

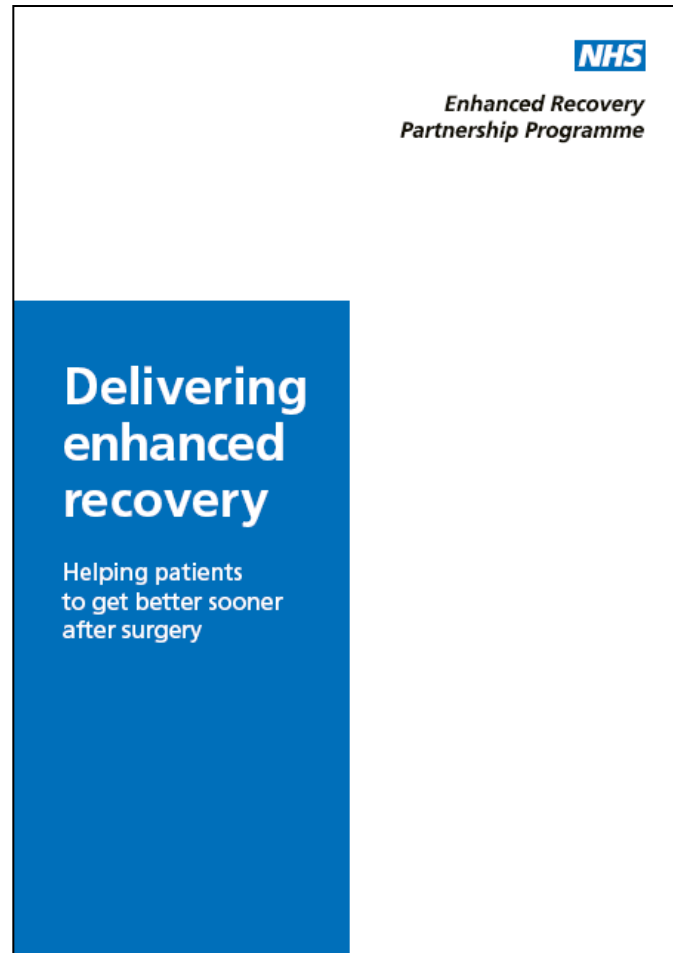


CURRENT CHALLENGES OF PATIENT PREPARATION (Pre operative Assessment)

Mrs Jane Jackson SRN MPhil MCGI
Consultant Nurse
Janejackson2@nhs.net
Hon Fellow University Hertfordshire
Immediate past Chair Preoperative Association www.pre-op.org

ENHANCED RECOVERY

www.dh.gov.uk/enhancedrecovery



Trusts with varying experience of enhanced recovery pathways

Legend

The following denotes a trust is working in this specialty:

(M) Musculoskeletal

(C) Colorectal

(U) Urology

(G) Gynaecology

Enhanced Recovery Innovation Sites are shown in red

Scotland

NHS Lothian (M)
Gold Jubilee National Hospital (M)

North East

Gateshead NHS Foundation Trust (M)
Newcastle Hospitals NHS Trust (C)
City Hospitals Sunderland NHS Foundation Trust (U)

South Tees Hospitals NHS Foundation Trust (C,G,U)

Yorkshire & The Humber

Sheffield Teaching Hospitals NHS Foundation Trust (G)
York Hospitals NHS Foundation Trust (C)
Scarborough Healthcare NHS Trust (C)

Leeds Teaching Hospitals NHS Trust (C,G)
Calderdale and Huddersfield NHS Foundation Trust (C,G)

East Midlands

Derby Hospitals NHS Foundation Trust (G)
Queen's Medical Centre (C)
Sherwood Forest Hospitals NHS Foundation Trust (C) (G)

The University Hospitals of Leicester NHS Trust (C,M,G,U)

East of England

Colchester Hospital University NHS Foundation Trust (C)
West Suffolk Hospital NHS Trust (M)
Cambridge University Hospitals NHS Foundation Trust (Addenbrookes Hospital) (G)

West Hertfordshire Hospitals NHS Trust (C,M,G,U)

London

Barnet & Chase Farm Hospitals NHS Trust (C)
Guy's & St Thomas' NHS Foundation Trust (C)
Hillingdon Hospital NHS Trust (M)
Imperial College Healthcare NHS Trust (C)
South West London Elective Orthopaedic Centre (M)
St George's Healthcare NHS Trust (C) (U)
St Mark's Hospital (North West London Hospitals NHS Trust) (C)
The Whittington NHS Trust (C) (M)
UCLH NHS Foundation Trust (C)
Whipps Cross University Hospital NHS Trust (C)

The Hillingdon Hospital NHS Trust (C,G)
North Middlesex University Hospital NHS Trust (C,M,G)

North West

Aintree University Hospitals NHS Foundation Trust (M)
East Lancashire Hospitals NHS Trust (C)
Hope Hospital, Salford (C)
Wirral University Teaching Hospital NHS Foundation Trust (C) (M)

Aintree University Hospitals NHS Foundation Trust (C,M,UPGI,Li)

West Midlands

City Hospital NHS Trust, Birmingham (C)
Good Hope Hospital (C)
University Hospitals Birmingham NHS Foundation Trust (C)
Birmingham Heartlands NHS Trust (C)

University Hospital of North Staffordshire NHS Trust (C,U,G)

South West

North Devon Healthcare NHS Trust (C)
South Devon Healthcare NHS Foundation Trust (C) (M) (G)
Royal Devon and Exeter NHS Foundation Trust (U)
Royal Bournemouth Hospital (M)
North Bristol NHS Trust (Southmead Hospital) (U)
Yeovil District Hospital NHS Foundation Trust (C) (M)
Salisbury NHS Foundation Trust (C)
Dorset County Hospital NHS Foundation Trust (C)
Plymouth Hospitals NHS Trust (C)
West Dorset NHS Trust (C)

South Devon Healthcare NHS Foundation Trust (Torbay Hospital) (C,M,G,U)

South Central

Isle of Wight Healthcare NHS Trust (C)
Milton Keynes Hospital NHS Foundation Trust (C)
Royal Berkshire NHS Foundation Trust (C)
Portsmouth Hospitals NHS Trust (C)
Southampton University Hospitals NHS Trust (C)
Oxford Ratcliffe (C)

Winchester & Eastern NHS Trust (C,M,G)
Royal Berkshire NHS Foundation Trust (C,M,G,U)

South East Coast

Brighton and Sussex University Hospital NHS Trust (C)
Darent Valley Hospital (Darford and Gravesham NHS Trust) (M)
Royal Surrey County Hospital NHS Trust (C)
Worthing Hospital (C)

East Kent Hospitals University NHS Foundation Trust (Queen Elizabeth, the Queen Mother Hospitals) (G)

Medway NHS Foundation Trust (C)
Medway NHS Foundation Trust (C,M,G,U)
Brighton and Sussex University Hospitals (C,M,G,U)

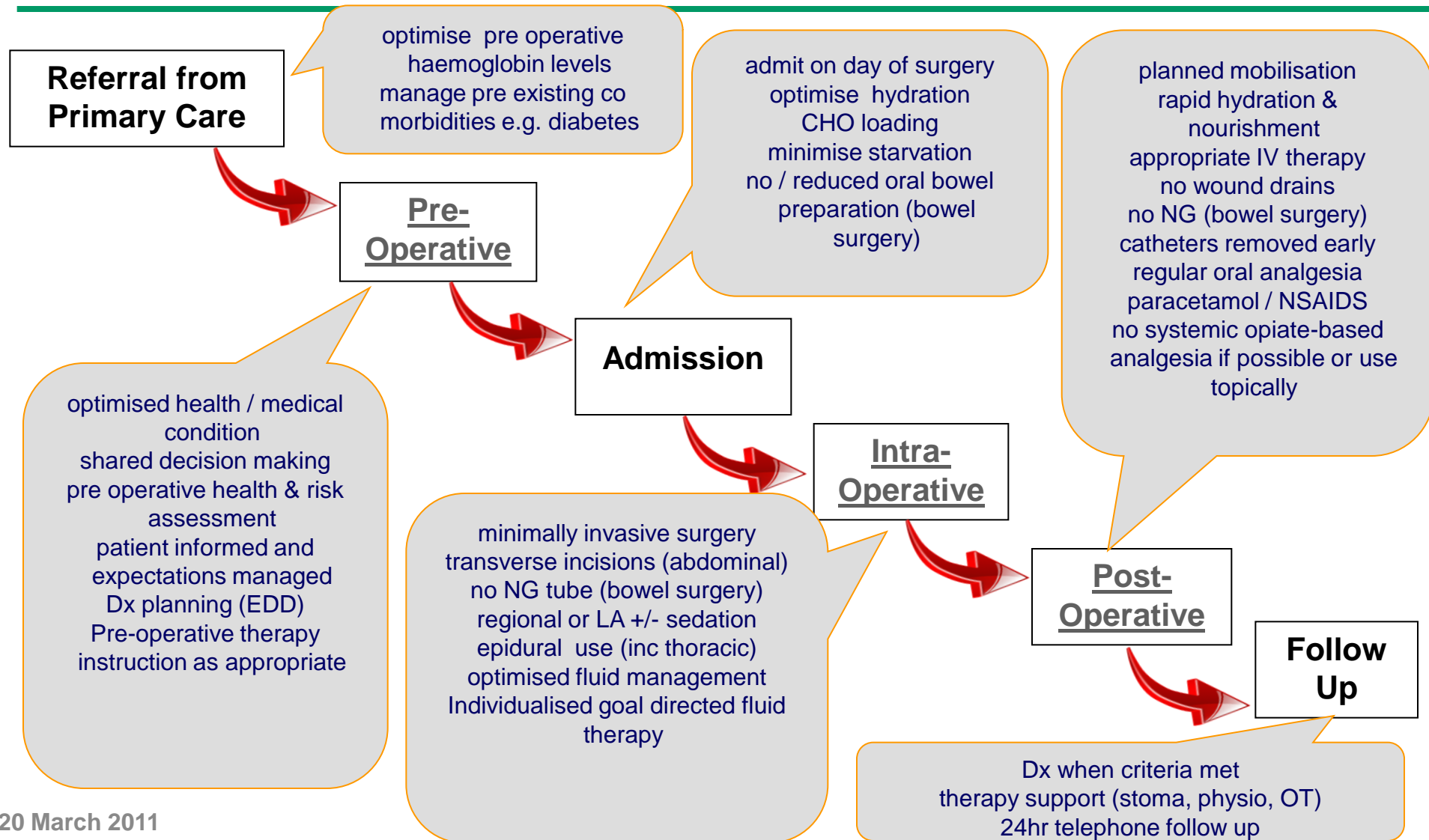
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Enhanced Recovery

www.dh.gov.uk/enhancedrecovery

- It is a novel approach to elective surgery based on the following principles:
 - patients are in the optimal condition for treatment,
 - patients have different care during their operation, and
 - patients experience optimal post-operative rehabilitation
- Enhanced Recovery Programmes (ERPs) may be referred to as Rapid, Accelerated Recovery or Fast Track surgery and originally pioneered in Denmark
- They must involve the whole health community
- With the compelling clinical evidence base they should be best practice elective care pathways

Enhanced recovery elements



Who is it for?

- Would you really create a service just for ‘enhanced recovery’ patients?
- Shouldn’t all elective patients benefit from pre-operative preparation?
- Shouldn’t all inpatient surgery follow an ‘enhanced recovery’ pathway?

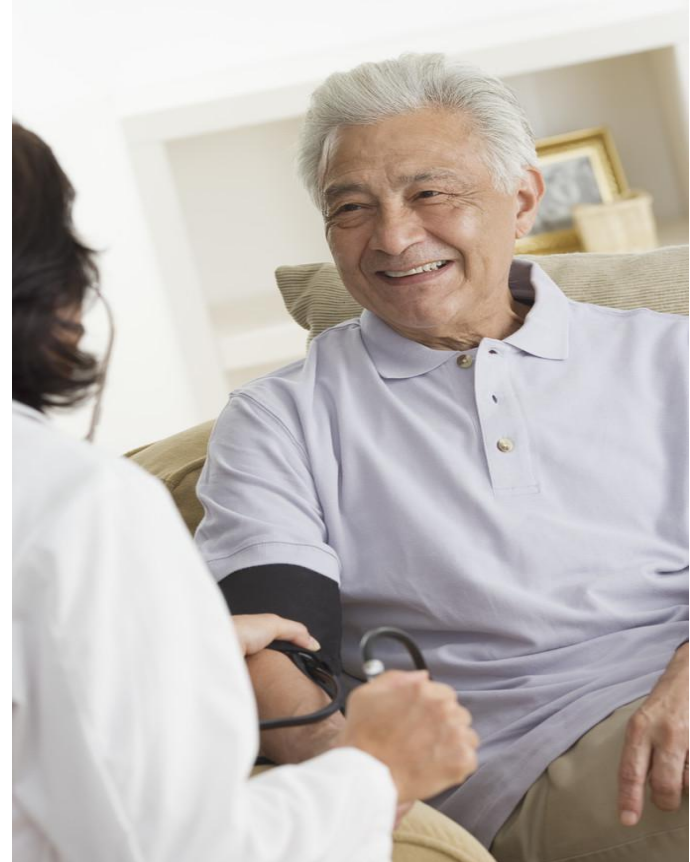
Quality care



- personalised
- quality assured
- efficient
- effective
- appropriate time
- minimal cancellations
- minimal complications
- shortest possible time away from home

Patient preparation

- begins with patient presentation in primary care
- history, examination +/- investigations
- GP referral
- informed decision-making begins
- fit, optimise co- morbidities
- willing
- able
- expert opinion in OPD



Patient preparation - safety

- fit for surgery / anaesthesia?
- pre-operative assessment (POA)
- current and past health status
- identify factors that increase patient risk
- identify factors that may affect effective surgery / anaesthesia
- appropriate investigations
- optimise or refer for specialist advice
- inter-professional teamwork
- Pharmacist : VTE prophylaxis, Warfarin, Aspirin/Clopidogrel, DM



Public Health trends



20 March 2011

Obesity

- BMI = $\frac{\text{weight (kg)}}{\text{height (m)}^2}$

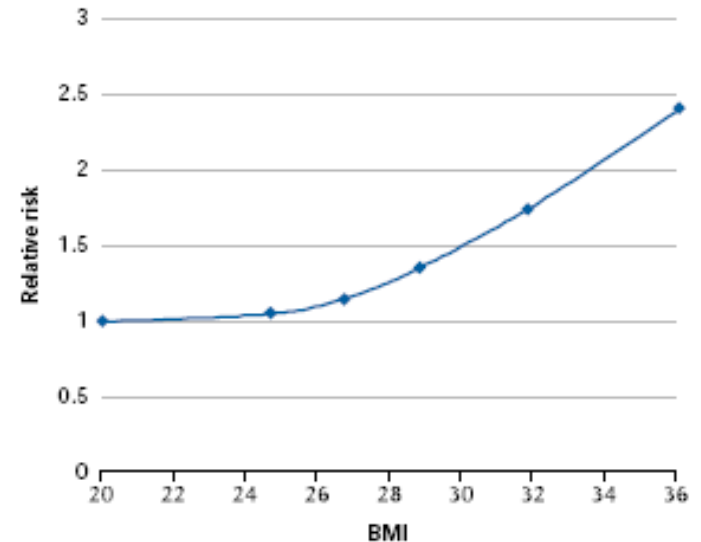


- <20 underweight
- 20-24 healthy
- 25-29 overweight
- 30-39 obese
- 40 – 45 very obese
- >45 super obese

Mortality due to Obesity

- Risk increases with lack of cardio-respiratory fitness
- Mortality if BMI >30 is 50% higher than person with BMI 20-25
- Increase mortality for those who have long term obesity

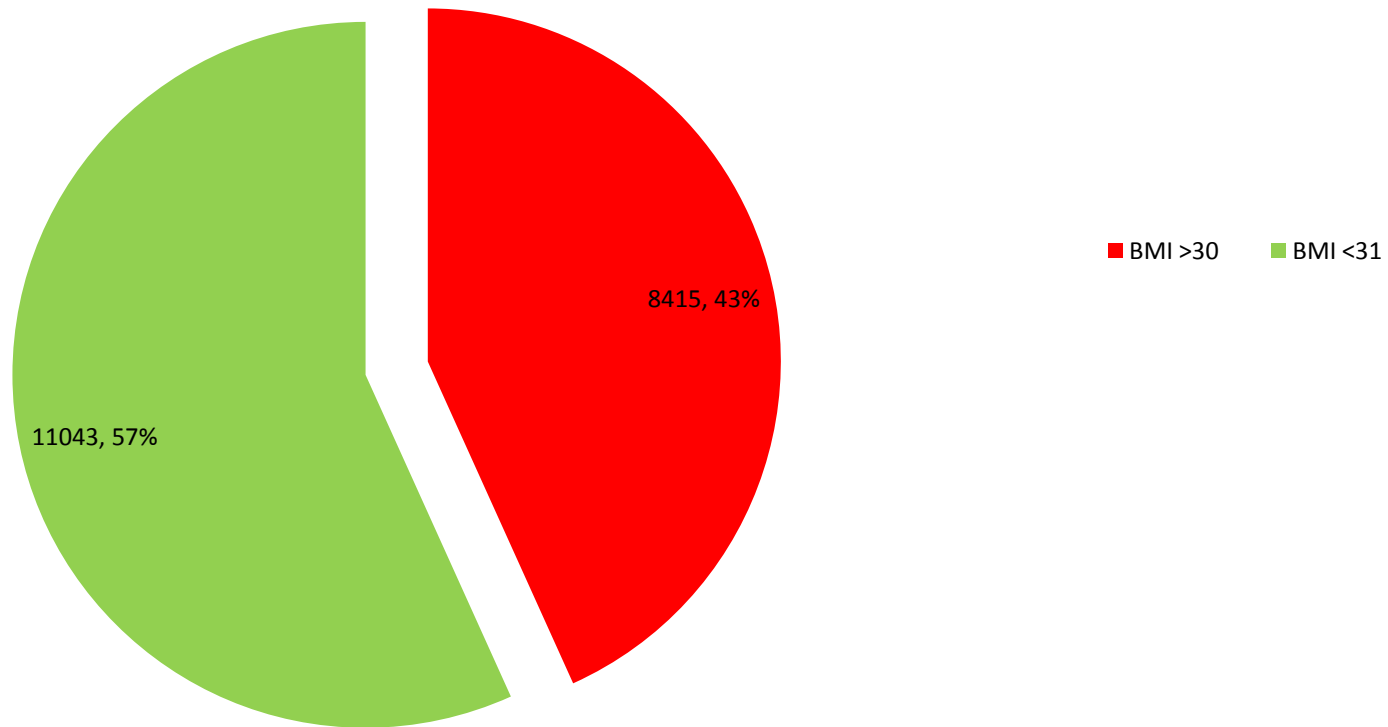
6 The relationship between body weight, measured by BMI, and the relative risk of mortality



Note: This figure is based on data from a study of female nurses in the United States. Studies for all adults imply a similar relationship between BMI and risk of mortality in men.

Source: Manson J. E., Willett W. C., Stampfer M. J. (1995). "Bodyweight and mortality among women" - *New England Journal of Medicine*.

To show the Body Mass Index of patients 2010



Smoking

18% patients smoke

- Reduces oxygen levels
- 43% increase in developing osteoporosis
- 13% increase risk of fractures
- Delayed wound healing
- Wound infections
- Increased length of hospital stay



DEPARTMENT OF HEALTH

REQUIREMENTS

PURPOSE –
TO IMPROVE PATIENT SAFETY

- MRSA
Multi Resistant Staphylococcus Aureus
- vCJD
Variant Creutzfeldt Jacob Disease
- VTE ra
Venous Thrombo Embolism risk
assessment
- PROMs
Patient Reported Outcome Measures

Patient preparation



- planned admission – environment/level of post-op care
- appropriate anaesthesia
- negotiated admission date
- expected discharge date / criteria
- special needs identified and communicated
- prosthetics
- minimal cancellations on day of surgery

Joint School



- MSK patients
- multi professional
- patient and sponsor attend
- advice
- reassurance
- reinforce the pathway

Discharge planning

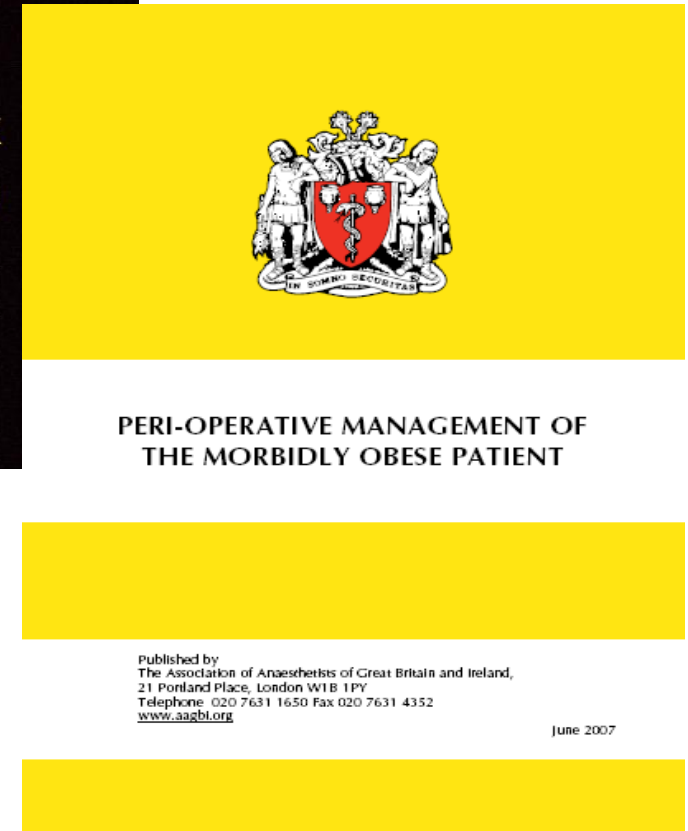
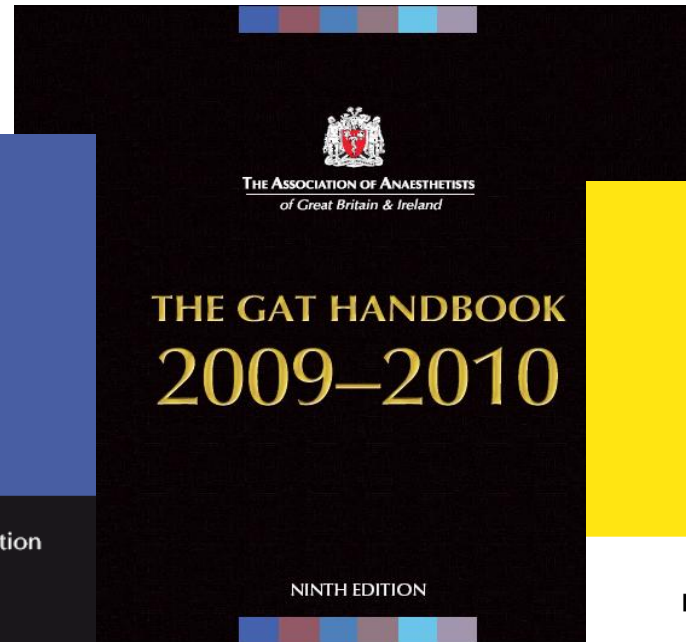
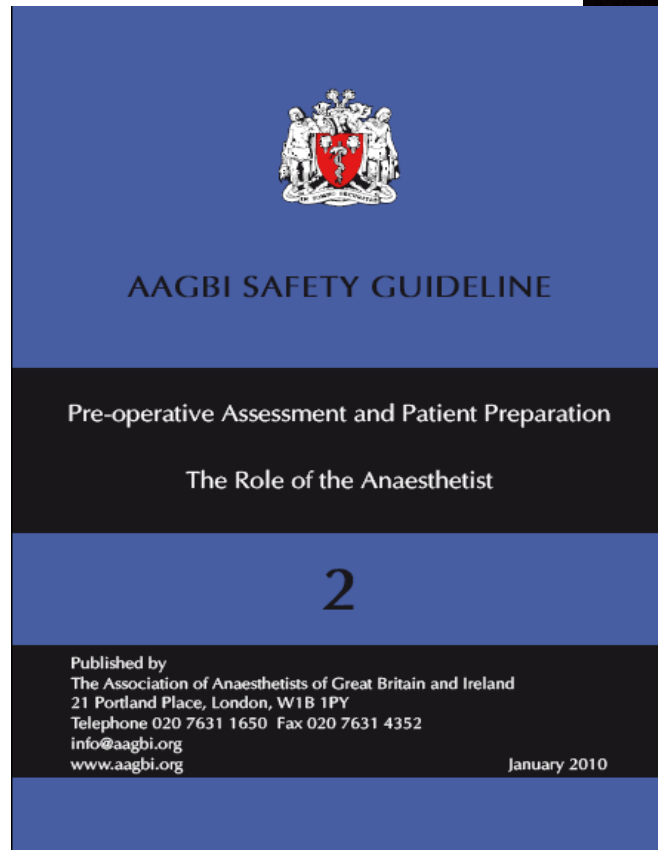
Aim

- appropriate, timely discharge to safe environment

Objectives

- identify patient support prior to admission
- patient to make arrangements to stop / start current support services
- identify new support required on discharge
- Social Services request form completed at POA
- form faxed to Social Services on admission
- minimal delays due to social reasons

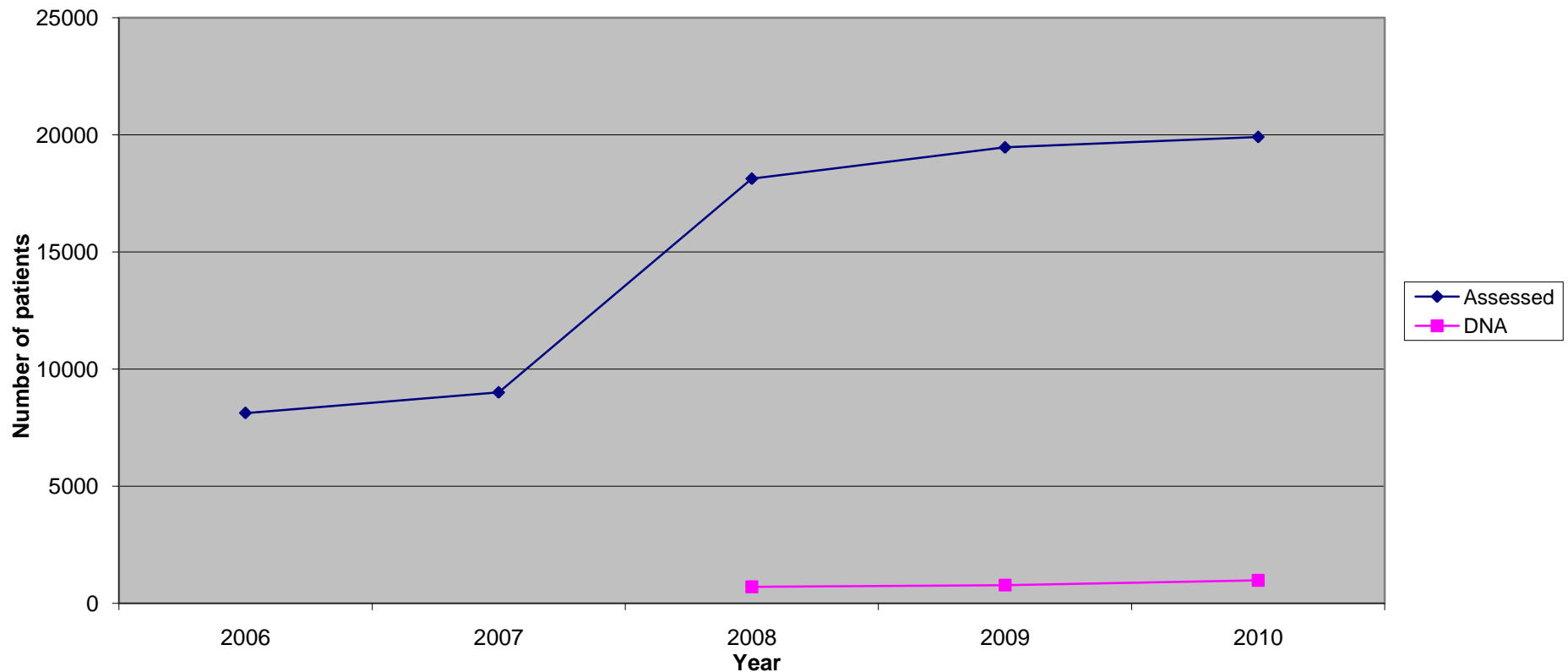
Role of the Anaesthetist



The role of the 'Anaesthetist' in Pre-operative Preparation - Patients

- Review of results from nurse assessment, recommend further actions
- To inform and discuss interventions such as epidural / spinal
- To identify need for HDU / CCU and discuss with patient and relatives / carers
- Patient discussion – need for surgery and anaesthetic v life expectancy – **informed decision making**
- Conversation about NOT having surgery and communicating decision path back to surgeons / GP
- Cardio Pulmonary Exercise testing /other advanced testing

To show the number of patients attending Patient Preparation per annum 22798 patients in 2010



Patient cancellations on day of surgery

- Did not arrive
- Cancelled within 24 hours of procedure
- Unfit on the day – Chest infection, urinary infections
- Pregnant
- Patient ate / drank / took medication

Finally.....

- accurate POA is essential to providing effective admission and good patient outcomes
- inter professional teamwork is key
- primary and secondary care involvement is required
- patient must be fit, willing and able to proceed at point of referral
- overall objective – to ensure this gold standard of care becomes the norm for every patient admitted for elective care

For more information

- www.pre-op.org
- Janejackson2@nhs.net