

Priming patients for surgery - the on-going development of a pre-operative service for frail elderly patients



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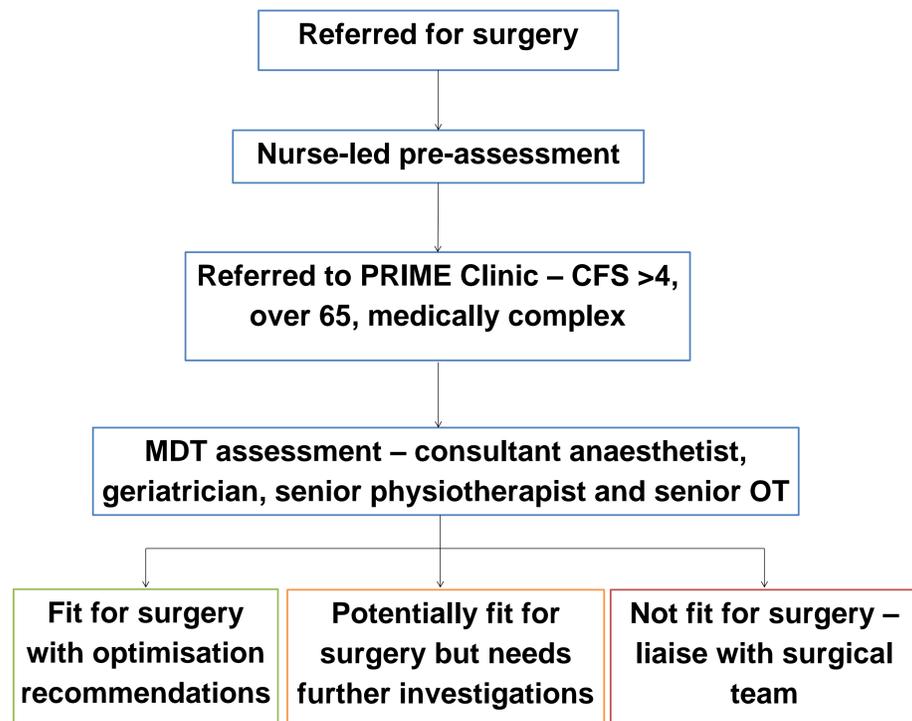
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Purpose

- The Peri-operative Review Informing Management of the Elderly (PRIME) Clinic was developed in response to the increasingly frail population undergoing complex major surgery.
- Clinicians with advanced skills were required to manage and optimise this patient group pre-operatively, which led to the formation of a multi-disciplinary team.
- Aim to optimise patients from a medical, physical and social viewpoint.
- The focus of physiotherapy input was to increase physical activity pre-operatively, improve respiratory function and identify falls risks in order to contribute to a reduction in post-op length of stay and improve patient function.
- We present a retrospective service evaluation examining the impact of this highly specialised MDT model. We also examine patient feedback on the service and discuss service growth and plans for the future.

Methods

Pre-assessment process at CUH:

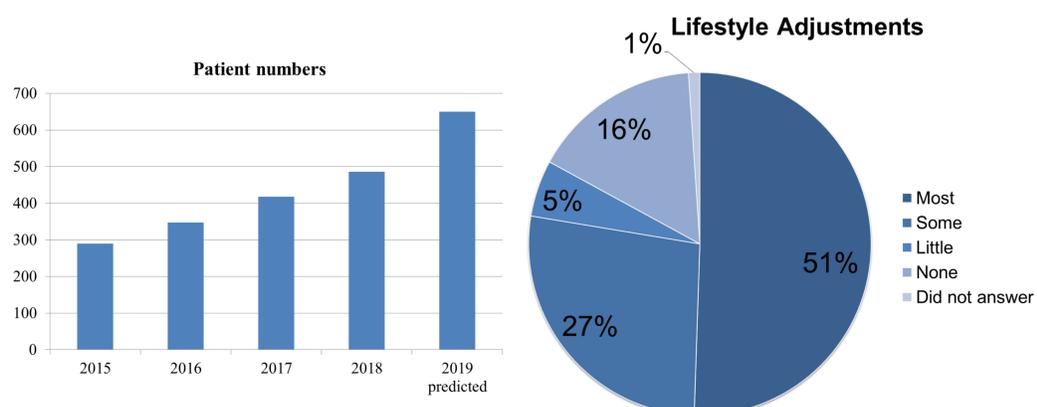


Length of stay (LOS) was recorded alongside the procedure codes for each surgery, and analysis conducted comparing expected and actual LOS for each procedure. Brief analysis was also conducted to examine complication rates and readmissions within 30 days post-operatively.

Patient satisfaction was measured on a patient experience questionnaire conducted over an 8 week period in December 2018.

Results

- Patient experience questionnaires generated a respondent rate of 62.7%.
- 98.2% of patients were either “very satisfied” or “satisfied” with their PRIME appointment.



- Statistically significant reduction length of stay in frail patients undergoing intermediate or high risk surgery (OR = 0.83, p = 0.03).
- Clinical Frailty Score was a strong significant predictor of LOS in data from both 2014/16 and 2017.
- 2014/16 cohort were significantly older (p = 0.002), however the 2017 cohort were significantly more frail (p = 0.005).
- 2017 cohort of data, 29% of patients experienced a post operative complication, with 13% experiencing multiple complications. This demonstrated a significantly lower rate of complications compared with the original cohort (OR = 0.45, p = <0.001).

Discussion

- The PRIME Clinic is one of a handful of similar clinics in the UK conducting comprehensive MDT assessment prior to elective surgery.
- There has been a reduction in LOS in frail elective surgery patients since implementation of PRIME.
- A significant reduction in complication rates has also been demonstrated, however these results require further investigation due to differences in statistical methods
- Patients are given bespoke therapy advice and recommendations, and the majority of patients report that this advice is acted upon and valued.
- Further work is needed into the most effective method of optimising physical condition prior to surgery, currently being developed as part of a doctoral fellowship.

Conclusions

- Specialist MDT significantly reduced LOS across multiple surgical specialities
- Valuable pre-op physiotherapy input to improve fitness and function
- Overwhelmingly positive patient feedback

Implications for future practice

- Increased clinic capacity meaning 150 extra patients are seen per year in the PRIME Clinic.
- Implementation of a post-operative review service to ensure seamless care from pre-op through to post-op.
- Improving links with community partners – aim to be able to pre-emptively book care packages for post op, however this is a challenge.
- Planning for a formal prehabilitation exercise programme as part of a PhD study with patients who attend PRIME Clinic.