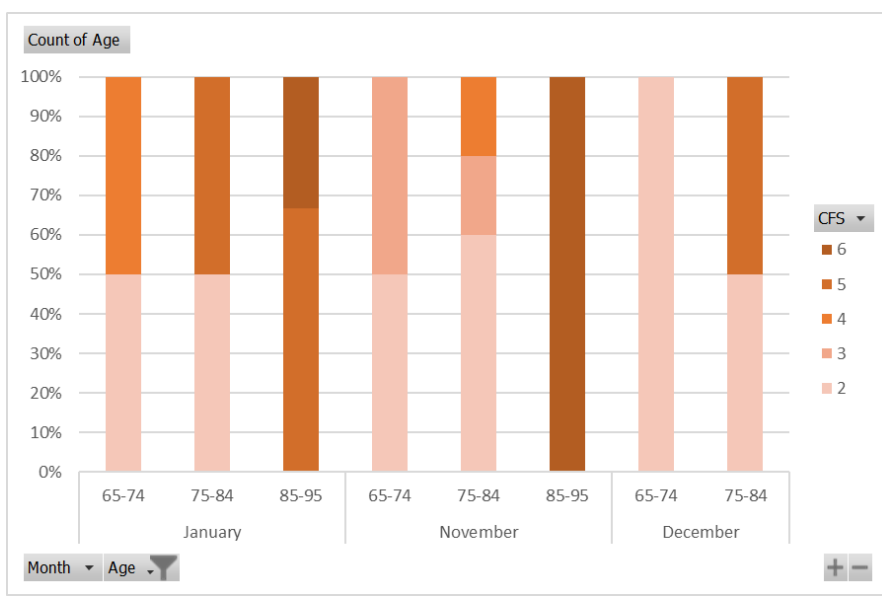
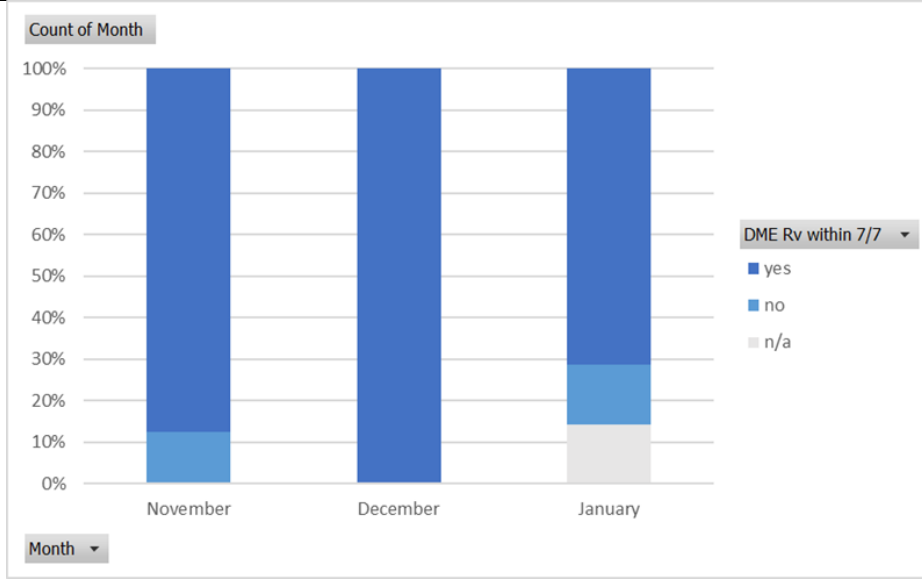


POPS Vignette Template

<p>Site Name</p> <p>Cambridge University Hospitals NHS FT</p>
<p>POPS Core Components/Principles</p> <p>Frailty identification, development of CGA, MDT working, patient experience and measurement</p>
<p>Our Challenge</p> <p>The team focused on emergency laparotomy and putting a POPS pathway and measures in place. The longer-term priority was developing a case to establish a vascular POPS service.</p>
<p>What we did (the process)</p> <ul style="list-style-type: none"> • Worked closely with the surgeons on a laparotomy audit and using the EPIC system to identify frail patients on am and pm lists; • PDSA'd referral process with surgeons; • Looked at a variety of measures including frailty identification, day of surgery cancellations and improving length of stay initially with Urology patients; • Undertook patient and staff EBD (though COVID restrictions and virtual clinics made this a real challenge); • Started to discuss a surgical registrar liaison post.
<p>What we achieved (the outcomes / data)</p> <p>Pilot project allowing for CGA of NELA patients within the Trust initiated 1.11.21:</p> <ul style="list-style-type: none"> - Prior to this only 12% of NELA pts reviewed in a reactive manner following referral - Since initiation: 100% patients being seen following their emergency laparotomy <ul style="list-style-type: none"> - 86% of patients seen by Geriatrician Consultant or Specialist Registrar within 7 days of procedure <p>(see graphs below)</p>



OUTCOME MEASURES - NHS-Elect POPS exploratory audits

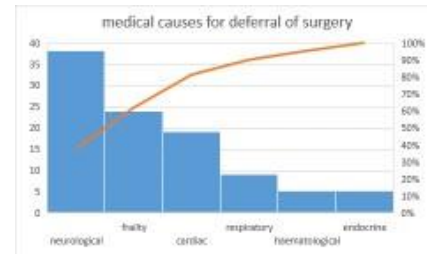
Review of patients seen in PRIME who do not proceed to surgery

50 case notes reviewed retrospectively.

11% cancelled

52% cancelled for more than one reason (p=0.000007)

44 (88%) had documented input into decision-making process



Review of patients who were cancelled on the day of surgery

Ongoing audit – 132 case notes

Review of cancellations type of anaesthetic, profile of patients, preventable if seen in PRIME

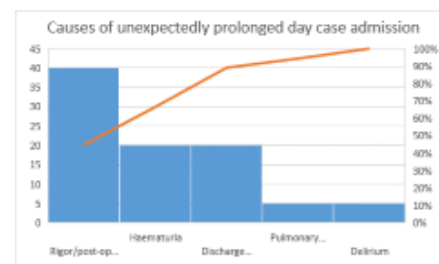
Review of urological day cases converted to longer admissions

Mean LoS 8.5 days

Only 20% seen in PRIME prior to surgery

Main reasons for longer admission:

40% due to rigor/infection post-op, 20% haematuria, 20% discharge difficulties



Improvement Networks

Testimonials from patients

- Great team, made me feel relaxed and treated me with respect as I am 88 years old and they directed their questions direct to me.
- Completely satisfied with my visit. Staff very helpful and put me at ease. Explained my procedure thoroughly.
- Impressed with professionalism, courtesy and time given to us – thank you.

Key System contacts

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