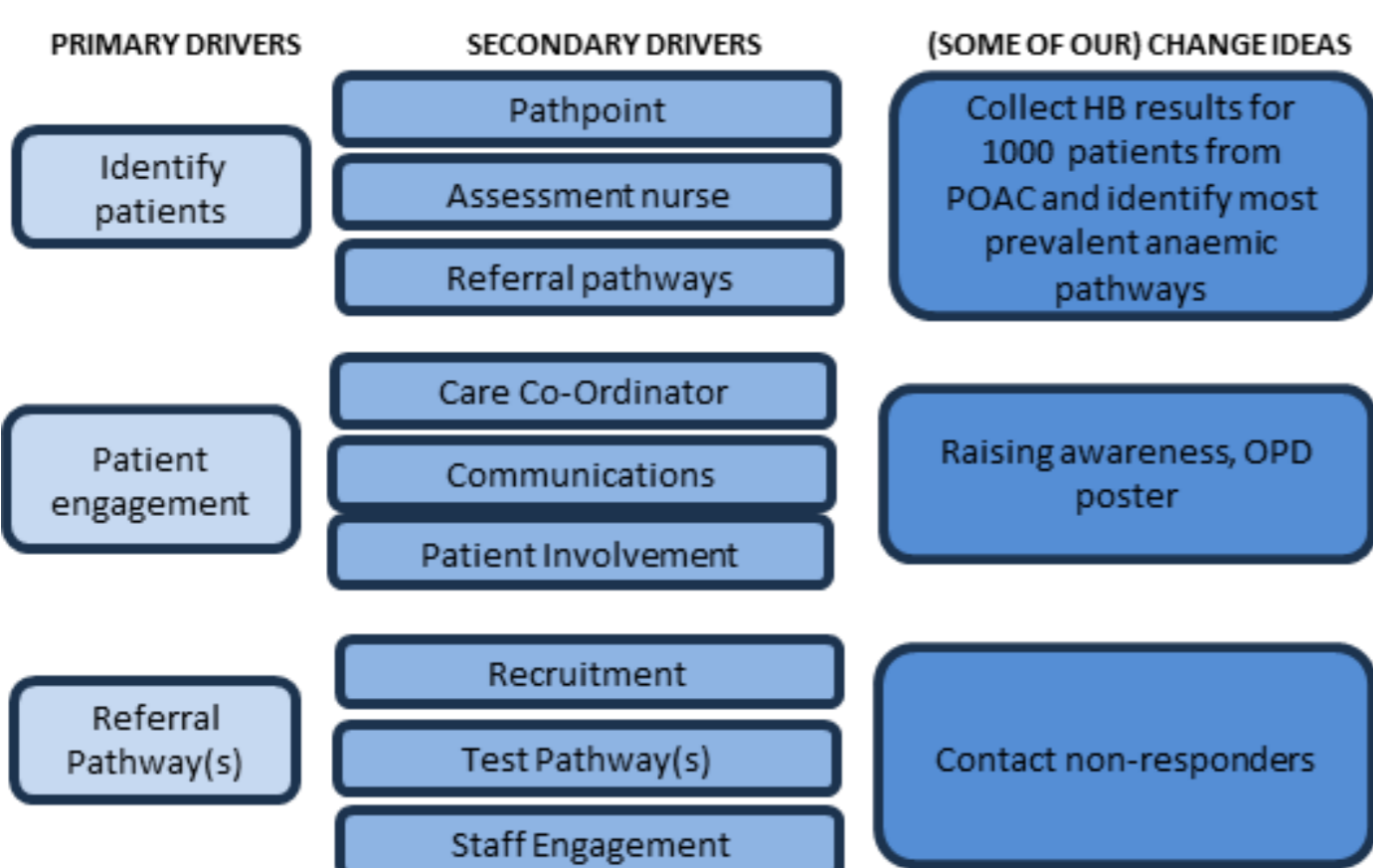
Resource Reallocation: Gradual shift in demand will allow for strategic resource transfer, supporting the long-term sustainability of the Peri-Operative Service.

MEASURES

Measure	Description
Outcome	% of patients receiving Pathpoint questionnaire PLUS % of patients returning the form
Process	No. of patients being supported with Diabetes, Anaemia & Smoking
Balancing	Setting our criteria too low could result in more patients being identified than we have capacity



CHANGE IDEAS



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