Outcome

- Patient experience
    - Number of complaints
    - Experience based design
    - SDMQ9
- Length of stay
    - In recovery
    - Post op LOS
    - In rehab unit
- Patient outcomes
    - Mortality rate
    - Infection rates
    - Any pre op function change before op due to CGA
    - MOTOM moriston occupational outcome measure (used for OT goals setting)
    - Cognitive function pre and post operation
    - Number of patients returned to baseline functionality
    - Pre op ASA scores and severity of surgery
    - Number of falls
    - Number of post op complications
    - Reduction in SSI
    - Sarceian rate
    - Number of comorbidities
    - Investigates of HB and ferritin pre and post op.
    - Post op new Atrial fabulation management
    - Pre op ASA scores and severity of surgery
    - Ability to rehabilitate with physiotherapy
    - Lifestyle outcomes: smoking, losing weight, reducing alcohol, better nutrition
    - Return to baseline functionality
- Other:
    - Cancellations due to failed optimization
        - Number of patients optimized in X number of weeks before surgery
    - Patient outcome e.g. surgery vs conservative management
    - Discharge location
    - Number of outliers
    - Number admitted to the right place first time
    - Time spent at home in last 3/6/12 months post surgery
    - Use of level 2 and 3 care and maybe enhanced care too?
    - Use of level 1.5 units
    - Coroner case
    - Datex reporting
    - Staff education

Process

- Number of assessments:
    - Pre-op
    - Post-op
    - For delirium
    - For nutrition
    - For cognition (MoCA)
    - For function (NDADL)
- OT/Physio:
    - Number of patients seen by physio
    - Number of patients seen by OT
    - Time to mobilization post op
- Timings:
    - Time to medical review pre and post surgery
    - Time to senior review
    - Time from referral to discharge support team to the actual discharge date.
    - Time from admission to surgery
    - Time from pops clinic to surgery
    - Time from referral to pops to being seen by pops
    - Time to delirium assessment
- Discharge:
    - Documentation of post op complications in the discharge letter
    - Early discharge planning
    - Inclusion of the community resource teams before patient is MRD
- Number of referrals to:
    - Community services
    - Medical reg on call for inpatients
    - Other specialties
    - An anesthetist
    - For investigations e.g. eco
- Polypharmacy:
    - Number of polypharmacy reviews completed
    - Number of medicines prescribed
    - Number of medicines described
    - Correct antibiotics and correct duration
- Frailty:
    - Number of people having op with no frailty score
    - Number of frail patients accessing the service
    - Number of CGAs completed
    - Early identification of frailty
    - Number of frailty scores on admission
- Other:
    - Number of interventions to minimize delirium
    - NELA seen by geriatrician

    - Number of advanced care plans started in POPS clinic
    - Number of staff trained to carry out clinical assessment
    - Late cancellations of surgery
    - Number of MDTs with available pre op doctors
    - Number of new diagnoses
    - Number of patients elective vs emergency
    - Number of interventions to minimize delirium
    - NELA seen by geriatrician
    - Number of advanced care plans started in POPS clinic

Balancing measures

- Patient Outcomes:
    - PJ paresis
    - Number of complications
- Staff and workforce
    - Staff experience
    - Staffing availability
    - Workforce retention
    - Clinic overruns
    - Multiple clinicians seeing patients
- Readmissions
    - To ITU post op
    - Return to theatre within 30 days
- Other:
    - Unplanned admissions to critical care
    - Duplication of frailty scores
    - Number of appointments patients have to attend
    - Pre op assessment no sooner than 4 weeks before admission