

Perioperative Medicine

BSOA Spring Scientific Meeting

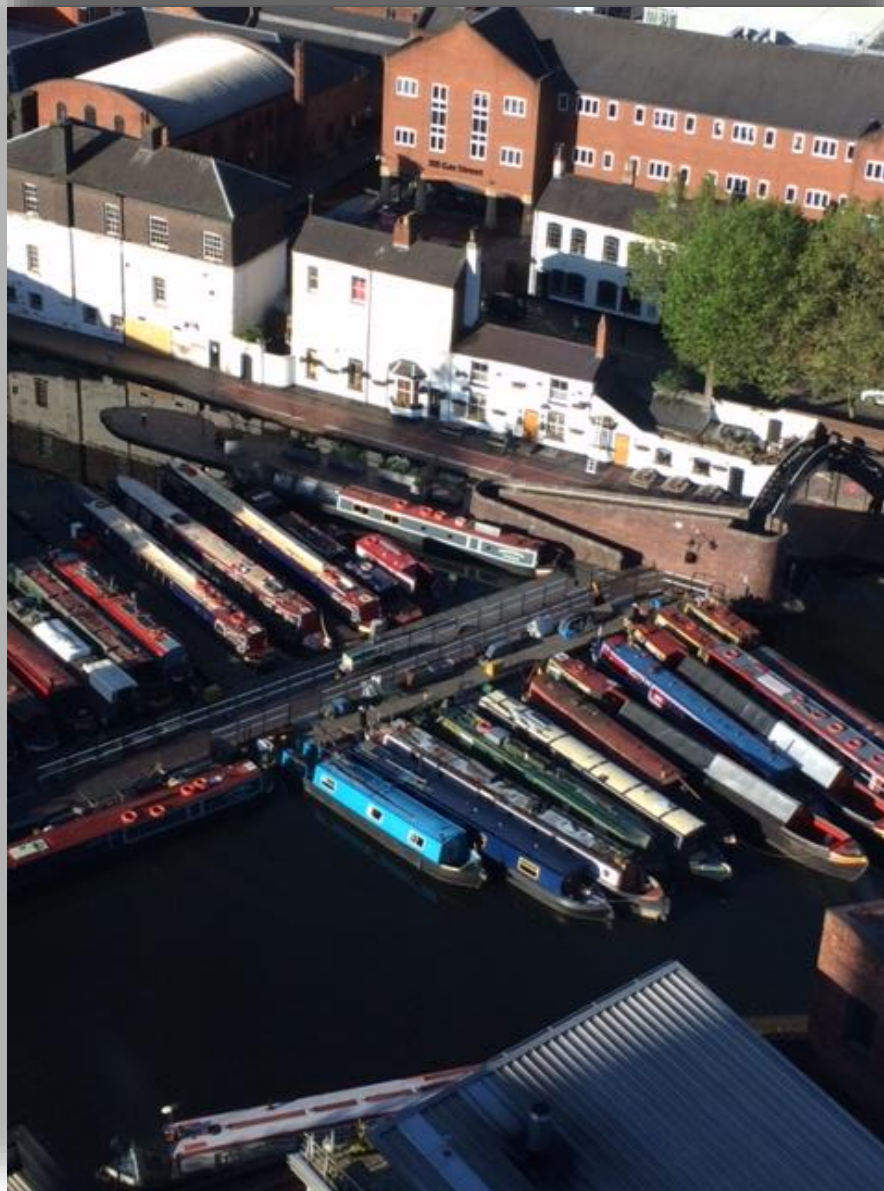
4 June 2015

Dr Colin Berry



PERIOPERATIVE MEDICINE: THE PATHWAY TO BETTER SURGICAL CARE





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I am an orthopaedic anaesthetist



PERIOPERATIVE MEDICINE: THE PATHWAY TO BETTER SURGICAL CARE



Context

- Multi- disciplinary approach to improving surgical outcomes
- 10 million surgical procedures in UK per annum – increasing
- Increasing complexity
- Increasing pressure for outcome data and research



What makes surgery successful?

Celia Ingham Clark

Director for Reducing Premature Mortality, NHS England



- Giving a patient good information with personalised risk assessment regarding the pros and cons of the proposed operation and its alternatives
- Planning ahead in terms of the individual patient's general health and specific condition
- Excellent anaesthetic & surgical technique
- Treating complications promptly
- Auditing outcomes: technical, PROMS, patient experience, safety issues
- Comparing outcomes between similar units for similar patients



PERIOPERATIVE MEDICINE: THE PATHWAY TO BETTER SURGICAL CARE



PERIOPERATIVE MEDICINE

THE PATHWAY TO BETTER SURGICAL CARE



BEFORE SURGERY

Major surgery may trigger a deterioration in long-term illness and delay patient recovery. We must use the time between the decision to perform surgery, and the procedure itself to assess the needs of individual patients, and to optimise treatment of long-term disease. There are many examples that show how we modify perioperative care to the benefit of both the patient and the healthcare system.



DURING SURGERY

Safe surgery is one of the greatest successes of modern healthcare. The challenge of care during surgery is now to improve the quality of patient care, as well as preventing medical error. The presence of an experienced anaesthetist supported by a multi-disciplinary team, provides an opportunity for the delivery of treatments which need significant medical input, without disrupting the surgical care pathway.



EARLY AFTER SURGERY

Surgeons are increasingly diversified in their technical expertise, whilst care of acute and long-term medical disease is ever more sophisticated. It is no longer realistic to expect surgeons to have an in-depth knowledge of recent advances in the management of patients with complex needs, who develop acute medical problems. Improving the quality of care early after surgery represents a major challenge.



LATER AFTER SURGERY

As we work to ensure patients recover quickly and return home early after surgery, primary and secondary care services will need to work more closely together to address the needs of surgical patients with long-term disease. Even several months after they return home, complex patients need ongoing care from experts who understand the impact of major surgery on long-term health.



Benefit to Patients

- Improved communication and planning
- Improved outcomes
- Reduced length of stay
- Appropriately skilled carers



Colleagues – opportunities

- Anaesthetists
- Surgeons
- Nurses
- Physicians
- Commissioners and GPs



Anaesthesia

Building on Success

- Enables modern surgery
- Safety record
- Victim of success?
- Doing the right thing?



Crit Care/Medicine/Surgery

- Proactive Care of Older People undergoing Surgery (POPS) – modes of referral
- Prehabilitation smoking obesity
- Parity of esteem
- Pre and post op in patient care
- Orthogeriatrics
- Acute care teams
- MDT / outcomes



So - what's actually happening?

- Political schmoozing (Royal Colleges, NHSE...)
- Education
 - Curriculum
 - PG diploma
 - Non medical practitioners
- Research – outcomes outcomes outcomes
- Quality Improvement
- RCoA Micro site – best practice
- Animated film

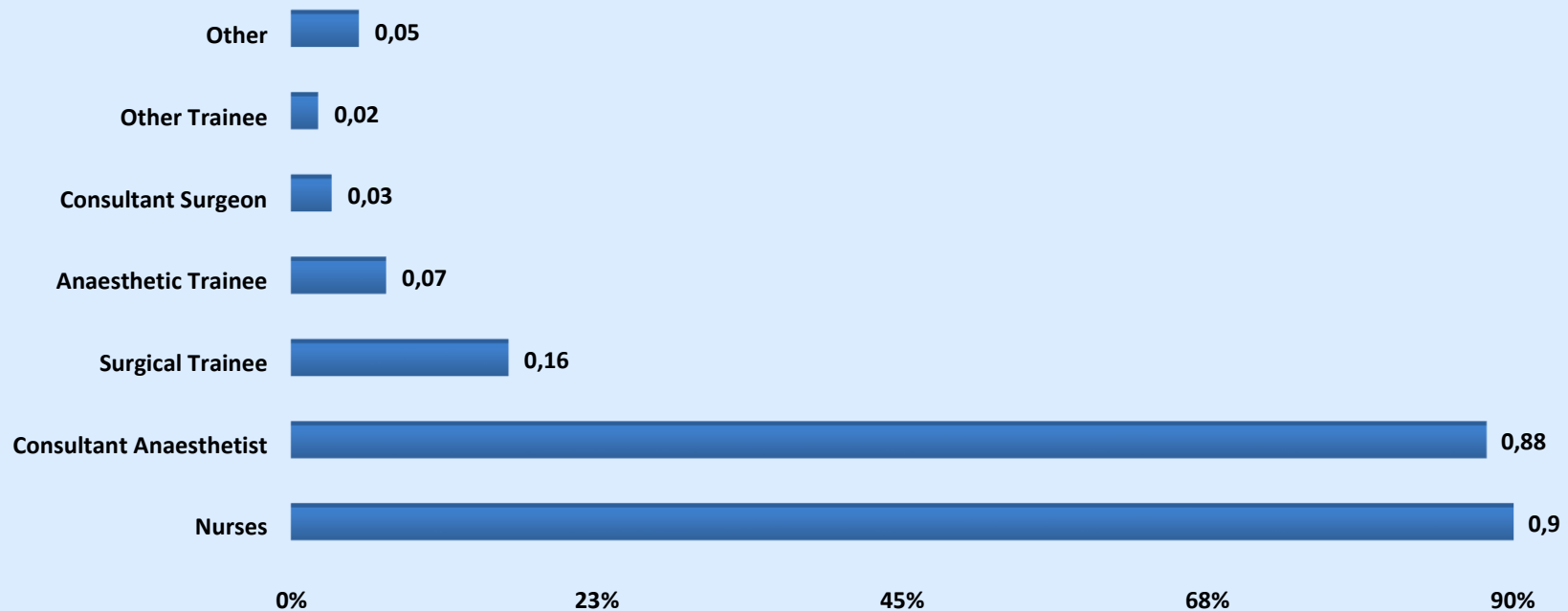


National Collaboration and Engagement

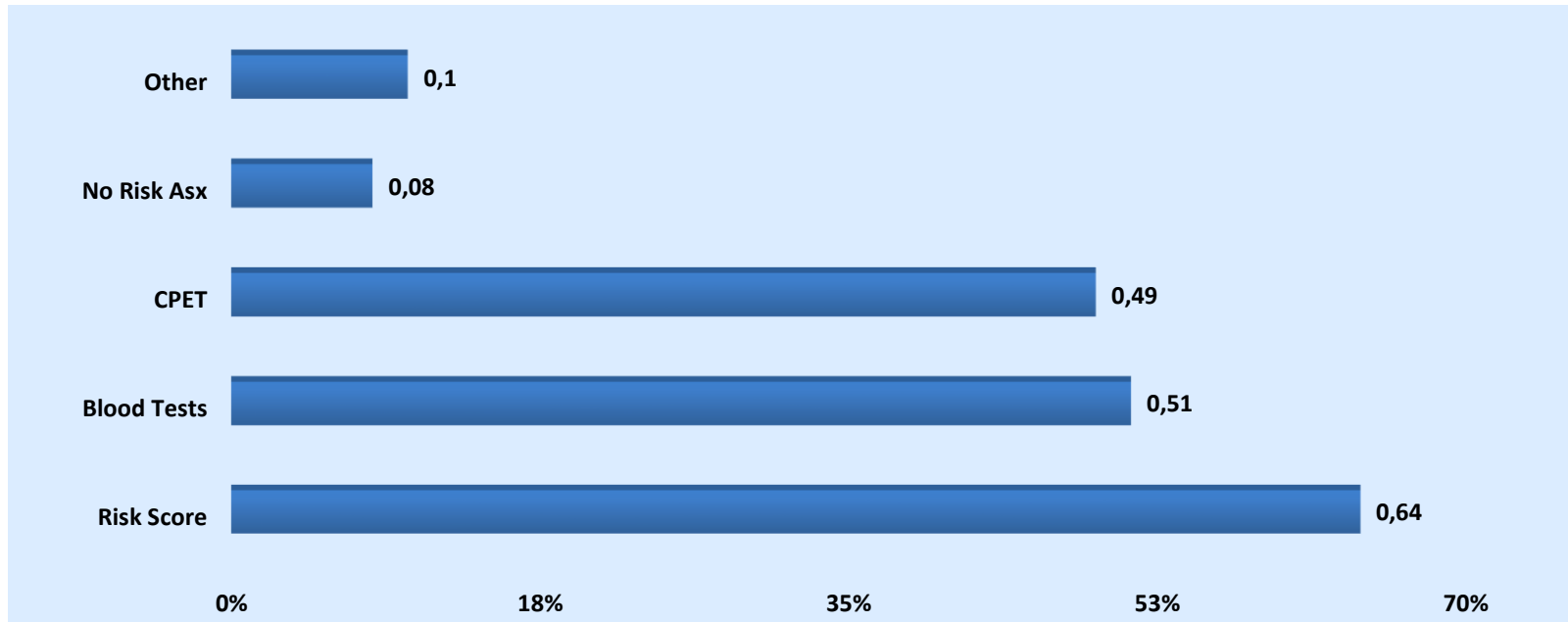
- NHS England
- RCP, RCS, RCGP, AoRMC, RCN
- British Geriatrics Society
- Coalition for Collaborative Care
- NHS Alliance
- NHS Voices
- Media – HSJ, Guardian, The Times



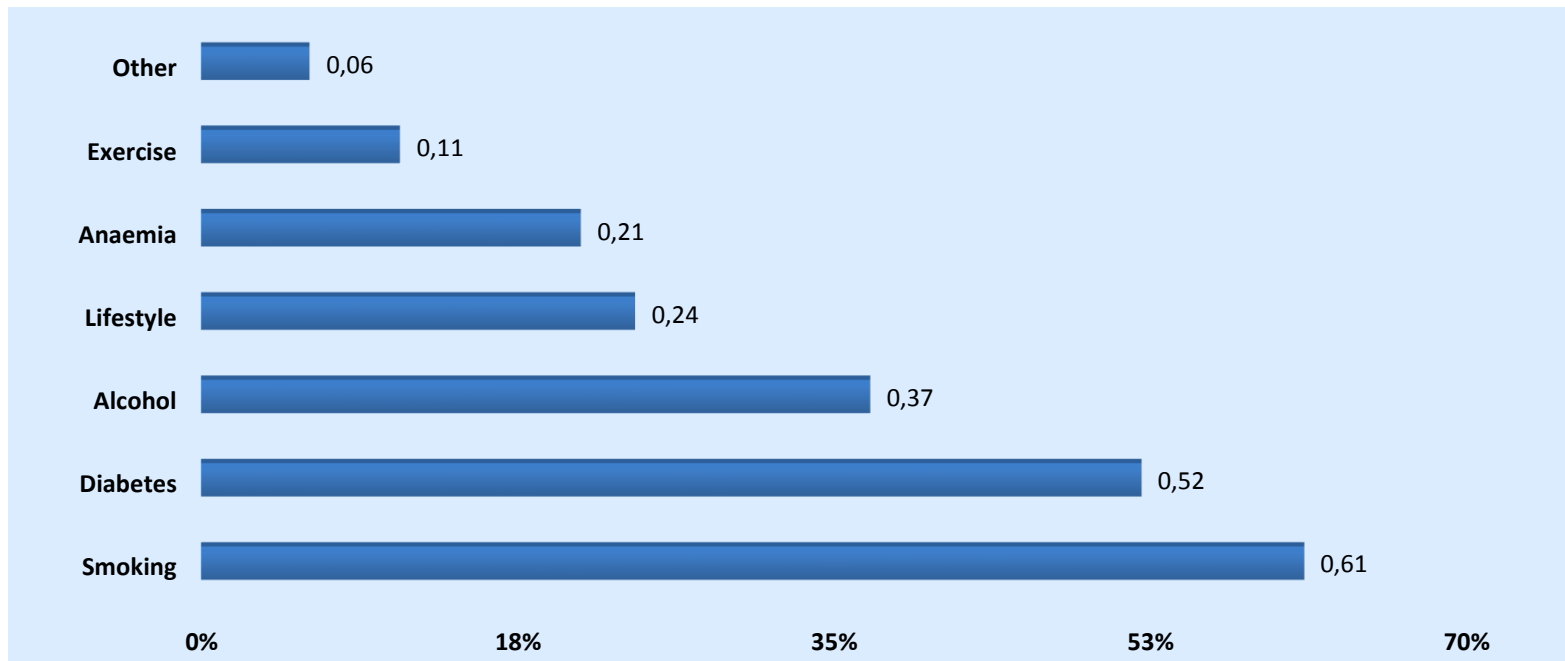
Pre-op clinic



Before Surgery: Risk assessment



Before Surgery: Treatment



Proposal

- Opportunity to collect large dataset of patients using a web-based pre-op assessment tool (e.g. MyPreOp)
- Quality and cost benefits analysis
- Develop evidence-base for which patients do/don't need to be pre-assessed face to face
- If data linked to postoperative outcome - would help evaluate patient pathway
- 10 sites in partnership with Trusts (10,000 patients)

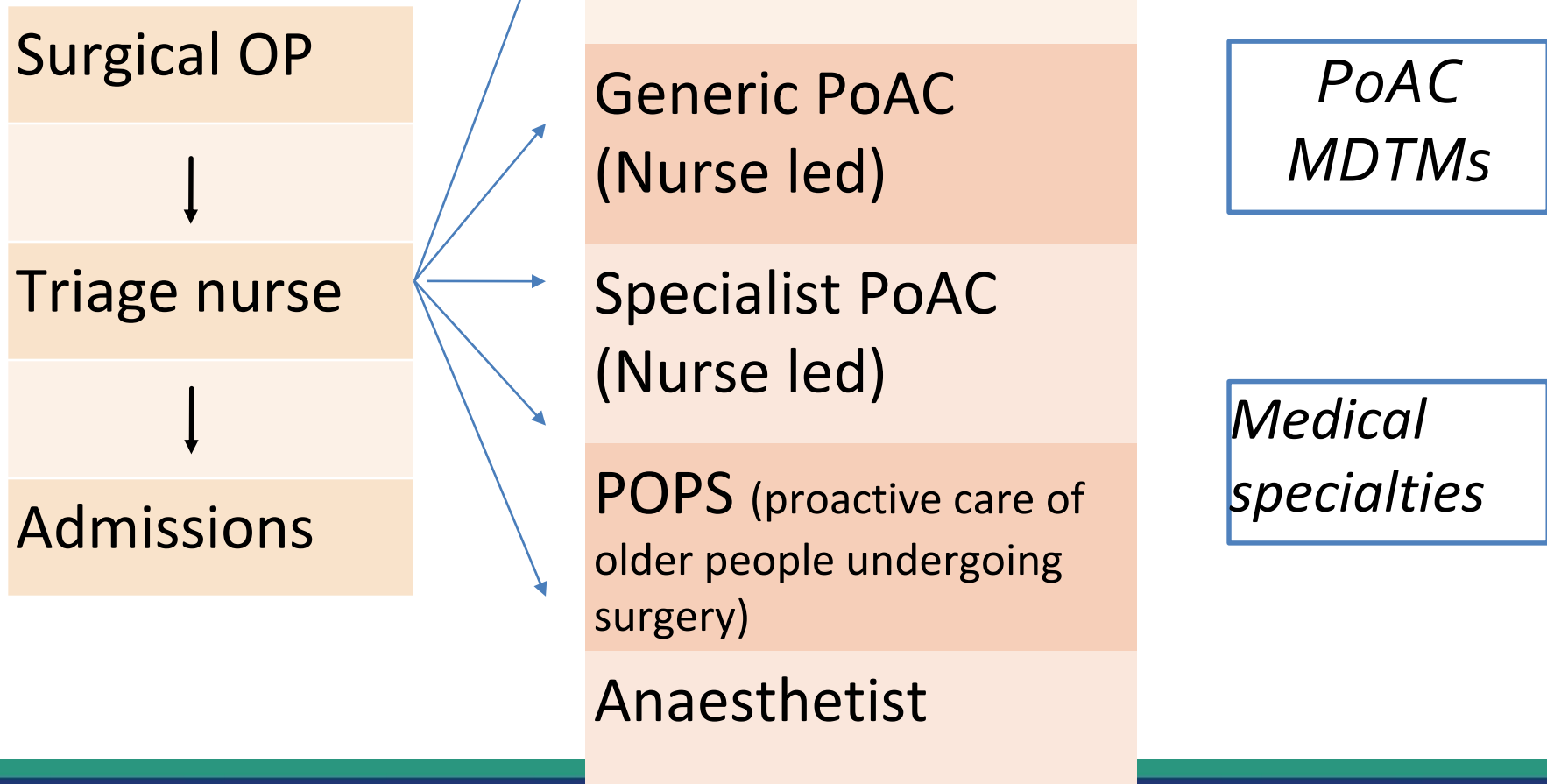


POPs Pathway

- Champion existing successful pathways
- The Proactive Care for Older People undergoing surgery (POPS) as a leading example
- Support spread and adoption of POPS – Exeter
- Joint RCoA & RCP POPS Education Day – with Age Anaesthesia



The GSTT Model



The POPS model

Surgical OP/PAC

Proactive referral

- At risk according to screening criteria
- Patients diagnosed as medically unfit
- Request for opinion

Pre-op CGA

Consultant

CNS

OT

Social worker

Patient education



Liaison

Patient

Surgical team

Anaesthetists

GP

Community services

Hospital Admission

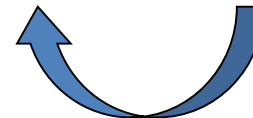
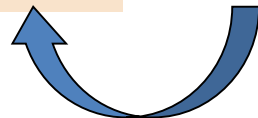
Post-op consultant

geriatrician/ CNS

Therapy liaison

Discharge planning

Teaching/ training



Post Discharge

Intermediate Care

Links with primary care/ social care

Specialist clinic follow up (falls etc)



BMJ launches 'Too Much Medicine' campaign to tackle the harms of overdiagnosis and overtreatment

(Published 26 February 2013)

Today, the *BMJ* launches a 'Too Much Medicine' campaign to help tackle the threat to health and the waste of money caused by unnecessary care.

Analysis

Choosing Wisely in the UK: the Academy of Medical Royal Colleges' initiative to reduce the harms of too much medicine

BMJ 2015 ; 350 doi: <http://dx.doi.org/10.1136/bmj.h2308> (Published 12 May 2015)

Cite this as: *BMJ* 2015;350:h2308



THE NEW YORKER, MAY 11, 2015

ANNALS OF HEALTH CARE

OVERKILL

An avalanche of unnecessary medical care is harming patients physically and financially. What can we do about it?

BY ATUL GAWANDE

THE COST CONUNDRUM

What a Texas town can teach us about health care.

BY ATUL GAWANDE



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Patients



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#rcoaperiop

THE ROYAL COLLEGE OF
ANAESTHETISTS



PLEASE SHARE YOUR IDEAS AND
EXPERIENCES WITH US

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