The Holy Grail
Perioperative Care for the Frail

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Case for change

Frailty affects up to 25% of people aged 70

1000 patients per year for elective surgery in NSLHD

Frailty

Currently our preoperative service has no systems in place

Higher rates of:
- Mortality
- Surgical complications
- Healthcare costs

There is potential reversibility of these poorer outcomes and experiences (CPOC 2020)

Goal

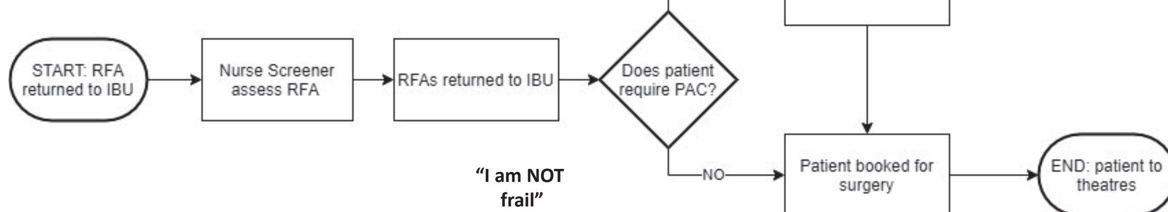
To improve patient and staff experience and the outcomes of frail people waitlisted for elective surgery at RNSH by April 2022

Objectives

1. Increase the proportion of patients booked for elective surgery at RNSH being screened for frailty from 0 – 75% by April 2022
2. Increase the proportion of pre-frail/frail patients who feel better informed about the importance of preparing for surgery from 0 – 33% by April 2022.
3. Reduce the elective day of surgery cancellations (patient factors) from 2.68% to ≤2% for patients identified as frail by April 2022

Method

Process mapping session



"I am NOT frail"

Patient and staff interviews

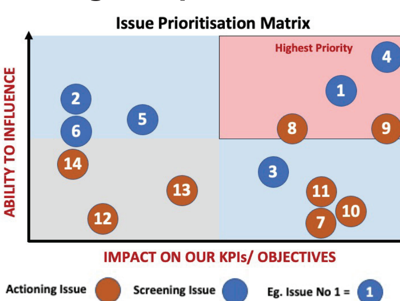
"I am concerned about frailty and ageing – those steps get bigger every year"

"I don't want to ask for help"

"I have had three falls but didn't want to mention it"

100% of process mapping participants feel that the booking-surgery process is complicated and unwieldy

Theming and prioritisation matrix



Quantitative data sources

RNSH Operating Theatre Data 2018/19 & 2019/20

Elective Surgery Waitlist & Preadmission Clinic Data 2018/19 & 2019/20

HEALTH ROUNDTABLE

ACS NSQIP

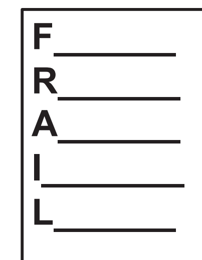
Day of surgery cancellations	
MOH target	< 2%
RNSH all patients	2.04%
RNSH Age > 70	2.68%

Age: Average length of stay (ALOS); Major Complications which ↑ ALOS

Root cause analysis

Solutions

Planning and Implementing



1. **Develop a systematic approach to screening patients**
   Waitlist changed to preparation list
   FRAIL scale used to screen all elective surgical patients

2. **Feedback loop for Frail Scale results and GP**
   Frailty results to patient's GP with scores and recommendations

3. **Collaboration with Primary Health Network (PHN)**
   Partnering with with PHN's frailty project
   Presented to PHN committee – enhance communication between the services

4. **Proposal to fund a Clinical Perioperative Coordinator (CPC)**
   Integrated care funding
   Foundation to build better experience for patients and staff

5. **Updating the 'My Surgery Journey' booklet**
   Redesign with adaptation to website
   More targeted advice especially on preparation for surgery

Results

Objective 1
- Now screening all patients booked for elective surgery, interim via JMOs and long term, via CPC.
- Aim to implement FRAIL scale recommendations to patients to prepare them better for surgery (via physiotherapy / dietician / medication / geriatrician).

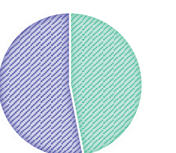
Objective 2
- Redesign phase on My Surgical Journey Booklet / website update under way.
- From screening patients may be directed to see GP or extra services prior to surgery.
- Repeat of qualitative data required in July 2022.

Objective 3
- Due to patients being better prepared for surgery aiming less DOS cancellations.
- Require repeat of quantitative data in April 2022.
- Reduced wasted operating theatre time which estimated $14,400 per hour.

Diagnostics

Process mapping identified 4 key issues:
1. **Waitlist is an administrative tool and not a clinical tool**
2. **Frail Scale not completed: no directive and perceived irrelevance**
3. **Suboptimal access to services due to complexity of health care**
4. **Moderate patient engagement and presence of frailty stigma**

Quantitative data
- Highlighted "preparation opportunity" from the time of booking surgery to time patients are actually seen in preadmission clinic
- Day of surgery cancellations is 2.68% for >70 years, Ministry of Health target is <2%
- Average length of stay increases 500% with major complication



Qualitative data
- Identified a stigma associated with being labelled "frail"
- Identified most patients do not feel well prepared prior to their surgery

Identified other services & frailty projects

Sustaining change

- Continuation of evaluation processes and steering committee to guide future decisions and support CPC until at least April 2022
- Utilisation of existing technology within EMR to conduct screening and electronically convey results to the patients GP.
- We have secured funding for one year from Integrated Care for the Clinical Perioperative Coordinator role.
- Project used to inform future business case for Perioperative Medicine Service

Conclusion

- Trust the methodology
- Understand and reference individual and teams 'what's in it for me' when seeking engagement
- Leverage the influence of the project sponsor to garner support
- Adapt communication strategies according to targets needs and frame of reference
- Play to the strengths of team members

Acknowledgements

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